Oncology Nursing Telepractice Standards

Oncology Nursing Program

August, 2019

INTRODUCTION

In 2017, the Oncology Nursing Program at Cancer Care Ontario completed a current state assessment across the province. The goal of the assessment was to gain a better understanding of the current landscape of oncology nursing in the outpatient setting, including nursing roles and models of nursing care delivery throughout the province.

Based on the results of this assessment, it was evident that telephone management makes up a large component of the oncology nurse's supportive care role, but there was great variation as to how this role component was prioritized, supported, and delivered across organizations. The level of oncology nursing expertise and competency required to deliver telephone care safely, along with training expectations, and use of nursing practice guidelines to guide the encounters across the province also varied greatly.

INTENT

The standards in this document aim to provide guidance to oncology nurses and administrators on the standard to achieve safe, high quality oncology nursing telepractice, irrespective of established systems within organizations to respond to patient telephone calls during business hours or after hours. They align with providing the highest standard of ambulatory oncology care, while minimizing the legal risks associated with telephone advice laid out by the Canadian Nurses Protective Society.[1]

BACKGROUND

Healthcare provided through information and communication technologies has evolved greatly over the years with many terms used interchangeably which has resulted in varying definitions, confusion of terms, and difficulties in generalizing research findings. For the purpose of this work, telehealth is viewed as an umbrella term to encompass a broader definition of remote healthcare that does not always involve clinical services, such as delivery of provider education (tele-education) and electronic records and information (eHealth) (Figure 1). The World Health Organization defines these services as, "*the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities*".[2] Telemedicine is the component of telehealth that involves the delivery of clinical services remotely.

Clinical services can be asynchronous, such as remote monitoring of blood pressure, or synchronous real-time communication. Telenursing practice is a component of synchronous telemedicine that involves communication via telephone to meet the health needs of patients (Figure 1).

Figure 1: Telehealth Services
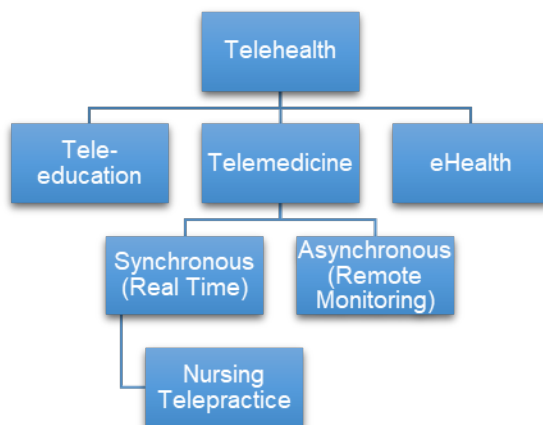
The role of the oncology nurse is pivotal to ensuring safe, high quality health care due to the increasing complexity of cancer care and the increased acuity of patients in ambulatory settings. Ambulatory care includes patient/family encounters that occur in clinic appointments and by telephone. Historically, nursing telepractice focused on answering questions and providing advice, but the range and scope of calls has become more complex and consequently, telepractice has evolved to become an essential holistic person-centred foundational component of comprehensive ambulatory oncology care. It now involves interpersonal and intellectual competencies including effective verbal communication, developing therapeutic relationships, a systematic approach to assessment, critical thinking and decision-making skills, and thorough documentation of the encounter (Figure 2). This conceptual model illustrates characteristics of, and relationships between dimensions of telepractice to guide the provision of holistic person-centered care by oncology nurses.

Figure 2: Conceptual Model for Oncology Nursing Telepractice[3]
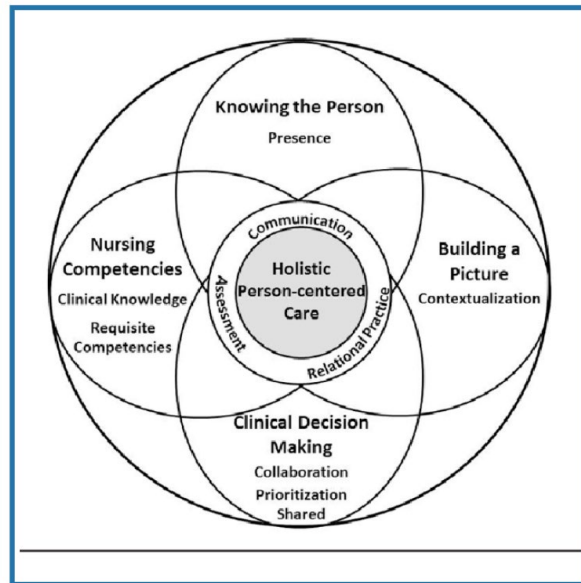
Oncology nursing telepractice is defined as a component of telemedicine where nurses use information and communication systems to deliver, manage, and coordinate care and services to meet the health needs of patients and families *(Adapted from the College of Nurses of Ontario[4])*.

It includes:
- Education, counselling, and answering questions related to: diagnostics, lab testing and results, disease specific and treatment related inquiries, and linking patients and families to resources
- Tele-triage to assess and collect a caller's symptoms, and evaluate the urgency of a health problem
- Provision of symptom management and psychosocial support including self-management support to promote self-care
- Evaluation of understanding of information or advice

COMPONENTS OF SAFE, HIGH QUALITY ONCOLOGY NURSING TELEPRACTICE

Figure 3 illustrates the developed framework for quality oncology nursing telepractice standards. The six components (oncology nursing expertise, evidence-informed guidance, documentation, call time points, organizational leadership, and monitoring quality) are based on the conceptual model for telepractice that supports person-centred care, as well as common components from literature standards and guidelines felt to have direct impact on safe, high quality telepractice (Figure 2). Each component is described further in the report, followed by applicable standards.

