
GUIDELINE for
Telenursing
Practice

Mandate

Regulation for safe, competent, and ethical nursing care.

Under the [Nurses Act](#), the Nurses Association of New-Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick (NB). Regulation makes the profession, and nurses as individuals, accountable to the public for the delivery of safe, competent, and ethical nursing care.

Guidelines support best practice in nursing. They identify principles, give instructions, information, or direction, clarify roles and responsibilities, and/or provide a framework for decision making.

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Words in bold print are found in the glossary. They are shown in bold on first appearance.

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What is Telenursing Practice?

Telenursing¹ practice is the use of **information and communication technologies (ICT)** to deliver nursing care remotely, supporting the continuum of care and completing in-person care. The nurse² and the **client** are not in the same physical location but are connected by technology. It incorporates a wide range of continually developing technologies, including but not limited to, videoconferencing, remote monitoring, telehealth education, digital devices, and other forms of Internet-based communication (CNA, 2017).

Improved access to health care is one of the most cited benefits of telenursing as it can provide services to clients anytime and anywhere, broadening the boundaries and potential of health care (CNA, 2017). At the same time, there are inherent barriers to accessing, collecting, and interpreting data related to the lack of in-person contact and reliance on technology to relay accurate and comprehensive information. More complex safety issues are associated with this modality of care and include not only apprehension about malfunctioning equipment, but also concerns regarding potential adverse effects on client management decisions through delayed or missing information, misunderstood advice, or inaccurate findings due to client or caregiver error (Schlachta-Fairchild & al.,2008).

Essential Components of Telenursing Practice

Accountability

Nurses involved in telenursing practice have the same **accountabilities** and professional obligations that apply to in-person care.

- *Registration Requirements*

Nurses must be registered with NANB to provide telenursing services in N.B., this applies when:

- The nurse is located in N.B. (including temporary relocation) regardless of the client's location.
- The nurse is located in another Canadian jurisdiction and the client is located in N.B. (even temporarily).

These registration requirements also apply to nurse managers of telenursing services.

¹ Other terms commonly used: virtual care, telepractice, telehealth, telecare.

² For the purpose of the document, the term "nurse" refers to the graduate nurse (GN), the registered nurse (RN) and the nurse practitioner (NP).

- *Legal and Regulatory Requirements*

Nurses practice telenursing in N.B. in accordance with:

- applicable federal and provincial legislation³
- the scope of RN/NP practice as defined by the [Nurse's Act](#)
- the [NANB Standards of Practice](#)
- the [Code of Ethics](#)
- employer policies

Nurses practice telenursing across provincial or territorial boundaries in accordance with applicable jurisdictional legal and regulatory requirements.

Additional information to consider:

In cross-jurisdictional telenursing practice, the nurse must be aware of the scope and standards of practice that apply, as these may differ from one jurisdiction to the other. The nursing regulator in the nurse's jurisdiction may deem that the nurse is practicing in the province or territory in which they are physically located, regardless of the location of the client. The nursing regulator in the client's jurisdiction may deem the nursing care to be taking place in that jurisdiction, rather than where the nurse is located. Consequently, nurses engaged in telepractice should establish whether registration is required in the jurisdiction(s) where the client is located (even temporarily), where the nurse is physically located, or both (CNPS, 2020).

RNs providing cross-border telenursing care to clients temporarily or permanently living outside of Canada, should contact the [Canadian Nurse Protective Society](#) (CNPS) to obtain information on liability in their specific situation.

- *Confidentiality*

Nurses uphold and protect client's privacy and confidentiality throughout telenursing interactions in compliance with relevant legislation and regulations by:

- applying appropriate security measures for the mode of ICTs being used to guard against confidentiality breaches (e.g., private setting, disclosure of participants, platforms protected by encryption).
- taking reasonable steps to accurately identify the client (e.g., by verifying their name, date of birth, address and/or location).

Additional information to consider:

In accordance with requirements of the [Personal Health Information Privacy and Access Act](#) (PHIPAA), personal health information shall be protected by adopting information practices that include reasonable administrative, technical and physical safeguards that ensure the confidentiality, security, accuracy and integrity of the information, which shall be based on nationally or jurisdictionally recognized information technology security standards and processes, appropriate for the level of sensitivity of the personal health information to be protected (PHIPAA,2009).

³. For more information on legislation that applies to the practice of nursing in N.B., please refer to the [NANB Jurisprudence Study Guide](#).

