

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

An advisory opinion adopted by the Nursing Care Quality Assurance Commission (NCQAC) is an official opinion about safe nursing practice (WAC 246-840-800). The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and require different expectations to assure their patients' safety and decrease risk.

Title:	Nursing Telehealth Practice: Registered Nurse, Licensed Practical Nurse, Nursing Technician, and Nursing Assistant	Number: NCAO 25.00
References:	See References and Resources (Page 5-6)	
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Conclusion Statement

The appropriately trained and competent registered nurse (RN), licensed practical nurse (LPN), nursing technician (NT), and nursing assistant-certified/nursing assisted-registered (NA-C/NA-R) may perform telehealth nursing care using telehealth technologies within their legal scope of practice, regulatory requirements, and practice standards. The individual must be credentialed in Washington State to provide telehealth nursing services to individuals/patients located in Washington unless a qualified exception applies. The individual providing telehealth services to patients located in other states, U.S. territories, or countries must comply with licensing, practice requirements, and laws and rules for that jurisdiction. The laws and rules do not prohibit the practice of telehealth nursing in any setting. Regardless of the setting, using telehealth as a tool, does not expand scope of practice. The Nursing Care Quality Assurance Commission (NCQAC) recommends using the [Nursing Scope of Practice Decision Tree](#) to determine if an activity is within the individual nurse's scope of practice.

This advisory opinion is intended as a broad statement on nursing telehealth practice and is not meant to encompass all practice settings, related laws and rules, or address state or federal proclamations/waivers issued that temporarily waive some regulatory requirements on telehealth services.

Background and Analysis

Telehealth nursing is the use of telehealth technology and nursing knowledge by remotely connecting nurses and other health care practitioners with individuals/patients to deliver health care services, health-related education, public health, and health administration. Telehealth is different from telemedicine in that it refers to a broader scope of remote health care services than telemedicine. Types of telehealth include:

- Telemedicine (Synchronous Telehealth).
- Asynchronous Telehealth (Store-and-Forward).
- Remote Patient Monitoring (RPM).
- mHealth (Mobile Health).

The RN or LPN may function as the primary clinical provider within their legal and individual scope of practice. The nurse, NT, and NA-C/NA-R may function as the [telepresenter](#) at the home site, assisting and facilitating clinical visits and presenting the patient/individual to a health care practitioner at a distant site.

Examples of practice settings (but not limited to) using telehealth services include practitioner networks, insurance companies, call centers, hospitals, ambulatory clinics, outpatient facilities, academic settings, prisons, schools, treatment centers, home health, hospice, and long-term care facilities.

The nursing statutes and regulations permit the RN to delegate nursing tasks defined in the nursing laws and rules in community-based and in-home care settings. [RCW 18.79](#), [WAC 246-840](#), [RCW 18.88A](#), [WAC 246-841](#).

Telemedicine Training Requirement

[RCW 43.70.495](#) requires licensed, registered or certified health care professional (excluding physicians or osteopathic physicians) providing clinical services through telemedicine to complete telemedicine training. [RCW 70.41.020](#) defines telemedicine as, “The delivery of health care services using interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. It does not include the use of audio-only telephone, facsimile, or email.” The training must include information on current state and federal law, liability, informed consent, and other criteria outlined by the [Washington State Telehealth Collaborative](#). Alternative training offered by an employer continuing education courses or training developed by a health care professional board or commission must include similar components of the telemedicine training developed by the [Washington State Telehealth Collaborative](#). The health care provider must sign and retain an attestation of completion. The NCQAC is not requiring the nurse to send the attestation to the commission unless requested. See the NCQAC’s [Frequently Asked Questions](#) about Telemedicine Training for additional guidance. The nurse, NT, or NA-R/NAC acting in the role of the [telepresenter](#) is not required to take the training.

Recommendations

The RN, LPN, and NT may provide telehealth services within their legal scope of practice and competencies. ([18.79 RCW](#) and [WAC 246-840](#)). The NA-C/NA-R ([RCW 18.88A](#) and [WAC 246-841](#)) or other assistive personnel, such as the medical assistant ([Chapter 18.360 RCW](#) and [Chapter 246-827 WAC](#)), certified home care aide ([Chapter 18.88B RCW](#) and [Chapter 246-980 WAC](#)), may function under the direction, supervision, or delegation within their scope of practice and legal requirements.