Figure 3: Standards Framework
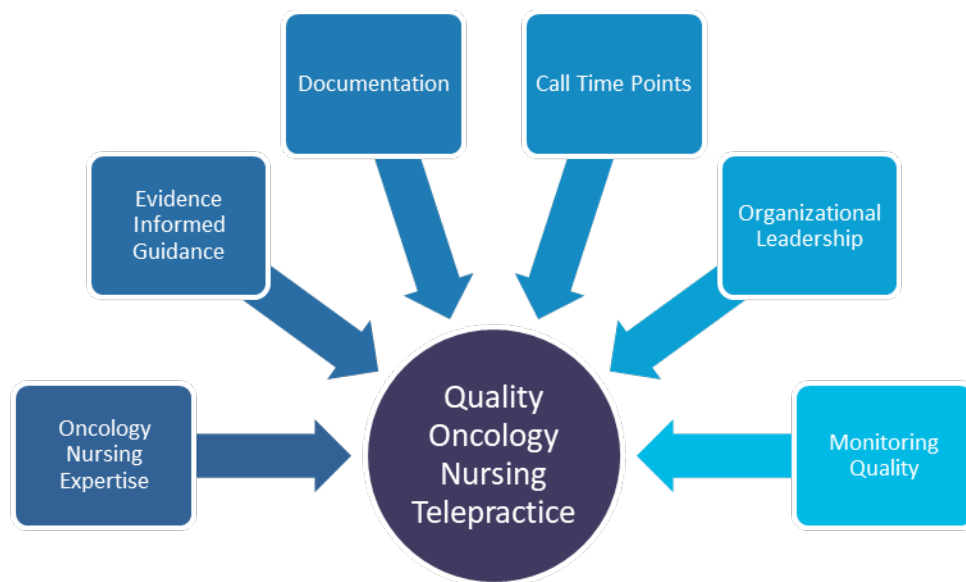
APPROACH

Cancer Care Ontario convened an Oncology Nursing Telepractice Working Group in the summer of 2018 to develop recommendations on the components of oncology nursing telepractice standards in Ontario. The Working Group was comprised of key stakeholders from across the province, including:

- Oncology Nursing Program Committee (ONPC) Leads
- Front line registered nurses

- Advanced practice nurses
- Nurse educators
- Nurse navigators
- Clinical practice leaders
- Nurse managers
- Patient and family advisors
- Regional administrative leadership
- Cancer Care Ontario Oncology Nursing Program staff

A jurisdictional and evidentiary scan of nursing telepractice systematic reviews, standards and guidelines, were conducted to inform the standards. The scope of the reviews included cancer care, and then was broadened to include primary care, and chronic disease care. Literature was screened to ensure it included at least one of the six identified component areas, and data were subsequently categorized and extracted in alignment.

Each component of the standards was developed individually where statements were drafted and presented to the Working Group based on the evidentiary and jurisdictional scan. Where there were gaps in evidence for areas that needed to be addressed as identified by the Working Group, standards were developed based on expert consensus.

External review of the standards was completed by an expert panel (see *Acknowledgements*).

STANDARDS

1.0 Oncology Nursing Expertise

This section outlines the knowledge and skills an oncology nurse should have to provide safe and compassionate telepractice support. These criteria include their professional designation, oncology specialty expertise and experience, and additional knowledge and skills for telepractice beyond entry-to-practice.

Oncology Nursing Expertise and Experience [4-13]

Standard 1.1 All nurses[1] can provide telepractice support as outlined by their scope of practice.

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[1] The term "all nurses" encompasses Registered Nurses (RNs), Registered Practical Nurses (RPNs), Clinical Nurse Specialists (CNSs) and Nurse Practitioners (NPs)

- Oncology program leaders/disease site teams/clinicians should utilize the College of Nurses of Ontario *Practice Guideline for RN and RPN Practice: The Client, the Nurse and the Environment*[14] to inform decision-making regarding other aspects of telephone support

Standard 1.2 Registered nurses[2] (RNs) should be utilized for patient initiated calls, where the purpose of the call is tele-triage to screen and assess a caller's symptoms, and evaluate the urgency of a health problem.

Standard 1.3 Oncology nurses providing telepractice services should have the necessary oncology education, telepractice training/orientation, health systems knowledge, and ongoing continuing education and professional development to ensure they have the competencies to provide oncology telepractice care.
- When telepractice is the dedicated role of the oncology nurse during business hours (i.e. when there is access to other oncology providers), an RN with Canadian Nursing Association (CNA) certification in oncology CON(c) and ≥2 years of experience in Oncology is recommended
- When telepractice is the dedicated role of the oncology nurse after business hours (i.e. with limited or no access to other oncology providers), an RN with Canadian Nursing Association (CNA) certification in oncology CON(c) and ≥2 years of experience in Oncology is recommended, but ≥5 years of experience is preferred
- All RNs providing telepractice support should obtain Canadian Nursing Association (CNA) certification in oncology as the nationally recognized nursing specialty credential by their 5th year of practice
- All RPNs providing telepractice support should complete a relevant oncology foundations course in the current absence of a national specialty certification by their 5th year of practice (see Cancer Care Ontario Position Statements for Nursing in Cancer Care)
- All RNs providing telepractice support should maintain their CNA certification in oncology and all nurses should complete continuing professional development to attain oncology nursing knowledge and competencies to reflect current nursing practice
- Oncology nurses should possess cultural awareness and sensitivity, community resources knowledge, and healthcare delivery system knowledge

Skills for Telepractice[4, 5, 8, 10-12, 15-18]

Standard 1.4 Oncology nurses providing telepractice services should possess: competent interpersonal communication skills to engage in, develop, and disengage in a therapeutic encounter; skilled application of evidence-based decision-support tools; an

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[2] The term RN in this document encompasses RNs, NPs and CNSs

understanding of the organization's telepractice policies and procedures; and an understanding of the technology being used.

Standard 1.5 Oncology nurses providing telepractice should receive organizational training that includes:
- Adequate orientation, mentoring, and enhanced communication skills reflecting a patient-centred approach that covers:
  - Communication skills including: establishing trustworthiness, portraying caring, voice quality, listening skills, interview strategies, recognizing and overcoming barriers, and communication challenges (see Appendix A for more details)
  - Self-management support techniques (i.e. motivational interviewing, 5 A's (Ask, Advise, Assess, Assist, Arrange), ask-tell-ask) including patient teaching and supportive counseling
  - Application of a universal precautions approach to health literacy (i.e. treating all patients as if they are at risk of not understanding health information)
  - Application of evidence-based decision-support tools and ability to go beyond their guidance and continue to question using professional judgement until all information is obtained
- Awareness and understanding of:
  - Policies and procedures
  - Consent/privacy/confidentiality and other ethical issues
  - Professionalism
  - Risk management
- Electronic health information systems and telecommunication devices

Standard 1.6 When telepractice is the dedicated role of the oncology nurse (i.e. in a call centre), additional training and orientation should also include:
- Registration, real-time documentation, and navigating patient/client records with simultaneous dexterity
- Organization roles and responsibilities, and channels for communication within the circle of care
- Training methods such as mentorship, utilizing case-based mock sessions, and observation

2.0 Evidence Informed Guidance

This section focuses on the availability and use of evidence-based assessment and decision-support tools to guide the interaction and decision-making by nurses together with patients' goals and preferences for tailored approaches and interventions.[4, 5, 8, 10-12, 15, 16, 19-21]

Standard 2.1 Oncology nurses should use evidence-based guidelines (e.g. protocols, algorithms) for completing an assessment, triaging, identifying patient needs, and

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providing interventions, which includes providing information, supportive counselling and teaching, self-management support; and evaluating the outcomes.

