
Georgia Department of Public Health



Guidelines for Georgia Public Health Nurses Practicing in Telehealth/ Telenursing/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 telenursing workgroup committee formulated the guiding principles, evidence-based principles and core competencies with the overall goal to ensure safety 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/TELENURSING/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 in order to provide both patients and healthcare professionals with real-time, interactive, data-rich health management systems that can fully engage patients and/or guardians, and their interdisciplinary clinical care teams regarding treatment of the patient's disease conditions. These technologies offer a wide array of new opportunities for nurses nationwide. It does not only offer great value to patients

in remote locations, it can also help nurses in their everyday practice and allows them the opportunity to expand their set of 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.

These benefits are evident in the growing population of Georgia. Beginning in 1993, the Georgia Statewide Academic & Medical System established telemedicine clinics at Ware County Health Department. Medical consultative services for area residents have been provided via the Waycross Health District's own videoconferencing network since 2000. This has reduced 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 these services throughout the years. In 2012, Commissioner Brenda Fitzgerald, M.D., established an initiative to advance the use of telemedicine/telehealth technologies throughout the State of Georgia.

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 of this document is to establish guidelines for Public Health Nursing staff using videoconferencing equipment to provide nursing services to patients.

C. SCOPE OF PRACTICE FOR GEORGIA PUBLIC HEALTH NURSES

The scope of practice for a Public Health Nurse presenting for telehealth 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.
Be in compliance 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 telenursing services.
5. **Knowledge**
Commitment to knowledge by providing ongoing educational opportunities that will enhance knowledge of current best practices.

E. DEFINITION OF TERMS

1. Hub - Location of the infrastructure for the videoconferencing network. For the purpose of this document, the referenced Hub is located in Southeast Health District 9-2 (Waycross).
2. Network - For the purpose of this document, the referenced network is the Georgia WIC network which is a private hub and spoke network using dedicated T-1 circuits to provide connectivity. The network hub is located in Waycross. Connections over the network are secure, encrypted calls.
3. Peripherals - Additional equipment attached to videoconferencing equipment to enhance the capabilities of the equipment and make patient examinations possible. Peripherals may include, but are not limited to, scopes (otoscope/ophthalmoscope, stethoscope), x-ray machine, general examination camera, and ultrasound.
4. Teledentistry - The use of interactive videoconferencing to provide dental care to a patient located in the originating site with consultative input from a provider at the receiving site.
5. Telehealth - The use of interactive videoconferencing to provide health services to a patient located in the originating site with consultative input from a provider at the receiving site. Telehealth services may or may not require equipment other than traditional videoconferencing equipment.
6. Telemedicine - The use of interactive videoconferencing to provide clinical services to a patient located in the originating site with consultative input from a provider at the receiving site. Telemedicine encounters often utilize peripherals (scopes, general exam cameras, etc.) for examinations in addition to the general videoconferencing equipment.
7. Telenursing - The provision of nursing care performed via videoconferencing for the purpose of Telehealth or Telemedicine services.
8. Telephonic nursing - The use of the telephone to provide telephonic communication between a patient and a licensed nurse wherein the nurse's primary function is to provide the patient a telephonic response to the patient's questions regarding his or her or a family member's medical care treatment.
9. Videoconferencing - The use of interactive audio/video equipment and technology to communicate between two or more endpoints.

