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# Georgia Department of Public Health



## Guidelines for Georgia Public Health Nurses Practicing in Telehealth/ Telemedicine

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The guidelines for telehealth/telemedicine nursing practices in Public Health settings were developed using the concepts of evidence-based practice and interdisciplinary collaboration. The telehealth/telemedicine workgroup formulated the guiding principles and core competencies with the overall goal to ensure safety and quality in providing telehealth/telemedicine public health services.

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**GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH)  
GUIDELINES FOR GEORGIA PUBLIC HEALTH NURSES PRACTICING IN  
TELEHEALTH/TELEMEDICINE**

**A. INTRODUCTION**

Over the past decades, the use of telehealth technology to deliver health care from a distance has proven to be an effective way of overcoming certain barriers within the healthcare delivery systems. This is particularly true for communities located in rural and remote areas. In addition to its advantage of extending beyond geographical boundaries, telehealth/telemedicine can ease the gaps in providing essential and crucial care for those who are underserved, primarily because of a shortage of sub-specialty providers.

Telehealth technologies are evolving to provide both patients and healthcare professionals with real-time, interactive, data-rich health management systems that fully engage patients and/or guardians, and their interdisciplinary clinical care teams. These technologies offer a wide array of new opportunities for nurses nationwide. It provides great value to patients in remote locations and helps nurses in their everyday practice by offering an opportunity to expand their career choices. Telehealth/telemedicine makes it possible to share clinical skills and information. It has the potential to provide nurses the opportunity to play an important role in the development, deployment, and utilization of telemedicine and telehealth applications in delivering safe patient care.

Telehealth/telemedicine reduces health care costs by spreading limited resources to a large population over a broad geographic region. Georgia Public Health Nurses have played an important role assisting with the provision of services throughout the state. In 2012, Commissioner Brenda Fitzgerald, M.D., established an initiative to advance the use of telemedicine/telehealth technologies in health department and WIC (Women, Infants and Children) clinics.

Today, public health professionals are using telehealth technologies to enhance their productivity within the health care delivery systems. Telehealth technologies are changing the way public health does business. It brings people together, whether face-to-face, or whether they are across the state or around the globe. It brings experts to remote locations. It brings education and training to public health workers around the state, by providing strong lines of visual, graphical and multimedia communications.

**B. PURPOSE**

The purpose is to establish guidelines for Public Health Nursing staff to provide telehealth/telemedicine public health services to patients using videoconferencing equipment.

## **C. SCOPE OF PRACTICE FOR GEORGIA PUBLIC HEALTH NURSES**

The scope of practice for a Public Health Nurse presenting for telehealth and/or telemedicine services is the same scope of practice for the Public Health Nurse providing non-telehealth or non-telemedicine services. The use of videoconferencing itself does not change the practice or patient care of a professional; it merely enables services to be performed with less travel for patients and/or providers.

## **D. GUIDING PRINCIPLES**

1. **Quality**  
Commitment to quality of care by conducting periodic chart reviews and staff performance reviews.
2. **Advocacy**  
Assurance of patient advocacy by serving as a liaison between the patient and healthcare providers to ensure the highest quality of health care services are delivered.
3. **Rules and Regulations**  
Compliance with Health Information Portability and Accountability Act (HIPAA) rules and regulations by ensuring that all staff is trained regarding who is covered, what information is protected, and how protected information can be used and disclosed. Comply with all applicable rules and regulations of the Georgia Board of Nursing and the Georgia Composite Medical Board.
4. **Roles and Responsibilities**  
Assure clearly defined roles/responsibilities by developing specific protocols to be followed by staff providing telehealth/telemedicine services.
5. **Knowledge**  
Commitment to knowledge by providing ongoing educational opportunities that will enhance knowledge of current best practices.

## **E. DEFINITION OF TERMS**

**Distant site** – The site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system (Center for Medicare and Medicaid Services [CMS], 2019).

**Distance Learning** – The incorporation of video and audio technologies, allowing participants to "attend" classes and training sessions that are being presented at a remote location. Distance learning systems are usually interactive and are a tool in the delivery of training and education to widely dispersed participants, or in instances in which the instructor cannot travel to the participant's site.

**Encryption** – A system of encoding electronic data where the information can only be retrieved and decoded by the person or computer system authorized to access it.

**HIPAA – Acronym** for Health Information Portability and Accountability Act. The HIPAA Privacy Rule protects the privacy of individually identifiable health information, the HIPAA Security Rule sets national standards for the security of electronic protected health information, and the confidentiality provisions of the Patient Safety Rule protect identifiable information being used to analyze patient safety events and improve patient safety (U.S. Department of Health and Human Services, 2017).