- The Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) practice guidelines for telephone support should be used along with Cancer Care Ontario's Symptom Management Guides to guide telepractice symptom assessment and management of symptoms deemed relevant (See Appendix B for other relevant decision-support tools)
- Evidence-based assessment frameworks should be used to collect relevant socio-cultural factors, spiritual beliefs, and practical needs, as these factors impact symptom experience, intervention selection, and potentially management outcomes
- Oncology nurses should assess patient readiness and capacity to self-manage, including an assessment of patient activation, self-efficacy, and patient confidence in communicating with their healthcare team
- Telepractice may not always be the most appropriate way to assess a patient, despite using evidence-based guidelines, and oncology nurses must use critical-thinking skills to recognize and determine when a face-to-face assessment is necessary

Standard 2.2 A patient's telephone management plan (e.g. for symptoms) must be evidence-informed and take into consideration the relevant evidence-based interventions, the patient's values, preferences and goals.

Standard 2.3 When no evidence-based, protocol-driven decision-support tools or other assessment frameworks are available, or in situations that are unusual, oncology nurses should utilize their expert critical thinking and clinical judgement to guide the telephone encounter.

Standard 2.4 Evidence-based, protocol-driven decision-support tools and other assessment frameworks should be available at the point of care or embedded into the electronic medical record enabling real-time assessment, management and documentation, whenever possible.

3.0 Documentation

This section outlines elements of documentation in oncology nursing telepractice related to the encounter and how documentation should be stored and communicated.

Documentation Requirements[4, 5, 8, 16, 22, 24]

Standard 3.1 All patient interactions, including telepractice, must be documented.

Standard 3.2 Oncology nurses are required to chart/document as a standard requirement of their professional practice meeting legislative and regulatory requirements and in accordance with organizational policies.

Standard 3.3 Documentation must be accurate, clear, timely, and comprehensive[3].

Standard 3.4 Initial data may be captured by the nurse or other staff (e.g. program administrative assistant or call centre operator) and should include:
- Date and time of call
- Caller's name (patient/relationship to patient)
- Patient's date of birth, telephone number (patient and/or caller)
- Unique patient identifier (e.g. Medical Registration Number, OHIP number)
- Reason for call
- Application of organization's decision-making model for screening to determine urgency of a call and urgency for a response

Standard 3.5 Application of evidence-based decision-support tools and other frameworks should be evident in documentation of telepractice care when relevant, as well as the reason for deviation from them, when relevant, based on patient-specific factors (see Appendix B for decision-support tools).

Standard 3.6 With/without decision-support tools, documentation should include:[4] (See also Cancer Care Ontario Oncology Nursing Documentation Competencies)
- Data from the assessment, including:
  - Severity score for the issue with supporting information from the assessment, when relevant
  - Review of medications when relevant
  - Patient goals and review of self-care strategies
- Documented identified patient issues and/or nursing diagnosis(es)
- Consultations with other health care providers (e.g. physician, dietician)
- The plan agreed upon with the caller, including:
  - Interventions provided for self-management support (e.g. advice for self-care, supportive counseling, referrals to other services, non-pharmacologic interventions, education/re-enforcing previous education), and redirection for management of urgent/emergent symptoms/clinical problems
  - Commencement or adjustment of pharmacologic interventions including rationale and related education
  - Expected and/or achieved outcomes, if possible
  - Caller demonstrated understanding and agreement with plan of care
  - Any additional aspects of the plan and expected re-evaluation or follow-up/next steps

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[3] See CNO Documentation Standards and Indicators: https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf
[4] See CNO Documentation Standards and Indicators: https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf

Documentation Records, Storage and Communication[4, 22, 23]

Standard 3.7 Documentation should be completed and be available electronically whenever possible to facilitate timely communication and continuity of care.

Standard 3.8 Documentation should be stored in the patient health record. When an oncology nurse does not have access to the health record (e.g. after hours from a remote location), another method of documenting and storing the information should occur. If the documentation must be transmitted across settings, it must be filed into the patient health record in a timely manner, according to organizational policies (See section on *Organizational Leadership*).

Standard 3.9 Oncology nurses and other personnel must maintain confidentiality with documentation retention and transmission across settings adhering to standards, legislation and organizational policies and procedures[5] (See section on *Organizational Leadership*).

4.0 Call Time Points

This section outlines the oncology nurse's role for nurse-initiated calls at time points in the patient's care continuum. While the literature describes benefits and challenges to providing nurse-initiated telepractice support, there is currently little published evidence to support a standard for specific time points in the care continuum as best practice.

Standard 4.1 Pending updated evidence, the expert panel recommends nurse-initiated calls should be implemented when results demonstrate improved toxicity and symptom management, safety, adherence, appropriate use of health services or quality of care

Standard 4.2 The oncology nurse and the organization will collaborate to conduct research (e.g. effectiveness/impact of nurse-initiated calls at time points), participate in quality improvement initiatives, and advocate to integrate evolving evidence to meet the needs of oncology patients through nurse-initiated calls.

5.0 Organizational Leadership

This section outlines the responsibilities of the organization for policies and procedures, oncology nurse training, and the environment to support oncology nursing telepractice.[4, 5, 8, 12, 16, 23]

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[5] See CNO Documentation Standards and Indicators: https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf

Standard 5.1 The organization must have established policies and procedures, standards and guidelines related to telepractice to guide all personnel involved, including:
- Roles and responsibilities
- Documentation and storage of records defining:
  - Who has custody of the record
  - Who has responsibility for ensuring the patient is aware of who has access to their information;
  - When more than one organization is involved, and they cannot access the same electronic communication system:
    - Records must be kept at both sites
    - They need to define how temporary or transitory records should be treated
- Liability and risk management
  - Qualifications including licensing and credentialing of oncology nurses
  - Have guidelines for training, ongoing evaluation, and performance management of oncology nurses' telepractice skills (See sections on *Oncology Nursing Expertise* and *Monitoring Quality*)
  - Risk management plan developed including quality monitoring
- Protecting the confidentiality of information, with the following considerations:
  - Technical security (passwords and encryption)
  - Home/remote work environments, and ensuring they meet the same expectations of employer-provided work environments
  - Maintenance and storage of records
  - Employee confidentiality agreements for all staff associated with the telepractice encounter
  - Establishment of security and ownership of patient/client record including misuse and sharing practices

Standard 5.2 Organizations are responsible for providing initial training and continuing education for telepractice, which should include all the elements identified in Standards 1.5 and 1.6.

