**RNAO submission to
College of Nurses of Ontario
re. virtual care guideline**

June 14, 2024

RNAO represents more than 51,650 registered nurses (RN), nurse practitioners (NP) and nursing students across Ontario. For nearly a century, the association has advocated for changes that improve people's health through the full expertise of nurses. RNAO welcomes the opportunity to provide feedback to the CNO on the draft practice guideline titled Virtual Care.

Introduction

A key mandate of the College of Nurses of Ontario (CNO) is to protect public safety. This obliges the CNO to develop and disseminate comprehensive, yet clear and pragmatic practice standards and guidelines to support nurses in delivering safe and ethical nursing care. To this end, virtual care practice guidelines too must be comprehensive, clear and pragmatic, especially in today's context where virtual care is being utilized widely.

In RNAO's view, the revised draft is neither comprehensive enough nor sufficiently clear to support nurses in their work. Our rationale and recommendations follow.

RNAO feedback and recommendations

Our comments below address all questions from the online survey which requested substantive feedback on the draft guideline.

Question 4: Is the introduction to the guideline clear?

Response: No. The introduction makes reference to the following terms: digital telecommunication, artificial intelligence, robotic systems and technology-assistive devices. None of these terms are defined in the document. These terms may not be clear to the nurse.

Recommendation: We recommend that the CNO provide a definition for each of the above terms in the glossary.

Question 5: Is the registration requirements when providing virtual care section clear?

Response: Yes. This section is clear.

Question 6: Is the nursing competence section clear?

Response: No. Our concerns and recommendations follow in the table below.

Concern	RNAO recommendation
Considerations when providing virtual care section: The statements in this section advise nurses of their responsibility to "advocate for resources and policies," and to "only use verified technologies approved by their employe or practice setting" to support quality care. However, if fails to outline measures that the employer must take to facilitate the delivery of quality virtual care.	Provide a statement that employers are responsible for implementing and maintaining regularly updated policies and for ensuring that the necessary clinical practice resources be available to support nurses with safe and effective decision-making processes (Registered Nurses Association of Ontario [RNAO], 2024).

Nursing competence section: The following statement "if a nurse has any gaps in competency to provide virtual care, the nurse should participate in quality assurance activities, which may include additional training, education or professional development needed to provide safe client care" outlines the nurses responsibility for maintaining competence without identifying the employer's responsibility for providing nurses with relevant professional development opportunities.	Include a statement that employers have a responsibility to provide additional training and education to support nurses with the use of technology and culturally safe virtual care delivery processes, and that nurses should receive protected time for education (RNAO, 2024).
Nursing competence section: The following statement that nurses should "determine if the client understands the information or advice provided through virtual care" does not take into consideration the need for resources to facilitate a nurse's ability to do so.	Include a statement that employers should provide resources such as access to interpreter services to assist nurses with supporting the care delivery process as outlined in the retired Telepractice practice guideline on page 9 (see Appendices).

Question 7: Is the client considerations section clear?

Response: No. Our concerns and recommendations follow in the table below.

Concern	RNAO recommendation
The term "culturally safe care" is undefined, and may not be clear to readers.	Provide a definition for "culturally safe care" in the glossary. Please refer to the definition provided in RNAO's most recent best practice guideline (BPG)– *Clinical Practice in a Digital Environment* – at page 84:

"People providing culturally safe care are attempting to provide respectful engagement that recognizes and aims to address power imbalances inherent across the health system. Culturally safe care aims to create and sustain an environment that is free of racism and discrimination, where people feel safe when receiving health care. For example, Indigenous people, families and communities should be able to share their perspectives, ask questions and have their beliefs, behaviours and values be respected by health and social service providers." |
| The term "therapeutic nurse-client relationship" is not defined clearly enough. Specifically, the terms for its five core components (trust, respect, professional intimacy, empathy and power) are not defined. This may be unclear to nurses. | Provide separate definitions for each of these components, as outlined in the CNO's Therapeutic Nurse-Client Relationship practice standard on page 3. |

Question 8: Is the informed consent section clear?