F. SUMMARY OF LITERATURE REVIEW

1. The evolution of health care delivery systems has developed with technologic advances in communication and information technology throughout the world (Nickleson, 1998; Sanches, Alves, Helena, Lopes, & Novaes, 2012). Such environment has created new opportunities for Public Health Nurses. While 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 delivery of nursing practice over distance using telecommunication technology (National Council of State Boards of Nursing, 1997). 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 (American Telemedicine Association [ATA], 2011; Schlachta-Fairchild, Varghese, Deickman, & Castelli, 2010).
2. In a broader sense, telehealth denotes a range of providers that use telecommunications and information technology to provide multiple services across distance to be clinically and administratively cost effective (Nickleson, 1998). Telehealth has been studied in several populations and has been shown to improve outcomes and lend to cost savings (Dansky & Vasey, 2009; Radhakrishnan, Jacelon, & Roche, 2012). Wade, Elliott, and Hiller (2012) purport that telehealth not only improves health outcomes and increases access to services to rural communities but also offers consumers of health services a choice of health care delivery and reduces adverse events.
3. The Department of Veteran Affairs (VA) has extensively employed telehealth to improve access, increase quality and reduce cost of caring for veterans. Multiple telehealth modalities have been used in the VA including home telehealth that has been designed for chronic and acute care management, and health promotion and disease prevention; stored and forward telehealth, primarily used for teledermatology and diabetic retinopathy; clinical video telehealth for real time video conferencing for consultation purposes among provider to patient, provider to provider and specialty services. It is estimated that 9% of veterans will have been served by telehealth modalities at the end of fiscal year 2012 (Darkins, 2012).

G. USE OF TECHNOLOGY IN TELEHEALTH

1. Telenursing, often referred to as telehealth nursing has been implemented in various settings including hospitals, primary health care, public health, community centers, academic medical centers, acute care, home health,

specialty clinics, military and VA health centers; mental health facilities and correctional institutions (Gibson, Tassenko, & Neil, 2005; Holmström, 2007; Huber & Blanchard, 1999; IOM, 2012; Lorentz, 2008; Sanches et al., 2012; Schlachta-Fairchild, 2002; U.S. Department of Health and Human Services, 1999). According to the 2000 U.S. Telenursing Role study, 23.5% of the respondents were hospital based; indicating that telenurses practice settings expanded beyond traditional practice sites (Schlachta-Fairchild, Varghese, Deickman, & Castelli, 2010). There are a myriad of technology and methods used by nurses for specific telehealth activities in their respective setting. Telephonic devices have been cited as a means of consultation, post-discharge follow-up, education, triaging, and counseling (Huber & Blanchfield, 1999; Lorentz, 2008; Schlachta-Fairchild, 2002; Holmström, 2007). The use of digital cameras and two way audio and visual systems have been described as effective technological devices for videoconferencing, web-based consults; virtual visits for mental health assessments, physical assessment with and without peripheral devices such as stethoscopes, otoscopes, EKG/cardiac monitors, glucose monitors, and ophthalmoscopes. Electronic data from pulse oximetry and respiratory flow meters have been used for remote monitoring and management of patients with chronic obstructive pulmonary disease (Lorentz, 2008; Gardner, Frantz, Speht, Johnson-Mekota, Buresh, Wakefield & Flanagan, 2001; Schlachta-Fairchild, 2002; Westra, 2012). Newer devices using infrared technology are being developed to provide remote monitoring that may easily detect falls, illness or injuries (Schlachta-Fairchild et al., 2008).

2. Another means of accessing care and decreasing cost in the healthcare delivery system is the use of telehomecare. This form of telenursing involves use of electronic equipment in the patient's home where real time interaction occurs. Patients can be remotely monitored in the convenience of their home, health problems can be rapidly identified and long distance travel can be reduced. This form of telenursing has been cited as ideal for the elderly population, individuals with chronic diseases that live in remote areas or require frequent and close monitoring (Lorentz, 2008; Moore et al., 2005).
3. Use of telephone nursing among adult and pediatric populations has been widely reported in the literature (Lorentz, 2008; Holmström, 2007; NCSBN, 1997; Schlachta-Fairchild, 2002). Telecare or telephone based care, a subset of telenursing, involves triaging calls and determining the level of health care required, generate referrals, and coordinate care without providing direct patient care. Nurses in the telephone based care role must have excellent communication skills to express themselves effectively, interpret the caller's need accurately, respond with appropriate questions to obtain pertinent information, and have the ability to develop trust during the telecare interaction (Lorentz, 2008; Holmström, 2007;

NCSBN, 1997; Schlachta-Fairchild, 2002). In Canada, Sweden and the UK, nurses working in call centers use an array of protocol specific guidelines, telephone consultation skills courses, and decision-aid software to support nursing consultative efforts (Collins-Jacques, 2012; Holmstrom, 2007; Hagan, Morin, & Lepine, 2000; Higgs, Bache, Peters, Armstrong, & Jessopp, 2003). These aids have been designed for nurses in completing assessment, avoiding missed opportunities and support decision-making during telephone base activities (Holmström, 2007).