Environment[4, 5, 8, 23, 24, 25]

Standard 5.3 Telepractice support should be provided in a confidential space with minimal noise and disturbances, whenever possible.

Standard 5.4 There should be safe, reliable, and up-to-date technology that supports the provision of telepractice (e.g. telephone software, noise-cancelling headsets).

Standard 5.5 Oncology nurses engaged in telepractice should have access to current medical records and to local and community-based resources as needed. In the absence

of access to medical records, every effort should be made to obtain all relevant information from the caller.

Standard 5.6 Oncology nurses should have access to expert oncology nursing support for consultation to support their critical thinking and decision-making as required.

Standard 5.7 Evidence-based, protocol-driven decision-support tools and other assessment frameworks should be available at the point of care or embedded into the electronic medical record enabling real-time assessment, management, and documentation, whenever possible.

6.0 Monitoring Quality

This section outlines the organization's responsibilities for monitoring the quality of oncology nursing telepractice. Quality indicators should relate to cost, positive patient/caller experience (e.g. safety, patient outcomes, communication, and satisfaction), and accessibility of care, training programs, and performance reviews.

Components[5, 11, 12, 16, 21, 24, 26, 27]

Standard 6.1 Organizations should have clearly defined and coordinated activities to continually monitor, evaluate, and identify priority areas to improve the quality of oncology nursing telepractice services. Priority areas can be related to the cost, positive patient/caller experience (including safety, health outcomes, communication, and satisfaction), accessibility of care, and overall performance.
- Indicators of cost may include:
    - Oncology nursing workload including interaction, documentation, coordination and communication with other relevant providers
    - Changes in health service utilization (e.g. emergency department visits, hospital admissions, and clinic appointment avoidance)
    - Reduction of ambulatory clinic visits

- Indicators of a positive patient/caller experience (i.e. safety, patient outcomes, communication, and satisfaction) may include:
    - Safety:
        - Application of decision-support tools and identification of barriers to their use
        - Accurate identification of issues and/or nursing diagnosis(es) based on analysis of assessment data and information, nursing knowledge, and evidence-based practice
        - Appropriateness of:
            - Health care intervention for self-management

- Appropriate level of care (urgent/emergent/other health professional)
- Appropriate judgement when varying from established protocols
- Timeliness (i.e. call response time and/or health care intervention)
- Appropriate follow-up of care (e.g. further calls to evaluate and/or referrals made)
  - Encouragement with:
    - Taking medication as prescribed
    - Following through on emergent, urgent or self-care advice (influenced by patient agreeing to nurse's proposed plan and nurse's communication)
- Patient outcomes:
  - Improved symptoms
  - Improved medication adherence
  - Health behaviour changes
  - Patient knowledge and understanding of:
    - Health-related matters
    - Importance of self-care strategies and self-management
- Communication:
  - Interactions are person-centred and not directive (unless it is an emergency situation)
  - Documentation is accurate, clear, timely, and comprehensive (see section on *Documentation*)
  - Guidance on appropriate follow-up of care
- Acceptability/Satisfaction:
  - Patient acceptability of the service
  - Satisfaction of patients/callers
  - Satisfaction of oncology nurses

- Indicators of accessibility may include:
  - Access to interpreters
  - Increased access to care for those with severe symptoms
  - Timeliness (i.e. call response time and/or health care intervention)

Training[21, 28]

Standard 6.2 Organizations should review and update their training program for telepractice annually to ensure it meets the standards outlined in the sections on *Oncology Nursing Expertise* and *Documentation.*
- Evaluation components should include:

- Learning objectives that are relevant to competencies for oncology nurses providing telepractice support (e.g. symptom management, communication skills, and technology)
- Policies and procedures for safe telepractice (e.g. protocols, documentation requirements)
- Incorporation of relevant theoretical models, evidence, and policy documents such as national and provincial nursing practice guidelines for telephone and/or telephone practice
- Sharing experiences and challenges in providing telepractice in order to continually improve the service and nurse performance

Standard 6.3 Organizations should ensure they evaluate the training the nurse received and include the following levels of evaluation using the Kirkpatrick Model for Evaluating Training Programs[29]:

- Level I: reaction (e.g. satisfaction with training)
- Level II: learning (e.g. acquisition of knowledge, skills and attitudes),
- Level III: behavior (e.g. application of learning in clinical practice),
- Level IV: results (e.g. degree targeted outcomes are reached) including sharing experiences and challenges in providing telepractice

Standard 6.4. Organizations should incorporate evaluation of the oncology nurse's telepractice performance (including self-reflection), as part of the regular role performance review process and provide opportunities for enhancing skills with further training if required. Quality monitoring can be accomplished through analyzing calls by listening in real-time or using tape-recordings.

SUMMARY AND NEXT STEPS

These standards are intended to set the foundation for safe, high quality oncology nursing telepractice in Ontario and promote a best practices approach that is applicable regardless of an organization's approach to delivery of telepractice care. In a rapidly evolving and complex cancer care system, telepractice is an essential foundational component of comprehensive ambulatory oncology care. Oncology nursing telepractice will continue to evolve and should be regarded as influential, impactful, and a driver of quality cancer care.

As next steps, Cancer Care Ontario will support the Regional Cancer Programs to define strategies for implementing the standards and to develop a plan to measure their effectiveness.

