

Ending the Therapeutic Nurse Practitioner Client Relationship

2024



THIS DOCUMENT WAS APPROVED BY THE CRN NL COUNCIL IN OCTOBER, 2024

Ending the Therapeutic Nurse Practitioner (NP) Client Relationship

NPs have a professional obligation to provide safe, competent, and ethical care for clients and to establish therapeutic nurse client relationships (TNCRs) that are culturally safe and equitable. TNCRs are foundational to the practice of an NP; however, situations may arise (e.g., planned or unplanned) that may lead to the discontinuation of the NP-client relationship. These circumstances require careful consideration and reflection and require the NP to fulfill certain legislative, regulatory, and, if applicable, employer requirements.

As NPs will need to evaluate their unique situations and context, this document is purposely presented as a regulatory guideline to help NPs make decisions in the best interest of the public they serve. Ending an TNCR is not simple, and NPs are encouraged to follow their Standards of Practice, applicable evidence-informed best practices, and consider seeking legal advice before proceeding.

Ending the NP-Client Relationship

Have Reasonable Grounds to End the NP-Client Relationship

There may be situations where the NP (using critical reflection and judgment) has reasonable grounds (consider on a case-by-case basis) to end the NP-client relationship. The NP may discontinue their professional relationship with a client in certain circumstances, including but not limited to:

- the NP-client relationship has eroded to the point where the NP can no longer meet their professional obligations toward the client (i.e., provide safe, competent, and ethical care)
 - the client and/or the client's family pose a genuine risk of harm or exhibits inappropriate behavior such as threatening or abusive behavior toward the NP, including comments of a sexualized or racist nature
 - in situations that pose a safety risk to the NP or others (e.g., staff, members of the healthcare team, other clients), the NP may end the NP-client relationship immediately and is not obligated to engage directly with the client
- the client requests discontinuation of the professional relationship
- NP's therapeutic relationship with the client reaches its natural or expected conclusion
- a planned leave from practice
- the NP licence is not in good standing, preventing the NP from meeting their professional responsibilities for aspects of client care (e.g., licensure restrictions)
- the client makes a clear declaration of non-confidence in the NP's ability to provide care
- the client engaged in prescription or requisition-related fraud dependent upon the context. The NP must use their professional judgment to determine if it constitutes an immediate end to the relationship. The NP may choose to have a frank discussion with the client to set boundaries and clear direction to prevent reoccurrence
- the client has been absent from the practice for an extended period of time (e.g., missed appointments without appropriate cause or notice) and the employer's/organization's policy on ending the relationship on this basis has been communicated ahead of time to the client

- the NP is aware that the client has relocated and/or that another physician/NP has assumed the care of the client
- the client requests care outside the NP's scope of practice and care may be transferred to another healthcare professional with that expertise (e.g., NP may not have prescriptive authority for opioid agonist therapy (OAT for Opioid Use Disorder).

Before ending the NP-client relationship, the NP is encouraged to seek legal advice. For NPs within an organization, the NP should consult with their manager, Professional Practice, and/or employer and, if appropriate, with the employer's legal and/or risk management teams. In addition, the NP is encouraged to seek legal advice from the Canadian Nurses Protective Society (CNPS).

Make a Reasonable Effort to Resolve the Situation with the Client

Before ending the relationship with a client, the NP is expected to make a reasonable effort to address the situation with the client and to only move to ending the relationship if those efforts are unsuccessful. The efforts and outcomes must be recorded on the client's health record.

- First step in the process is to seek resolution: When a situation first emerges that may impact the NP-client relationship, the NP has a professional obligation to make reasonable attempts to address or resolve the underlying issue(s). The NP should:
 - identify and review employer policies, processes, or resources that may provide additional guidance, e.g., workplace safety policies. In certain circumstances, NPs may need to consider psychological and workplace safety and seek resources and/or assistance to maintain individual and client safety. NPs should report to their employer when their health and wellness is being compromised while providing care
 - identify personal beliefs, values, and biases that impact culturally safe care
 - discuss with the client the issue or situation that may be impacting the NP-client relationship, if deemed appropriate to proceed
 - work with the client to develop and implement strategies for resolving the issues(s) impacting the NP-client relationship, wherever feasible
 - document all communications, including strategies to resolve the issue with the client, and other pertinent client information
 - if appropriate, communicate concerns to the manager/employer or other members of the health care team to help resolve the matter
- If the issue(s) persists or worsens, consider:
 - re-communicating concerns to the client and, if applicable, to the manager/employer and reviewing the strategies that were initially agreed upon to resolve the issue(s)
 - evaluating the need to amend initial strategies or developing and implementing new strategies to reach a resolution
- The College recognizes that there might be certain circumstances where an NP determines that they are unable to resolve an issue with a client prior to ending the relationship. In these situations, the NP should:
 - discuss with the client the reasons affecting the NP's ability to provide care, if possible. If not, communicate in writing to the client the reason the relationship has ended
 - determine and communicate with the client all necessary services that will continue to be provided in the interim while the client is arranging a suitable alternative care provider.