H. ROLE DEVELOPMENT

1. Training and development of nurses for telenursing have been adapted to the role function of nursing practice in specific settings, and organizations are responsible for identifying and verifying telenursing competencies for their respective role (ATA, 2008). Specific competencies associated with nursing care delivery at a distance, in the case of telenursing, it includes effective, proficient, appropriate and safe use of devices and technology (ATA, 2008). Enhanced communication skills, understanding the limitations of technology, and the skills, knowledge and judgment required as a result of providing services across distance is needed (ATA, 2008).
2. In preparing nursing students for telehealth practice, Buckley, Tran, Prandoni, and Clerk (2002) focused on developing and modifying communications skills. Participants were videotaped, allowed to role-play, manipulate and handle telehealth equipment to prepare for the new role. They emphasized how general appearance, facial expression, posture, voice quality and gesture influenced the therapeutic relationship and conveyed caring in a distant format. Practice with the equipment allowed for participants to feel comfortable with usage and helped them realize that the technologies were a means to enhance the nursing process.
3. Sevean, Dampler, Spadoni, Strickl, and Pilatzke (2008) conducted a study that involved the training of nurses working in rural communities to perform assessments via telehealth that were normally performed by physicians. Based on the results of a needs assessment, a 1-day videoconference workshop was held. The educational program included telehealth protocols and policies that addressed legalities, privacy, confidentiality, video etiquette, and tips and tools to evaluate the room for privacy issues and set up equipment. Room design and technical components (room treatment, lights, power, background, and audio) for telehealth practice was cited as a basic understanding that nurses needed. Additionally, physical assessment skills specific to the nurses' new function were taught. While the participants reported that there was too much content for the allocated time, the researchers reported that the sessions were well received. In preparing nurses for telehealth, they are required to know the federal and state laws that guide their practice to

ensure they are adhering to regulations and standards for secure messaging technology, privacy and security in accordance to HIPAA (American Telemedicine Association, 2008). Benhuri (2010) examined the use of simulation as a means of educating student nurses through telenursing scenarios via video feed. These simulation activities allow for a safe learning environment in the context of community health education.

I. BEST PRACTICES IN TELEHEALTH/TELEMEDICINE/TELENURSING

1. The California Telehealth Resource Center (CTRC), which is a leading source of expertise and comprehensive knowledge in the development and operation of telemedicine and telehealth programs, has published a National Compendium of Best Practices in Telehealth Services (CTRC, 2010). This resource suggests that for the program developer, the first step is to assess and confirm readiness for telehealth and complete a needs and environmental analysis. Organizations that perform a formal assessment of readiness have the advantage of identifying potential problems and addressing them early while gaining support for the project. Step two is to define the types of services you wish to deliver and the best and most appropriate telehealth program model for your particular organization services, program and technology model. It is important to identify which services you will target, which geographical regions or populations you will serve, and what form of telehealth you will implement. Knowledge of the various forms of telehealth currently in use (i.e., remote home health monitoring, two-way audio and visual technology for consultation, education and counseling, nurse managed call center, etc.) is crucial to ensure that the choice made is suited to the particular specialty services you plan to provide. A system that contains elements of each can prove highly effective, particularly in the delivery of multi-disciplinary care. Keep the model in line with the organization's vision, mission and strategic plan (CTRC, 2010).
2. CTRC (2010) suggests that the right equipment be selected for the telehealth application and delivery mode. During the planning phase, obtain information and advice and learn about functionality, features and interoperability. Telehealth activities should be designed to complement standard practices and working methods, not complicate or interrupt them. Telehealth should be integrated alongside typical face-to-face clinical activities. Telehealth examination rooms (both patient and provider sites) should be located in close proximity to the clinical staff. During consults or when any clinical interactions are taking place via the telehealth system, trained and efficient technical staff must be on hand to troubleshoot and make technical adjustments as necessary. A dedicated telehealth program manager should be hired at the beginning of program planning to help design it and assist with adaptation of clinical and service protocols for the telehealth environment compatible with content of non-telehealth

protocols (CTRC, 2010). A schedule of structured and layered training on an ongoing basis, at both host and remote sites, is essential. Network backup for critical technical systems to support clinical staff as they undertake their telehealth activities will boost confidence that telenursing will improve patient outcomes. Telehealth systems should be designed and structured to support health information technology (HIT) and exchange. Network security and privacy issues related to HIT are a concern, so technical leadership and legal counsel should be involved from the outset. The program organization's legal counsel should be fully informed of telehealth plans well in advance of implementation to allow time for complete review of other legal and regulatory issues that must be complied with (CTRC, 2010).

