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# TELEPHONE NURSING CARE: ADVICE AND INFORMATION



Association of  
**Registered Nurses**  
of Newfoundland  
and Labrador



This Interpretive Document was approved by ARNNL Council in 2002 and replaces *Provision of Telephone Advise by Registered Nurses* (1990).

As champions of quality care and primary health care, registered nurses play a key role in maximizing the benefits of technology while ensuring safe, competent, appropriate, and ethical nursing services. This document describes the responsibilities of the nurse\* providing telephone nursing care for health advice and/or health information. The Association of Registered Nurses Newfoundland and Labrador supports the role of nurses in providing telephone nursing care for advice and/or information.

### Definition

Telehealth is the use of communications and information technology to deliver health care services and information over large and small distances (Canadian Nurses Association [CNA], 2001).

Telephone nursing care is one application of telehealth. This is defined as the practice of telephone based nurse-client communication for the delivery of professional nursing services over distances (College Registered Nurses of Manitoba, 2001). As in all nursing encounters, telephone nursing care involves the establishment of a therapeutic nurse-client relationship facilitated through the nursing process.

### Telephone Nursing Care Services

Telephone nursing care is one of the services provided by nurses working in such areas as: a) mental health; b) emergency; c) community health; d) health information call centres; and e) services where nurse-client communication is maintained through the continuum of care, for example chronic disease management or maternal child follow-up (Canadian Nurses Protective Society, 1997; Hanvey, 2001).

Telephone nursing care can be divided into two services:

1. **Health Advice** – Nursing care is provided to address an identified health need(s) such as: poison control, fever, medication scheduling, wound management or breastfeeding. Communication is initiated for the purpose of triage, referral, and/or recommendations to address immediate and/or long term health need(s).
2. **Health Information** – Nursing care is provided for the purpose of sharing information about a health issue such as: available health promotion programs, community activities, locations of health care services, and/or educational resources. Examples include a mother calling to enquire about an immunization clinic schedule, a teenager looking for information about sexually transmitted diseases or follow-up with new mothers. Communication is initiated for the purpose of enhancing the caller's ability to self-manage their health issues.

The nurse must use his/her professional and clinical judgment to determine whether the telephone caller is seeking advice or information. In making this decision the nurse reflects upon his/her clinical knowledge of the health need/issue of the caller and the perception of the caller's ability to relay accurate and comprehensive information. The nurse must also consider his/her professional responsibilities identified in ARNNL Standards for Nursing Practice in Newfoundland and Labrador (1995), applicable employing agency policy, and relevant legislation (e.g. Mental Health Act, Child, Youth and Family Services Act).

\* The term nurse refers to a Registered Nurse



## Principles and Guidelines

In this document, principles are essential components of professional nursing practice and guidelines are recommendations to support safe, competent, and ethical nursing practice. Nurses engaged in telephone nursing care must practice in accordance with the principles of **accountability and competency** and should adhere to all suggested guidelines relevant to these principles.

Accountability is described in reference to professional standards, protocols or clinical guidelines, and documentation policies. Competency principles include the elements of clinical knowledge and communication skills.

### Accountability: Professional Standards

*Principle:* Nurses engaged in telephone nursing care are considered to be practicing in the province where they are located and registered, regardless of where the client is located (CNA, 2001). Nurses providing telephone nursing care in Newfoundland and Labrador are held accountable to ARNNL practice standards, regulations, and CNA's Code of Ethics. In addition, nurses should be familiar with the risk management recommendations identified in the Canadian Nurses Protective Society's *infoLAW® Telephone Advice* (CNPS, 1997) and in the CNA's *Nursing Now* publication *Telehealth: Great potential or risky terrain* (CNA, 2000). When a nurse engages in telephone nursing care, a nurse-client relationship and a duty of care are established. The nurse is thus professionally and legally accountable for the nursing care provided (HIROC, 2000).

*Guidelines:* Nurses engaging in telephone nursing care should be familiar with liability risks and initiate appropriate practices.