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Working Group and Program Team

Samia Elmi RN, MN
Advanced Practice Nurse
Odette Cancer Centre

Kayla Gerrity RN, BScN, MScN
Staff Nurse
Simcoe Muskoka Regional Cancer Centre

Priyanka Jain MPH
Team Lead, Oncology Nursing Program
Cancer Care Ontario

Lynne Jolicoeur RN, MScN, CON(C)
Clinic Manager CTU and MDCU
The Ottawa Hospital Cancer Centre

Debbie K.
Patient and Family Advisor
Cancer Care Ontario

Karen Karagheusian BSW, MPH
Senior Specialist, Oncology Nursing
Cancer Care Ontario

Grace Kim BHSc, PMP
Senior Specialist, Oncology Nursing
Cancer Care Ontario

Melissa Lott RN, BScN, CON(C)
Clinical Practice Manager
Windsor Regional Cancer Program

Jennifer Lounsbury RN(EC) Adult, BScN, MN, CON(C)
(former) Director Cancer Centre Operations
Grand River Hospital/Grand River Regional Cancer
Centre

Lesley Moody MBA, PhD(c)
Director, Person-Centred Care
Cancer Care Ontario

Karen Roberts RN BScN, CON(C)
Manager Clinic Operations,
Nursing, Systemic Therapy, Palliative and Supportive
Care Regional Cancer Centre- North West

Anita Rombough Hons BSc, BSc (OT), MBA, CHE(c) Group Manager, Oncology Nursing Cancer Care Ontario

Jennifer S.
Patient and Family Advisor
Cancer Care Ontario

Cheryl Shoemaker
Manager Outpatient Oncology Clinics
Waterloo Wellington Regional Cancer Program

Simonne Simon RN, MN, CON(C)
Advanced Practice Nurse Educator University Health Network

Jasmin Soobrian BA&Sc, MPH, MHSc(c)
Senior Specialist, Oncology Nursing Cancer Care Ontario

External Reviewers

Dr. Deb Dudgeon MD, FRCPC
Senior Scientific Lead
Canadian Partnership Against Cancer

Liz Ross
Director, Quality Safety & Practice Integration CancerControl Alberta

Dawn Stacey RN, PhD, CON(C)
Senior Scientist
Ottawa Hospital Research Institute

Linda Watson RN, PhD, CON(C) President
Canadian Association of Nurses in Oncology

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APPENDICES

Appendix A: Communication Skills for Telepractice

Excerpts from Espensen, M., & American Academy of Ambulatory Care Nursing. (2009). *Telehealth nursing practice essentials*. Pitman, NJ: American Academy of Ambulatory Care Nursing.

The oncology nurse is supported by the nursing process, communication skills and relevant nursing practice guidelines during the telephone encounter. The exchange of information is enhanced by the application of effective communication skills allowing for a person-centred approach. Assessment skills are challenged due to the absence of vision and touch relying heavily on expert probing and being present and tuned into the voice quality of the caller.

The following communication principles and techniques (reference) should be incorporated into organizational training to enhance communication skills of oncology nurses providing telepractice support:

A. Projecting a Positive Personality

   1. Establish Trustworthiness
      - The first 10-20 seconds of a telephone interaction significantly impacts the patient's perception of the nurse's ability and desire to meet the patient's needs. The simple technique of pausing and focusing before each encounter will help maintain the freshness of the nurse's voice.
      - The patient's perception of the nurse's attitude often serves to define the potential for a trusting, positive relationship.
      - The same should be done prior to email encounters and professionalism can be projected via proper spelling and grammar
      - At call closure last impressions of a call have a great impact on the patient, and the nurse needs to continue to pay close attention to the tone of voice and rate of speech of the patient. Allow time for any last-minute questions, and allow the patient disconnect the call first.

   2. Portray caring (Knowing the Person, Presence)
      - Avoid assumptions or stereotypes
      - Empathize with the patient
      - Use reflective speech or verbal/written responses that project interest and active listening
      - Address the patient by name throughout the encounter. Initially, and until given permission, use more formal titles such as "Mrs."
      - Do not use terms of endearment such as 'honey', as these are demeaning.

- Treat each call as if it were the first call of the day. Consistency, combined with control, empathy and clear focus are needed when dealing with difficult calls

3. Voice Quality
   - <u>Tone</u>: Use a tone of voice that has vitality, is pleasant and natural. Smile when you speak, as this will naturally raise the pitch of your voice. How the nurse is feeling is reflected in facial expression and then translated through the tone of voice. In turn, the patient's emotions are reflected in their tone of voice and should be part of the nurse's assessment.
   - <u>Volume</u>: Nurses need to remain aware of the volume of their voice. Variations in volume can add emphasis and impact to phone encounters. Remaining calm and consistent may diffuse a tense situation. A nurse may have a naturally quiet voice volume and need reminders to speak up. If a patient cannot hear the nurse, valuable information may be lost in the phone encounter and the patient may be uncomfortable in asking the nurse to repeat him/herself.
   - <u>Clarity and Speed</u>: Careful enunciation and a moderate pace are positive communication techniques. Variation in the rate of speed can reflect mood changes and emphasize points. The nurse must listen to the patient for direction, based on the patient's ability to respond to questions. A patient, who has a hearing impediment, or speech/language barrier, will require slower paced communication. Clarity can be achieved by avoiding medical or technical terms.

4. Listening Skills
   - <u>Concentrate</u>: It is very easy to be distracted both - mentally and physically. Make a conscious effort to listen carefully.
   - <u>Review</u>: Repeat/review what the patient has said to make sure it is understood.
   - <u>Don't jump to conclusions</u>: A barrier may be erected if the nurse prematurely anticipates the patient's needs; or the nurse does not conduct a proper assessment
   - <u>Listen for auditory cues</u>: The noises, or sounds, that can accompany speech provide vital cues of emotion that can convey information. Should the nonverbal cues not match what is being said, then, the nurse should suspect that something is wrong.

5. Interview Strategies
   - <u>Open-ended questions</u>: Eliminate 'yes/no' responses and thus illicit greater amounts of information.
   - <u>Summarizing statements</u>: will help establish a basis for further conversation. For example: "These seem to be your concerns…"
   - <u>Reflective statements</u>: convey the nurse's observations and attention to more than just the verbal exchange. "You seem to be out of breath…" or "You seem very upset".

- Encouraging statements: Phrases that encourage the patient to continue to share information. "Please go on…" or "Please tell me more about…". The nurse may need to be more focused with a patient who tends to ramble.
- Using Clarification: The nurse needs to obtain further detailed information about a certain subject, or a clearer understanding, of a patient's response. "You vomited how many times?"
- Restating: Can demonstrate the nurse's understanding of what the patient is saying. "So, you would say that you feel better today?" The nurse may ask the patient to repeat what they understood the nurse to say.
- Validation statements: The nurse acknowledges the abilities and actions of the patient. "You did the right thing by calling."
- Constructive statements: The nurse will motivate cooperation by using constructive statements that appeal to the patient's sense of autonomy. Utilizing tact and 'I' statements will be more graciously accepted by the patient. Try "I need you to…" or "It would be helpful if you…" instead of "You have to…" or You should…"
- Definitive statements: The patient and nurse both need to be clear about what is being said. "I will…" instead of "I'll try to…", or when arranging a follow-up call, be specific about times. "I will call back in two hours" instead of "I will call back as soon as possible".
- Positive focus: The nurse has options, even in situations where she/he may not have the answers. The focus should be on what can be done instead of on what barriers may exist. Therefore, a statement such as: "I don't know, but I can find out" is better than "I don't know." If a patient has unreasonable demands, try "This is what I can do" instead of, "That is impossible."

