Nursing and Midwifery Telehealth Consortia

Telehealth Standards: Registered Nurses

CRANAplus remote health counts

apna Australian Practice Nurses Association

AUSTRALIAN NURSING FEDERATION

acnp australian college of nurse practitioners

ACM Australian College of Midwives

Acknowledgements

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Contents

Preamble

The project to develop Telehealth standards and guidelines for nurses and midwives was funded by the Australian Government Department of Health and Ageing and managed by the Australian Nursing Federation (ANF). The ANF engaged nursing and midwifery consultants to complete the project work.

A project advisory group (Telehealth Standards and Guidelines Advisory Group – TeleSAG) guided the project, with membership including the following:

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o Project Team[*]

• Elizabeth Foley, Project Coordinator

• Belinda Caldwell, Project Consultant

• Dr Di Wickett, Research Consultant

This piece of work is a component of a broader project undertaken by the Telehealth Nursing and Midwifery Consortia to provide Telehealth education and support specifically for nurses and midwives.

The Telehealth Consortia comprises: the Australian Nursing Federation (ANF), Australian Practice Nurses Association (APNA), Australian College of Nurse Practitioners (ACNP), Australian College of Midwives (ACM) and CRANA*plus*.

The broader project delivers a set of activities designed to give nurses and midwives the confidence and skills to participate in, and contribute to the provision of health care through Telehealth technology.

The four objectives of the broader project were to:

1. Develop and disseminate professional standards and guidelines to guide nurses, midwives, nurse practitioners and eligible midwives in the provision of health services via Telehealth technology,

2. Provide a range of training and supports to existing nurses and midwives, as well as those entering the workforce, to enable them to competently deliver health services via Telehealth technology,

3. Provide support through the engagement of Telehealth Support Officers to assist in the uptake by the nursing and midwifery workforce to the initiative, and

4. Develop communications and awareness raising activities.

The Telehealth standards and guidelines referred to in objective 1 have been designed for nurses and midwives using, or considering using, Telehealth. The standards and guidelines provide guidance for nurses' and midwives' professional practice in the delivery of care within the telehealth environment.

The *Telehealth Standards: Registered Nurses* and *Telehealth Standards: Registered Midwives* have been developed as separate documents and are underpinned by two national documents - the Nursing and Midwifery Board of Australia *National Competency Standards for the Registered Nurse*, and the Nursing and Midwifery Board of Australia *National Competency Standards for the Registered Midwife* (NMBA 2006). These standards, which include specific considerations for practice, apply to Telehealth in its broadest sense.

Conversely, the *Guidelines for Telehealth On-line Video Consultation Funded Through Medicare* have been developed alongside the Telehealth Standards for the registered nurse and the registered midwife, to specifically assist both registered and enrolled nurses, nurse practitioners, registered midwives and eligible midwives to safely and effectively undertake Telehealth on-line video consultation.

It should be noted that at this time the Telehealth Standards only relate to registered nurses. The existing scope of practice for an enrolled nurse requires a registered nurse to be responsible for the professional supervision and the delegation of clinical care to an enrolled nurse, in the context of Telehealth. The Nursing and Midwifery Board of Australia's *National Competency Standards for the Enrolled Nurse* are currently undergoing a review that is due for completion in April 2014. Subject to the outcomes of this review, Telehealth Standards for the Enrolled Nurse may require development.

The process for developing the Telehealth standards and guidelines included:

*   Establishment of a Telehealth Standards and Guidelines Advisory Group (TeleSAG) to guide the development of both the standards and guidelines;

*   Development of a Background Paper incorporating a literature review of published and grey literature, in English, from 2001-2012 pertaining to telehealth, nursing and midwifery;

*   Review of the Australian Nursing and Midwifery Council (ANMC) *Guidelines for Nurses and Midwives on Telehealth Practice*, 2007;

*   A survey of purposefully sampled nurses and midwives currently participating in telehealth, to determine the key elements of their practice;

*   Interviews conducted with key informants of Telehealth nursing and midwifery, to assist in testing the professional standards and guideline development to determine relevance for practice;

- Broad consultation with the nursing and midwifery professions on the draft standards and guidelines; and

- Dissemination of the Telehealth resource documents to the nursing and midwifery professions.

The project to develop Telehealth standards and guidelines commenced in July 2012 and was completed in March 2013.

