

BC Healthy Connections Project

PROCESS EVALUATION

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**BC Healthy Connections Project (BCHCP) Process Evaluation Communiqué #15 | July 11, 2018**  
**Use of Cell Phone Technology in Nurse Home Visiting**

One objective of the BCHCP process evaluation is to identify and understand factors that influence public health nurse (PHN) capacity to deliver Nurse-Family Partnership (NFP) to pregnant girls and young women and first-time mothers and their children. Across all 8 waves of data collection with PHNs, communication emerges as a meta-theme that influences all aspects of this work. Given the nature of community-based home visiting and the extensive amount of time in the field, PHNs discussed the importance and necessity of having consistent use of functioning cell phones along with access to work-supplied data plans. The findings and nurse recommendations summarized in this Communiqué are derived from interviews (n=10) and 5 focus groups (n=35 nurses) with 45 NFP PHNs. These interviews were conducted between April-October 2017.

Theme	BCHCP PHN Perspectives
<p><b>1. A cell phone is a critical tool in home visiting</b></p>	<ul style="list-style-type: none"> <li>• Consensus that use of a work-supplied, functioning cell phone with access to a data-plan is required for PHNs to successfully deliver NFP to families. Also, increases PHN safety.</li> <li>• Essential features required: access to data plan, QWERTY keyboard, car charger cord, hands-free headset (if car not equipped with blue-tooth technology).</li> <li>• Nurses who have been issued “flip-phones” (without QWERTY keyboard) experience high levels of frustration and identify that “flip-phones” impede their ability to efficiently communicate with clients. Simple text messages may take 5-15 minutes to construct due to number of keystrokes required; also not able to view full conversation threads.</li> </ul> <p><b>Cell Phone Functions Most Commonly Used (or requested) by PHNs</b></p> <ul style="list-style-type: none"> <li>• SMS or text-messaging</li> <li>• Use of apps for communication with clients e.g. WhatsApp, Messenger</li> <li>• Cellular phone</li> <li>• Google maps/GPS</li> <li>• Access to Internet</li> <li>• Access to shared online calendars (e.g. Outlook)</li> <li>• Voice recorder/talk-to-text function (for making quick notes between visits)</li> <li>• Email</li> <li>• Photos – ability to send/receive photos</li> </ul>
<p><i>“I couldn’t work without it. A cell phone is just such a necessary part of what we do.” NFP PHN</i></p>	
<p><b>2. Mode of Communication Between PHNs &amp; NFP Clients</b></p>	<p><b>Client Access to and Use of Cell Phones</b></p> <ul style="list-style-type: none"> <li>• PHNs experience that a majority of NFP clients have access to, and use, a cell phone as their primary mode of communication; relatively few clients have access to a “land-line.”</li> <li>• Clients without a cell phone (e.g. lost, damaged, unable to afford phone) use alternate means to communicate with nurses (e.g. messages through other service providers, email, Messenger)</li> <li>• Among clients who have cell phones, perception is that a majority are not able to afford data-plans or frequently “run out of minutes” which limits their ability to make calls.</li> <li>• Communication is impeded when clients lose phones or change numbers frequently.</li> </ul>