Response: No. The following statement "informing the client when and if other health care team members will be viewing or listening to a virtual care interaction" does not take into account the employer's responsibility for informing nurses when interactions will be monitored.

Recommendation: We recommend that the CNO provide a statement advising nurses that employers have a shared responsibility for ensuring that patients and nurses are informed when their interactions are being monitored for quality improvement purposes (as outlined in the retired Telepractice practice guideline on page 10).

Question 9: Is the maintaining privacy, confidentiality and security section clear?

Response: No. Our concerns and recommendations follow in the table below.

Concern	RNAO recommendation
The statement that nurses remain accountable by "taking steps to ensure that virtual care is provided in a private setting to maintain confidentiality" does not identify employers' responsibilities for ensuring availability of private spaces for nurses to carry out virtual care.	Provide a statement that employers also have a shared responsibility for protecting patient privacy and maintaining confidentiality by providing private settings for nurses to carry out virtual care (RNAO, 2024).
The statement that nurses remain accountable for "using technology that is encrypted to ensure personal health information is safeguarded against theft, loss, unauthorized access/use or modification" does not identify the employer's obligation for safeguarding personal health information.	Provide a statement that employers also have a shared responsibility to safeguard personal health information, as outlined in the CNO's former Telepractice practice guideline (2020 edition; now retired) on page 10. Specifically, employers must provide nurses with the right tools to ensure that they meet their legal and professional obligation for maintaining patient health information, including access to systems where they can carry out virtual care and document information in a safe and secure manner.

Question 10: Is the environmental supports and resources section clear?

Response: No. The following statement "having policies and procedures in place to support nurses in providing virtual care, using accessible and appropriate technologies and having resources and systems in place to manage adverse events such as medical emergencies or technological failures" does not identify that this is the employer's responsibility. The draft guideline also fails to address supports and resources for nurses on communicating effectively and providing supportive care environments in virtual settings.

Recommendations:

A. We recommend that you rewrite the sentence as follows: employers must have policies and procedures in place to support nurses in providing virtual care, using accessible and appropriate

technologies and having resources and systems in place to manage adverse events such as medical emergencies or technological failures.

B. As per the advice of the expert panel to RNAO's new evidence-based BPG, _Clinical Practice in a Digital Health Environment_, we also recommend that the CNO work with other health-service and academic organizations to ensure ongoing education to nurses and health providers focused on interpersonal communication skills when using digital health technologies (RNAO, 2024). This is needed to ensure best practices in virtual care delivery.

Question 11: Is the working with the health care team section clear?

Response: No. The statement that advises nurses they are responsible for "supporting the development of virtual care policies and procedure to ensure alignment with the CNO's standards of practice in the interest of client safety" does not identify that employers are also responsible for including nurses in the development of policies and procedures.

Recommendation: We recommend that you provide a statement that employers must include nurses in the development of virtual care policies and procedures to ensure that nurses are meeting their standards of practice as per the CNO.

Question 12: Are the terms in the glossary clear?

Response: No. As noted under Question 7, above, the terminology for the five components of the therapeutic nurse-client relationship – trust, respect, empathy, power and professional intimacy – may not be clear (trust, respect, empathy, power and professional intimacy).

Recommendation: Provide separate definitions for each of these components, as outlined in the Therapeutic Nurse-Client Relationship practice standard on page 3.

Question 13: Are there any other terms used in this guideline that should be defined in the glossary?

Response: Yes (as noted under Question 7 above).

Question 14: Please identify which term(s) should be defined.

Response: Please define these terms: "digital telecommunication", "artificial intelligence", "robotic systems", "technology-assistive devices", "culturally safe care", and "therapeutic nurse-client relationship".

Question 15: What types of supports or resources could CNO provide to assist in implementing this new Virtual Care guideline?

Response: We strongly recommend that the CNO refer to the following evidence-based resources from RNAO, which contain comprehensive information intended to support nurses, health-care leaders and organizations in delivering culturally safe and effective virtual care across settings and sectors.