These resultant resources, which should be read together: ***Telehealth Standards: Registered Nurses*** and ***Telehealth Standards: Registered Midwives***, and the accompanying ***Guidelines for Telehealth On-line Video Consultation Funded Through Medicare***, are available in electronic format from the website of each member of the Consortia.

Background

Australian Government Telehealth Initiative

In May 2011, the Australian Government launched the *National Digital Economy Strategy*, which sets out a vision for Australia to realise the benefits of the National Broadband Network and position Australia as a leading digital economy by 2020. The Strategy indicated electronic communication technologies will be used in a range of ways to improve people's lives, including their health and aged care. The Strategy's goal for this is:

> *By 2020, as identified in the National E-Health Strategy, endorsed by the federal, state and territory governments, 90 percent of high priority consumers such as older Australians, mothers and babies and those with a chronic disease, or their carers, can access individual electronic health records.*
>
> *Through the government's investments in telehealth, by July 2015, 495,000 telehealth consultations will have been delivered providing remote access to specialists for patients in rural, remote and outer metropolitan areas, and by 2020, 25 percent of all specialists will be participating in delivering telehealth consultations to remote patients* (National Digital Economy Strategy, 2011, p. 5)

Arising from the National Strategy, the Australian Government committed to a national Telehealth initiative. Within this initiative, a Telehealth Support program was established to fund projects which would assist the implementation of technologies to enable Telehealth consultations.

By July 2011, the Commonwealth Government had introduced Medicare funded health services via communication technologies to support access for people in remote, rural and outer metropolitan areas to medical specialists services (Commonwealth of Australia, 2012). The funding enabled nurses in general practice, midwives, Nurse Practitioners, Eligible Midwives and nurses in Section 19(2)[1] exempt settings, co-located with a person receiving a Medical specialist service via Telehealth on-line video consultation, to provide a percentage of the rebatable Teleheath services. These consultations could occur in the person's home, a general practice, residential aged care facility, Aboriginal Medical Service or, in the case of Nurse Practitioners, Eligible Midwives or remote area nurses, in their practice facility or other settings. The funding was made available to support people to participate in video conferencing in order to consult with a medical specialist as required, and to reinforce information provided during consultation.

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[1] Section 19(2) stipulates: Unless the Minister otherwise directs, a medicare benefit is not payable in respect of a professional service that has been rendered by, or on behalf of, or under an arrangement with:
(a) the Commonwealth;
(b) a State;
(c) a local governing body; or
(d) an authority established by a law of the Commonwealth, a law of a State or a law of an internal Territory
However, certain services such as Aboriginal Medical Services and small rural hospitals can apply for an exemption.

The specific requirements for the Telehealth Medicare Benefits Schedule (MBS) items are that the person receiving care must:

- not be admitted to hospital at the time,

- be eligible for Medicare rebates, and

- be located in an eligible geographical area or eligible Residential Aged Care Facility (RACF) or eligible Aboriginal Medical Service.

November 2012 saw the introduction of an additional prerequisite for the person receiving care and the medical specialist, that they be at least 15 kilometres apart.

In order to support the introduction of the Telehealth Initiative, the Australian Government Department of Health and Ageing provided funding via the Telehealth Support Component 2011-2013 to:

- Develop and disseminate professional standards and clinical guidelines to guide health practitioners in the provision of health services via online video conference consultations,

- Provide a range of training and supports to existing health practitioners, as well as those entering the workforce, to enable them to competently deliver health services via Telehealth technology,

- Provide support through the engagement of Telehealth Support Officers to assist in the uptake by health practitioners to the Initiative, and

- Develop communications and awareness raising activities.

The Australian Government Telehealth Support Program allocated $15.7 million for 28 new projects. This built on existing projects funded through the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine. Of the projects funded, 6 organisations provided professional standards and clinical guidelines; 19 organisations developed education and training; and 20 organisations were involved in communications and awareness-raising. In addition, 50 Telehealth Support Officers were engaged by a number of funded organisations to assist in the implementation of the Telehealth projects.

In 2011, the Royal Australian College of General Practitioners (RACGP) developed additional standards for general practices offering video consultations as an addendum to the RACGP *Standards for general practices* (4th edition). A copy of these standards were sent to every general practice in Australia in October 2011.