**Medical Codes** – A process of describing medical diagnoses and procedures using specific universal medical code numbers. States may select from a variety of Healthcare Common Procedure Coding System (HCPCS) codes (T1014 and Q3014), Current Procedural Terminology (CPT) codes and modifiers (GT, U1-UD) in order to identify, track and reimburse for telemedicine services (CMS, 2019).

**Network** – For this document, the referenced network is the Georgia Department of Public Health video conferencing platform, which is a HIPAA secured platform, managed internally by a dedicated team to provide real-time video connectivity.

**Originating or Presenting site** – Remote site where the patient is presented during a telemedicine encounter or where the professional requesting consultation with a specialist is located.

**Peripheral Devices** – Any device attached externally to a computer or video conferencing system (e.g., web camera, general exam camera, stethoscope, dermascope, otoscope, external microphone speaker; inter oral exam camera, etc.).

**Telehealth and Telemedicine** – The use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications (Health Resources and Service Administration [HRSA], 2019).

Telemedicine is not a separate medical specialty. Products and services related to telemedicine are often part of a larger investment by health care institutions in either information technology (IT) or the delivery of clinical care. Even in the reimbursement fee structure, there is usually no distinction made between services provided on site and those provided through telemedicine and often no separate coding is required for billing of remote services. Telemedicine encompasses different types of programs and services provided for the patient. Each component involves different providers and consumers.

**Telenursing** – The use of technology to provide nursing practice at a distance. May include synchronous, store and forward, and remote monitoring (Fronczek & Rouhana, 2018; Kumar & Snooks, 2011; Fairchild, Elfrink & Deickman, 2008).

**Telemonitoring** – The use of telehealth to remotely monitor a patients' health status. The information is reviewed by a health care provider in a setting separate from where the patient is located. This can be done synchronously or asynchronously. Data, such as weight, blood pressure, or glucose level, are captured via medical devices in the patient's home and then transmitted to a provider system via the Internet (Agboola & Kvedar, 2016).

**Mobile Health (mHealth)** – The use of internet and wireless devices to access health information and participate in online discussions (American Telemedicine Association, 2019).

**Teledentistry** – The use of communication technologies, electronic information, and imaging, including interactive videoconferencing and store and forward technologies, to provide dental care to a patient at a distance (American Teledentistry Association, 2019).

**Synchronous (Live)** – The use of a two-way interactive video connection between a patient and a care provider that allows for transmission of information in both directions at the same time ( ) (American Telemedicine Association, 2019).

**Store and Forward (Asynchronous)** – The transmission of patient data, through technology, to a health practitioner using a device or software that records, stores, and send for the purpose of rendering a diagnosis or opinion (American Telemedicine Association, 2019).

**Videoconferencing** – Real-time transmission of digital video images between multiple locations.

## F. BACKGROUND

Substantial growth in the use of technology in health care delivery has changed the landscape of where and how patients receive care. Digital communication technologies, internet expansion, and cloud-based platforms, which offer twenty-four-hour access to care, revolutionized data acquisition and transformed interactions among patients and healthcare providers (Weinstein, Krupinski & Doarn, 2018).

Although telenursing is not new, there are contextual differences that have emerged as health care needs are more complex. Access to care in remote areas remains challenging and innovative care that is patient-centered, cost effective, and ensures quality is in demand. While there are many terms that have been used interchangeably with telenursing, it has been defined as the use of technology to provide nursing practice at a distance. The scope of practice and use of the nursing process is unchanged in telenursing; it is the delivery medium that differs from traditional nursing practice (Fronczek & Rouhana, 2018; Barbosa, Dias da Silva, Araujo da Silva & Paes da Silva, 2016).

In a broader sense, telehealth denotes a range of providers who use telecommunications and information technology to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration (Health Resources and Service Administration, 2019). Telehealth has been studied in several populations and has been shown to improve outcomes and save costs (Souza-Junior, Mendes, Mazzo & Godoy, 2016; Radhakrishnan, Jacelon & Roche, 2012). Wade, Elliott, and Hiller (2012) purport that telehealth not only improves health outcomes and increases access to services for rural communities but also offers consumers of health services a choice of health care delivery and reduces adverse events.