- *Client Safety*

Nurses maintain **evidence-based**, high-quality nursing practice recognizing and acting if client care and safety is compromised by telenursing care, by:

- acknowledging when telenursing no longer meets the client's needs, informing the client of the need and timing for in-person care and providing or assisting clients in accessing appropriate and timely in-person care.
- maintaining client safety during any period of ICT unavailability, ensuring timely follow-up, and following organizational down-time and recovery policies.

- *Custodian of Records*

Nurses engaging in telenursing practice determine who is considered the custodian of the client health records and comply with applicable legislation prior to providing telenursing care.

Additional information to consider:

Each province/territory has different laws about who can be a custodian of records. For nurses engaging in telepractice, it is important to determine whether the nurse is the custodian of the records or if it is the employer or telemedicine corporation who bears that responsibility. Not all provinces allow corporations who are not otherwise engaged in the provision of health care to be custodians of personal health information. Therefore, it becomes important to identify the custodian of the health records and to confirm which provincial or territorial laws apply (CNPS, 2020).

For more information about the role of the custodian of health information, refer to:

- [Are you a custodian/ trustee of health records? \(CNPS\)](#)
- [Guidelines for Custodians \(GNB\)](#)
- [Q&A for Custodians about the PHIPAA \(GNB\)](#)
- [PHIPAA - Important Facts for Custodians \(GNB\)](#)

Competency

Nurses assess their competence⁴, identify knowledge gaps, and obtain education to address gaps in telenursing practice and use of ICT. **Competency** in telenursing may be enhanced through focused formal educational programs, adequate orientation, vendor training, and mentoring.

- *Evidence Informed Practice*

Nurses use credible research findings and evidence-based practices to improve access to quality telenursing care, which includes use of appropriate technological modalities that meet client needs, are practical and easy to use, and align with client location and care setting.

⁴ Nurses who practice telenursing should consider additional competencies in client teaching, communication; counselling, interpersonal skill, and use of telenursing technology to overcome the inherent barriers to data collection and transmission.

- *Communication*

Nurses apply strategies to reduce the risk of missing important information and enhance communication and care in the context of telenursing practice.

Additional information to consider:

Communication challenges are present during virtual encounters. The following strategies can help to reduce the risk of missing important information:

- speak directly to the patient whenever possible
- ask open-ended questions
- asking questions in a logical sequence
- be attentive and sensitive to the client's acuity level
- find solutions to communication/language or cultural barriers
- avoiding medical jargon
- avoiding premature conclusions
- be attentive for verbal, emotional/ behavioral cues that convey important client information (e.g., body language, tone of voice, background noise)
- further question a client's self-diagnosis
- avoiding second-guessing
- consult and refer appropriately when a client's needs exceed the nurse's knowledge, skill, and judgment

- *Documentation*

Nurses document telenursing care according to the [Standards for Documentation](#) and ensure a consistent method of collecting and recording information is supported by employer policy, including when the client's health record is not accessible, and when ICTs are used to seek or provide advice and/or information to other health care providers concerning client care.

Additional information to consider:

The CNPS recommends that the following be included in the documentation:

- Date and time of call with client
- Caller's full name, method of contact and contact information
- Reason for call
- Assessment data collected
- Protocol used to manage the call
- Advice/information provided
- Referrals
- Follow-up arrangements
- Nurse's name and professional designation
- The nurse's and client's location

All communications should be in the client record. If a messaging system is tied to the application being used to provide virtual care, these communications should be documented. All care should be treated like it was face-to-face (A. Lawson CNPS Advisor, personal communication, October 18, 2022)

Client Centered Care

Nurses use telenursing in the client's best interest.⁵

- *Appropriateness of virtual care*

Nurses reflect on the appropriateness of telenursing practice for each client and consider:

- Clinical considerations - purpose of the encounter, access to comprehensive client care, continuity of care, access to client health record.
- Client considerations – access to the required technology (devices, platforms, internet bandwidth) and private space, skills with required technology, need for support services (training programs, translation, vision, hearing, dexterity or other), preference of modalities⁶ (phone, video, secure messaging, etc.), **cultural safety**⁷.

- *Nurse-Client Relationship*

Nurses establish and maintain a **nurse-client relationship** throughout telenursing encounters in accordance with the [Standards for the Nurse-Client Relationship](#), and use ICTs in a manner that supports the nurse-client relationship.⁸ As such, nurses providing telenursing care disclose their name and title, contact information and licensure status (where they are registered to practice) when establishing a nurse-client relationship.

