

The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs), registered psychiatric nurses (RPNs) 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, RPNs 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.



This tool is a resource for NPs to help them understand:

- Scope of Practice
- Changing Client Population
- Collaboration
- Initiating a Practice
- Screening and Diagnostic Tests
- Accepting [Clients](#)
- Legacy Clients
- Providing Care in an Episodic Practice Setting
- Ending the NP-Client Relationship
- Closing a Practice

Like all regulatory tools, use this document in conjunction with employer [policy](#), applicable legislation and the [standards of practice](#) and code of ethics for LPNs, RNs and NPs.

Scope of Practice

The [Nursing Act](#), [NP Standards of Practice](#), [Entry-Level Competencies for Nurse Practitioners in Canada](#) and other related [provincial](#) and [federal](#) legislation define NP practice in Nova Scotia. Nurse Practitioners who have attained the appropriate [competencies](#) have the authority to:

- Prescribe all medications, including controlled drugs and substances, methadone and other opiate agonist therapy agents, cannabis, blood and blood products and medical devices.
- Perform invasive and non-invasive procedures.
- Order all laboratory and diagnostic imaging tests, such as X-rays, CT scans, ultrasounds and MRIs and utilize the radiologist's interpretation of the findings for diagnosis and treatment. Nurse Practitioners are not authorized to perform diagnostic imaging tests. In specific practice areas, NPs may be required to interpret a diagnostic imaging test for which they have received specific education (e.g., endotracheal tube placement, simple fractures).
- Consult and refer to other health care providers for the management of clients' health care.
- Admit and discharge clients from hospital settings. For more information see our [Nurse Practitioner Admission and Discharge from Hospital Settings Practice Guideline](#).
- Admit clients to long-term care facilities (LTC - nursing homes and residential care facilities).
 - NPs may participate in any phase of the application process to long-term care, including:
 - completing the initial assessment,
 - completing the Medical Status Reports, and
 - initiating orders for care.
 - NPs are also able to provide ongoing primary care to residents in the LTC.
 - According to the Home for Special Care Regulations: NPs who provide primary care need to assess the residents at least once every six months, examine the medical records of the resident and determine if the resident requires a physical examination. Residents living in a community-based residential facility, regional rehabilitation centre or adult residential centre need to be assessed by a physician annually.

NPs educated in NS prior to 2016 and those educated out of province need to complete the required MCD education through [Dalhousie University School of Nursing](#).

Decisions regarding placement into a LTC are made based on an assessment carried out by the Nova Scotia Health Authority Continuing Care Coordinators and are authorized by the long-term care administrator or another designated staff member of the facility.

- Be a medical health advisor for a LTC.
- Complete Medical Certificate of Death (MCD).
- Perform [capacity assessments](#) under the [Adult Capacity and Decision-making Act \(ACDMA\)](#) and [Personal Directives Act \(PDA\)](#) after completing the education available through the [Public Trustees Office](#).
- Complete Worker's Compensation Board (WCB) forms as well as ordering diagnostic tests and treatments, prescribing medications and arranging consultations for WCB clients.
- Conduct the capacity assessment required for the provision of medical assistance in dying (MAiD) under the [Personal Directives Act](#).
- Complete Disability Tax Credit (DTC) certificates, Employment Insurance (EI) and Canada Pension Plan (CPP) disability benefits forms.
- Complete third-party insurer claim forms.
- Complete the following under the [Motor Vehicle Act Regulations](#):
 - [Driver's Medical Examination Reports](#) concerning an individual's medical fitness to drive
 - [Application for Accessible Parking Identification Permits and Plates](#) for vehicles transporting mobility disabled persons
 - Signed letters exempting persons from wearing a seat belt or child restraint system
 - Completing a medical fitness form for persons applying for licence reinstatement through the Alcohol Ignition Interlock Program.

At this time, based on other legislation, NPs are not authorized to:

- Complete the Termination of Tenancy for Health Reasons Form (Form H of the Residential Tenancies Board)
- Complete Involuntary Psychiatric Treatment Forms under the [Involuntary Psychiatric Treatment Act](#)

Changing Client Population

Change of population is defined by NSCN as “moving from the client population that you are formally educated in and for which you have passed the applicable exam, to a client population for which you have not been educated or passed the applicable exam”.