The Department of Veteran Affairs (VA) has been known as innovators and early adopters of technology and has employed telehealth mode of care delivery for years to improve access, increase quality, and reduce cost of caring for veterans. Variability for access and use of VA services is influenced greatly by type of care within geographic regions. Veterans that live at a distance from VA facilities are less likely to access a myriad of specialized services than other Veterans (Adams et al., 2019).

One key strategy to addressing Veteran needs and improving access to high quality care was the expansion of VA's use of telehealth. Clinical videotape telemedicine (CVT) use within the Veteran Health Administration (VHA) is one such expansion that targeted Veterans living in rural communities. CVT use grew greater than 300 percent over a 6-year period with greatest utilization among rural Veterans. This form of technology provides Veterans real-time access to VHA care, inclusive of mental health care, and can be cost effective and lend to efficient remodeling of staffing structures (Adams et al., 2019).

The VA utilizes telehealth modalities for chronic and acute care management, to support self-care management where independence is a priority for veterans, and for multiple other clinical uses. In 2018 alone, one VA region experienced a burgeoning of

telehealth referrals by 232% with 81% of those receiving care via telehealth living in rural areas (Veazie, Bourne, Peterson & Anderson, 2019; Flaherty, Daniels, Luther, Haas & Kasckow, 2017).

According to the 2016 Veteran Profiles (National Center for Veteran Analysis and Statistics, 2018), Veterans are more likely to live in rural areas than the general population and may experience challenges living in rural settings as their health care needs can be complicated by combat related illness and injuries. Rural communities have a higher poverty rate, increased elderly populations, workforce shortages, residents with poorer health, and fewer health care infrastructures for the provision of Veteran-centric care (US Department of Veteran Affairs, Office of Research and Development, 2016).

Telehealth use in VA has been shown to decrease hospitalization frequency, length of stay, and may help reduce suicide risk in Veterans living with serious mental illness (Flaherty, Daniels, Luther, Haas & Kasckow, 2017). Other findings associated with telehealth use suggests comparable rates of patient satisfaction, cost and cost-effectiveness, and quality of life outcomes among patients attending in-person visits (Veazie, Bourne, Peterson & Anderson, 2019; Flaherty, Daniels, Luther, Haas & Kasckow, 2017).

## **G. RURAL COMMUNITIES AND TELEHEALTH/TELEMEDICINE**

There are growing concerns relative to health disparities in rural communities where greater than 15% of Americans reside (Center for Disease Control and Prevention (CDC), 2017). When compared to urban communities, rural communities have higher risk of mortality associated with cancer, heart disease, obesity, stroke, chronic lower respiratory disease, unintentional injury and overall worse health outcomes. Many of these disparities are largely due to economics, poor access to care, fewer health care providers, lack of employment opportunities, and health behaviors such as smoking, binge drinking, and less physical activity. Depression, drug use and opioid misuse and overdose are exacerbated in rural areas due to a lack of access to mental health and substance abuse services (James et al., 2017; Borders, 2018;). These health disparities among rural communities underscore the need to develop comprehensive approaches for health promotion and disease prevention by public health. Implementing telehealth services in rural communities could help to bridge the gaps between healthcare services, healthcare providers, and those in need (James et al., 2017; Borders, 2018).

One-fifth of Georgia's population lives in rural areas. These 2.3 million rural residents are more likely to be uninsured or under-insured than their urban counterparts, mirroring other rural areas nationally with higher rates of diabetes, heart disease, obesity, and cancer (Georgia State Office of Rural Health, 2019). Rural Georgians have lower educational levels and higher poverty rates than Georgians living in urban areas. In 2017, the average per capita income among those living in rural areas in Georgia was \$33,483 and the poverty rate was 20.3%, compared to an average per capita income of \$44, 145 and poverty rate of 13.9% for those living in

urban areas in Georgia (United States Department of Agriculture Economic Research Services, 2019).

Georgia's 120 rural counties are medically underserved, with half the number of physicians of urban counties and significant shortages of nurses, nutritionists, and therapists (Economic Research Services, 2017; Georgia Rural Health Association, 2019). Many small hospitals in rural areas are facing financial challenges. One solution to this growing problem of access to care is the use of information and technology to link multi-level health providers with primary care practices to improve the overall quality of care and health care experiences of residents living in rural Georgia (Georgia Department of Community Health, 2019; Economic Research Services, 2017).