The Australian College of Rural and Remote Medicine (ACRRM), in 2012, released Telehealth Guidelines, with the aim of providing medical colleges, clinicians and health care organisations with guidelines for establishing quality Telehealth services (Australian College of Rural and Remote Medicine, 2012). The ACRRM guidelines consider the clinical, technical and contextual aspects of Telehealth and are synthesised with the professional regulatory Standards Australia, and International Standards Organisation (ISO) Telehealth standards (Australian College of Rural and Remote Medicine, 2012).

Telehealth Nursing and Midwifery Consortia

In November 2011, the Australian Nursing Federation (ANF), Australian Practice Nurse Association (APNA), CRANA*plus*, Australian College of Nurse Practitioners (ACNP), and the Australian College of Midwives (ACM) formed a Consortia, seeking funding from the Australian Government under the Telehealth Support Program. The project proposal addressed all four of the Australian Government's program objectives for the nursing and midwifery professions.

Following notification of the successful tender in April 2012, the *Telehealth Nursing and Midwifery: Education and Support Project* commenced in June 2012.

The Project had four objectives to deliver a set of activities designed to give nurses and midwives the confidence and skills to participate in, and contribute to, providing health care through Telehealth technology.

These four objectives for the Telehealth Nursing and Midwifery Project were, to:

1. Develop and disseminate professional standards and guidelines to guide nurses, midwives, nurse practitioners and eligible midwives in the provision of health services via Telehealth technology,

2. Provide a range of training and supports to existing nurses and midwives, as well as those entering the workforce, to enable them to competently deliver health services via Telehealth technology,

3. Provide support through the engagement of Telehealth Support Officers to assist in the uptake by the nursing and midwifery workforce to the initiative, and

4. Develop communications and awareness raising activities.

The Australian Nursing Federation was tasked with undertaking the first project objective.

Overview of Telehealth

The use of telephone consultation and triage has been driven by the need to provide cost effective, efficient, timely healthcare information to people in metropolitan, rural and remote areas (Van den Broek 2003, Peck 2005, Ernesäter et al. 2009). While this form of consultation has been available for the past thirty-five years in countries such as the USA and Canada, the terminology used to describe this practice varies considerably (Schlachta-Fairchild et al. 2010).

Australia has had a long history of providing health care through radio or telephone throughout remote and rural Australia, however it has been a relative latecomer in the use of video and wireless information technology. These new technologies have provided different platforms in which to provide healthcare (Grady and Schlachta-Fairchild 2007, Baker and Bufka 2011). Advances such as these, have led to health professionals communicating using video consultation with people located in their own home, increasing accessibility and equity of services provided (Clark et al. 2006).

Terminology

Terms such as telehealth, telemedicine, telenursing, telecare, teletriage, telework and teleconferencing were predominately used in the literature reviewed, to describe the provision of healthcare information and advice to persons receiving care from a distant location. There appears to be no consistency in the meaning of each term, hindering the progression and understanding of this mode of practice (Wootton et al. 2009). Telehealth and telemedicine were often used interchangeably and in some cases in the same journal article (Krupinski et al. 2011, Solli et al. 2012). Predominately, telemedicine is the term used in medical practitioner journals or research rather than telehealth (Currell et al. 2010). It was therefore important to discuss the various meanings of the dominant terms used in order to determine a consistent definition for this project.

These terms included:

Telehealth, used to describe the information, technology, education and clinical services to provide long-term wellness, self-management and health services for clients distant from the provider (Peck 2005, Australian Nursing and Midwifery Council 2007a, Grady and Schlachta-Fairchild 2007, Prinz et al. 2008, Browning et al. 2009, Wootton et al. 2009, Baker and Bufka 2011, ACRRM 2012).

Telemedicine, refers to medical practitioners, using telecommunication for diagnosis and medical care distant from the client, including undertaking high technology practices such as remote surgery (Hutcherson 2001, Schlachta-Fairchild et al. 2008, Currell et al. 2010).

Telenursing, is considered a component of telehealth and is the delivery, management and coordination of care using telecommunications within the domain of nursing (Clark et al. 2006, Lorentz M 2008, Telehealth Nursing Special Interest Group 2011).

Teletriage, is frequently referred to as telephone triage by nurses of clients using predetermined protocols and/or referral to other health professionals or services from a distance (Keatinge and Rawlings 2005, St George et al. 2008, Vinson et al. 2011).

Telehealth Consultation, is a 'referred consultation between a patient (including patient – end practitioner if applicable) and a specialist performed by video conferencing' (Commonwealth of Australia, 2012) .