Client populations as per NSCN by-laws 8.1 are defined as:

- neonate;
- pediatric;
- family/all ages;
- adult

If you intend to practise with a different client population than you were formally educated in and for which you passed the applicable exam, you are required to report to the NSCN CEO and receive approval from the Registration and Licensing Committee prior to providing care to the client population. This committee will review the application and may determine what, if any, additional education and exams are required for you to provide nursing services to the new client population. You can report your intention to change client population on our website [here](#). For example, if you have been educated and passed the exam for a family/all ages population and would like to provide care to an adult only population, you would be required to report this change.

You are not required to report to NSCN if you are changing practice settings and providing care to clients within the same population in which you were educated in and passed the applicable exam. For example, moving from a community practice setting to an acute care setting.

Collaboration

[Collaboration](#) is a cornerstone of nursing practice regardless of your practice setting. It is important to identify your collaborators in the setting you are working in to allow seamless care for your clients.

DID YOU KNOW?

As of June 4, 2019, NPs are not required to submit evidence of a collaborative relationship to NSCN.

As nurses, we establish collaborative relationships with other health care professionals and communicate with the most appropriate professional(s) for consultation or referral on a regular basis. These interactions occur when the client's health care needs go beyond your individual or regulated scope of practice or when another professional's expertise is required.

Nurse practitioners accept consults either in-person or [virtual](#) from other health care professionals, for example other nurses and paramedics. You use your expertise to provide direction and advice when the client's health care needs extend beyond that health care professional's (the consultee) individual or regulated scope of practice. You are accountable to use your competencies to provide appropriate advice based on the information shared by the health care professional. The responsibility for clinical outcomes remains with the consultee who is free to accept or reject the advice of the consultant.

You will also need to speak with your employer directly to ensure you are aware of any additional specific employer forms and processes.

Initiating a Practice

Nurse Practitioners starting a practice in Nova Scotia must be licensed with NSCN and hold liability insurance. A portion of your licensure fee pays for liability insurance through the [Canadian Nurses Protective Society \(CNPS\)](#). In addition, depending on employment or practice setting you may need to complete the following requirements before providing client care. The processes related to these requirements below are not developed or managed by NSCN.

REQUIREMENT	PURPOSE	CONTACT
Provider Number (usually the same as your NSCN registration number. If it is not the same, please inquire with Medavie Blue Cross)	Referrals to specialists	MSI Program Provider Coordinator at msiproviders@medavie.bluecross.ca or 902-496-7011
Business Number	Billing, if required	MSI Program Provider Coordinator at msiproviders@medavie.bluecross.ca or 902-496-7011
Location Number (formerly called the Provincial Medical Board (PMB) Number)	Processing orders for laboratory tests through NSHA laboratories	Your Nova Scotia employer will direct you on how to get assigned this number
Nova Scotia Prescription Monitoring Program (NSPMP) Number	NPs who prescribe controlled drugs and substances must have an NSPMP number	The application is accessible at https://www.nspmp.ca/registration-and-request-forms

Screening and Diagnostic Tests

To ensure clients receive care in a timely manner, NPs must evaluate and follow up on the results of screening and diagnostic tests in a reasonable time. This includes having a process in place to receive laboratory and/or diagnostic imaging results for their clients. NPs are accountable to confirm that their contact information is up-to-date and the Laboratory and Diagnostic Services and any care pathways such as Emergency Departments or Primary Care Clinics have this information so they can receive test results. NPs need to ensure that out of province Laboratory and Diagnostic Services have access to their contact information to guarantee the efficient delivery of results. NPs should work with their employer regarding processes to receive results from both inside and outside of Nova Scotia.

NPs who provide publicly funded services through telenursing in Nova Scotia are accountable to the Department of Health and Wellness [Provision of Publicly Funded Virtual Health Services](#) policy. Please review our [Telenursing Guidelines](#) for more information on telenursing and cross-jurisdictional practice.