In using technology and developing telehealth models of care, there are unique challenges in rural communities that must be well thought out. Considering the health care workforce shortage in rural communities, many providers may have concerns about privacy and confidentiality violations found in smaller towns, insecure consistent funding for programs, and high up-front and operational costs. Patients residing in rural areas may share concerns regarding privacy and confidentiality. They may also face difficulties with lack of internet access and insurance coverage for telehealth services. Families living in rural areas indicate that financial constraints make it difficult to access needed services for their children with mental, behavioral or developmental conditions, and even describe their own mental health as poor. Many rural communities lack recreational amenities to support the built environment where children learn, play, and thrive (CDC, 2017). Families in rural areas are at greater risk for low health literacy when marginal educational levels exist. Other challenges to consider in developing health care strategies for rural families are a lack of access to pediatric providers and pediatric sub-specialties such as gastroenterology, pulmonary medicine, and psychiatry (Marcin, Shaikh & Steinhorn, 2016).

Despite many of the challenges confronting rural communities, telehealth/telemedicine provides an alternative to health care access and coordination of care for individuals and families living in remote areas. It offers care that extends beyond walls to improve health outcomes and reduce cost associated with hospitalizations (National Congress of American Indians, 2017).

## **H. EVOLUTION OF NURSING EDUCATION IN TELEHEALTH/TELEMEDICINE**

The integration of technology in curriculums has become a priority among many health care disciplines as competencies in telehealth are expanding to meet the complex needs of patients (Tuckson, Edmunds & Hodgkins, 2017; Lee & Billings, 2016). There are no clear standards for education and development of healthcare providers for their evolving role in the era of technology advancement and many providers have not received formal training in telehealth modalities (Ali, Carlton & Ali, 2015; Hutcheson, 2001; Schlachta-Fairchild et al., 2010)

Schools of medicine have recognized knowledge gaps in the use of health-related technology among physicians and have adopted various forms of telehealth concepts into residency curriculums to ensure graduates are better prepared for job

market trends and new practice models (Saeed, Johnson, Bagga & Glass, 2017). Many health systems are responsive to knowledge gaps among clinicians relative to the use of technology in health care and are designing educational initiatives that extend beyond formal education as a solution-based approach to reduce access to care disparities.

In a recent study including 760 health care providers (nurses, physicians, psychologist, and social workers) at military sites and the VA, the effectiveness of a competency-based training program in the use of mobile health applications in behavioral health was evaluated. The education program focused on core competencies relative to knowledge acquisition of the mobile application use, integration of mobile technology in traditional practice environments, security and privacy issues, and ethical considerations. The findings of the study demonstrated a one-day interdisciplinary program was effective in leading to sustained increase in knowledge of the mobile technology and increase uptake in use among trainees (Armstrong, Ciulla, Edwards-Stewart, Hoyt & Bush, 2018). Thus, as academic programs move towards integration of technology in curriculums, health care systems and organizations will need to continue their educational efforts to address the knowledge gaps among health care providers to advance adoption of technology use in practice.

Education and development of nurses for telehealth have also been adapted to nursing practice in specific settings, and health care organizations are responsible for identifying and verifying competencies for their respective roles (ATA, 2008). In the case of nurses practicing in telehealth/telemedicine, specific competencies associated with nursing care delivery at a distance includes effective, proficient, appropriate and safe use of devices and technology that builds on existing nursing knowledge and expertise (Nagel & Penner, 2015). With the rapid speed of advancement of technology use in health care and value-based care influencing health system decisions, integrating telehealth concepts into schools of nursing are imperative.

While some schools of nursing are incorporating components of telehealth in simulation and clinical education, researchers have identified barriers to integrating telehealth in nursing curricula. These barriers include lack of trained faculty, saturated curriculums with no ability to expand content, inadequate educational time for telehealth delivery, cost of equipment, and complexity of hardware (Roney, Westrick, Acri, Aronson & Rebesch, 2017; Ali, Carlton & Ali, 2015). To advance the integration of telehealth education in nursing curricula, it is imperative to address these barriers to keep pace with innovation in health care and emerging technology, and to conduct research to determine the impact on student learning (Ali, Carlton & Ali, 2015; Roney, Westrick, Acri, Aronson & Rebesch, 2017).

## **I. BEST PRACTICES IN TELEHEALTH**

The California Telehealth Resource Center (CTRC), a leading source of expertise and comprehensive knowledge in the development and operation of telemedicine and telehealth programs, published a National Compendium of Best Practices in Telehealth Services. This resource states that the initial step in development of a telehealth program is to assess and confirm readiness for telehealth

and complete a needs and environmental analysis. Performance of a formal assessment of readiness leads to early identification of potential problems and interventions while gaining support for the project.