- *Informed Consent*

Nurses involved in telenursing care recognize that clients retain the right to make decisions about the management of their own health care and respect obligations regarding **consent**, by informing clients of:

- the benefits and limitations of virtual care (e.g., breakdown of ICT, barriers to communication, potential breaches in confidentiality)
- the potential requirement for in-person care
- alternative ways of obtaining care

Additional information to consider:

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. Refer to the [Fact Sheet-Consent](#) for more information on the obligations regarding consent.

[Template forms: Consent to use electronic communications \(CNPS\)](#)

⁵ When providing private health services, it is important to be mindful of conflicts of interest. A nurse should consider whether the client is aware of (free) alternative options, and whether telepractice is the appropriate and best forum for the client (CNPS, 2020).

⁶ Unless there is a risk of harm, client preferences for modality of care should be prioritized (CHI &HEC, 2022). Refer to the [Clinician Change Virtual Care Toolkit \(HEC Infoway\)](#) Table 2, for a list of benefits and limitations of virtual care modalities.

⁷ Refer to [Culturally Safe Engagement: What Matters to Indigenous \(First Nations, Métis and Inuit\) Patient Partners](#) for key principles of culturally safe engagement.

⁸ In some instances, the quality of the therapeutic relationship may benefit from an in-person visit (CHI &HEC, 2022).

Support of Telenursing Practice

Nurses contribute to the development of **quality professional practice environments** that support telenursing practice.

- *Quality Practice Environments*

Nurses **advocate** for the:

- development and implementation of policies⁹, and position descriptions that clearly articulate roles and responsibilities in telenursing practice.
- use current and innovative ICTs¹⁰ that support the delivery of quality telenursing care.

Additional information to consider:

Telenursing policies should include the following -

- Process to determine if telenursing will meet the client's needs
- Process for confirming client's identity and whereabouts
- 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
- Procedure to follow if telenursing technology is not working or unavailable
- Informed consent process (implicit vs. explicit, 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
- Process for sending and receiving consultations and referrals

(This list is not an exhaustive)

Risk Management

Nurses consider, recognize, and mitigate the risks related to virtual care to prevent potential adverse consequences and ensure high quality professional telenursing care.

Additional information to consider:

The Canadian Nurses Protective Society (CNPS®) provides legal resources and risk management information to help RNs provide high quality professional care to their patients; nurses are encouraged to consult the various [CNPS resources](#) on the topic.

The following resources related to legal considerations in virtual care practice are available on the CNPS website:

- [InfoLAW: Telepractice](#)
- [Twelve things to consider before joining in a virtual care practice](#)
- [Technology Issues](#)

(This list is not exhaustive)

⁹ The following resource has been developed by *Healthcare Excellence Canada* to support developing policies that support virtual care: [What we Heard: Results of a Policy Lab on the Appropriate Use of Virtual Care in a Primary Care Setting](#).

¹⁰ Acquiring a digital health solution can be a complex undertaking as there are a myriad of requirements to consider. Canada Health Infoway has developed a [Digital Health Solutions Procurement Toolkit](#) that provides consolidated requirements which can be used for the procurement of virtual visit.

For additional resources to help support Telenursing practice, refer to:

- [Telenursing Practice Toolkit \(NANB\)](#)
- [Clinician Change Virtual Care Toolkit \(Infoway & HEC\)](#)

For questions or additional information on telenursing practice, please contact a nurse consultant at practiceconsultation@nanb.nb.ca.

Glossary

Accountability: The obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated (NSCN, 2017).

Advocate: Actively supporting, protecting, and safeguarding clients' rights and interest. It is an integral component of nursing and contributes to the foundation of trust inherent in nurse-client relationships (NSCN, 2017).

Client: Individuals, families, groups, populations, or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant (NANB, 2017).

Competency: A component of knowledge, skill, and/or judgement, demonstrated by an individual, for safe, ethical, and effective nursing practice (Moghabghab & al., 2018).

Consent: the voluntary agreement to some act or purpose made by a capable individual. Criteria for consent include the person or substitute decision-maker being adequately informed and being capable of giving (or refusing) consent without coercion, fraud, or misrepresentation (CRNBC, 2017).