Principles of Telehealth Nursing Practice

The following broadly describe the principles of telehealth nursing services to guide individual practice:

Principle 1: Therapeutic Nurse-Patient Relationship

A therapeutic nurse-patient relationship is formed when a nurse provides care to a patient using telehealth technologies. Nurses are accountable for establishing and maintaining the therapeutic nurse-patient relationship. The relationship is established and maintained by the nurse's use of their professional nursing knowledge and skill, caring attitudes, and behaviors. The relationship is based on trust and respect.

Principle 2: Standards of Care

Providing telehealth nursing care consists of obtaining information about, and providing information to, patients/individuals or other health care professionals using the nursing process, critical thinking skills, and evidence-based practice to plan effective care. Nurses may use standardized interview tools, computer-based protocols/standing orders, algorithms, or other decision support tools. The nurse must follow the same standard of care in telehealth care as in face-to-face care. The nurse must be competent to safely perform telehealth services and follow standard nursing processes. A facility's policies may restrict telehealth nursing in some settings or require additional training and competency. It is essential to know agency policies and practices for using telehealth technology. The RN may assess, interpret, and analyze patient data from remote telehealth sites and determine its action.

Principle 3: Nursing Judgment

The nurse must use nursing judgment in all aspects of care and consider what aspects care can be provided safely using telehealth technology. The use of telehealth technologies may not be appropriate in some circumstances.

Principle 4: Direction, Supervision, and Delegation

The nurse must follow all laws and rules related to direction and supervision of LPNs and the direction, supervision and/or delegation to the NA-C/NA-R or other [assistive personnel](#). Examples of other credentialed assistive personnel include the medical assistant, certified home care aide), and non-credentialed individuals in public and private school settings (grades kindergarten-twelve) [Chapter 28A.210 RCW](#). Assistive personnel may function under the direction, supervision, or delegation of the nurse within their scope of practice and legal requirements.

Principle 5: Documentation

Documentation should be the same and no less than for in-person care. The [WAC 246-840-700\(3\)](#) outlines the nursing rules that apply to documentation requiring the nurse to document on essential client records, the nursing care provided, and the patient’s response to that care. The nurse should observe their workplace policies protocols, and quality assurance mechanisms for proper telehealth documentation and workflows. The nurse should contact the insurance provider, Centers for Medicare, Medicaid Services, or the Health Care Authority (HCA) for reimbursement questions.

Principle 6: Roles and Responsibilities

Nurses retain accountability for recognizing whether they have the knowledge, skill, and judgment to meet the needs of the patient. Nurses must consult with appropriate healthcare professionals as appropriate. As with other forms of practice, nurses in telehealth nursing practice may experience ethical and moral dilemmas. Using information and telehealth technologies to provide care require advanced communication skills and competencies that overcome the inherent barriers to assessment posing unique challenges and risks. Nurses may function in the role of [telepresenter](#) or the clinical provider within their legal and individual scope of practice. It is not within the scope of the NA-C/NA-R to function in the role as the clinical provider but may function in the role of [telepresenter](#).

Principle 7: Consent, Privacy and Confidentiality

Nursing telehealth practice is subject to the same state and federal statutes and rules concerning consent, confidentiality and privacy as are all other types of nursing care.

Principle 8: Licensure Considerations

The RN, LPN, NT, or NA-C/NA-R must be licensed in Washington state to provide care to patients/individuals located in Washington State. While employers monitor and may assist nurses in obtaining nursing licensure, nurses have the professional responsibility and accountability of ensuring they are appropriately licensed to practice. The individual providing telehealth services to patients located in other states, U.S. territories, or countries must comply with licensing, practice requirements, and laws and rules for that jurisdiction. [RCW 18.79.240](#) defines exceptions that might apply. [RCW 43.70.117 Health Care Professionals Licensed in another state or United States Territory or the District of Columbia - In-State Practice on a Limited Basis - Requirements - Limitations](#) allows in-state practice on a limited voluntary (uncompensated) basis up to thirty days per calendar year. [Chapter 70.15 RCW](#) allows exceptions in emergencies ([Healthcare Providers Emergency Volunteers Practice Act Information and Resources](#)).