Given this project's primary purpose was to develop Telehealth standards and guidelines for nurses and midwives, a clear, consistent definition for Telehealth, in the context of nurses and midwives was required. The term 'telenursing', as described above, could not be adopted due to the definitions exclusion of midwives. The definition adopted by the TeleSAG to guide this project is as follows:

> Telehealth Nursing and Midwifery is the practice of nursing and midwifery from a distance, using information and telecommunication technology. The information and telecommunication technology employed may include, but is not limited to: telephone, computer, video transmission, direct connection to instrumentation and image transmission (TeleSAG December 2012).

Telehealth Consultation, as defined by the Australian Government, is a 'referred consultation between a patient (including patient – end practitioner if applicable) and a specialist performed by video conferencing' (Commonwealth of Australia, 2012). Throughout the standards and guidelines 'telehealth consultation' has been referred to explicitly as Telehealth On-line Video Consultation; for clarity.

Regulation

The Nursing and Midwifery Board of Australia (NMBA) is the body established to regulate the two professions of nursing and midwifery in the public interest. The document produced by the Australian Nursing and Midwifery Council (ANMC) in 2007, *Guidelines for Nurses and Midwives on Telehealth Practice*, was not adopted by the NMBA. The implication for nurses and midwives practicing in the Telehealth environment is, that 'telehealth' or 'telenursing' is not discussed specifically in any of the NMBA national standards, codes or guidelines. The ANMC Telehealth guidelines indicated that Telehealth is not considered outside the scope of practice of a nurse or midwife, rather 'it is a special environment in which nursing and midwifery activities take place' (2007 p.1).

The advent of national registration for health professions in Australia allows nurses and midwives to practice in each state or territory. This removed the requirement for nurses and midwives engaged in cross border practice, to hold registration in each state or territory. However, consideration of legislation and employment contracts for nurses and midwives practicing in different jurisdictions requires further clarification and inclusion in standards and guidelines for Telehealth.

The review of the ANMC *Guidelines for Nurses and Midwives on Telehealth Practice*, undertaken in developing the Telehealth Standards, determined that the 2007 document was no longer applicable to contemporaneous nursing and midwifery practice.

Types of Telehealth practice

Teletriage

There are a variety of ways a nurse or midwife may practice Telehealth. The most common is teletriage where the nurse is in a dedicated call centre working with computerised decision support or algorithms (Ernesäter et al. 2009, Russell 2012, Healthdirect Australia 2012). It was found that most of these algorithms have been developed by medical staff, and thereby undermine the decision making skills of nurses or midwives in the context of their knowledge and skills (Holmström 2007, Ernesäter et al. 2009,Russell 2012). Teletriage challenges nurses, as the lack of face to face contact with persons receiving care devalues their belief that they are practicing real nursing (Hutcherson 2001, Snooks et al. 2007, Lorentz M 2008).

Telenursing

Nurses who deliver, manage and coordinate care and services using telecommunication technology are determined to be providing telenursing (American Telemedicine Association Telehealth Nursing SIG 2008, American Telemedicine Association Telehealth Nursing SIG 2011). Telenursing may occur via interactive video discussions enabling visualisation of the person to determine the appropriate care or education required (Benhuri G 2010). People receiving care are able to stay in their own home, limiting the need for nurses to travel significant distances to see clients (Peck 2005, Prinz et al. 2008, Schlachta-Fairchild et al. 2008).

On-line video consultation

On-line video consultations may be used where a nurse is located with a person in their own home and contacts a medical practitioner/specialist or other healthcare professionals to discuss required care (American Telemedicine Association Telehealth Nursing SIG 2011). In this case the nurse will have assessed the person to determine the need for further expertise or act as an advocate to discuss future treatment with a medical specialist (American Telemedicine Association Telehealth Nursing SIG 2008).

On-line video consultations are also used to allow nurses to examine wounds and monitor chronic conditions such as diabetes, asthma, chronic airways disease and dementia, from a distance (Prinz et al. 2008). Assessment using remote telescopes, wound cameras, otoscopes, glucometers, spirometers, electrocardiogram recorders, sensor technology and infrared scanners augment the assessment process (Prinz et al. 2008, Schlachta-Fairchild et al. 2008).