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<p><b>3. Medium of Nurse-Client Cell Phone Communication</b></p>	<p><b>Preference for Text versus Phone Call</b></p> <ul style="list-style-type: none"> <li>• Access to cell phone allows individuals to “text” one another versus “phoning.”</li> <li>• Nurses report that clients are more likely to respond, and respond faster, when communication is initiated via “text” versus a phone call. This includes early messages to describe program, screen for eligibility, or confirm intent to enroll.</li> <li>• Nurses perceive that many clients prefer texting in place of verbal communication by phone because it is safer, less threatening to share personal information, and more convenient.</li> <li>• There are circumstances when after receiving a client text, a nurse will text back indicating that either a phone call or home visit is required to address the presenting concern or question.</li> </ul> <p><i>“When you send a text, they’re [the clients] right back to you. Good responses.”</i>  <i>“[Texting] is almost safer for them [the clients], because they don’t have to talk to you. They don’t have to say, “yes” or “no.” It’s just easier to text it.”</i></p>
<p><b>4. Functions of messages communicated via texting from cell phone</b></p>	<p><b>Confirmation of home visits</b></p> <ul style="list-style-type: none"> <li>• General consensus about value of sending client a text to confirm a visit. These texts may be sent the day prior to the visit and/or shortly before the visit. Purpose of text is to confirm that home visit is “still on,” and the date, time, or location.</li> <li>• A cell phone is required for this task – as some nurses do not start/end day in the office, may send out reminder text messages from home on the weekend or night prior, or will send a reminder text while out in the community between visits.</li> <li>• PHNs recognize that the young women and girls they work with are balancing lives filled with multiple, complex stressors and that they may not always remember to contact the PHN to cancel the visit; so the nurse most frequently initiates the confirmation text.</li> <li>• Confirming home visits by text reduces the possibility of arriving at the home and the client is not home or needs to re-schedule visit.</li> <li>• “Missed visits” result in “wasted time” for PHNs (across both urban &amp; rural contexts) – especially as caseload numbers increase and nurses need to be efficient in how time is allocated during their shift.</li> <li>• One perceived disadvantage to texting a “reminder” to clients is that it gives some clients an “out” for cancelling a visit at the last minute.</li> </ul> <p><i>“[I text to ask], “are we still on? I’m leaving the office now” because I’ve gotten caught driving 45 minutes to [the client’s home] and arriving and nobody is there, moping around, and then driving back. So I just wasted an hour and a half – almost two hours.”</i></p> <p><b>Connection and engagement with clients</b></p> <ul style="list-style-type: none"> <li>• Access to and use of texting between clients and nurses allows for frequent and spontaneous communication between home visits. These connections perceived to enhance the therapeutic relationship and thus promote engagement and retention.</li> <li>• Clients send texts to PHNs to share information about birth of infant, attainment of personal goals, or when infants demonstrate certain milestones or accomplishments; texting allows PHN to respond immediately with a positive note of congratulations.</li> <li>• PHNs build connections with clients by sending frequent affirmations or acknowledgments of client strengths. Also common practice to text positive messages on holidays/special days e.g. Mother’s Day, Birthday.</li> </ul> <p><i>“The minute their baby is born, they send us a photo and a message, like, “here’s my new baby.” And you [the PHN] say, “thank you for sending the photo.” And the client responds, “I can’t wait to see you and for you to meet my baby.” And that’s the connection.”</i></p>

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	<p><b>Role modelling communication skills and cell phone etiquette</b></p> <ul style="list-style-type: none"> <li>• Nurses discuss the importance of teaching and role modelling respectful communication skills by always texting client if the nurse needs to re-schedule or will be late for a visit.</li> <li>• Reinforce to clients that if something “comes up, that’s okay and normal” and that it is respectful to then text the nurse to inform her of a change to the home visit.</li> <li>• During home visit, role model and talk about importance of “putting phones away” when interacting with another person. Discuss this principle also in relation to when mothers are interacting (feeding, playing) with their infant.</li> <li>• Open up discussions with clients about appropriate times/places to use cellphones and safety on social media.</li> </ul> <p><b>Provision of re-assurance and information</b></p> <ul style="list-style-type: none"> <li>• Many NFP clients lack an informal network of family or friends who can provide them with general information about pregnancy, parenting, and infant well-being.</li> <li>• Some women are hesitant to access other health care services (e.g. walk-in clinic, emergency department) with questions about infant care or well-being for fear that they will be judged as unsafe/incompetent parents – and “child welfare” will be contacted.</li> <li>• Therefore, for many clients, the NFP PHN is a primary source of credible information and an individual who can answer questions or provide re-assurance in response to concerns of “is this normal?” in a non-judgmental manner.</li> <li>• Texting provides a mechanism by which clients can reach out to nurses between home visits to have these questions answered or to seek this re-assurance.</li> <li>• PHNs aware that it is not appropriate to provide a “huge amount” of health information or teaching via texting, but use their professional nursing judgment to determine when it is appropriate to respond via text with an answer to a simple question, to request a call or home visit for further assessment, to recommend that client (or infant) seek medical care, or to provide a number to another community agency or weblink to a resource.</li> </ul>
<p><b>5. Setting boundaries regarding cell phone usage and nurse accessibility</b></p>	<p><b>Establishing boundaries and managing expectations</b></p> <ul style="list-style-type: none"> <li>• At the beginning of the program nurses outline with clients how to contact them, for what reasons, when the nurse is available, and what clients can expect in regards to a “response time” when a text is sent outside of working hours.</li> <li>• Across the province, at the level of the individual nurse, there is a range of practices on how accessible NFP PHNs are to respond to client-initiated texts in off-hours. For some nurses [and in particular, PHNs who work part-time in NFP], their preference is to turn off phone or leave it at the office during weekends or off-hours. For other nurses, their preference is to keep their work cell-phone on their person and then on a case-by-case basis determine the appropriateness of responding to a text received in the off-hours.</li> <li>• There are often exceptional circumstances (e.g. follow-up information from a medical visit, pending birth of infant, check-in) when a nurse will give a client permission to text her after-hours.</li> <li>• For nurses who keep their phones in the off-hours, a common norm communicated to clients is that if a text is received in the off-hours, for the client to not expect an immediate response, that the nurse may wait until business hours to respond or if she sees the message, she “might” respond.</li> <li>• As professionals, nurses require the: 1) flexibility to determine where the cellphone is stored during off-hours (nurses’ home vs office), as many PHNs may not start/end each day in the office, or may need to use phone to send visit reminder texts the night before a visit and 2) autonomy to manage when and how they use the phone to respond to client concerns.</li> <li>• Nurses have a heightened sense of awareness of the importance of communicating to clients that the NFP PHN does not provide “emergency care” while also recognizing that</li> </ul>

