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growing numbers of aging and chronically ill patients, and to bring care to both urban and rural areas, telehealth nursing continues to expand. Telehealth nursing services are patient friendly, convenient, and facilitate ease of use for patients. Telehealth encounters decrease the distance and amount of travel required to access health care, decrease readmission to inpatient settings by enabling frequent monitoring of patient's health states, and supply nursing services in areas where shortages exist.

IV. Practice Environment: Virtual

With the increasing use of technology to support access to health care, there is an expanding role for nursing in the utilization and leadership in the use of telehealth technologies. "The importance of telehealth as a major vehicle for delivering timely care over distance has become increasingly relevant as the world's heath care needs have become overwhelmed by a significant increase in the global level of chronic disease" (Dinesen et al., 2016, para. 2). The Macy Foundation (2016) report indicates RNs can increase access to care by assisting with management of chronic disease, substance abuse, and mental health patients. The telehealth nurse can improve transitional care as patients move throughout the complex health care system.

Benefits of telehealth are well recognized and include increased access to health care, better health outcomes, and more cost-effective service delivery (Nagel et al., 2016). Telehealth provides the right care at the right time and in the right place. Patients are no longer required to travel long distances to attain optimal outcomes, nor are they limited to receiving needed services at fixed practice sites (Lipstein & Kellermann, 2016). Telehealth offers the opportunity to deliver patientcentered care that is both accessible and convenient, overcoming many of the barriers in traditional health care delivery systems (Dinesen et al., 2016). Telehealth encounters occur in clinic settings, on the telephone, or by electronic messaging, and in other non-face-to-face (virtual) environments that are convenient for the patient. Encounters are generally, although not always, initiated by the individual seeking information and/or care. This practice environment allows for the export of nursing expertise to patients and encompasses specific practice settings, usually defined in terms of the medical specialty, and resources of the institution(s). Understanding and defining organizational, provider, and patient access will determine the most effective operating environment. The RN can also improve consumer engagement, quality scores, and collaboration within the health care team.

Practice Settings

Telehealth care spans primary care (when the patient first seeks care) through acute care, chronic and disability care follow-up, and palliative care in end-of-life situations in a variety of settings such as hospital based, skilled nursing facility, and assisted living. Telehealth RNs care for patients in all phases of preventive care, health

maintenance, diagnosis, treatment, and follow-up, as patients move across the health care continuum.

It is important for all health care providers to maintain a patient-centered approach to care. This care is focused on adapting to the virtual environment where the communication techniques allow for sound clinical assessments and preservation of safe clinical relationships at a distance (Guise & Wiig, 2017). Nursing must utilize sound clinical assessment skills and provide appropriate, safe, and holistic care in clinical practice; this remains imperative with the shift from traditional face-to-face encounters to a virtual environment where information exchange is digitally mediated (Nagel et al., 2016).

For nurses in the virtual environment, hearing the patient's story, extracting relative subjective and objective data, and formulating conclusions about the patient's needs are essential to the effective delivery of nursing care. The nurse must utilize highly effective communication skills to obtain sufficient and clear information for creating a mental image or "getting a picture" of a person.

The dimensions for getting a picture of the patient include:

- Entering in the relationship
- Connecting with the person
- Sharing and reviewing information
- Recognizing patterns and trends
- Recording and reflecting patient information
- Putting pieces together over time
- Transitioning out (Nagel et al., 2016)

Types of Telehealth Care Organizations

Telehealth nursing functions in a variety of health care organizations as part of an organized nursing department under a nurse executive with a voice at the governing body level. Advancements made by the Magnet® nursing status, Pathways to Excellence, and The Joint Commission, require nursing leadership authority over nursing practice. Some health care settings continue to have nurses reporting to non-nursing leadership that may impact the standard of nursing practice and delivery of nursing services.

Within the distinct types of health care settings there may also be internal differences based on size, regional location, network or health system affiliation, and regional differences in health finance administration.

Telehealth occurs in the following organizational settings:

- Care management or care coordination centers
- Ambulatory care settings
- Inpatient settings
- Government health systems, including military settings
- Telehealth service centers
- Urgent care centers or emergency departments

- · Conducting health education.
- Promoting patient advocacy and self-efficacy.
- Coordinating nursing and other health services.
- Assisting the patient to navigate the health care system.
- Consulting and collaborating with other health care professionals.
- Facilitating the development of an intraprofessional care plan.
- Evaluating patient outcomes.

Nursing Workload: Variable

Telehealth nursing is as variable as the modalities through which it is delivered. Factors affecting workload include what is being monitored or assessed, the modality being utilized, and the frequency and duration. Available support services and requirements for electronic health record (EHR) documentation may also affect workload. It is important to have quality monitoring and improvement processes in place to assist with responding to changes in circumstances, assessing unexpected performance, and identifying improvements. The primary goal of telehealth is improved clinical outcomes alongside more efficient use of clinician time (Sharma & Clarke, 2014). Workload requirements and population needs can be researched by utilizing data contained in the EHR system; other workload management tools include call management systems.