A significant issue is the variance in the quality of the technology used in Telehealth, which in turn can lead to inaccurate assessment (Prinz et al. 2008, Wootton et al. 2009). The technology, such as speed of telephone lines and capacity to send large pictures via the internet, were considered in the literature to be barriers to optimising telenursing.

The different types of Telehealth are varied and contribute to the ability of nurses to discuss and receive data about the people for whom they provide care (Schlachta-Fairchild et al. 2008). Importantly, the technology is a means to care, not a replacement for care or the information provided by nurses and midwives.

Communication

Active and reflective listening skills to ensure all relevant information is obtained from the person, and interpreted to assist the person in order to meet their needs, are considered as pivotal to Telehealth (Lorentz M 2008). The ability to go beyond algorithms and continue to question the person, using professional judgement, until all information is obtained is considered key to the role (Russell 2012). A study conducted by Russell indicates that professional judgement may be undermined, if algorithms are at odds with the pathway a nurse or midwife believes is required to meet a persons' needs (Russell 2012). Notably, consideration as to how compliance with algorithms is dealt with should be examined prior to use by professionals, where an expectation is that they will use their professional judgement.

While the person receiving care is unable to see the nurse or midwife during a telephone call, body language and behaviour may be reflected in vocal intonation (Schlachta-Fairchild et al. 2010). This also applies to the person receiving care as the tone of their voice may indicate distress or an inability to understand the information provided. Using a calm, soft voice via telephone and eye contact during video consultations was seen to convey caring to the person receiving care (Schlachta-Fairchild et al. 2010).

Technology

Information obtained via Telehealth is interpreted, read on a computer screen and documented all simultaneously. Understanding of equipment and dexterity in the use of telephone and computers are therefore essential for Telehealth. Video equipment and cameras to transmit images of wounds, skin or limbs require knowledge and technical ability to ensure each person receives appropriate care. Nurses and midwives may also be involved in teaching the person receiving care how to use digital cameras and video equipment. Hence, whatever equipment is required to practice Telehealth, nurses and midwives must be educated and competent in its use (College of Registered Nurses of Nova Scotia 2008). Monitoring equipment such as telemetry, electrocardiogram recorders, and glucometers may be used to assist the person to continue living at home. Nurses and midwives require knowledge of equipment used to guide the person receiving care in their use and also the ability to read and interpret the information obtained (College of Registered Nurses of Nova Scotia 2008).

Consent

Consent to care or to provide information by nurses or midwives must be obtained, verbally or in writing from the person prior to their involvement in Telehealth (Australian Nursing and Midwifery Council 2007b, College of Registered Nurses of Nova Scotia 2008, Australian College of Rural and Remote Medicine 2012). The process of obtaining consent enables the person to be informed of their rights regarding information provided and shared with other health professionals or organisations.

Privacy and Confidentiality

Every nurse and midwife must comply with the ANMC Code of Professional Conduct and Code of Ethics adopted by the NMBA. These documents contain reference to the Australian Privacy Act 1988 and the Guidelines to the National Privacy Principles 2001, which support the Privacy Act 1988 (Australian Government 1988, Australian Government 2001, Australian Nursing and Midwifery Council 2002, Australian Nursing and Midwifery Council 2006a). The very nature of Telehealth may mean the person receiving care is vulnerable given the use of the internet, video and telephone communication. Systems must be in place to protect the privacy and confidentiality of the person receiving care by using secure electronic and written information (College of Registered Nurses of Nova Scotia 2008).

Conclusion

The realm of Telehealth, and in particular on-line video consultations, will continue to expand in the future given the pressure on the economic and human resources available to provide health care and health education to the Australian public. Models of care have been challenged and continue to change, along with the supportive technology available. These changes will influence the clinical practice of nursing and midwifery as it relates to care delivery through Telehealth.

The onus is on nurses and midwives to maintain competence for safe practice to comply with the Nursing and Midwifery Board of Australia standards, codes and guidelines. The importance of standards and guidelines for the use of Telehealth is paramount in guiding and supporting nursing and midwifery practice for the future.