Setting measurable goals and objectives will aid in staffing, equipment selection, performance evaluation, and prioritizing service delivery options. The goals for the telehealth program should also match the mission and strategic plan of the organization. In the planning of a telehealth system, it is critical to design and deploy health information exchange practices to ensure network privacy and security from the offset.

CTRC recommends identifying champions who are true change agents to lead and sustain the vision of the telehealth program. While growing champions is vital, it is important to know the geographic area and the community stakeholders and learn of their perceived challenges and concerns. Selection of the correct equipment for the telehealth program is essential for intended functionality and interoperability. However, being cognizant of the rapid speed of technology advancement is important, as applications require continuous upgrading and renewals. Planning for seamless integration requires designing activities that align with standard of practices and working methods. Developing a strong information technology workforce with a dedicated program manager are other essential elements in defining a best practice. Once the workforce is knowledgeable and familiar with operations, it is key to develop protocols, policies and procedures.

Once short and long-term goals are established, it is important to develop an evaluation and monitoring plan that allows for rapid development of quality improvement initiatives. During program implementation, a convenient and effective care environment reminiscent of a traditional care environment should be created. The designated telehealth room should be user friendly, well equipped with reliable and appropriate technology, be comfortable for patients and apply basic principles of room design for videoconferencing applications. Lastly, communication should occur regularly between the on-site and remote partners (clinicians, nursing staff, schedulers and other staff) to ensure that both ends of the telehealth link are satisfied with the program's management, administration, billing systems, IT support, problem resolution, coordination, and quality improvement (CTRC, n.d.).

## **J. SCOPE OF PRACTICE**

The integration and expansion of technology in health care has broadened nursing practice beyond the traditional practice setting to reach patients who otherwise would not receive the care they need (Lorentz, 2008). In many areas, geographical health disparities and a demand to increase access to care have led to increased utilization of telehealth/telemedicine (Nagel & Penner, 2015). In the provision of care, nurses and other health care providers can access patients in remote and non-traditional settings (American Telemedicine Association, 2019) including patients with unique conditions who would otherwise not have access to a specialist

The American Nurses Association (ANA) first endorsed telenursing in 1999 as an official form of nursing practice. Telenursing meets the standards of nursing practice as

nurses follow the traditional nursing process and formulate care plans while using the telenursing platform (Fathi, Modin & Scott, 2017). Nurses assess, diagnose, plan, implement, and evaluate each patient as part of the nursing process and use decision support tools such as algorithms, protocols, and evidenced- based guidelines in their decision-making. The nursing process does not change when the method of delivery changes from the traditional in-person encounter to telenursing (Mataxen & Webb, 2019).

Telenursing is applied in numerous settings where the technology is used to provide health services and can be as effective as traditional nursing sites (Ali, Carlton & Ali, 2015). The range of nursing services using telehealth technology includes triage care, consultation, health advice, patient support, health education, care coordination, remote monitoring, videoconferencing, and computer–mediated communications (Nagel & Penner, 2015).

Nagel and Penner (2015) explain that nurses build on their education and training to develop new competencies for integrating technology into patient care. It is essential for nurses who provide care using telehealth technologies to not only be well-grounded in general nursing knowledge, theory, and practice competencies but also have additional expertise using technology (Nagel & Penner, 2015). Although nurses are seeing the patient via the virtual environment, they must identify clues from patients' tone of voice and facial expressions as part of their assessment and practice evidence-based nursing. Nurses working in telehealth must possess attributes such as strong verbal and written communication, active listening skills, and be skilled at posing questions to elicit information (Lorentz, 2008). Nursing practice involving telehealth technology also requires nurses to develop competency in relationship building, assessment, synthesizing and integrating multiple data sources, and clinical decision making (Fathi, Modin & Scott, 2017).

## **K. IMPLICATIONS FOR PRACTICE**

Pressures to resolve issues related to confidentiality and privacy, licensure, scope of practice, interstate practice, liability coverage and reimbursement are commonly raised in discussions regarding telenursing (Ali, Carlton & Ali, 2015; Hutcheson, 2001; Schlachta-Fairchild et al., 2010). Restrictions for reimbursement from Medicaid and Medicare pose challenges for patients requiring diagnostic studies inclusive of imaging. Providers being reimbursed are required to be Medicaid providers, which may potentially limit participating specialists (Georgia Department of Community Health, 2015). Laws and policies regarding reimbursement for telehealth services in Georgia may be found at: <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=39&category=All&topic=All>

