



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



Telenursing

[Telenursing](#) is the use of telecommunication technology to deliver [nursing services](#) at a distance. The [nurse](#) and the [client](#) are not in the same physical location but are connected using technology such as videoconferencing, teleconferencing or email. Telenursing must be used in the best interest of the client and not solely for provider convenience.

Improved client access is one of the benefits of telenursing; however, there are risks that must be considered when opting to use this mode of care delivery. This document was developed by NSCN as a resource for nurses who are providing or considering providing professional nursing services with telenursing technologies. The intent of this guide is to support nurses to meet their standards of practice while providing safe, competent, ethical and compassionate telenursing services.

Professional Practice

Although telenursing changes how professional nursing services are delivered, it does not fundamentally change the nature of nursing practice. The nursing process is foundational to the delivery of care, but scope of practice of the NP, RN and LPN are different in the provision of telenursing care. It is important all nurses understand their scope as well as the scope of other health professionals involved in the client's care.

Nurses who provide publicly funded services through telenursing are accountable to the Department of Health and Wellness [Provision of Publicly Funded Virtual Health Services](#) policy.

- NPs engaged in telenursing use the nursing process to assess, order and interpret tests, make diagnoses and develop plans of care including prescribing pharmacological and non-pharmacological treatment.
- RNs engaged in telenursing use the nursing process to assess, plan, implement, evaluate and document nursing care.
- LPNs engaged in telenursing are required by legislation to collaborate with the RN in the development of the initial nursing plan of care and independently implement, evaluate and document nursing care.

All nurses are involved in the provision of information, collaboration with other health care professionals, education and support. All nurses engaged in telenursing are accountable for practicing in accordance with their respective standards of practice, code of ethics and any relevant Nova Scotia and federal legislation and policies the same as they would for face-to-face client care.

Nurses who practice telenursing, as in any context of practice, must provide services that are consistent with their legislated scope of nursing practice, individual scope of practice and scope of employment. If nurses are unsure if the service they are providing is within their scope of practice they should contact NSCN.

Competencies

Nurses are required to use their knowledge, skills and judgement to:

- appropriately assess clients;
- collaborate with clients to develop the nursing plan of care;
- implement interventions; and,
- evaluate the care.

Nurses must also recognize when telenursing is no longer meeting the needs of the clients and a face-to-face assessment is required.

In addition, nurses who practice telenursing should consider additional knowledge, skills and judgement ([competencies](#)) in:

- Client teaching;
- Communication;
- Counselling;
- Interpersonal skills; and,
- Use of telenursing technology.

Nurses are expected to assess their [competence](#), identify knowledge gaps and seek education to close any identified gaps. Competence and effectiveness in telenursing may be enhanced through a focused formal educational program, adequate orientation, vendor training and mentoring.

Risk Management

Telenursing can be a higher-risk practice because it does not allow for the same contact as face-to-face care. Clearly defined accountabilities, scope of employment and policies to support practice are essential to mitigate this risk. Nurses providing care via telehealth should be involved in the development and documentation of risk management plans and related policies. Employers should consider the following (not an exhaustive list) when developing telenursing policies:

Each jurisdiction has different laws about who can be a custodian of records. Nurses need to determine whether they are considered custodians of client records or if the employer has that responsibility prior to providing telenursing care.

- Process to determine if telenursing will meet the client's needs
- Choice of technology
- Management of care when telenursing no longer meets client's needs
- Addressing situations when a client ends the nurse-client relationship before the nurse is satisfied all concerns have been managed
- Consultation with another provider when the situation exceeds the nurse's scope of practice
- Procedure to follow if telenursing technology is not working or unavailable
- Informed consent (verbal, written, recorded)
- Privacy and confidentiality
- Documentation
- Security and ownership of client records
- Appropriate video/telephone behaviors
- Liability protection
- Process for ordering pharmacological, non-pharmacological and diagnostic tests
- Sending and receiving consultations and referrals¹

NSCN advises RNs and NPs to contact the [Canadian Nurse Protective Society \(CNPS\)](#) and advises LPNs to contact [Lloyd Sudd Insurance Brokers](#) to discuss the legal implication of telenursing.

CONTEXT OF PRACTICE

Nurses should consider the purpose of the client encounter when deciding if telenursing is appropriate²; whether it is an initial visit, a follow-up or a consultation/referral³ from another provider. The purpose of the visit does not change the nurse's accountability to complete their own assessment, even if information is available through accessing the client's health record or if it is provided in a referral⁴ from another provider. Initial client encounters, for any reason, may best be carried out in a face-to-face environment⁵, with telenursing then used at

1, 3, 4 Applies to NPs only

2, 5 Some nursing services such as 811 will not have the ability to a face-to-face encounter at any point in the therapeutic nurse clinic relationship.

the nurses' discretion for follow-up care.

Nurses should consider if and/or how limited access to client health records or the inability to perform a face-to-face assessment might impact the ability to provide comprehensive client care.