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	<p>for many young women and girls, they are a primary source of connection, information, and re-assurance.</p> <p><b>Practice challenges associated with increased accessibility</b></p> <ul style="list-style-type: none"> <li>• While nurses clearly explained that they regularly communicate to their clients that the NFP PHN does not provide “911” services, and that in off-hours, they may not be able to respond – there have been circumstances where a PHN felt professionally and ethically obligated to respond to a client text (e.g. express need to “cut”; suicidal thoughts).</li> <li>• PHNs are aware of importance of establishing boundaries around off-hours communication, particularly as caseloads increase, for emotional well-being and to prevent burnout.</li> </ul>
	<p><i>“I always have a conversation saying, “You know, I work Monday to Friday” and I tell them my hours. But I do make exceptions. If I have a client who I know is deliberating, I might say, “You know what, I will be checking my cell phone periodically during the weekend, so I may not get back to you right away.” It’s more of an exception rather than a rule, but it helps them know that we are still connected, they know the other resources [in the community if they need medical help], but it’s more out of caring and compassion, because it’s critical to the relationship. So they -my clients – I think for most of us- they understand it’s a one off.” – NFP PHN</i></p>
<p><b>6. Communication with other health care and social service providers</b></p>	<ul style="list-style-type: none"> <li>• Cell phones are frequently used during or following a home visit to contact, and discuss an issue, with another health care professional or social service provider working with the client.</li> <li>• Having a cell phone makes the NFP PHN also more accessible to community-based providers. Given the unpredictable nature of home visiting, PHNs are often unable to predict when they will be consistently in the office, having a phone in the field makes it easier for providers to contact the nurse.</li> </ul>
<p><b>7. Require access to work-supplied, data plan</b></p>	<ul style="list-style-type: none"> <li>• There is consensus among PHNs that access to a data plan for the cellphone is essential</li> <li>• Not all PHNs are provided with a data plan to accompany their work-issued cellphone</li> </ul> <p><b>Rationale for need to have access to work-supplied data plan</b></p> <ul style="list-style-type: none"> <li>• On a home visit it is beneficial to be able to immediately access the Internet in order to provide information or locate a resource for a client</li> <li>• Can demonstrate to the client how to independently search for and evaluate information found on the Internet</li> <li>• Watch and discuss a short video (e.g. accessed via YouTube) with a client</li> <li>• Use GPS/google maps to locate and navigate to client residence</li> <li>• Access online work calendar (e.g. Outlook) to schedule next home visit with client and so that supervisor has up-to-date information regarding nurse’s visiting schedule (for safety reasons).</li> </ul> <p><b>Practice implications for NFP PHNs with no access to work-supplied data plan</b></p> <ul style="list-style-type: none"> <li>• Some nurses carry two phones: 1) work-issued phone for secure communication with clients and 2) personal phone for all other functions that require data, which results in increased personal costs to nurse.</li> <li>• Difficult to locate WiFi in community; inconsistent access to WiFi. Results in lost work-time.</li> </ul>
<p><b>8. Agency Policies Regarding Technology</b></p>	<p><b>Current policies regarding cell phone use</b></p> <ul style="list-style-type: none"> <li>• Many PHNs reflected that current policies and procedures may not reflect evolving nature and use of technology in practice.</li> </ul>

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	<ul style="list-style-type: none"> <li>• NFP PHNs express high degree of awareness of important issues related to safety, security of client information, and privacy as they related to use of cell phones.</li> <li>• Nurses in some sites, express need for updated policies related to use of phones (particularly flip-phones) and how to ensure security of data, password management.</li> </ul> <p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• Require updated, clearer, yet feasible guidance that reflects practice on documenting information communicated via text e.g. how and what to document, how long to keep texts, how to delete texts.</li> </ul>
<b>9. Other Technology</b>	<ul style="list-style-type: none"> <li>• Many NFP PHNs raised the recommendation to provide nurses with laptops/tablets (with AirCards) so that nurses can document/chart between home visits while out in the community.</li> <li>• Similarly these tools (with AirCard) could be used in home visits with clients – to pull and review facilitators, to access resources etc.</li> </ul>

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