3. Many consider clinical and administrative champions to lead and sustain the development of a telehealth program as the most important factor for success. Champions are change agents within an organization and in positions to garner financial, technical, personnel and other resources. Reimbursement for telemedicine services is one of the most challenging areas in implementing sustainable telehealth programs, so champions should identify revenue and fiscal estimates early. In the planning stage, short and long term performance goals should be established with an evaluation and monitoring plan for quality improvement in terms of clinical services and operational or cost impacts (CTRC, 2010).
4. 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, communicate regularly with the 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, 2010).

J. POPULATION OUTCOMES

1. The research related to telehealth and telenursing has shown benefits related to diagnosis and consultations, monitoring and surveillance of patients, clinical and health services outcomes, and technology advancement (Schlachta-Fairchild et al., 2008). Applications for telehealth can be categorized into three types: clinical services, educational services and administrative support. Clinical services applications include primary care, medical specialty consultations, behavioral health, dental services, chronic disease and home monitoring and telemedicine supported ICU's and emergency department services.

The most commonly provided outpatient specialty services include psychiatry, dermatology, neurology, orthopedics, endocrinology, and rheumatology. Hospital telehealth includes stroke programs in emergency departments, ICU telemedicine services and telemedicine supported physician rounds. Home monitoring is being used for chronic disease management in many rural areas. Dental services (teledentistry), school based programs, services in skilled nursing and assisted living programs are also being implemented around the country. Telehealth benefits professionals by providing continuing clinical education programs, grand rounds, and resources for patient education. Administrative support services include videoconferencing for multiple site meetings.

2. Most research studies on outcomes after implementing telehealth have examined rates of morbidity and mortality for clients with chronic disease conditions such as congestive heart failure, chronic obstructive pulmonary disease, and diabetes (Schlachta-Fairchild et al., 2008). Telehealth improves patient outcomes because the technology facilitates communication between clinicians and patients. Patients with diabetes decreased HbA1C levels (Jordan, Lancashire, & Adab, 2011) while patients with cardiac implants had fewer office visits by almost 50% and less time was required for follow-up. Most importantly, acute events were identified early and this lowered visits to emergency departments and hospitalizations.
3. Telenursing has helped to prevent the use of more expensive professional resources by helping patients to problem solve, educating them on self-care and disease management, and coaching to increase compliance (Hagan et al., 2000). Overall, patients have been satisfied with the telehealth programs that they have been enrolled in because of speed and ease of access, avoided travel, more information on problems and solutions, and financial savings (Chan et al., 2005; Hagan et al., 2000). Physicians and nurses are able to make better use of their time and education when telehealth technology is applied to decrease travel time not only in rural communities but also in congested urban and metropolitan areas. Telehealth will continue to grow and public health nurses will need to incorporate more telehealth technology into everyday practice to meet the increased demand for quality health care.

K. SCOPE OF PRACTICE

1. Much of the literature reports the scope of nursing practice is unchanged in telenursing. What is different is *how* nursing care delivery differs from a more traditional nursing practice. This is through the utilization of new technology that allows nurses and other health care providers to access patients in remote and other settings (ATA, 2011; Schlachta-Fairchild et al., (2010). In addition to accessing patients in various underserved

settings, patients with unique conditions who would otherwise not have access to a skilled practitioner, are now able to benefit through telemedicine's reach.

