Virtual Care: Standards for Registered Nurses and Nurse Practitioners

(Not in effect until approved)

Purpose

This standard applies to registered nurses and nurse practitioners, herein referred to as **REGISTRANTS**[1]. The purpose of this standard is to outline expectations for registrants providing **PROFESSIONAL SERVICES** through communication or information technology, herein referred to as **VIRTUAL CARE**. Virtual care may be provided using telephone, video or secure messaging. Some examples include interactions through **PATIENT** portals, asynchronous e-visits and remote monitoring. These standards must be met to ensure registrants provide safe, competent and ethical care and adhere to all legislative and regulatory requirements when using virtual care.

Registrants using virtual care must meet all standards of practice and the *Code of Ethical and Professional Conduct for Registered Nurses and Nurse Practitioners* as in-person care. They must practise in a manner that assures patient safety and **QUALITY OF CARE**.

Criteria

To meet these standards, registrants must meet the following criteria.

Ethical and Professional Obligations

The registrant must

1. Be registered with the College of Registered Nurses of Alberta (CRNA) if providing care to patients located in Alberta. In situations where a registered nurse (RN) or nurse practitioner (NP) from another jurisdiction provides virtual care to a patient in Alberta on an ad hoc basis, the RN or NP must consult with the CRNA to determine registration requirements.
2. Be aware of and comply with the registration and practice requirements of the jurisdiction in which the patient is located, when providing services to persons outside of Alberta.
3. Ensure they have appropriate professional liability protection (including cross-jurisdictional coverage, if applicable) to provide professional services by virtual care, by

1 Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.

confirming they have coverage with their liability insurance provider or employer (if applicable).

4. Ensure they have sufficient training, knowledge, judgment and competence (including in the technology they use) to manage patient care virtually.
5. Ensure **APPROPRIATE VIRTUAL CARE**.
6. Identify when in-person care is required.
7. Consider the communication or information technologies available to the patient and whether it is appropriate for the assessment and interventions warranted for patient care.
8. Mitigate risks to effective communication including but not limited to
   - **8.1.** the patient's ability to engage and not be hindered by the technology being used,
   - **8.2.** the patient's ability to identify and describe the issue and concerns, and
   - **8.3.** the registrant's ability to assess nonverbal, emotional and behavioural cues.
9. Take appropriate action if the quality of a virtual encounter is compromised (e.g., technology fails, security is compromised, etc.) and the patient's best interests will no longer be served by continuing the virtual encounter.
10. Only use virtual care with the informed consent of the patient.
11. Respect the patient's right to refuse or withdraw consent for use of virtual care at any time.
12. Ensure they have no **CONFLICTS OF INTEREST** when using virtual care including not accepting incentives (financial or otherwise) that prioritize the use of virtual care over in-person care.
13. Take reasonable steps to confirm the patient's identity and physical location (i.e., town/city and province, territory, state or country) during each virtual care encounter.
14. Provide the patient with their name as listed on their practice permit, physical location (i.e., town/city and province) and protected title during the initial virtual encounter and upon request.
15. Document the physical location of the patient, the physical location of the registrant, the patient's surrounding (e.g., in their home, car, private office, etc.), consent of the patient to use virtual care and if the virtual encounter was recorded.
16. Ensure the patient has a contact number to reach out if needed.

Privacy Requirements and Use of Technology

The registrant

17. Must ensure custodianship of patient health information is clearly established and complies with Alberta privacy legislation. The registrant must NOT enter into arrangements where patient information is held by non-regulated entities without appropriate agreements in place.

18. Must conduct services in a private setting for both the patient and registrant.

19. Must advise the patient on the importance of having a physical setting that is private and appropriate for the context of the encounter.

20. When recording virtual visits must

20.1. obtain patient consent prior to recording virtual visits, and

20.2. have established policies and procedures for how the data will be stored, where it will be stored, the length of time it will be stored and how it will be destroyed in alignment with privacy laws.

Continuity of Patient Care

The registrant

21. When providing **EPISODIC CARE** by virtual means, must explain the limitations of the episodic care they are providing and communicate any follow-up process, so patients are aware of the continuity plan.

22. Must establish and follow processes to manage any change in the patient's condition, including notifying the most responsible practitioner (if applicable and unless the patient requests otherwise) of any changes and when the patient requires in-person care.

23. Must ensure virtual care supports and promotes interprofessional collaboration and patient-focused care.

Additional NP Requirements

In addition to the above criteria, an NP or graduate NP

24. Must ensure that timely access to another NP or health professional is available when an in-person patient assessment is required.

25. Must exercise caution when prescribing to a patient who has not been previously examined in person.

26. Must NOT prescribe opioids, other controlled substances or cannabis unless

- **26.1.** they have examined the patient in person, or
- **26.2.** they have a longitudinal relationship with the patient, or
- **26.3.** they are in direct communication with another regulated provider who is authorized to prescribe, has physically examined the patient and agrees the prescription is appropriate, or
- **26.4.** the patient is receiving palliative or end-of-life care and continuity is at risk.

27. Must provide ongoing monitoring and followup when prescribing psychotropic medications or controlled substances.

Glossary

APPROPRIATE VIRTUAL CARE – Care that optimizes the health and well-being of the patient. The registrant uses their clinical and professional judgment, collaborating with the patient to determine whether it is appropriate and in the best interests of the patient to provide professional services using virtual care.

CONFLICT OF INTEREST – A situation where a registrant's duty to act in the patient's best interests may be affected or influenced by other competing interests, including financial, non-financial, direct or indirect transactions. A conflict of interest can exist even if the registrant is confident their professional judgment is not being influenced by the conflicting interest or relationship. Conflicts of interest can be:

Real conflict of interest: The registrant's actions directly benefit their own interests or those of a personal or affiliated connection.

Potential conflict of interest: A situation where a registrant's actions could lead to personal gain or benefit.

Perceived conflict of interest: A situation in which an informed person might reasonably believe a conflict of interest exists, even if none does.

EPISODIC CARE – A single clinical encounter with the patient for a defined health-care need, where neither the registrant nor the patient has the expectation of continuing care and the therapeutic and professional relationship.

PATIENT(S) – The term patients can refer to clients, residents, families, groups, communities and populations.

PROFESSIONAL SERVICE – "A service that comes within the practice of a regulated profession" (*Health Professions Act* [HPA], 2000). This refers to activities listed in the legislated scope of practice statement in Schedule 24, Section 3 of the HPA (2000, pp. 302-303).

QUALITY OF CARE – Care that is safe, effective, efficient, equitable, timely and person-centric (Agency for Healthcare Research and Quality, 2022).

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners and RN or NP courtesy registrants on the CRNA registry.

VIRTUAL CARE – "Any interaction between patients and/or members of their circle of care occurring remotely, using any form of communication or information technology with the aim of facilitating or maximizing the quality of patient care" (Alberta Virtual Care Working Group, 2021).

References

Agency for Healthcare Research and Quality. (2022). *Six domains of healthcare quality*. https://www.ahrq.gov/talkingquality/measures/six-domains.html

Alberta Virtual Care Working Group. (2021). *Optimizing virtual care in Alberta: Recommendations from the Alberta virtual care working group*. https://cpsa.ca/wp-content/uploads/2021/11/Alberta-Virtual-Care-Working-Group.pdf

Health Professions Act, RSA 2000, c H-7. https://kings-printer.alberta.ca/documents/Acts/H07.pdf