V. The Science and Art of Telehealth Nursing Practice

Telehealth nursing practice is a learned practice requiring the application of a core body of knowledge from the biological, physical, behavioral, and social sciences. Telehealth nursing utilizes a variety of telecommunication technologies during encounters to assess, triage, provide nursing consultation, and perform follow-up and surveillance of patients' status, interventions, and outcomes (AAACN, 2013). Telehealth nursing is both an art and a science, combining professional knowledge with interpersonal and technical skills.

Science of Telehealth Nursing Practice

The science of telehealth nursing is based on a sixstep nursing process: nursing assessment, diagnosis, goal/outcome identification, planning, implementation, and evaluation. These steps are central to the clinical decision-making process and are used in evidence-based practice.

Telehealth nursing focuses on needs of patients in all phases of health, illness, and disease, assisting patients to promote and maintain health and prevent or mediate illness, disease, or disability. The nursing needs of patients are assessed holistically, using available objective data as well as subjective data from the patient and family. In telehealth nursing, gathering data, especially

objective data, requires the use of the art as well as the science of telehealth nursing. While nursing diagnosis and treatment(s) are similarly focused on the patient's goals, implementation and evaluation of progress toward outcomes are patient centered and patient driven and of a collaborative nature.

In addition, the use of decision support tools, if available, involves the use of science, supporting clinical judgment and decision-making process. The tools should be evidence based, using data and outcomes to drive the nursing process. Decision support tools suggest assessment parameters, and guide the nurse in collecting a relevant history and suggesting appropriate dispositions, education, and advice (Rutenberg & Greenberg, 2012).

Art of Telehealth Nursing Practice

The art of nursing practice applies to all telehealth nursing roles. It is based on respect for the dignity of others and compassionate caring, embracing a multitude of dynamic processes that affect human interaction. These dynamic processes are aspects that foster health and healing:

- Listening
- Assisting
- Mentoring
- Coaching
- Empathizing
- Teaching
- Exploring
- Providing presence
- Cultural competence
- Accepting
- Nurturing
- Resolving conflicts

In telehealth nursing, knowing the patient presents additional challenges. It is often a single interaction, and the interaction relies on remote technology to convey the intangible aspects of nursing. Telehealth nursing allows the opportunity to augment a nurse/patient relationship, taking the relationship beyond the clinic and acute care setting (Nagel, 2014).

Telehealth nurses employ practices that in nature are:

- Restorative: Practices that modify or mediate the clinical impact of illness, disease, or disability.
- Supportive: Practices that modify the impact of clinical/organizational/professional concern or dysfunction.
- Promotive: Practices that mobilize healthy patterns of living and quality of life for individuals, families, organizations, communities, and populations (ANA, 2004, p. 10).

STANDARD 1

Assessment

Standard

The RN practicing telehealth nursing is solely responsible for the systematic collection and interpretation of data relating to the health needs and concerns of a patient, family, and/or caregiver.

Competencies

Telehealth RNs:

- 1. Function independently in a highly collaborative environment, maintaining personal professional responsibility for assessing all symptom-based encounters.
- 2. Establish a therapeutic rapport by "connecting with" and "getting to know" the patient, family, and/or caregiver, and interacting with the patient directly whenever possible.
- 3. Determine patient's perception of his/her immediate needs and concerns, identifying the patient's desired course of action.
- 4. Identify and address, whenever possible, social determinants that might pose barriers to the provision of optimal care (e.g., language, culture, financial considerations, disabilities, and behavioral health issues).
- 5. Provide support and collaboration to patients, family, and caregivers as key strategies of telehealth nursing assessment.
- 6. Collect subjective and objective data from the patient, family, and/or caregiver, and other sources as available and necessary, utilizing critical thinking and interpreting data as collected.
- 7. Arrange data collected in a sequential manner to address anticipated or immediate needs of patients using critical nursing judgment.
- 8. Utilize critical thinking and clinical judgment to select and apply the appropriate decision support tools to each patient encounter.
- 9. Apply evidence-based decision support tools, instruments, and other resources relevant to the provision of nursing care utilizing telehealth technology, critical thinking, and clinical judgment.
- 10. Recognize that nursing judgment supersedes decision support tools.
- 11. Prioritize data collection activities based on the patient's condition, situation, preferences, relevant contextual factors, and identified health needs.
- 12. Analyze and synthesize available data, information, and nursing knowledge relevant to the presenting health situation to identify patterns and variances in health as well as gaps in care.
- 13. Utilize clinical reasoning when investigating, focusing, verifying, clarifying, comparing, ruling-out, and processing patient data and information.
- 14. Use critical thinking and clinical reasoning to interpret data collected during triage encounters.
- 15. Avoid accepting patient self-diagnosis during triage encounters.
- 16. Speak directly with the patient to improve accuracy and ensure direct assessment whenever possible.
- 17. Conduct adequate re-assessment of patient and situation with frequent and repeat triage encounter.
- 18. Document the information and data collected in a retrievable, understandable, and readable format.