Interstate practice and multistate compacts allows for practice in another state if the nurse abides by the laws of that state in which the patient is located (Brous, 2016). Information on applying for a multistate license in Georgia may be found at: [http://sos.ga.gov/index.php/licensing/plb/45/nurse\\_licensure\\_compact](http://sos.ga.gov/index.php/licensing/plb/45/nurse_licensure_compact)

Malpractice coverage relative to nurses practicing in telehealth/telemedicine must

also be fully examined, inclusive of Advanced Practice Registered Nurses (APRNs) and their expanding role(s) in the healthcare delivery system. Issues associated with equipment failure, malfunction, inadequate preparation of users of equipment and medical errors that might ensue are other factors to consider (Brous, 2016; Glazer, 1999; Schlachta-Fairchild et al., 2010).

## **L. CORE COMPETENCIES AND STANDARDS FOR GEORGIA PUBLIC HEALTH NURSES**

The Department of Public Health through the Office of Nursing has established practice guidelines and core competency standards for telehealth/telemedicine to help advance the science and to assure the uniform quality of service to patients throughout a broad geographic region. These guidelines are designed to serve as both an operational reference and an educational tool to aid in providing appropriate care for patients.

Georgia Public Health Nurses providing telehealth/telemedicine services shall:

- I. be fully licensed and registered with the Georgia Board of Nursing.
- II. be aware of credentialing requirements at their clinical site as well as the site where the patient is located, in compliance with regulatory and accrediting agencies
- III. be knowledgeable of their locus of accountability, liability, ethical standards, documentation, record keeping and the other requirements that are specific to the telemedicine specialty area in which they practice
- IV. be cognizant of the fact that when a provider-patient relationship has been established within the context of telemedicine encounter between the healthcare provider and the patient, whether interactive or store and forward, shall proceed accordingly with an evidence-based, best practice standard of care
- V. have the necessary education, training/orientation, and ongoing continuing education/professional development to ensure they possess the necessary competencies for the safe provision of quality health services in their specialty area. Recommended approved professional development programs can be found at National School of Applied Telehealth (NSAT). NSAT Certification training includes Certified Telemedicine Clinical Presenter (CTCP) and Certified Telehealth Coordinator (CTC).

Georgia Department of Public Health through the Office of Nursing recommends that all presenting sites have at least one trained Telehealth Coordinator and at least 2 telehealth clinical presenters. Identified individuals will serve as resources, champions for change and a clinical support system for other Public Health Nurses that practice telehealth. Training for telehealth coordinators and telemedicine clinical presenters is available in person and/or virtually by your DPH Telehealth team. To request training, please contact the Telehealth team via email at [dph-gphvn@dph.ga.gov](mailto:dph-gphvn@dph.ga.gov).

## Core competencies and Standards:

### 1. Clinical Standards for Georgia Public Health Nurses

- I. The Department of Public Health and Georgia Public Health Nurses shall be satisfied that health professionals providing care via telehealth are aware of their own professional discipline standards and code of ethics that governs their practice. These standards and code of ethics shall be upheld in telehealth practice.
- II. Georgia Public Health Nurses shall be guided by their professional governing body as well as any national existing clinical practice guidelines when practicing via telehealth. Any modifications to specialty-specific clinical practice standards for the telehealth setting shall ensure that clinical requirements specific to nursing practice standards are maintained.

### 2. Video Conferencing-Based Tele-presenting Practice Administrative Core Competencies/Standards

The Public Health Nurse should be able to:

- i. Demonstrate knowledge of the existing scheduling procedures and policies within his/her Health District.
- ii. Verify and ensure that the evaluating provider who attends the virtual consultation is the scheduled, legitimate provider for the patient and is credentialed to provide the services being offered.
- iii. Identify the evaluating provider's clinical goals for the telehealth encounter; this should include the review of requested pre-consultation forms and diagnostic testing.
- iv. Establish and follow health district's procedure for contacting patients prior to the consultation to remind them of the appointment, give directions, and provide patient education.
- v. Implement a back-up plan that has been established by the nurse's Health District when/if there are technical problems.
- vi. Collaborate with the Health District and the remote provider to develop and implement patient protocols that are specific to each distant provider to ensure that patient information is readily available during the telehealth encounter.
- vii. Obtain a telemedicine consent form.
- viii. Demonstrate adherence to HIPAA regulations.
- ix. Adhere to state and federal regulations related to telepresenting and transfer of patient information electronically and all other record-keeping activities.
- x. Be knowledgeable about the location and operation of the state-district hub.
- xi. Evaluate and articulate outcomes and make suggestions for process improvement.
- xii. Collaborate with the remote providers in the development of patient

plan of care.

