



Using text messaging services:

an RCN guide on using
technology to complement
nursing practice





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For information

The term *health care practitioner* is used throughout this document to include all practitioners who deliver health care services across health and social care settings: *clinicians, nurse practitioners, registered nurses, health care support workers*.



1. Introduction: using texts to talk to patients

Health care practitioners work in a variety of environments and might want to use text messaging services to communicate with patients with long term conditions (LTCs). Text messaging can provide access and signposting to health and advice services for people with LTCs.

The following section raises awareness about the complex issues around using text messaging on mobile phones such as using a text to mail software system to ensure there is a documentation trail. It provides guidance for writing a policy, consideration for practice, and further reading to help health care practitioners to develop a safe and effective service. It is important that health care practitioners are familiar with and adhere to their professional guidance.

The term health care practitioner is used throughout this document to include all practitioners who deliver health care services across health and social care settings: clinicians, nurse practitioners, registered nurses, health care support workers.

2. Your guide to using text messaging services

Text messaging services and levels of use

There are three different ways to use text messaging and some local discussions need to take place about what type is suitable for your service.

SIMPLE:

This type of messaging service is initiated by the service provider and is usually a reminder or question about an appointment.

SPECIFIC:

Automated. A client initiates a request for information or signposting to other services and receives a programmed response.

Personal response. This service is client-initiated and a nurse responds to a specific question about personal health. It can lead to a consultation or referral to other service providers.

SERIOUS:

This describes a client-initiated disclosure of an event or cause for concern. Local procedures need to be in place to deal with these potential situations, and practitioners need to have access to supervision.



3. Governance principles for text messaging

In accordance with the Nursing & Midwifery Council (NMC) Code of professional conduct health care practitioners must treat information about patients and clients as confidential, and use it only for the purpose for which it was given (NMC, 2004). Health care practitioners must ensure that an up-to-date organisational confidentiality policy exists in their specialty that includes the use of mobile phones.





4. Issues to consider when setting up a text messaging service

Health care practitioners need to reassure themselves that clients with LTCs will benefit from implementing a text messaging service.

You should also:

- establish client demand through a needs assessment
- ensure all stakeholders enter discussions to agree a local policy before implementing the service
- consider the possibility of increased workloads and the use of resources required for handling a number of texts
- consider how, when and where the phone is to be used. For example, it is not acceptable to answer texts if you are on a break or on annual leave
- ensure any new service is subject to agreed audit, review and monitoring.



5. Accountability

Health care practitioners must always be accountable for their actions when caring for patients/clients, and ensure that they adhere to the following:

- all new, specific services should be supported by local protocols and all staff should be appropriately trained and have access to clinical supervision
- professional reasoning and judgment must be used when responding to text messages based on the information received. It must be regarded as patient contact
- all messages should be documented and include the following information: text, telephone number, time, response, any appointment made and/or referral to other agencies, date and signature of nurse. This should then be treated as any other client documentation in keeping with NMC guidelines on record keeping (NMC, 2005). Documentation may be written, but a computer-generated system with short messaging service (SMS) software may be preferable
- all received messages should be deleted from the receiving handset after documentation to maintain high standards of confidentiality.

6. Computer-generated and computer-recorded options

Computer-generated systems with short messaging software can be an efficient way of generating, monitoring and recording correspondence by SMS. Two text messaging software systems are outlined below as examples of possible processes, but there are numerous other systems and options available.

The e-recording option for text-based consultation requires development but is in a technological field that is rapidly changing and developing. The level of developmental possibility available to

any professional will vary according to which option is being considered, and the commitment of the local practice area to purchase and support the e-options.

There is software on the market that incorporates telephony systems, email and text to mail. They can also provide media channels such as web-chat and click to chat, and be configured so that they integrate with a patient database. Today most telephony systems can be set up so that Smartphones can be used in the same way as a desk-based PC.



Example A

Healthcare Communications: NHS text software

Process for using the software:

Problem: the nurse must be at a PC or use a smartphone in order to generate/ receive messages that are to be recorded

For more information about this system, see www.healthcomm.co.uk

Nurse logs onto website service

Nurse generates SMS message from site screen/facilities

Message can be pasted into client notes

Client replies – message is received into site website service. Reply can be pasted into client notes

Nurse might wish to use standardised guidelines that can be pasted into client notes, might wish to reply again, or might be end of SMS consultation

All interactions are password entry protected and full audit is possible, including confirmation of receipt/ non-receipt etc.

All records are kept in real time

Example B

TextAnywhere: text email software

Process for using the software:

Problem: the nurse must be at a PC or use a Smartphone in order to generate/ receive messages that are to be recorded

For more information about this system, see <http://ws.textanywhere.net/web>

Nurse logs onto usual email service

Has SMS button in Outlook that generates a routine email. Able to send email message to mobile numbers as SMS text. Email can be pasted into client notes

Client replies and the text message is received into usual email

Email reply can be pasted into client notes

This can be repeated as many times as necessary



7. Principles of practice

a) Setting up the service:

- health care practitioners should ensure that clients understand that some information may be made available to other members of the team involved in the delivery of their care
- a named health care practitioner, or practitioners, should be responsible for a specified phone to maximise confidentiality
- to provide an efficient service the specified phone should have sufficient text characters available that might be more than the standard 160-190. The equipment must be suitable for its use, and be updated and maintained
- coded messages (encryption/security) might be necessary to protect confidentiality, for example, pill reminders
- an acceptable list of text languages should be used in any advertising of the service to help prevent misunderstandings from service users and providers. You should also consider including hours of service and length of time it is likely to take to respond to a text. This is necessary to allow sufficient time in the working day to respond to difficult or complex texts, and will

incorporate term-time, weekend and holiday availability

- practitioners must adhere to their code of practice at all times.

b) Operational:

- the mobile phone should be locked away when not in use
- the mobile phone should have a password known only to the named user or practitioner
- in the event of loss or theft of the mobile phone, all precautions should be taken to protect the confidentiality of clients. Theft should be reported to the police and the telephone company, and practitioners should follow the trust/health provider's incident reporting policy
- mobile phone numbers that are collected in two-way messaging services must not be used for any purpose other than to respond to the text. If you need to make verbal contact with your client, you should obtain their consent by text message first.

8. Evaluation and audit

The text service and information documented from text messaging should be subject to rigorous and regular audit, clinical supervision, practice development and service standards.



9. Making people with LTCs aware of the service

Before introducing a text messaging service, clients should be given information about the service in the form of a card or leaflet that should include the following details:

- confidential text number
- hours and duration of the service
- expected response time (for example, within 24 hours or two days)
- what confidentiality means, including keeping records of text messages
- abuse of the service will not be tolerated
- personal mobiles will not be used
- designated mobile is to be used for a ‘text only’ service
- meetings and phone calls from or to a different phone can be arranged by text
- procedure for complaints, comments and suggestions
- what to do if there is no response by the stated time, for example contact telephone numbers
- what to do if there is no response from the service provider within the agreed time scale.

10. Conclusion

Technology is playing a critical role in the delivery of quality and affordable patient care and advice. Together with other eHealth services, text messaging complements traditional health care practice. It is a highly effective way of signposting and improving patients’

access to health care and advice services. By including regular reviews and evaluation of the service, you can help to ensure that your eHealth services are flexible enough to meet evolving community health care needs.

11. References

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