### Liability Risks

A number of factors influence the liability risk inherent in telephone nursing care. These include:

- lack of opportunity to directly observe and physically assess the client;
- communication skills of the nurse;
- extent and quality of information the client discloses;
- possible language and/or cultural differences between nurse and client;
- quality of data and information available for decision making; and quality of the telephone service (ICN, 2000).

### Protective Practices

Before a nurse engages in telephone nursing care it is recommended that he/she be familiar with any conditions regarding liability protection. Most nurses are provided liability protection through their employer and/or through CNPS. There may be stipulations regarding telephone nursing care practice which influence one's eligibility for liability protection. For example, liability protection from CNPS is only available for telehealth practice if the lawsuit is initiated in Canadian courts. Nurses who offer telephone nursing care to clients outside of Canada will need to ensure that their employing agency has adequate professional liability coverage available.

When the nurse engages in telephone nursing care, he/she should establish a professional nurse-client relationship by:

- informing the caller of the name of the agency and his/her own name and professional status;
- adhering to agency policies and ethical standards related to informed consent, privacy and confidentiality;



- advising callers of any particulars of the service such as: alternate options for seeking health services, whether the conversation will be recorded or shared, and any follow-up;
- advising callers if the request for advice/information is outside of his/her competency and scope of practice;
- presenting his/her self as a facilitator\* rather than as a treatment provider (Emergency Nurses Association, 1998); and
- indicating that the caller has a choice in accepting the advice or information provided and providing information about options he/she should consider if their health need or issue should change.

### **Accountability: Protocols or Clinical Guidelines**

*Principle:* Nursing practice must be based upon sound clinical and theoretical knowledge. The Standards for Nursing Practice in Newfoundland and Labrador (1995) articulate that all nurses must know how and where to find needed information, must justify decisions with reference to knowledge or theory, and must perform planned interventions in accordance with policies, procedures or care standards.

*Guidelines:* To promote quality telephone nursing care, ARNNL recommends:

- That agencies develop policies outlining the roles and responsibilities of nurses engaged in telephone nursing care;
- That standardized telephone nursing care protocols or clinical guidelines be developed or adopted by employing agencies to guide nurses who provide telephone nursing care - advice (National Emergency Nurses Affiliation, 1996).

Protocols or guidelines are designed to augment and support professional judgment by assisting the nurse to perform a comprehensive and organized assessment. They may also identify what action or intervention is required for a given situation. Protocols may be available through formal computerized programs or as agency prepared policy statements. They can be referred to as clinical pathways or algorithms (Mass, 1998).

- That policy directives be developed or adopted by employing agencies to guide nurses engaged in telephone nursing care information.

Policy directives are designed to ensure a consistent approach to the provision of information. They assist the nurse's data gathering process but are usually not as comprehensive or prescriptive as protocols or clinical guidelines.

### **Accountability: Documentation**

*Principle:* Documentation is a legal and professional requirement when a nurse-client relationship is established (ARNNL, 1995). Therefore all telephone nursing care must be recorded. ARNNL supports the use of a standard documentation system.

*Guidelines:* The detail in documentation may vary for nurses who are providing telephone nursing care - advice versus information. For example, the amount of detail obtained in demographic data (see item b) may vary when the telephone nursing care is provided for information. Employing agencies are responsible to identify documentation requirements.

\* Facilitator: A person who, through the provision of a service(s), assists others to self-determine a course of action.



Documentation should include:

- a) date and time of call;
- b) name, age, telephone number and address of client, identifying information as applicable (e.g. MCP, affiliation with an agency or a physician), and the name of the caller (if different than the client);
- c) purpose for the call, questions asked, and assessment data obtained;
- d) assessment of the caller's ability to assess and communicate the reason for the call;
- e) nursing action taken, advice/information given, including referral and follow up suggestions if appropriate;
- f) caller's response to the advice/information given; and
- g) name and designation of the nurse taking the call.

(CNA, 2001; CNPS, 1997)

### **Competency: Clinical Knowledge and Communication Skills**

*Principle:* Nurses engaged in telephone nursing care require specialized knowledge and skills. They must be clinically knowledgeable in the relevant area of practice and competent in client assessment and communication skills. Nurses must provide services that are within their own scope of practice and competency. Nurses should support evidence-based practice by leading and/or participating in measures to evaluate and improve the practice of telephone nursing care.