Actions to Consider When Finalizing the End of an NP-Client Relationship

When the NP determines that, despite reasonable attempts to resolve the underlying issue(s), the NP-client relationship remains non-therapeutic or the NP deems it appropriate to end the professional relationship with the client, the NP must exercise professional judgment and:

- maintain a professional demeanor during the transition process
- notify the employer (if applicable) of the intent to end the NP-client relationship
 - if available, follow employer policies regarding discharge of a client from care. If an employer process/policy does not exist, the NP should advocate for its development
 - it is the **employer's/organization's** responsibility to determine the process for the NP to transfer care to another designated most responsible provider (MRP) and ensure appropriate follow up of test results, management plans, referrals, mail containing test results, etc. as the NP is no longer within the circle of care (e.g., this may involve developing a process of notifying Digital Health that the NP is no longer within the circle of care)
 - the NP is expected to collaborate with the employer to facilitate and support this transition
- provide advanced, direct notice to the client or their substitute decision-maker that they are ending the therapeutic NP-client relationship
 - notification must be in written form, and, if the NP has given verbal notification during an appointment, then it must be followed up in writing, including the rationale for the decision, and the date the relationship will conclude
 - literature indicates that there are varying timeframes (e.g., 30 days) for providing notification of the end of the NP-client relationship. The College of Physicians and Surgeons of NL (CPSNL) currently requires physicians to give clients at least 30 days prior notice. CRNNL would consider this a reasonable timeframe, but the NP must use their clinical judgment to determine if this timeframe is appropriate
 - the NP must document that notification has been provided and what was communicated to the client
- communicate the decision to end the NP-client relationship to the client and the reason(s) for the decision, unless meeting with the client poses a safety risk
 - consider the client's needs when ending the NP-client relationship
 - provide a safe transition to another care provider if possible; continue to provide essential health care services such as renewing prescription medication and arranging for follow-up on any diagnostic or laboratory tests whenever feasible until another care provider has been identified
 - where possible, assist the client in identifying and securing an alternative care provider. This may mean recommending other NPs or physicians and transferring client records with their consent
 - provide the client information on how to access emergency services, if needed
 - document the reason for the decision to discontinue services, including a description of the steps taken to resolve the issues before ending the relationship and the client's response to them, and accommodations made to ensure continuity of care¹
- provide or allow the client a reasonable amount of time to find an alternate care provider
 - the timeframe will vary based upon the circumstances including the client's mental well-being/condition

¹NPs must adhere to expectations for documentation outlined in the most current version of CRNNL's guidance for documentation.

- be empathetic when communicating with the client. Acknowledge that ending the relationship may be difficult for them and offer any support and understanding through the transition process
- follow any legal requirements and ethical guidelines in ending the relationship. This includes maintaining client privacy and confidentiality, fulfilling any legal or contractual obligations, and avoiding any conflicts of interest
- consider whether the NP is the custodian of the personal health information
 - The NP must contact their employer and/or consult Personal Health Information Act (PHIA) legislation to determine their legal obligations and take appropriate actions if they are the custodian of the client's PHI
 - NPs must also connect with Digital Health (NLHS), if applicable, to provide notification they are no longer within the circle of care and should no longer have access to the client's PHI in the HealtheNL viewer
- **PLEASE NOTE:** An NP may determine that it is not appropriate to advise the client of the reasons for termination if they feel that this may result in immediate and grave harm to the client's mental or physical health or safety, threaten the mental health or physical health or safety of another individual, or pose a threat to public safety.

