



Nurses Association
OF NEW BRUNSWICK

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. 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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Elements of this document have been adapted from the Nova Scotia College of Nursing *Practice Guidelines for Nurses. Telenursing* (2019) and the College of Nurses of Ontario *Practice Guideline. Telepractice* (2017).

For the purpose of this document, the terms “nurse”, “registered nurse” and “RN” also refer to the graduate nurse (GN) and the nurse practitioner (NP).

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

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Introduction

In today's health care system, **information and communication technologies (ICT)** have been integrated into nursing practice. Increasingly, technologies are being used to provide care, conduct consultations with **clients** or other professionals, and provide education over geographical distances. While the forms of technologies continue to evolve, the use of ICT does not alter the nurse's **accountability** for meeting the standards of the profession.

This document is intended to support nurses and employers in the application of the standards of practice when considering or providing nursing services using ICT, also known as telenursing.

What is Telenursing?

Telenursing¹ is the use of ICT to deliver all types of nursing care and services at a distance. Telenursing can occur in a variety of settings such as ambulatory care, call centres, hospital units, clients' homes, emergency departments, insurance companies, visiting nursing agencies and public health department. The nurse and the client are not in the same physical location but are connected using 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, 2017b).

Principles of Telenursing Practice

The following principles are considered essential components of the practice of telenursing. Guidelines supporting safe, competent, and ethical nursing practice are provided under each principle; these provide direction on how the principles are to be applied in telenursing practice.

Principle 1: Accountability

Principle 2: Competency

Principle 3: Optimal Client Centered Outcomes

Principle 4: Support of Telenursing Practice

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



Application of the Principles to Practice

Principle 1: Accountability

RNs practicing telenursing have the same professional, ethical, and legal responsibilities and accountabilities in the provision of safe, competent, compassionate, and ethical care (ANA, 2019).

1.1 Registration Requirements

RNs:

- hold a **practising nurse membership**◇ with NANB, when:
 - ◇Also applies to managers/supervisors of RNs delivering telenursing services
 - physically located in N.B. and providing telenursing services (regardless of the client's physical location), or
 - physically located in another Canadian jurisdiction and providing telenursing services to residents of N.B. (regardless of the RN's physical location); and
- comply with applicable registration and regulatory requirements when practising telenursing across provincial or territorial boundaries. *

*Additional information to consider:

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. However, 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 clients are 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.

1.2 Professional Practice

RNs:

- practise telenursing in compliance with relevant legal and regulatory requirements, [Standards of practice](#) and the [Code of Ethics](#) and organizational policies (CASN, 2015); and
- ensure that professional judgement prevails in the presence of technologies designed to support clinical assessments, interventions, and evaluation (e.g., monitoring devices, decision support tools) (CASN, 2015).

1.3 Client Safety

RNs:

- ensure that **evidence-based** and high-quality nursing practice is not compromised by the technology used to provide telenursing care (Schlachta-Fairchild & al., 2008);
- recognize that the reliability and validity of data transmission are essential to the safety of clients (Schlachta-Fairchild & al., 2008), and act if client safety is potentially/actually at risk; and
- maintain effective nursing practice and client safety during any period of ICT unavailability by following organizational downtime and recovery policies and procedures (CASN, 2015).

Principle 2: Competency

RNs involved in telenursing practice ensure **competency** in areas such as critical thinking, application of evidenced-based practices, client teaching, counselling, communication, interpersonal skills and the use of ICT. Communication skills and competencies are applied to overcome the inherent barriers to data collection and transmission.

2.1 Evidence Informed Knowledge

RNs:

- assess their competence, identify knowledge gaps, and seek education to address gaps in the area of telenursing practice through focused formal educational programs, adequate orientation, vendor training and mentoring; and
- 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 (ANA, 2019).

2.2 Documentation

RNs:

- document according to the [Standards for DOCUMENTATION](#); and
- ensure a consistent method of collecting and recording information is identified and supported by employer policy, and address:
 - when the client's health record* is not accessible,
 - when ICTs are used to seek or provide advice and/or information to another health care provider concerning a client's 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: [Are you a custodian/ trustee of health records?](#)



2.3 Communication

RNs:

- apply strategies* to reduce the risk of missing important information and enhance communication and care in the context of telenursing which is impacted by communication challenges that may not be present during in-person encounters.