Accepting Clients

When considering accepting clients into your practice it is important to understand your professional obligations, including:

- Discrimination against clients at any time including when considering them as new clients in your practice is not acceptable. The [Nova Scotia Human Rights Act](#) provides full details to help understand what grounds of discrimination are prohibited.
- Once a client is accepted into your practice, you have accepted that client, despite what a screening visit may reveal. If the client's needs exceed your scope of practice, you are obligated to consult or refer a client to another health care provider. To prevent abandonment, you may only withdraw as a care provider in accordance with our [Abandonment Practice Guideline](#).
- Nurse Practitioners in private practice may be considered custodians of their client's records under Nova Scotia's [Personal Health Information Act \(PHIA\)](#). It is important to seek legal advice about proper management of this confidential information.

Legacy Clients

[Legacy clients](#) are clients who are new to the NP's practice and for whom treatment has been initiated by another [authorized prescriber](#). As health care teams within Nova Scotia grow and health care providers change, NPs may provide care to legacy clients within their current NP practice or in an [episodic practice setting](#).

When initiating care to legacy clients you should perform comprehensive client assessments, including:

- Gathering and reviewing client's health information
- Reviewing any existing treatment plan(s)
- Assessing the risks and benefits of the medication(s)
- Monitoring and evaluating the clients use of over the counter and prescribed medication(s) including controlled drugs and substances.
- Using evidence-based tools when monitoring and evaluating the safe use of the medication(s) and;
- Monitoring and evaluating the client's response to the treatment plan(s).

There may be some circumstances when your assessment determines that the existing treatment plan is not in accordance with current best practice standards or guidelines. In these circumstances it is important to consider the following:

- Gather more information to better understand the reasons related to the existing treatment plan. For example, the plan has been customized to respect the client's right to informed decision-making and the client's role in managing their own care.
- Collaborate and consult with other practitioners with expertise in the client's health condition, for example the client's community pharmacist to determine the best approach for the client's situation.
- Discuss with the client the proposed changes to the treatment plan, such as modifying medication(s) and providing the evidenced-based rationale for the change.
- Provide the client with a detailed change in treatment plan and develop and implement an appropriate monitoring and follow-up plan in collaboration with the client.
- Recognize that changing the existing treatment plan may not always be possible or appropriate. There may be circumstances where clients cannot tolerate the effects of a change in the treatment plan or want a change in treatment plan.

Providing Care in an Episodic Practice Setting

An episodic practice setting is a setting in which NPs engage in a single clinical encounter with the client for a defined healthcare need, where neither the NP nor the client have the expectation of continuing the care or the nurse-client relationship. To meet your professional obligations when providing episodic care, consider the following:

- Follow all relevant employer policies and process.
- Establish a therapeutic nurse-client relationship.
- Gather as much information as possible from the client and their health record (if available) to develop the client's plan of care.
- Use the drug information system and the Nova Scotia Prescription Monitoring Program (if applicable) to gather any information related to client medications.
- The number of doses of medication to be dispensed at one time, renewals or any other supports needed.
- Develop a follow-up plan for ongoing monitoring and evaluation of the client's response for the specific intervention(s) and their treatment plan. The plan could include follow up with the client's primary care provider or accessing emergent or urgent care as necessary. If the client does not have a primary care provider, follow up may include accessing a primary care clinic in addition to accessing emergent or urgent care.
- When appropriate, engage other health care professionals in the client's circle of care to inform the treatment plan, monitoring and follow-up plans.

Ending the NP-Client Relationship

WHEN AN ISSUE FIRST EMERGES THAT MAY IMPACT THE THERAPEUTIC NP-CLIENT RELATIONSHIP

You have a duty to provide care to clients accepted into your practice. If an issue arises that may potentially impact the NP-client relationship, you should make reasonable attempts to address or resolve the situation.

Ending the NP-client relationship and discharging a client from your practice should be your last resort.

CONSIDERATIONS TO ENSURE YOU MEET YOUR PROFESSIONAL OBLIGATIONS

- Discuss your concerns with your employer and identify any employer policies, processes or resources that may be of help in this situation.
- Discuss the issue(s) and your concerns with the client
- Work with the client (and others) to implement strategies to address or resolve the issue.

