RN Telehealth Nursing Practice and Delegation Process

This document outlines the expectations of the RN who utilizes telehealth nursing when completing components of the RN delegation process regulated in Oregon Administrative Rule (OAR) Chapter 851 Division 047. For the purposes of this Fact Sheet, RN telehealth nursing practice means nursing services within the scope of RN practice delivered using telecommunications technologies. Technology utilized for telehealth encounters evolves at a rapid pace, so specific telehealth applications, platforms, telemonitoring equipment (e.g., interactive imaging, remote sensory devices, robotics to transmit information from one site to another) and virtual environments will not be identified in this document.

The focus of this memo is the delegation process as directed by 851-047. However, there may be other circumstances that may be appropriate for the RN to use telehealth. The information provided in this memo should also be applied when considering using telehealth for non-delegation situations.

Whether the RN’s engagement in nursing practice occurs using telecommunications technologies, more traditional methods or a combination of both, the RN must adhere to the same set of scope and standards of practice located in Oregon’s Nurse Practice Act. This means that the RN is responsible to assess the resident, identify prioritized client concerns, and generate the best possible evidence-based solution to deliver safe services in accordance with OAR Chapter 851 Division 045. When the best possible evidence-based solution for the resident includes the performance of a health-related procedure that could potentially be done by a caregiver, the RN can choose to engage in RN delegation process with a specific care giver and the resident in accordance with OAR Chapter 851 Division 047 and authorize that caregiver’s performance of the nursing procedure for the resident.

Important
RN assessment and plan of care development for a new facility resident or a resident newly identified with a health-related procedure that could potentially be delegated, and subsequent RN delegation process, for that resident should not be conducted using telehealth nursing.

RN evaluation of the continued safety of an active delegation or when there are changes to an existing delegation such as changing from a multi-dose insulin vile to insulin pen may be conducted successfully using telehealth nursing.
Additional circumstances may limit the RN’s ability to engage in telehealth nursing for a specific resident. Knowledge of the following RN responsibilities and information will assist the RN to determine whether it is prudent to engage in telehealth nursing when delegating the performance of a resident’s nursing procedure to a caregiver:

**Responsibilities of the RN who engages in Telehealth Nursing:**

- Ensure facility policy supports telehealth nursing practice and any telehealth technologies used in the facility. Policies and procedures must have clear guidance on when it can be used, when it is not to be used, expectations (including documentation) for the RN and any caregiver involved in the Telehealth process.
- Ensure compliance with all Health Insurance Portability and Accountability Act (HIPAA) regulations.
- Ensure the telecommunications technology utilized is HIPAA compliant.
- Possess knowledge of the telecommunications technology necessary to accomplish the telehealth nursing activity to acceptable and prevailing standards of safe nursing practice (i.e., the RN knows what technology is needed and how to use it properly).
- Possess the competencies necessary to use the telecommunications equipment and to effectively direct the facility staff operating the equipment during the telehealth nursing encounter.
- Ensure facility staff operating the telecommunications equipment during the telehealth nursing encounter have been fully trained on the use of the equipment.
- Accept responsibility for the collection and interpretation of the data related to the resident’s needs and accountability for the outcome. This will require the ability to access client records remotely.
- Decline to physically assess a resident’s body system or systems (e.g., respiratory, gastrointestinal, cardiovascular, integumentary) and/or a specific body area (e.g., stoma, gastrostomy, jejunostomy, tracheostomy) utilizing telecommunications technology unless the facility has specialized equipment and software designed to transmit the necessary physical data.

**Resident Rights:**

- The resident must consent to the telehealth nursing services prior to the RN conducting a virtual encounter. When the resident is not able to consent, their representative must consent.
- The resident’s signed consent must be maintained in the resident’s record.
- The resident’s dignity must be maintained throughout the virtual encounter.
During the RN Telehealth Encounter:

- Telecommunication devices used during the RN’s telehealth nursing encounter must be provided by the facility. The RN and staff who participate in telehealth encounters cannot use their own personal device(s).

- There must be adequate internet connectivity to support the interactions necessary (e.g., video, audio) for the RN’s telehealth nursing encounter.

- The RN must ensure that the telecommunications device used transmits data appropriate to the resident’s presenting situation as supported by professional and specialty nursing practice standards, evidence-based nursing, and other health care literature.

- Transmission of video and images must be in focus with adequate resolution and without shadows or glare. Transmission of sound must be clear and not distorted. Images of wounds or conditions that are visualized during a virtual visit must be saved into the client’s record.

- The telecommunications device used to capture and transmit RN-initiated delegation processes and activities involving both the resident and the caregiver together must capture both persons in the field of view during the entire encounter. As such, the staff operating the device cannot be the caregiver performing the nursing procedure for the resident.

RN Documentation:

In addition to RN documentation responsibilities regulated in OAR 851 Division 045 and 047, the RN must clearly document:

- Their rationale for the decision to utilize telehealth nursing practice;

- Each individual component of delegation process that was completed during the telehealth nursing encounter; and

- The name of the staff operating the equipment during the telehealth nursing encounter.

Evaluating the ongoing safety of the Delegation

- The RN must evaluate the resident to determine if they have had any change of condition that might indicate the delegation is no longer safe;

- The RN must evaluate data from the resident’s records (e.g., narrative, MARs, etc.) to determine whether the delegated caregiver has been generating documentation specified in the instructions for performance of the procedure for the resident;

- The RN must verify the delegated caregiver is using the step-by-step instructions each time the procedure is done for the resident;

- The RN must evaluate the written step-by-step instructions to ensure they remain appropriate, safe, evidence-based, and meet the caregiver’s reading level.
The RN must evaluate any other components as directed by Division 047.

Situations Preventing RN Access to a Resident

Oregon Department of Human Services Aging and People with Disabilities (ODHS) is aware that there exists the occasion when an RN cannot physically access a facility due to inclement weather or road closures. This can prove problematic when there is a new resident at the facility in need of the performance of a health-related procedure, or an existing resident needs a new health-related procedure performed, and delegation process is being considered to meet the resident needs.

During such an occasion, an RN may choose to engage in telehealth nursing to assess the resident; identify prioritized client concerns; generate a plan of care that includes delegation process; and then engage in delegation process with the resident and a specific caregiver.

The RN who chooses to do so must generate documentation that demonstrates their adherence to OAR 851 Division 045 and 047 standards; the reason behind their decision to utilize telehealth nursing practice; the name of the staff operating the equipment during the telehealth nursing encounter; and when the RN reasonably believes they can safely access the facility. Step-by-step instructions must be faxed or emailed to the facility so delegated staff have immediate access to the step-by-step instructions during the process and going forward. The RN must then access the facility as soon as it is safe and conduct a face-to-face assessment of the resident and to verify that the delegated caregiver fully understands their role and responsibilities with the resident.

The RN’s use of telehealth nursing is not intended as a substitute for the facility’s responsibility to have a regularly schedule RN for on-site duties.

In Summary

The RN who engages in telehealth nursing in the delivery of delegation process services for facility residents holds many responsibilities. These responsibilities encompass the RN’s knowledge of professional telehealth nursing practice; knowledge of the telecommunications technology necessary to accomplish the telehealth nursing activity; compliance with HIPAA regulations; proceeding only with consent of the resident; and more.

Resources:

The following authoritative resource identifies the scope and standards of practice for professional telehealth nursing in any practice setting. The publication also identifies RN competencies needed for safe telehealth nursing practice: Scope and Standards of Practice for Professional Telehealth Nursing – American Academy of Ambulatory Care Nursing.

OSBN's Interpretive Statement: Use of Telehealth Technologies in the Practice of Nursing