B. Barriers to Effective Communication
- Sounding busy or abrupt
- Using inappropriate language or slang
- Arguing with the patient
- Placing blame on the patient or other health care providers
- Lecturing the patient
- Minimizing the patient's concerns
- Rushing the call
- Losing professional perspectives
- Chewing while speaking
- Speaking too loudly or too softly
- Carrying on more than one conversation at a time
- Conducting the call in a noisy, non-private area
- Being unprepared to respond to the patient's need
- Knowledge gaps
- Bias

C. Communication Challenges

1. Difficult Callers
   - The nurse must remember that the goal is to assist the patient to find a means to regain or maintain health and well-being. The patient, due to stress or personal circumstances, may not be able to effectively communicate with the nurse. The nurse must deal with the patient's actual feelings and then the problem itself.
     - Avoid prematurely reacting to the patient's emotions
     - Empathize with the patient. Do not judge
     - Listen to understand though not necessarily agree with the patient
     - Remain calm and non-confrontational
     - Allow the patient to vent
     - Use reflective statements to clarify the patient's feelings
     - Attempt to help the patient by asking such questions as "What can I do for you?"
     - Know when and how to terminate a call
     - Do not become complacent with frequent/familiar callers, as something important may be missed

2. Emergency Situations
   - An emergency can strain the patient's ability to communicate clearly.
     - Reassure and engage the patient. Statements such as: "I'm listening, please continue" help calm the patient
     - Provide calm and specific advice. By providing specific actions, the nurse assists the patient in gaining control of the situation.

3. Refusal to Follow Advice
   - Try to understand the patient's reasons for refusing to follow-through
   - If the patient refuses to follow the advice given, the nurse should clearly state and document the consequence of that action. "Do you understand what could occur if you do not follow this advice?"
   - If the patient refuses to follow the advice, the nurse should find out what they intend to do. The response should be documented

4. Obscene Calls
   - Obscene/threatening calls are upsetting.
     - Consider whether the use of foul language is 'normal' for this patient
     - Focus on getting to the root of the problem and attempting to calm the patient
     - Do not match the patient's frustration level and/or obscene language
     - If abusive or obscene language continues, the nurse needs to be prepared to follow the organization's policies; this may include informing the patient that the call will be terminated if the language continues.
     - Thorough documentation is necessary.

Appendix B: Decision-Support Tools

Organization	Website URL
Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Practice Guidelines	http://ktcanada.ohri.ca/costars
Cancer Care Ontario Symptom Management Guides	https://www.cancercareontario.ca/en/symptom-management
Oncology Nursing Society-Putting Evidence into Practice	https://www.ons.org/explore-resources?intent=1471&source=1506&display=results
Common Terminology Criteria for Adverse Events (CTCAE)	https://ctep.cancer.gov/protocoldevelopment/electronic_applications/ctc.htm
Canadian Problem Checklist	https://www.cpd-umanitoba.com/wp-content/uploads/2016/12/ESAS-Canadian-Problem-Checklist.pdf
Health Literacy Assessment	https://health.gov/communication/interactiveHLCM/content/heading2.html https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html
Patient Confidence Measure	https://rnao.ca/bpg/guidelines/strategies-support-selfmanagement-chronic-conditions-collaboration-clients
CANO Standards and Competencies for Specialized Oncology Nurse	https://cdn.ymaws.com/www.cano-acio.ca/resource/resmgr/standards/CONEP_Standards2006September.pdf
5 A's Behavioural Counselling Framework	https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/440
RNAO Best Practice Guideline	Self-Management: https://rnao.ca/bpg/guidelines/strategies-support-selfmanagement-chronic-conditions-collaboration-clients Patient and Family Centred Care: https://rnao.ca/bpg/guidelines/person-and-family-centred-care

Appendix C: Self-Assessment and Action Planning Tool

Objective: This tool can be used to complete a self-assessment of your organization's oncology nursing telepractice services against the Oncology Nursing Telepractice Standards to determine areas for service improvements.

Standard	Scoring Legend 0: Standard(s) not met	Scoring Legend 1: Part of standard(s) met	Scoring Legend 2: Entire standard(s) met
1.1 All nurses[††] can provide telepractice support as outlined by their scope of practice. • Oncology program leaders/disease site teams/clinicians should utilize the College of Nurses of Ontario *Practice Guideline for RN and RPN Practice: The Client, the Nurse and the Environment*[14] to inform decision-making regarding other aspects of telephone support	0 ☐	1 ☐	2 ☐
1.2 Registered nurses[‡‡] (RNs) should be utilized for patient initiated calls, where the purpose of the call is tele-triage to screen and assess a caller's symptoms, and evaluate the urgency of a health problem.	0 ☐	1 ☐	2 ☐
1.3 Oncology nurses providing telepractice services should have the necessary oncology education, telepractice training/orientation, health systems knowledge, and ongoing continuing education and professional development to ensure they have the competencies to provide oncology telepractice care. • When telepractice is the dedicated role of the oncology nurse during business hours (i.e. when there is access to other oncology providers), an RN with Canadian Nursing Association (CNA) certification in oncology CON(c) and ≥2 years of experience in Oncology is recommended • Oncology nurses should possess cultural awareness and sensitivity, community resources knowledge, and healthcare delivery system knowledge	0 ☐	1 ☐	2 ☐
• When telepractice is the dedicated role of the oncology nurse after business hours (i.e. with limited or no access to other oncology providers), an RN with Canadian Nursing Association (CNA) certification in oncology CON(c) and ≥2 years of experience in Oncology is recommended, but ≥5 years of experience is preferred	0 ☐	1 ☐	2 ☐

[††] The term "all nurses" encompasses Registered Nurses (RNs), Registered Practical Nurses (RPNs), Clinical Nurse Specialists (CNSs) and Nurse Practitioners (NPs)
[‡‡] The term RN in this document encompasses RNs, NPs and CNSs