*Additional information to consider:

Strategies that 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

Principle 3: Optimal Client Centered Outcomes

When RNs engage in telenursing care, a nurse-client relationship and a duty of care are established (CRNBC, 2011). RNs apply evidence-informed telenursing practices to address the challenges related to establishing a nurse-client relationship using ICTs and optimize positive client centered health outcomes.

3.1 Therapeutic Nurse-Client Relationship

RNs:

- establish and maintain a **therapeutic nurse-client relationship** in accordance with the [Standards for the Therapeutic Nurse-Client Relationship](#); and
- use ICTs in a manner that supports (i.e. does not interfere with) the nurse-client relationship (CASN, 2015).

3.2 Client Centered Practice

RNs:

- consider the purpose of the client encounter when deciding if telenursing is appropriate;
- use telenursing in the client's best interest (Field Law, 2019);²

² 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).



- 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;
- recognize when telenursing is no longer meeting the needs of the clients and a face to-face assessment is required;
- are accountable for acting when client care is compromised by use of telenursing care; and
- consider and use telenursing to optimize positive client centered health outcomes. *

*Additional information to consider:

Conducting medication history interviews and discharge client education through ICT to reduce the number of non-essential entries into a client's room, reduce the associated risk of viral transmission and conserve personal protective equipment during a pandemic is an example of how considering and using ICT can optimize positive client centered outcomes (ISMP, 2020).

3.3 Confidentiality

RNs:

- uphold and protect client's privacy and confidentiality throughout their telenursing interactions in compliance with relevant legislation and regulations*; and
- apply appropriate security measures* for the mode of technologies used in telenursing practice to guard against confidentiality breaches (ANA, 2019).

*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).

For more information, see [PHIPAA - Important Facts for Custodians](#).

3.4 Informed Consent

RNs:

- involved in the provision of telenursing care follow the [Guidelines for Consent](#);
- **collaborate** in the development of policy to guide the informed **consent** process* in the delivery of telenursing; and
- inform clients about the limitations of telenursing (e.g. breakdown of ICT, barriers to communication, potential breaches in confidentiality) and alternative ways of obtaining care (CRNBC, 2011).

*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.

[Template forms: Consent to use electronic communications](#) are available for adaptation through the Canadian Nurses Protective Society.

Principle 4: Support of Telenursing Practice

Improved client access to care is one of the benefits of telenursing; however, related risks and challenges with this mode of care delivery are to be considered. Inherent barriers to accessing, collecting, and interpreting data are related to the lack of face-to-face contact with the client and reliance on technology to relay accurate and comprehensive information. Clearly defined accountabilities and policies to support practice are essential to mitigate the risk related to telenursing practice. Employers and RNs have a shared responsibility to create **quality professional practice environments** for telenursing.

4.1 Quality Practice Environments

RNs:

- demonstrate leadership by **advocating** for strategies and policies that support quality telenursing practice; *
- participate in the development, implementation, evaluation, and the improvement of telenursing practice (CRNBC, 2011);
- advocate for position descriptions that clearly articulate roles & responsibilities to support telenursing practice; and
- advocate for the use of current and innovative information and communication technologies that support the delivery of safe, quality care (CASN, 2015).

*Additional information to consider:

Employers should consider the following when developing telenursing policies -

- 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



4.2 Risk Management

RNs:

- consider, recognize, and mitigate the risks* related to the virtual care setting to prevent potential adverse consequences and ensure high quality professional nursing 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; RNs 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:

- [Telepractice](#)
- [Twelve Things to Consider Before Joining a Virtual Care Practice](#)
- [Technology Issues](#)

This list is not exhaustive.

Improved access to health care is one of the most cited benefits of telenursing, as it can provide services to clients any time, anywhere while broadening the boundaries and potential of health care. Telehealth has also been shown to improve a client’s ability to manage their own chronic illness and to facilitate “a sense of empowerment and independence” (CNA, 2017b). However, it is important, before implementing telehealth, to conduct a diligent analysis of the care environment and the clinical needs to ensure that expected benefits for the client are achievable and that care is safe for the client (Mathieu & Langué-Dubé, 2017). The safety issues associated with telehealth are, in turn, more complex 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). Although telenursing changes how professional nursing services are delivered, it does not fundamentally change the nature of nursing practice, and the nursing process is foundational to the delivery of telenursing care.