*Guidelines:* ARNNL recognizes that additional education and experience may be required to prepare nurses to practice telephone nursing care in a manner which ensures safe, competent, and ethical nursing services. All nurses engaged in telephone nursing care should participate in role-specific orientation and educational programs to obtain initial and continuing competency.

### **Anonymous Callers**

Agency specific policies should be developed to guide telephone nursing care practice if the client refuses to provide their name or identifying information. Policies should include the process for documentation and any limits to the service. At a minimum, the date and time of all calls should be recorded and requested health information should be provided.

### **Role of Employing Agency**

Employers have a responsibility to provide agency specific direction for all nurse employees who engage in telephone nursing care.

**Employers** need to:

- Ensure that policies are established which outline the roles and responsibilities of nurses engaged in telephone nursing care.
- Determine the appropriate level of education and experience for nurses involved in the provision of telephone nursing care.
- Provide ongoing support to nurses through orientation and continuing educational opportunities.
- Ensure that telephone nursing care-advice protocols or clinical guidelines and policy directives for telephone nursing care-information are available.
- Establish a continuous quality improvement process to monitor the efficiency and effectiveness of telephone nursing care services.
- Identify what components of telephone nursing care – advice and information - are to be documented.
- Ensure that processes whereby clients can access their personal information and for maintaining security of records are established (CNPS, 1996).

### **Self-Employment**

Nurses who are **self-employed** and engaged in telephone nursing care are responsible to adhere to the principles outlined in this document for both the practicing nurse and the employing agency.

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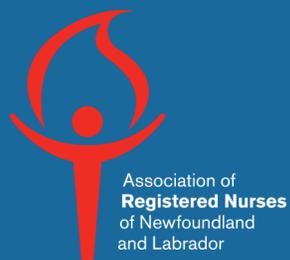
## References

- Association of Registered Nurses of Newfoundland. (1995). *Standards for nursing practice in Newfoundland and Labrador*. St. John's: Author.
- Canadian Nurses Association. (2001). The role of the nurse in telepractice. *Position Statement*. Ottawa: Author.
- Canadian Nurses Association. (2000). Great potential or risky terrain? *Nursing Now Issues and Trends in Canadian Nurses*, Telehealth, 9, November. Ottawa: Author.
- Canadian Nurses Protective Society (CNPS). (1997). Telephone advice. *InfoLaw*, 6, (1), September. Ottawa: Author.
- Canadian Nurses Protective Society (CNPS). (1996). Confidentiality of health information: your client's right. *InfoLaw*, 1, (2), November. Ottawa: Author.
- College of Registered Nurses of Manitoba (CRNM). (2001). *Telephone nursing care: Position Statement*. Winnipeg: Author.
- Emergency Nurses Association. (1998). Telephone Advice: Position statement. <http://www.ena.org/services/posistate/date/teladv.htm>
- Hanvey, L. (2001). Nursing telepractice and national standards: *Discussion paper*, March. Ottawa: Author.
- HIROC. (2000). Legal considerations in the provision of telephone advice. *HIROC Claims and Risk Management Bulletin*, 17, May. Author.
- National Emergency Nurses Affiliation Inc. (1996). Telephone advice: *Position statement*. Author.
- Registered Nurses Association of British Columbia. (2000). *Nurse to nurse, Telephone Advice*. Vancouver: Author.

## Resources

- International Council of Nurses (2000). *Telenursing, telehealth: Nursing and technology advance together*. Geneva: Author.
- Ontario Ministry of Health, (2000). *Recommendations for a telephone health education and triage/advisory service*. Telehealth Task Force. Ottawa: Author.
- Registered Nurses Association of Nova Scotia, (2000). *Guidelines for telenursing practice*.
- TETRA, (2000). *Protocols and procedures for videoconferencing*. September. St. John's: Memorial University of Newfoundland.





55 Military Road  
St. John's  
NL | Canada  
A1C 2C5  
Tel (709) 753-6040  
1 (800) 563-3200 (NL only)  
Fax (709) 753-4940  
info@arnnl.ca  
arnnl.ca