Cultural Safety/culturally safe: A culturally safe environment is physically, socially, emotionally, and spiritually safe. There is recognition of, and respect for, the cultural identities of others, without challenge or denial of an individual's identity, who they are, or what they need. Culturally unsafe environments diminish, demean, or disempower the cultural identity and well-being of an individual. (Turpel-Lafond, 2020)

Evidence-informed/Evidence-based: The ongoing process that incorporates evidence from research findings, clinical expertise, client preferences, and other available resources to inform decisions that nurses make about clients (CNA, 2018).

Information and communication technologies (ICTs): A diverse set of technological tools and resources used to communicate, and to create, disseminate, store, and manage information. They encompass all digital and analogue technologies that facilitate the capturing, processing, storage, and exchange of information via electronic communication (CASN, 2015).

Nurse-client relationship: The nurse-client relationship is a planned, time-limited, and goal-directed connection between a registered nurse and a client and his significant others, for the purpose of meeting the client's health care needs. Regardless of the context or length of the

interaction, the nurse-client relationship protects the patient's dignity, autonomy and privacy and allows for the development of trust and respect (NCSBN, 2018).

Quality professional practice environments: A practice environment that has the organizational and human support allocations necessary for safe, competent and ethical nursing care (NANB, 2019).

References

- Canada Health Infoway & Healthcare Excellence Canada. (2022). Clinician Change Virtual Care Toolkit. Version 1.0 May 2022.
<https://www.infoway-inforoute.ca/en/component/edocman/6378-clinician-change-virtual-care-toolkit/view-document>
- Canadian Association of Schools of Nursing. (2015). *Nursing informatics. Entry-to-practice competencies for registered nurses*.
https://www.casn.ca/wp-content/uploads/2014/12/Nursing-Informatics-Entry-to-Practice-Competencies-for-RNs_updated-June-4-2015.pdf
- Canadian Nurses Association. (2017). *Fact Sheet TELEHEALTH*.
https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Telehealth_fact_sheet.pdf
- Canadian Nurses Association. (2018). *Position statement: Evidence-informed decision-making and nursing practice*.
https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Evidence_informed_Decision_making_and_Nursing_Practice_position_statement_Dec_2018.pdf
- Canadian Nurse Protective Society. (2020, May). InfoLAW: *Telepractice*.
<https://www.cnps.ca/index.php?page=111>
- College of Registered Nurses of British Columbia. (2017). *Practice Standard. Consent*.
<https://www.bccnm.ca/RN/PracticeStandards/Pages/consent.aspx>
- Moghabghab, R., Tong, A., Hallaran, A., & Anderson, J. (2018). The Difference Between Competency and Competence: A Regulatory Perspective. *Journal of Nursing Regulation*, 9(2), 54-59. [https://doi.org/10.1016/S2155-8256\(18\)30118-2](https://doi.org/10.1016/S2155-8256(18)30118-2)
- National Council of State Boards of Nursing. (2018). *A Nurse's Guide to Professional Boundaries*.
https://www.ncsbn.org/public-files/ProfessionalBoundaries_Complete.pdf
- Nova Scotia College of Nursing. (2017). *Standards of Practice for Registered Nurses*.
<https://cdn1.nscn.ca/sites/default/files/documents/resources/RN%20Standards%20of%20Practice.pdf>

Nurses Association of New Brunswick. (2019). *Standards of Practice for registered Nurses*.
<https://www.nanb.nb.ca/wp-content/uploads/2022/08/NANB2019-RNPracticeStandards-E-web.pdf>

Nurses Association of New Brunswick. (2017). *Standards for the Practice of Primary Health Care Nurse Practitioners*. <https://www.nanb.nb.ca/wp-content/uploads/2022/10/NANB-NPStandards-June-20-Amended-October22-E.pdf>

Personal Health Information Privacy and Access Act, S.N.B 2009, c. P-7.05
<http://laws.gnb.ca/en/showfulldoc/cs/P-7.05//20200511>

Schlachta-Fairchild, L., Elfrink, V., & Deickman, A. (2008). Patient Safety, Telenursing, and Telehealth. In R.G. Hughes (Ed.), *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Agency for Healthcare Research and Quality.

Turpel-Lafond, M. E. (2020, November). *In plain sight: addressing indigenous-specific racism and discrimination in B.C. Health Care Summary Report*. Retrieved from the British Columbia Ministry of Health website: <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>