2. According to the ANA (1999), telenursing meets the standards of nursing practice as nurses using telenursing follow the traditional nursing process to formulate care plans and provide individualized care to their patients. This will not change when the method of delivery changes from the traditional face-to-face nursing to telemedicine nursing. Nurses will still use nursing knowledge and skills to assess, plan, initiate, and evaluate nursing intervention for their distant patients. Telehealth nurses will continue to use nursing knowledge and skill to identify clues from patient's tone of voice and facial expressions to assess and continue to practice evidence based nursing. The value of telehealth to patients is that skilled nurses are available to them for questions or concerns as they arise. This enables patients to receive effective nursing care in a timelier manner regardless of location or condition. In short, telenursing can reach many patients who otherwise might not be able to receive adequate healthcare (Lorentz, 2008).
3. Other researchers (Grady & Schlachta-Fairchild, 2007) reached similar conclusions but note that while telenursing's scope of practice includes traditional nursing practices such as nursing diagnosis, patient education, follow up evaluations, evidence based practice and family support, it also includes analysis of device data, remote intervention and multidisciplinary care. This is because the nurse is leveraging the use of remote telecommunications technologies to serve her patients. Indeed this promising technology does not delineate nursing accountability, responsibility, competency, or ethics. Rather, "telehealth nurses are required to integrate nursing frameworks, theories, and evidence based practice into their care provision" (Sevean et al., 2008).

L. IMPLICATIONS FOR PRACTICE

1. Schlachta-Fairchild et al. (2010) have identified implications associated with telenursing that should be considered. There are no clear standards for the training and development of nurses for the evolving role in telenursing. Organizational, vendor, and self-training are the primary method of preparing for telenursing. Browning et al. (2009) noted that there is very little if any telemedicine instruction in current collegiate nursing programs. Most nurses have no prior background in this emerging field. In many settings, nurses are using relatively new technology that is still evolving and not yet easy to use. One may also consider the high cost of technology and training plus the added cost of maintenance of any telemedicine program. Additionally, it has been suggested that telehealth clinicians may become gatekeepers to acute

care settings because people with true medical issues will use them rather than their primary care provider, urgent care center, or emergency room. These actions may arise simply because the uses of telehealth programs are quicker and easier to access for pressing medical need (Snooks et al., 2007).

2. While telenursing aids in prevailing over remote distance challenges in patient care, there are inherent legal and ethical implications that must be considered. Pressures to resolve issues related to confidentiality and privacy, licensure, interstate practice, liability coverage and reimbursement are commonly raised in discussions regarding telenursing (Glazer, 1999; 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, thus may potentially limit participating specialists (Georgia Department of Community Health, 2012). Interstate practice and multistate compacts allows for practice in another state if the nurse abides to the laws of that state in which the patient is located (Glazer, 1999). Outside of a Compact, dual licensure offers an additional burden to nurses who care for patients via telenursing. Malpractice coverage relative to telenursing practice must also be fully examined, inclusive of Advanced Practice Nurses (APNs) and their expanding role(s) in our 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 (Glazer, 1999; Schlachta-Fairchild et al., 2010).

M. CONCLUSION

Telenursing offers 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 support to suggest that telenursing 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, 2001; Schlachta-Fairchild et al., 2010). Bohnenkamp, McDonald, Lopez, Krupinski, and Blackett (2004) noted that in home health nursing, there is a potential for an estimated 40% reduction in home visits by using telenursing more efficiently. Nursing practice in telehealth is expanding and 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.

N. CORE COMPETENCIES AND STANDARDS FOR GEORGIA PUBLIC HEALTH NURSES

The Department of Public Health through the Office of Nursing has embarked on an effort to establish practice guidelines and core competency standards for telemedicine/telenursing 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.

1. Health Care Professionals- Georgia Public Health Nurses
 - I. Georgia Public Health Nurses providing telehealth services shall be fully licensed and registered with their respective regulatory/licensing board of nursing that is Georgia Board of Nursing.
 - II. Georgia Public Health Nurses providing telehealth services shall 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. Be aware of the Georgia Board of Nursing (GBON) policy statement on Telephonic nursing.
http://sos.georgia.gov/plb/rn/board_policy.htm#Telephonic%20Nursing
 - III. Georgia Public Health Nurses shall be knowledgeable of their locus of accountability, liability, ethical standards, documentation, record keeping and the other requirements that are applicable specific to the telemedicine specialty area in which they practice.
 - IV. Georgia Public Health Nurses shall 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. Georgia Public Health Nurses providing telehealth services shall 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.
 - VI. 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).
http://www.nationalschoolofappliedtelehealth.com/Groups/Config/Home6.asp?LID=1&ky=d_BPDiQVRgHzDiPRUmf_DqH zr1LOt0_z
 - VII. Georgia Department of Public Health through the Office of Nursing recommends that all presenting sites have at least one certified telehealth coordinator and at least 1 certified telemedicine clinical