For further information on telenursing practice and/or the Guideline for Telenursing Practice, please contact NANB by e-mail at nanb@nanb.nb.ca or call 506-458-8731 or Toll free at 1-800-442-4417.

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/advocating: 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).

Collaboration/Collaborate: Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurses collaborate with clients, other nurses, and other members of the health care team in the interest of client care (RNAO, 2016).

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, 2017a).

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).

Practicing Nurse Membership: Practising nurse members shall be those persons whose names are entered in the register and who have complied with the requirements* of and have paid the fees set out in the by-laws and the rules (NANB, 2019).

*See [BYLAWS, Nurses Association of New Brunswick](#) sections 1.02 (General Requirements for First Registration) and 1.03 D & E (Practising Nurse membership and Registration).



Quality professional practice environment: A practice environment that has the organizational and human support allocations necessary for safe, competent, and ethical nursing care (CNA, 2017a).

Therapeutic nurse-client relationship: The therapeutic 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 therapeutic nurse-client relationship protects the patient’s dignity, autonomy and privacy and allows for the development of trust and respect (NCSBN, 2018).

References

- American Nurses Association. (2019). *ANA Core Principles on Connected Health*.
<https://www.nursingworld.org/~4a9307/globalassets/docs/ana/practice/ana-core-principles-on-connected-health.pdf>
- 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. (2017a). *Code of Ethics for Registered Nurses*.
<https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf?la=en>
- Canadian Nurses Association. (2017b). *Fact Sheet TELEHEALTH*.
<https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/telehealth-fact-sheet.pdf>
- Canadian Nurses Association. (2018). *Position statement: Evidence-informed decision-making and nursing practice*.
https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/evidence-informed-decision-making-and-nursing-practice-position-statement_dec-2018.pdf
- Canadian Nurse Protective Society. (2020, May). Telepractice. Retrieved May 2020, from
<https://www.cnps.ca/index.php?page=111>
- College of Registered Nurses of British Columbia. (2011). *Practice Standards for Registered Nurses and Nurses Practitioners. Telehealth*.
https://www.bccnp.ca/Standards/RN_NP/PracticeStandards/Lists/GeneralResources/RN_NP_PS_Telehealth.pdf#search=Telehealth
- College of Registered Nurses of British Columbia. (2017a). Practice Standard. Consent.
https://www.bccnp.ca/Standards/RN_NP/PracticeStandards/Pages/consent.aspx
- Field Law. (2019). *Who's Responsible Here? The Regulation of Telepractice. Perspectives for the Professions*. <https://www.fieldlaw.com/News-Views-Events/151202/Whos-Responsible-Here-The-Regulation-of-Telepractice>
- Institute for Safe Medication Practices. (2020). *Virtual Medication History Interviews and Discharge Education*.
<https://www.ismp-canada.org/download/safetyBulletins/2020/ISMPCSB2020-i2-VirtualBPMHDischargeEducation.pdf>



- Mathieu, A., & Langué-Dubé, J.-A. (2017). Qu'est-ce que la télésanté? *Perspective infirmière*, 14(5),50-51.
<https://www.oiiq.org/sites/default/files/uploads/periodiques/Perspective/vol14no05/12-technologies.pdf>
- 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/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. (2017). *Standards for the Practice of Primary Health Care Nurse Practitioners*.
<http://www.nanb.nb.ca/resources/results/search&keywords=standards+of+practice+for+nurse+practitioners&category=/>
- Nurses Association of New Brunswick. (2019). *BYLAWS*.
http://www.nanb.nb.ca/media/resource/NANB_By-laws_%28revised_June_2019%29_.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>
- Registered Nurses' Association of Ontario. (2016). Best Practice Guidelines. Intra-professional Collaborative Practice among Nurses. (2nd ed.).<https://rnao.ca/bpg/guidelines/intra-professional-collaborative-practice-amongnurses>
- 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.



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