- xiii. Demonstrate use of mobile telemedicine units (e.g., backpacks).

### 3. Clinical Core Competencies/Standards as the Public Health Nurse Presenter

The clinical aspects of the presenter role are both generalized as well as specific to the type of service that is being provided to the patient. The Public Health Nurse who functions as the presenter becomes the patient advocate to optimize the exchange of clinical information between the provider and patient.

#### a. Preparation of the Workstation

The Public Health Nurse should be able to:

- i. Provide the evaluating provider with any available and necessary information regarding the patient (e.g., history and physical, radiographs, lab work, etc.), prior to the telehealth encounter.
- ii. Understand and be able to implement contingency plans in an event of loss of connectivity (e.g., trouble shooting, rescheduling, referral etc.).
- iii. Confirm with telehealth manager that all necessary equipment (including peripheral devices and supplies for the tele-encounter) are accessible and in good working condition in the examination room.
- iv. Protect patient's personal identifiable health information
- v. Assess and implement an appropriate plan for cultural, language, and/or disability issues as outlined by your Health Department.
- vi. Demonstrate knowledge of the existing scheduling procedures and policies within his/her Health District.
- vii. Verify and ensure that the evaluating provider who attends the virtual consultation is the scheduled, legitimate provider for the patient and is credentialed to provide the services being offered.
- viii. Adhere to infection control principles/universal precautions.

#### b. Patient Education and Support

The Public Health Nurse Presenter shall:

- i. Educate the patient/family and or guardian on what to expect during a telehealth encounter, this should include: the potential for an audio-video delay.
- ii. Provide opportunities for questions and answers at every telehealth encounters.
- iii. Introduce video-conferencing equipment to the patient, this should include identification of the microphone and camera locations.

- iv. Anticipate and be able to accommodate exam requirements, including appropriately positioning and preparing of the patient for physical examination (e.g., gowning or uncovering body areas).
- v. Introduce and make patient aware of all individuals in the room during the examination as well as those in the room at the remote site.
- vi. Be alert and sensitive to nonverbal body language or any cultural barriers.
- vii. Ensure the patient/family is comfortable with the tele-encounter and is aware of their right and ability to terminate a telehealth encounter at any time.

c. Knowledge and Skills

The Public Health Nurse Presenter shall:

- i. Be knowledgeable and competent in health assessment skills, that is, have completed a Health Assessment course at a baccalaureate level as outlined by the Georgia Department of Public Health Clinical Competency Development Program.
- ii. Be knowledgeable on how to turn on video-conferencing equipment, initiate and terminate a call, and identify resources to obtain technical assistance.
- iii. Demonstrate knowledge and skills on how to operate the equipment and peripheral devices in the specialty area in which they practice. Equipment and peripheral devices include but are not limited to dental cameras, otoscope, ophthalmoscope, ECG monitoring, stethoscope, and spirometer.
- iv. Be knowledgeable and demonstrate competency in health assessment skills for individuals across the lifespan.

d. Follow up post-telehealth encounter

The Public Health Nurse Presenter shall:

- i. Review any instructions or information conveyed during the telehealth encounter by the remote evaluating provider after the session has concluded, as appropriate, based on the presenter's level of professional practice. Discussion should include; medication management, follow up tests or procedures that need to be done before the next visit.
- ii. Provide patient, family and/or guardian with the evaluating provider's contact information, if needed for follow-up or emergency contact information during after-hours.
- iii. Encourage and assist the patient, family and or guardian with directions to complete any evaluation forms after the telehealth encounter.

- iv. Schedule follow-up appointments, treatments, etc., as ordered based on Health District's scheduling guidelines.
- v. Provide the primary care physicians and/or other appropriate individuals involved in the patient's care coordination with necessary documentation from telehealth encounter and as requested by the patient.
- vi. Document the telehealth encounter in the medical records and indicate where the patient's telehealth medical records will be filed.

## **M. CONCLUSION**

Telehealth/telemedicine offers the potential to improve patient access to care and health outcomes in various settings with a myriad of telehealth applications. While proficient and safe use of technology is imperative, there is evidence to suggest that telehealth reduces travel time, increases nursing productivity, lends to cost savings, allows for providers to reach more patients in a timely manner, and may potentially impact the nursing shortage (Hutcheson, 2001; Lowie, 2012; ; Schlachta-Fairchild et al., 2010). Physicians and nurses can make better use of their time and education when telehealth technology is applied, particularly when traveling to rural communities and congested urban and metropolitan areas. Technological advances permit patients to access health care wherever they are and provides a platform to guide and monitor populations based on their need (Souza-Junior, Mendes, Mazzo & Godoy, 2016). Nursing practice in telehealth/telemedicine offers innovative approaches to patient care. These implications create opportunities specifically in public health settings and place nurses at the forefront of advancing technology use in health care delivery systems.