presenter. These certified individuals will serve as resources, champions for change and a clinical support system for other Public Health Nurses that practice telehealth.

2. 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.

3. Video Conferencing-Based Tele-presenting Practice

- a. *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 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, if required.
- 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 provider's in the development of patient plan of care.

4. 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 in order to optimize the exchange of clinical information between the provider and patient.

b. *Preparation of the Work station*

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 from the area of the telehealth encounter that is not specific to the patient.
- 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.

c. *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.

d. *Demonstrate 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 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: dental cameras, otoscope, ophthalmoscope, ECG monitoring, stethoscope, and spirometer.
- iv. Be knowledgeable and demonstrate competency in health assessment skills for individuals across the lifespan.

e. *Follow up post tele-health 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.



O. ANNEX 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.

Required Competencies: <i>Main categories and associated critical elements. (The trainee needs to prove they can perform those functions).</i>	Verification: <i>Method/comments</i> D: Demonstrated via simulator or direct care V: Verbalized via case studies, scenarios, etc.	Date Met	Trainee initials	Trainer Initials	References [Core competencies, scope of practice, regulatory, and standard operating procedures (SOP), practice manual].
Administrative Core Competencies <ul style="list-style-type: none"> ○ Demonstrate knowledge of existing scheduling procedure within the Health District. ○ Verify evaluating provider's credentials. ○ Obtain telemedicine consent form, if required. ○ Demonstrate adherence to HIPPA regulations. ○ Explain back up plan when there are technical problems. 					Guidelines for Georgia Public Health Nurses Practicing in Telehealth/Telenursing/Telemedicine (2013).
Preparation of Work Station <ul style="list-style-type: none"> ○ Confirm that all equipment is in good working condition and is accessible. ○ Protect patient's personal identifiable health information. ○ Demonstrate Cultural competencies during the telehealth 					Guidelines for Georgia Public Health Nurses Practicing in Telehealth/Telenursing/Telemedicine (2013). QA/QI for Public Health Nursing Practice manual (2010).

<p>encounter.</p> <ul style="list-style-type: none"> ○ Implement contingency plan in an event of loss connectivity. ○ Provide evaluating provider with any available health information (x-ray, lab work, H&P, etc.) prior to the telehealth encounter. ○ Adhere to Universal precautions. 				<p>Health District specific contingency plan</p> <p>Guidelines for standard Precautions and Blood borne Pathogens Occupational Exposure Control (July 2011). http://www.health.state.ga.us/phil/pdfs/Bloodborne%20Pathogen%20Policy%20July2011.pdf</p>
<p>Patient Education and Support</p> <ul style="list-style-type: none"> ○ Educate patient/family on what to expect during the encounter. ○ Provide opportunity for questions and answers at each encounter. 				
<p>Demonstrate knowledge and skills</p> <ul style="list-style-type: none"> ○ Be knowledgeable and competent in health assessment skills. ○ Demonstrate knowledge and skills on how to operate the equipment and peripheral devices. 				<p>Clinical Competency Development Program for Public Health nurses. http://health.state.ga.us/programs/nursing/clinical.asp</p> <p>District competency tools and/or preceptor ship guide (<i>to be developed by each district</i>).</p>
<p>Follow up and post telehealth encounter</p> <ul style="list-style-type: none"> ○ Schedules follow up appointment if required. ○ Review instructions with patient/family that was conveyed during the encounter. ○ Provide contact information for evaluating provider. ○ Provide after hours contact information. ○ Document the encounter in the medical records. 				<p>Health District specific SOP</p> <p>Health District specific SOP</p> <p>QA/QI for Public Health Nursing manual 2010.</p>

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