Standard	Scoring Legend 0: Standard(s) not met	Scoring Legend 1: Part of standard(s) met	Scoring Legend 2: Entire standard(s) met
• All RNs providing telepractice support should obtain Canadian Nursing Association (CNA) certification in oncology as the nationally recognized nursing specialty credential by their 5th year of practice	0 ☐	1 ☐	2 ☐
• All RPNs providing telepractice support should complete a relevant oncology foundations course in the current absence of a national specialty certification by their 5th year of practice (see Cancer Care Ontario Position Statements for Nursing in Cancer Care)	0 ☐	1 ☐	2 ☐
• All RNs providing telepractice support should maintain their CNA certification in oncology and all nurses should complete continuing professional development to attain oncology nursing knowledge and competencies to reflect current nursing practice	0 ☐	1 ☐	2 ☐
1.4 Oncology nurses providing telepractice services should possess: competent interpersonal communication skills to engage in, develop, and disengage in a therapeutic encounter; skilled application of evidence-based decision-support tools; an understanding of the organization's telepractice policies and procedures; and an understanding of the technology being used.	0 ☐	1 ☐	2 ☐

1.5 Oncology nurses providing telepractice should receive organizational training that includes:
• Adequate orientation, mentoring, and enhanced communication skills reflecting a patient-centred approach that covers:
  o Communication skills including: establishing trustworthiness, portraying caring, voice quality, listening skills, interview strategies, recognizing and overcoming barriers, and communication challenges (see Appendix A for more details)
  o Self-management support techniques (i.e. motivational interviewing, 5 A's (Ask, Advise, Assess, Assist, Arrange), ask-tell-ask) including patient teaching and supportive counseling
  o Application of a universal precautions approach to health literacy (i.e. treating all patients as if they are at risk of not understanding health information)
	0 ☐	1 ☐	2 ☐

Standard	Scoring Legend 0: Standard(s) not met	Scoring Legend 1: Part of standard(s) met	Scoring Legend 2: Entire standard(s) met
o Application of evidence-based decision-support tools and ability to go beyond their guidance and continue to question using professional judgement until all information is obtained			

• Awareness and understanding of:
  o Policies and procedures
  o Consent/privacy/confidentiality and other ethical issues
  o Professionalism
  o Risk management
	0 ☐	1 ☐	2 ☐

• Electronic health information systems and telecommunication devices	0 ☐	1 ☐	2 ☐
1.6 When telepractice is the dedicated role of the oncology nurse (i.e. in a call centre), additional training and orientation should also include: • Registration, real-time documentation, and navigating patient/client records with simultaneous dexterity • Organization roles and responsibilities, and channels for communication within the circle of care • Training methods such as mentorship, utilizing case-based mock sessions, and observation		1 ☐	2 ☐
2.1 Oncology nurses should use evidence-based guidelines (e.g. protocols, algorithms) for completing an assessment, triaging, identifying patient needs, and providing interventions, which includes providing information, supportive counselling and teaching, self-management support; and evaluating the outcomes. • The Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) practice guidelines for telephone support should be used along with Cancer Care Ontario's Symptom Management Guides to guide telepractice symptom assessment and management of symptoms deemed relevant (See Appendix B for other relevant decision-support tools)	0 ☐	1 ☐	2 ☐
• Evidence-based assessment frameworks should be used to collect relevant socio-cultural factors, spiritual beliefs, and practical needs, as these factors impact symptom experience, intervention selection, and potentially management outcomes	0 ☐	1 ☐	2 ☐
• Oncology nurses should assess patient readiness and capacity to self-manage, including an	0 ☐	1 ☐	2 ☐

Standard	Scoring Legend 0: Standard(s) not met	Scoring Legend 1: Part of standard(s) met	Scoring Legend 2: Entire standard(s) met
assessment of patient activation, self-efficacy, and patient confidence in communicating with their healthcare team			
• Telepractice may not always be the most appropriate way to assess a patient, despite using evidence-based guidelines, and oncology nurses must use critical-thinking skills to recognize and determine when a face-to-face assessment is necessary	0 ☐	1 ☐	2 ☐
2.2 A patient's telephone management plan (e.g. for symptoms) must be evidence-informed and take into consideration the relevant evidence-based interventions, the patient's values, preferences and goals.	0 ☐	1 ☐	2 ☐
2.3 When no evidence-based, protocol-driven decision-support tools or other assessment frameworks are available, or in situations that are unusual, oncology nurses should utilize their expert critical thinking and clinical judgement to guide the telephone encounter.	0 ☐	1 ☐	2 ☐
2.4 Evidence-based, protocol-driven decision-support tools and other assessment frameworks should be available at the point of care or embedded into the electronic medical record enabling real-time assessment, management and documentation, whenever possible.	0 ☐	1 ☐	2 ☐
3.1 All patient interactions, including telepractice, must be documented.	0 ☐	1 ☐	2 ☐
3.2 Oncology nurses are required to chart/document as a standard requirement of their professional practice meeting legislative and regulatory requirements and in accordance with organizational policies.	0 ☐	1 ☐	2 ☐
3.3 Documentation must be accurate, clear, timely, and comprehensive[§§].	0 ☐	1 ☐	2 ☐
3.4 Initial data may be captured by the nurse or other staff (e.g. program administrative assistant or call centre operator) and should include: • Date and time of call • Caller's name (patient/relationship to patient) • Patient's date of birth, telephone number (patient and/or caller) • Unique patient identifier (e.g. Medical Registration Number, OHIP number) • Reason for call	0 ☐	1 ☐	2 ☐

[§§] See CNO Documentation Standards and Indicators: https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf

Standard	Scoring Legend 0: Standard(s) not met	Scoring Legend 1: Part of standard(s) met	Scoring Legend 2: Entire standard(s) met
• Application of organization's decision-making model for screening to determine urgency of a call and urgency for a response			
3.5 Application of evidence-based decision-support tools and other frameworks should be evident in documentation of telepractice care when relevant, as well as the reason for deviation from them, when relevant, based on patient-specific factors (see Appendix B for decision-support tools).	0 ☐	1 ☐	2 ☐