If the issues persist or worsen:

- Be clear about your concerns and remind the client of the strategies that were agreed upon to resolve the issues.
- Advise the client that these strategies are necessary to maintain a therapeutic NP-Client relationship.

NPs considering ending the NP-client relationship should consult with CNPS for legal advice.

WHEN AN ISSUE CANNOT BE RESOLVED AND THE NP-CLIENT RELATIONSHIP IS NO LONGER THERAPEUTIC

If, despite reasonable attempts to address or resolve issues, the NP-client relationship continues to be non-therapeutic, the NP-client relationship may be ended.

CONSIDERATIONS TO ENSURE YOU MEET YOUR PROFESSIONAL OBLIGATIONS

- Notify your employer of your intent to end the NP-client relationship. If present, follow any employer policy regarding ending a NP-client relationship.
- Advise the client in writing of your intent to end the relationship, including the rationale for your decision and the date the relationship will terminate.
- The relationship may be terminated quickly if a client poses a safety risk to office staff, other clients or the NP. Otherwise, you must make a plan to withdraw services over an agreed upon timeframe.

- If transferring the [accountability](#) of the clients care to another provider, ensure the client has the name and contact information for that individual. Transfer client files per employer policy.
- If another care provider is not available, provide the client with information about how to find another health care provider and how to access emergency care.
- Consider how essential services such as prescriptions, referrals and test results will be managed during the withdrawal period and for how long. Be very clear with the client about the end date.
- Ensure client has access to their record.
- Document in the client's record (and in any place required by any employer policy). Include:
 - The reasons for ending the NP-client relationship client.
 - An overview of the actions you took to resolve the issues and the client's response to them.
 - Any information provided to the client about the service withdrawal plan:
 - How to access a new health care provider or emergency care
 - Timeline for essential services and follow up.

It is never appropriate to end the NP-client relationship in the following situations (not an exhaustive list):

- Based on discrimination as per the Nova Scotia Human Rights Act
- The client's lifestyle choices
- The client respectfully declines to follow your advice
- The client seeks treatment you object
- The client care needs are complex or time consuming.

Closing a Practice - Temporarily or Permanently

You are accountable to take action to minimize interruptions to client care, whether you are leaving your practice temporarily or permanently.

Notify your employer and the collaborative team of your intent to leave as soon as possible and develop a plan in collaboration with your employer to ensure the following:

- There is a plan in place to manage client care, including follow up of any outstanding laboratory or diagnostic imaging and consultants reports that you have ordered or requested
- Clients are informed about how to access an alternate provider and their medical records if required
- Notifications are sent to MSI, Laboratory and Diagnostic Services, and NSPMP to indicate how client follow up (e.g. laboratory results, consultation reports, etc.) will be managed

If you are self-employed and closing your practice, clients must be provided with a reasonable opportunity to arrange alternate services, and a mutually acceptable plan must be developed in collaboration with clients to withdraw services and manage client care.

Key Points

- The Nursing Act, *NP Standards of Practice*, *Entry-Level Competencies for NPs* and other related provincial and federal legislation define NP practice in Nova Scotia.
- You are not required to report a move to a different practice setting if it is within the same client population in which you have been educated and passed the exam.
- When accepting clients into your practice it is important to understand your professional obligations.
- Ending the NP-client relationship and discharging a client from your practice should be your last resort.
- You are accountable to take action to minimize interruptions to client care.

Suggested Reading

- [Abandonment Practice Guideline](#)
- [Assessing Capacity Practice Guideline](#)
- [Confidentiality and Privacy of Personal Health Information Practice Guideline](#)
- [Documentation Guidelines for Nurses](#)
- [Duty to Provide Care Practice Guideline](#)
- [Nursing Scope of Practice Guideline](#)
- [Self-employment Practice Guideline](#)
- [Telenursing Practice Guideline](#)
- [Nurses Recommending Medical Supplies and Equipment Under the Non-Insured Health Benefits Program Q&A](#)