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Telehealth Standards: Registered Nurses

> ***Telehealth Nursing and Midwifery is the practice of nursing and midwifery from a distance, using information and telecommunication technology. The information and telecommunication technology employed may include, but is not limited to: telephone, computer, video transmission, direct connection to instrumentation and image transmission (TeleSAG December 2012).***

In order to assist Registered Nurses and Nurse Practitioners to participate in Telehealth, the Australian Nursing and Midwifery Federations *National Competency Standards for the Registered Nurse* (ANMC 2006), adopted by the Nursing and Midwifery Board of Australia (NMBA) in July 2010, have been extended to include considerations specific to Telehealth nursing (in its broadest sense). It is recognised that not all elements require specific considerations for Telehealth nursing, as they do not change the nature of nursing practice, only the method of delivery.

These standards are intended to provide broad principles to assist Registered Nurses and Nurse Practitioners in the practice of all forms of Telehealth. Telehealth Guidelines have been developed to assist Registered Nurses, Enrolled Nurses, Nurse Practitioners, Registered Midwives and Eligible Midwives, to participate in on-line video consultation.

Throughout the document:

- the word *person* is used in reference to a client/patient/resident.
- health care organization also includes where a registered nurse or nurse practitioner may be a sole practitioner or work in small group practices

DOMAIN		ELEMENT	TELEHEALTH NURSING
Professional Practice			**Specific considerations for practice:**
1.	**Practices in accordance with legislation affecting nursing practice and health care**	1.1 **Complies with relevant legislation and common law**	Demonstrates knowledge of and acts upon: Commonwealth, State and Territory legislation; related funding criteria; and cross border practice such as: privacy; drugs and poisons.
		1.2 **Fulfills the duty of care**	Recognises the professional responsibility to complete a comprehensive assessment that may go beyond agreed Telehealth protocols or algorithms to ensure safe health care provision and prevent harm to the person.
		1.3 **Recognises and responds appropriately to unsafe or unprofessional practice**	Accurately assesses of suitability of the person for Telehealth.
			Checks that all technology is accurate and fit for purpose.
			Informs the person receiving care of the roles of each health professional involved in the Telehealth consultation.
			Clarifies and interprets advice and information provided by health professionals involved in the Telehealth consultation with the person receiving care.
2.	**Practices within a professional and ethical nursing framework**	2.1 **Practices in accordance with the nursing profession's codes of ethics and conduct**	**Specific considerations for practice:**
			Demonstrates and acts upon knowledge, understanding and application of the organisation's policies and procedures for Telehealth nursing.
		2.2 **Integrates organisational policies and guidelines with professional standards**	Ensures informed consent is obtained from the person, or substitute decision maker, to conduct a Telehealth consultation or action.
			Examines own attitudes to delivery of care through Telehealth technologies so that care is provided in a culturally respectful manner to ensure cultural safety for the person, their family and community
			Recognises the importance of gaining information regarding race, culture, religion, age, gender, sexual preference, in the context of Telehealth consultation, due to the possible absence of visual cues.

DOMAIN	ELEMENT		TELEHEALTH NURSING
	2.3	Practice in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/ groups	Identifies when Telehealth is not appropriate to meet the person's needs and institutes alternative strategies for the provision of care.
			Develops and/or follows an action plan for any inappropriate behaviour exhibited by those involved during Telehealth consultation.
	2.4	Advocates for individuals/ groups and their rights for nursing and health care within organisational and management structures	Ensures a safe and private environment when conducting a Telehealth consultation.
	2.5	Understands and practices within own scope of practice	Knows and acts upon knowledge of how the organisation stores any images and/or recordings to ensure privacy and security.
	2.6	Integrates nursing and health care knowledge, skills and attitudes to provide safe and effective nursing care	Authenticates the identity of all persons involved in Telehealth consultation.
	2.7	Recognises the differences in accountability and responsibility between registered nurses, enrolled nurses and unlicensed care workers	
Critical Thinking and Analysis	3.1	Identifies the relevance of research to improving individual/group health outcomes	**Specific considerations for practice:**
3. Practices within an evidence-based framework			Initiates and/or participates in evaluation of the Telehealth service involving the person receiving care, staff and stakeholders.
	3.2	Uses best available evidence, nursing expertise and respect for the values and beliefs of individuals/ groups in the provision of nursing care	Considers information obtained from evaluation of Telehealth and integrates findings into practice where appropriate.
	3.3	Demonstrates analytical skills in accessing and evaluating health information and research evidence	
	3.4	Supports and contributes to nursing and health care research	
	3.5	Participates in quality improvement activities	