3.6 With/without decision-support tools, documentation should include:*** (See also Cancer Care Ontario Oncology Nursing Documentation Competencies)
• Data from the assessment, including:
  o Severity score for the issue with supporting information from the assessment, when relevant
  o Review of medications when relevant
  o Patient goals and review of self-care strategies
• Documented identified patient issues and/or nursing diagnosis(es)
• Consultations with other health care providers (e.g. physician, dietician)
• The plan agreed upon with the caller, including:
  o Interventions provided for self-management support (e.g. advice for self-care, supportive counseling, referrals to other services, non-pharmacologic interventions, education/re-enforcing previous education), and redirection for management of urgent/emergent symptoms/clinical problems
  o Commencement or adjustment of pharmacologic interventions including rationale and related education
  o Expected and/or achieved outcomes, if possible
  o Caller demonstrated understanding and agreement with plan of care
  o Any additional aspects of the plan and expected re-evaluation or follow-up/next steps
	0 ☐	1 ☐	2 ☐

3.7 Documentation should be completed and be available electronically whenever possible to facilitate timely communication and continuity of care.	0 ☐	1 ☐	2 ☐
3.8 Documentation should be stored in the patient health record. When an oncology nurse does not have access to	0	1	2

*** See CNO Documentation Standards and Indicators: https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf

Standard	Scoring Legend 0: Standard(s) not met	Scoring Legend 1: Part of standard(s) met	Scoring Legend 2: Entire standard(s) met
the health record (e.g. after hours from a remote location), another method of documenting and storing the information should occur. If the documentation must be transmitted across settings, it must be filed into the patient health record in a timely manner, according to organizational policies (See section on *Organizational Leadership*). **3.9** Oncology nurses and other personnel must maintain confidentiality with documentation retention and transmission across settings adhering to standards, legislation and organizational policies and procedures[†††] (See section on *Organizational Leadership*).	☐	☐	☐
4.1 Pending updated evidence, the expert panel recommends nurse-initiated calls should be implemented when results demonstrate improved toxicity and symptom management, safety, adherence, appropriate use of health services or quality of care **4.2** The oncology nurse and the organization will collaborate to conduct research (e.g. effectiveness/impact of nurse-initiated calls at time points), participate in quality improvement initiatives, and advocate to integrate evolving evidence to meet the needs of oncology patients through nurse-initiated calls.	0 ☐	1 ☐	2 ☐

5.1 The organization must have established policies and procedures, standards and guidelines related to telepractice to guide all personnel involved, including:
• Roles and responsibilities
• Documentation and storage of records defining:
  o Who has custody of the record
  o Who has responsibility for ensuring the patient is aware of who has access to their information;
  o When more than one organization is involved, and they cannot access the same electronic communication system:
    ▪ Records must be kept at both sites
    ▪ They need to define how temporary or transitory records should be treated
• Liability and risk management
  o Qualifications including licensing and credentialing of oncology nurses
  o Have guidelines for training, ongoing evaluation, and performance management
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[†††] See CNO Documentation Standards and Indicators: https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf

Standard	Scoring Legend 0: Standard(s) not met	Scoring Legend 1: Part of standard(s) met	Scoring Legend 2: Entire standard(s) met

of oncology nurses' telepractice skills (See sections on *Oncology Nursing Expertise* and *Monitoring Quality*)
  o Risk management plan developed including quality monitoring
• Protecting the confidentiality of information, with the following considerations:
  o Technical security (passwords and encryption)
  o Home/remote work environments, and ensuring they meet the same expectations of employer-provided work environments
  o Maintenance and storage of records
  o Employee confidentiality agreements for all staff associated with the telepractice encounter
  o Establishment of security and ownership of patient/client record including misuse and sharing practices			

5.2 Organizations are responsible for providing initial training and continuing education for telepractice, which should include all the elements identified in Standards 1.5 and 1.6. **5.3** Telepractice support should be provided in a confidential space with minimal noise and disturbances, whenever possible.	0 ☐	1 ☐	2 ☐
5.4 There should be safe, reliable, and up-to-date technology that supports the provision of telepractice (e.g. telephone software, noise-cancelling headsets).	0 ☐	1 ☐	2 ☐
5.5 Oncology nurses engaged in telepractice should have access to current medical records and to local and community-based resources as needed. In the absence of access to medical records, every effort should be made to obtain all relevant information from the caller.	0 ☐	1 ☐	2 ☐
5.6 Oncology nurses should have access to expert oncology nursing support for consultation to support their critical thinking and decision-making as required.	0 ☐	1 ☐	2 ☐
5.7 Evidence-based, protocol-driven decision-support tools and other assessment frameworks should be available at the point of care or embedded into the electronic medical record enabling real-time assessment, management, and documentation, whenever possible.	0 ☐	1 ☐	2 ☐
6.1 Organizations should have clearly defined and coordinated activities to continually monitor, evaluate, and identify priority areas to improve the quality of oncology nursing telepractice services. Priority areas can be related	0 ☐	1 ☐	2 ☐

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to the cost, positive patient/caller experience (including safety, health outcomes, communication, and satisfaction), accessibility of care, and overall performance. **(See section on *Monitoring Quality* for examples of indicators)**			

6.2 Organizations should review and update their training program for telepractice annually to ensure it meets the standards outlined in the sections on *Oncology Nursing Expertise* and *Documentation.*
• Evaluation components should include:
   o Learning objectives that are relevant to competencies for oncology nurses providing telepractice support (e.g. symptom management, communication skills, and technology)
   o Policies and procedures for safe telepractice (e.g. protocols, documentation requirements)
   o Incorporation of relevant theoretical models, evidence, and policy documents such as national and provincial nursing practice guidelines for telephone and/or telephone practice
   o Sharing experiences and challenges in providing telepractice in order to continually improve the service and nurse performance
	0
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6.3 Organizations should ensure they evaluate the training the nurse received and include the following levels of evaluation using the Kirkpatrick Model for Evaluating Training Programs[29]: • Level I: reaction (e.g. satisfaction with training) • Level II: learning (e.g. acquisition of knowledge, skills and attitudes), • Level III: behavior (e.g. application of learning in clinical practice), • Level IV: results (e.g. degree targeted outcomes are reached) including sharing experiences and challenges in providing telepractice	0 ☐	1 ☐	2 ☐
6.4. Organizations should incorporate evaluation of the oncology nurse's telepractice performance (including self-reflection), as part of the regular role performance review process and provide opportunities for enhancing skills with further training if required. Quality monitoring can be	0 ☐	1 ☐	2 ☐

Standard	Scoring Legend 0: Standard(s) not met	Scoring Legend 1: Part of standard(s) met	Scoring Legend 2: Entire standard(s) met
accomplished through analyzing calls by listening in real-time or using tape-recordings.			