1. RNAO groundbreaking best practice guideline (BPG), titled _Clinical Practice in a Digital Health Environment_ (2024)
2. RNAO scoping review, titled _Predicted Influences of Artificial Intelligence on the Domains of Nursing: Scoping Review_ (2020)

3. RNAO report, titled *Nursing & Compassionate Care in the Age of Artificial Intelligence: Engaging the Emerging Future* (2020)
4. AMS Healthcare's discussion paper, titled *Nursing and Compassionate Care in a Technological World: A Discussion Paper* (2020)
5. RNAO BPG, titled *Adopting eHealth Solutions: Implementation Strategies* (2017)

Question 16: If you have any other comments about this guideline, please provide them here:

RNAO's *Clinical Practice in a Digital Environment* BPG identifies the existence of digital determinants of health related to technological limitations in providing safe and equitable virtual care. RNAO is pleased that the Virtual Care draft guideline addresses this under the "Client Considerations" section. However, RNAO would like to take this opportunity to provide additional comments.

Response 1: RNAO BPG expert panel suggests that health-service and academic organizations provide ongoing education to nurses and health care providers that focus on interpersonal communication skills when using digital health technologies.

Recommendations:

A. Develop a practice guideline to support nurses with delivering culturally safe care virtually when using digital health technologies, and make the guideline accessible within the new draft Virtual Care guideline.

B. Include language in the Environment Supports and Resources section that identifies the requirement of health-service and academic organizations to provide ongoing education to support nurses with delivering culturally safe care when using digital technologies to keep pace with advancements in technology and a changing health care environment.

Response 2: RNAO is concerned that the guideline increases nurses' responsibilities while decreasing employers' accountability. We have outlined content from the retired Telepractice practice guideline that should be contained within the new draft guideline.

Recommendation: Include language in the Environmental Supports and Resources section that identifies the necessary organizational supports to facilitate nurses with delivery virtual care safely and effectively. We suggest using this language as a starting-off point:

- The guideline holds organizations accountable for adopting safe work load measures to allow adequate lengths of time for delivering virtual care, providing current resources to enable the coordination of patient services, and creating or revising policies that clearly articulate the nurse's and the employer's role and responsibilities for providing virtual care.

Conclusion

The CNO is mandated to assist nurses with safe and effective decision-making to protect the public. RNAO is concerned that the new draft guideline is unclear; it consequently risks creating confusion among nurses who provide virtual care.

RNAO is also concerned that the new draft guideline imposes greater responsibility on nurses to deliver safe and effective virtual care, while providing less guidance on the responsibility of employers for ensuring that nurses are provided with the necessary capacity building, resources, and technology to meet their professional obligations. We urge the CNO to address our concerns to ensure safe care.

Thank you for this opportunity to contribute our recommendations for the new draft Virtual Care guideline. RNAO looks forward to reviewing further revisions of the draft guideline.

References

AMS Healthcare. (2020.) *Nursing and Compassionate Care in a Technological World: A Discussion Paper*. Available at: ams-inc.on.ca/wp-content/uploads/2020/02/Nursing-and-Compassionate-Care.pdf

College of Nurses of Ontario. (2020.) Telepractice: Practice Guideline (retired from use).

Registered Nurses' Association of Ontario. *Clinical practice in a digital health environment*. Toronto (ON): RNAO; 2024. Available at: RNAO.ca/bpg/guidelines/clinical-practice-digital-health-environment

RNAO. (2020.) *Predicted Influences of Artificial Intelligence on the Domains of Nursing: Scoping Review*. JMIR Publications, Vol 3, No 1 (17 Dec 2020).

RNAO. (2020.) *Nursing & Compassionate Care in the Age of Artificial Intelligence: Engaging the Emerging Future*. Available at: RNAO.ca/sites/rnao-ca/files/RNAO-AMS_Report-Nursing_and_Compassionate_Care_in_the_Age_of_AI_Final_For_Media_Release_10.21.2020.pdf

RNAO. (2017.) *Adopting eHealth Solutions: Implementation Strategies*. Available at: RNAO.ca/bpg/guidelines/ehealth-solutions