DOMAIN	ELEMENT		TELEHEALTH NURSING
4. Participates in ongoing professional development of self and others	**4.1**	Uses best available evidence, standards and guidelines to evaluate nursing performance	**Specific considerations for practice:** Participates in professional development regarding policies, equipment and technology for Telehealth. Promotes the use of Telehealth within the workplace and to external stakeholders.
	4.2	Participates in professional development to enhance nursing practice	
	4.3	Contributes to the professional development of others	
	4.4	Uses appropriate strategies to manage own responses to the professional work environment	
5. Conducts a comprehensive and systematic nursing assessment	**5.1**	Uses a relevant evidence-based assessment framework to collect data about the physical socio-cultural and mental health of the individual/group	**Specific considerations for practice:** Recognises limitations for clinical assessment using Telehealth and ensures strategies are in place to gain the information required. Understands the impact of Telehealth on communication style and adapts practice accordingly to meet the person's care needs. Encourages the person receiving care to be actively involved in communicating their physical and psychosocial needs to health professionals involved in the Telehealth consultation.
	5.2	Uses a range of assessment techniques to collect relevant and accurate data	
	5.3	Analyses and interprets assessment data accurately	
6. Plans nursing care in consultation with individuals/ groups, significant others and the inter-disciplinary health care team	**6.1**	Determines agreed priorities for resolving health needs of individuals/ groups	**Specific considerations for practice:** Clarifies the roles and responsibilities of the health professionals involved in the Telehealth consultation to ensure the person receives continuity of care.
	6.2	Identifies expected and agreed individual/group health outcomes including a time frame for achievement	
	6.3	Documents a plan of care to achieve expected outcomes	
	6.4	Plans for continuity of care to achieve expected outcomes	

Provision and Coordination of Care

DOMAIN		ELEMENT		TELEHEALTH NURSING
7.	Provides comprehensive, safe and effective evidence - based nursing care to achieve identified individual/group health outcomes	7.1	Effectively manages the nursing care of individuals/ groups	**Specific considerations for practice:** Informs the person of access to a range of ways consultation may occur during the course of their care. This could possibly include: on-line video consultation, telephone, face to face, email, or short message service (SMS).
		7.2	Provides nursing care according to the documented care or treatment plan	
		7.3	Prioritises workload based on the individual's/group's needs, acuity and optimal time for intervention	
		7.4	Responds effectively to unexpected or rapidly changing situations	
		7.5	Delegates aspects of care to others according to their competence and scope of practice	
		7.6	Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately	
		7.7	Educates individuals/groups to promote independence and control over their health	
		7.8	Uses health care resources effectively and efficiently to promote optimal nursing and health care	
8.	Evaluates progress towards expected individual/group health outcomes in consultation with individuals/ groups, significant others and interdisciplinary health care team	8.1	Determines progress of individuals groups toward planned outcomes	**Specific considerations for practice:** Evaluates effectiveness of Telehealth as a mode for care and integrates findings into practice where appropriate.
		8.2	Revises the plan of care and determines further outcomes in accordance with evaluation data	

DOMAIN	ELEMENT		TELEHEALTH NURSING
Collaborative and Therapeutic Practice			
9. Establishes, maintains and appropriately concludes therapeutic relationships	9.1	Establishes therapeutic relationships that are goal directed and recognises professional boundaries	**Specific considerations for practice:** Demonstrates awareness of the impact of the Telehealth modality on the effectiveness of the therapeutic relationship. Ensures consent is obtained from the person regarding the presence of others during a Telehealth consultation.
	9.2	Communicates effectively with individuals/groups to facilitate provision of care	
	9.3	Uses appropriate strategies to promote an individual's/group's self-esteem, dignity, integrity and comfort	
	9.4	Assists and supports individuals/groups to make informed health care decisions	
	9.5	Facilitates a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security	
10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care	10.1	Recognises that the membership and roles of health care teams and service providers will vary depending on an individual's/group's needs and health care setting	**Specific considerations for practice:** Facilitates the collaboration of health professionals via Telehealth to ensure the provision of coordinated and comprehensive care.
	10.2	Communicates nursing assessments and decisions to the interdisciplinary health care team and other relevant service providers	
	10.3	Facilitates coordination of care to achieve agreed health outcomes	
	10.4	Collaborates with the health care team to inform policy and guideline development	

Nursing and Midwifery Telehealth Consortia

Australian Nursing Federation

CRANA*plus*

Australian Practice Nurses Association

Australian College of Nurse Practitioners

Australian College of Midwives