Nurses should balance the risk to the client of using, versus not using, telenursing for the encounter. They should consider the potential for adverse outcomes if the client is unable to access care and telenursing is not an option. While a telenursing visit may enhance access and convenience by reducing or eliminating the need for client travel, these factors cannot overshadow or take priority over safe client care, which may mean a face-to-face assessment is required.

If the nurse determines that care cannot be provided safely via telenursing, a face-to-face visit will need to be arranged. Equally, if the use of telenursing becomes inappropriate at any point during the ongoing nurse-client relationship, the nurse must make arrangements to continue client care in a face-to-face setting.

Cross-Jurisdictional Practice

Nurses located either in Nova Scotia or outside of Nova Scotia (including temporary relocation or vacation) engaging in nursing practice by electronic means (i.e. Telenursing) to clients located inside and/or outside of Nova Scotia do not require licensure with NSCN EXCEPT if they are an NSCN registrant.

- An NSCN registrant is any nurse who was ever registered and licensed with NSCN or our legacy Colleges, CLPNNS or CRNNS

Different policies and legislation may affect telenursing in other jurisdictions, which may or may not require nurses to have licensure in that jurisdiction. Nurses who are engaging telenursing should contact the appropriate nursing regulator prior to providing services outside of Nova Scotia to ensure they are aware of the jurisdiction's regulatory requirements. For example, licensure and scope of practice.

Telenursing can involve collaboration with other health professionals. This may include contacting other health professionals who reside outside of Nova Scotia. A nurse can only accept orders from an authorized prescriber in another province after confirming that the prescriber has an active-practising licence in the province in which the prescriber resides.

Nurses who think they may have been registered in Nova Scotia but did not ever receive a license to practice should contact a Practice Consultant for further advice about their licensure requirement related to Telenursing.

Informed Consent

Telenursing is subject to the same regulatory standards and legislation concerning consent as all other types of nursing care. Consent in telenursing may be implicit or explicit. For example, a client accessing health information via 811 is implicit consent; whereas, the use of video conferencing from a client's home to monitor the progress of a chronic disease may require explicit consent. [Informed consent](#) is required prior to assessment and nursing care. Nurses working in telenursing should collaborate with their employer and their legal and/or risk department to develop a [policy](#) to guide the informed consent process.

Confidentiality

All nurses have an ethical and legal responsibility to maintain the [confidentiality](#) of information they obtain in the context of their professional relationships. In telenursing, security, confidentiality and privacy are of utmost importance not only in terms of nurses' interactions with clients, but also in ensuring that the technologies themselves are secure. It is vital that clients' records are adequately protected so their information remains confidential and private. The amount and type of security measures required will depend on the mode of technologies used in telenursing practice.

Organizations and nurses providing telenursing services need to be aware of, and ensure compliance with, relevant legislation and regulations designed to protect the confidentiality of clients such as the [Personal Health Information Act](#) or similar legislation in the jurisdiction where they practice. This will also inform the nurse of who is accountable to be the custodian of the health record. The [Documentation Guidelines for Nurses](#) also provide guidance related to protecting confidentiality when using technology to provide client care. Nurses and employers should be aware of and comply with these guidelines.

Therapeutic Nurse-Client Relationship

[Therapeutic nurse-client relationships](#) are purposeful, goal-directed relationships between a nurse and a client based on trust and respect and ultimately, protect the client's best interests. This dynamic, goal-orientated and client-centered relationship is designed to meet the needs of the client. Regardless of the context or length of interaction, the therapeutic nurse-client relationship protects the client's dignity, autonomy and privacy and allows for the development of trust and respect. Developing, maintaining and ending therapeutic relationships are a required part of a nurse's standards of practice.

For more information on Therapeutic Nurse-Client Relationships please see our [Professional Presence Practice Guideline](#).

Whether nurse-client relationships are developed in-person or through telecommunication technologies, they must be based on the nurse's assessment and evaluation of the client's healthcare needs. Therapeutic relationships should always take into consideration clients' cultural (including language), spiritual, and psychosocial needs and preferences.

Effective [communication](#) is essential in establishing all nurse-client relationships, but this is particularly crucial when using information and telecommunication technologies. For further information on the therapeutic nurse-client relationship see the [Professional Boundaries Practice Guideline](#).

Documentation

Regardless of the role or setting in which a nurse practices, all nurse-client therapeutic interactions are to be documented according to agency policies and other regulatory guidelines. To ensure the consistency and accuracy of [documentation](#) in telenursing practice, nurses should work with their employers in the development of related policies and procedures. The [Documentation Guidelines for Nurses](#) provides nurses and employers with specific guidance on how documentation should occur in telenursing practice (See page 10).

As models of care delivery continue to change and new technologies emerge, telenursing practice will continue to evolve. In turn, as the scope of nursing practice further changes nurses will need to ensure that they possess the necessary technical and clinical competencies to practice telenursing safely, competently, compassionately and ethically.

For further information on anything contained within this practice guideline, please contact a NSCN Practice Consultant at practice@nscn.ca.

Suggested Reading

- [Nurse Practitioner Practice Guideline](#)