Principle 9: Professional Ethical and Liability Considerations

It is important that health care practitioners recognize that the legal risks performing telehealth services may be higher because of the risk of error. With the growth in nursing telehealth practice comes important practice, ethical, and liability issues that need to be considered. The use of information and telehealth technologies in patient care can increase liability risks to the nurse. Some strategies for risk reduction include establishing and maintaining therapeutic nurse-patient relationships, exploring the patient’s situation and reason for seeking help, and ensuring

information and telecommunication systems and data transmission are secure. Nurses should consult with their employer, professional associations, and/or legal counsel about whether to purchase malpractice insurance.

Principle 10: Competencies

Nursing telehealth practice requires competence, expertise and knowledge beyond that which is obtained in a basic nursing program. Nurses providing telehealth practice care must possess current and in-depth knowledge in the clinical area(s) relevant to the role and specialty area. Nurses providing telemedicine must meet the telemedicine training requirement. While the Telemedicine Training Requirement is only required when providing clinical services through telemedicine, the commission recommends completion of the training or alternative training if performing any type of telehealth services. The nurse should use the [Scope of Practice Decision Tree](#) to determine if activities are within the nurse’s legal and individual practice scope.

Conclusion

Telehealth nursing services do not expand the scope of nursing practice or change the scope and process required for nursing delegation. The nurse, NT, or other assistive personnel performing telehealth nursing services must have the required education and training to ensure competency related to its use to deliver nursing care. The nurse, NT, and other assistive personnel must comply with the state and federal laws, rules and standards of practice. Institutional policies and procedures should outline safety standards, potential hazards, operating procedures, and documentation. The nurse, NT, or other assistive personnel who provide telehealth nursing services must have a Washington license if required by law. The nurse is responsible and accountable for the quality of nursing care using telehealth nursing services to clients, just like face-to-face care. The nurse must use nursing judgment to consider whether using telehealth services is safe for the patient.

References and Resources

State Laws and Rules

[RCW 18.79 Nursing Care](#)

[WAC 246-840 Practical and Registered Nursing](#)

[RCW 18.88A Nursing Assistants](#)

[RCW18.88B Home Care Aides](#)

[WAC 246-980 Home Care Aide](#)

[RCW 28A.210 Schools \(K-12\) Health Screening and Requirements](#)

[RCW 70.02 Medical Records Health Care Information Access and Disclosure](#)

[RCW 43.70.117 Health Care Professionals Licensed in another state or United States Territory or the District of Columbia - In-State Practice on a Limited Basis - Requirements - Limitations](#)

[RCW 69.51A.030 Medical Cannabis and Telemedicine](#)

[RCW 70.15 Uniform Emergency Volunteer Health Practitioners Act](#)

[RCW 43.70.495 Telemedicine Training for Health Care Professionals](#)

[RCW 70.41.020 Hospital Licensing and Regulation - Definitions \(Telemedicine\)](#)
[RCW 48.43.735 Reimbursement of Health Care Services Provided through Telemedicine or Store and Forward Technology](#)
[RCW 74.09.658 Home Health – Delivered through Telemedicine](#)
[WAC 182-551-2125 Home Health Services - Telemedicine](#)
[WAC 182-531-1730 Health Care Authority Physician-Related Services](#)
[WAC 246-335-610 Hospice Definitions \(Telehealth and Telemedicine\)](#)
[WAC 246-915-187 Physical Therapists and Physical Therapy Assistants Definition \(Telehealth\)](#)
[WAC 246-847-176 Occupational Therapists - Telehealth](#)
[Title 74 Public Assistance RCW 74.09.010 Definitions](#)

Federal Laws and Rules

[Federal Education and Privacy Act \(FERPA\)](#)
[Health Care Accountability and Portability Act \(HIPAA\)](#)
[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
[U.S. Code of Federal Regulations, Title 38.17](#)

Other Guidance Documents and Resources

[American Academy of Ambulatory Care Nursing: Telehealth Nursing Scope of Practice](#)
[American Health Information Management Association: Telemedicine Toolkit](#)
[American Telemedicine Association Practice Guidelines](#)
[Centers for Medicare and Medicaid Services: Telemedicine](#)
[Health Resources and Services Administration \(HRSA\): Telehealth Resources and Guidance](#)
[National Association of School Nurses: The Role of School Nursing in Telehealth](#)
[National Council of State Boards of Nursing Telehealth Position Statement](#)
[Online Journal of Issues in Nursing: Nurses Advancing Telehealth Services in the Era of Reform](#)
[Washington State Department of Social and Health Services Telehealth Guidebook](#)
[Washington State Nurses Association Telemedicine Risk Management Statement \(2018\)](#)