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**O. APPENDIX A**

**Georgia Public Health Nurses Competency Form-Telehealth/Telemedicine**

Facility/Health District: \_\_\_\_\_

Name: \_\_\_\_\_ Date Initiated: \_\_\_\_\_

Credentials and Job Title \_\_\_\_\_

Required competencies must be met regardless of trainee experience.

Trainer/Preceptor will sign each item of required competency when both trainer and trainee feel safe in allowing the trainee to perform each item without direct supervision.

<b>Required Competencies:</b> <i>Main categories and associated critical elements. (The trainee needs to prove they can perform those functions).</i>	<b>Verification:</b> <i>Method/comments</i> <b>D:</b> Demonstrated via simulator or direct care <b>V:</b> Verbalized via case studies, scenarios, etc.	<b>Date Met</b>	<b>Trainee initials</b>	<b>Trainer Initials</b>	<b>References</b> [Core competencies, scope of practice, regulatory, and standard operating procedures (SOP), practice manual].
<b>Administrative Core Competencies</b> <ul style="list-style-type: none"> <li>○ Demonstrate knowledge of existing scheduling procedure within the Health District.</li> <li>○ Verify evaluating provider's credentials.</li> <li>○ Obtain telemedicine consent form, if required.</li> <li>○ Demonstrate adherence to HIPPA regulations.</li> <li>○ Explain back up plan when there are technical problems.</li> </ul>					Guidelines for Georgia Public Health Nurses Practicing in Telehealth/Telenursing/Telemedicine (2019).
<b>Preparation of Workstation</b> <ul style="list-style-type: none"> <li>○ Confirm that all equipment is in good working condition and is accessible.</li> <li>○ Protect patient's personal identifiable health information.</li> <li>○ Demonstrate Cultural competencies during the telehealth encounter.</li> <li>○ Implement contingency plan in</li> </ul>					Guidelines for Georgia Public Health Nurses Practicing in Telehealth/Telenursing/Telemedicine (2019).  QA/QI for Public Health Nursing Practice manual (2019).

<p>an event of loss connectivity.</p> <ul style="list-style-type: none"> <li>○ Provide evaluating provider with any available health information (x-ray, lab work, H&amp;P, etc.) prior to the telehealth encounter.</li> <li>○ Adhere to Universal precautions.</li> </ul>				<p>Health District specific contingency plan</p> <p>Guidelines for standard Precautions and Blood borne Pathogens Occupational Exposure Control (2015).  <a href="https://dph.georgia.gov/sites/dph.georgia.gov/files/DPH%20Guidelines%20for%20Standard%20Precautions%20and%20Bloodborne%20Pathogens.pdf">https://dph.georgia.gov/sites/dph.georgia.gov/files/DPH%20Guidelines%20for%20Standard%20Precautions%20and%20Bloodborne%20Pathogens.pdf</a></p>
<p><b>Patient Education and Support</b></p> <ul style="list-style-type: none"> <li>○ Educate patient/family on what to expect during the encounter.</li> <li>○ Provide opportunity for questions and answers at each encounter.</li> </ul>				
<p><b>Demonstrate knowledge and skills</b></p> <ul style="list-style-type: none"> <li>○ Be knowledgeable and competent in health assessment skills.</li> <li>○ Demonstrate knowledge and skills on how to operate the equipment and peripheral devices.</li> </ul>				<p>Clinical Competency Development Program for Public Health nurses.  <a href="https://dph.georgia.gov/health-assessment">https://dph.georgia.gov/health-assessment</a></p> <p>District competency tools and/or preceptorship guide <i>(to be developed by each district)</i>.</p>
<p><b>Follow up and post telehealth encounter</b></p> <ul style="list-style-type: none"> <li>○ Schedules follow up appointment if required.</li> <li>○ Review instructions with patient/family that was conveyed during the encounter.</li> <li>○ Provide contact information for evaluating provider.</li> <li>○ Provide after hours contact information.</li> <li>○ Document the encounter in the medical records.</li> </ul>				<p>Health District specific SOP</p> <p>Health District specific SOP</p> <p>QA/QI for Public Health Nursing manual 2019.</p>