Facilitate Continuity of Care and Transfer of the Client Records

Despite ending the NP-client relationship, the NP must take reasonable steps to facilitate ongoing care. Recognizing that what is appropriate will depend on the reason for the ending of the NP-client relationship, the needs of the clients, and the risk of harm to the client if ongoing care is not arranged, as well as the system resources that are available. The NP must:

- ensure, where possible, appropriate follow-up on all laboratory and diagnostic imaging results for the client or provide instructions to the client for follow up if an alternate care provider has not yet been identified (e.g., including but not limited to, inform the client to follow up with the care provider when secured, follow up with a walk-in clinic, access emergency services or urgent care centres, call 811, contact Patient Connect NL (PCNL) to be placed on a list for a family care team, etc.)
- provide or arrange for any necessary emergent care or care in relation to any urgent or serious medical conditions until the date of termination of the relationship
- provide or arrange for any ongoing medications in accordance with NL Pharmacy Board (NLPB) Standards and Guidelines²
- inform other health care providers to whom the NP has referred the client or who have been providing care to the client (e.g., specialist) that the NP will no longer be caring for the client after the effective date. NPs must notify other health care providers that care is no longer being provided if such notification is necessary for the purposes of the client's care, and if the client has provided consent to do so
- inform the employer (e.g., NLHS) and help facilitate, where appropriate, the transfer of the client roster/panel to another practitioner (e.g., NP, Physician, specialist, etc.)

²In NL, a legal prescription is valid for one year. The pharmacist will determine a number of factors when deciding to fill or refill a prescription if the NP is no longer practising or relocated, etc. The prescription will be assessed on a case-by-case basis. The pharmacist will exercise their professional judgment when faced with a prescription from an NP whose licence is no longer valid at the time of the writing of the prescription.

- follow employer/organization policies for transferring clients when the NP-client relationship ends
- it is the **employer's responsibility**, in collaboration with the NP, to facilitate this process, and to determine the plan for appropriate follow up of the NP's clients (e.g., any tests, reports, management/treatment plans, mailed test results, etc.) as the NP is no longer within the circle of care
- provide the client with a copy of their health record or summary of care or transfer the client's health records to another NP, physician, or clinic in a timely manner, if requested, and follow employer-related policies if applicable
 - the NP may provide the client with a summary of their care history, including diagnoses, medications, and treatment plans. This can help facilitate continuity of care with their new provider.

Providing Care in an Episodic Practice Setting

NPs may also be required to provide care to clients in an episodic practice setting (e.g., emergency room visit, consultation, provide care for those without a most responsible provider, virtual platform visit, health care app, etc.). The NP may interact with the client in a single clinical encounter for a defined healthcare need, where neither the NP nor the client have the expectation of continuing the care or the NP-client relationship. In these situations, the NP must develop a follow-up plan for ongoing monitoring and evaluation of the client's response for the specific intervention(s) and their treatment plan. If the client does not have a primary care provider, follow up may include instructions of how to access a primary care clinic or family care team or access emergent or urgent care as necessary. Where appropriate, the NP would engage other health care professionals in the client's circle of care to inform the management/treatment plan, monitoring, and follow-up plans.

Summary

Ending an NP-client relationship requires professionalism and adherence to legal, regulatory, and ethical requirements, and employer policies if applicable. By carefully considering the client's interests and providing advanced notice, offering assistance in transitioning care, and facilitating continuity of care, the NP can enable a smooth transition for their clients.

If an NP is uncertain of their responsibilities when ending an NP-client relationship, for whatever reason, they are encouraged to contact their employer, if applicable, the College, and/or seek legal advice.

Bibliography

- British Columbia College of Nurses & Midwives. (n.d.). *Duty to provide care: Learning resources*. <https://www.bccnm.ca/NP/PracticeStandards/Pages/dutytoprovidecare.aspx>
- British Columbia College of Nurses & Midwives. (n.d.). *Duty to provide care: Practice standard for nurse practitioners*. <https://www.bccnm.ca/NP/PracticeStandards/Pages/dutytoprovidecare.aspx>
- Canadian Medical Protective Association. (2023). *Duties and responsibilities: Expectations of physicians in practice: Closing or leaving a practice: Tips for physicians*. <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2020/closing-or-leaving-a-practice-tips-for-physicians>
- Canadian Medical Protective Association. (2022). *Duties and responsibilities: Expectations of physicians in practice: How to manage your medical records: Retention, access, security, storage, disposal, and transfer*. <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2003/a-matter-of-records-retention-and-transfer-of-clinical-records>
- Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. <https://crnrl.ca/site/uploads/2024/02/code-of-ethics-CNA-2017.pdf>
- Canadian Nurses Protective Society. (2018). *Ask a lawyer: Engaging with non-compliant patients and discontinuing nursing services*. <https://cnps.ca/article/ask-a-lawyer-engaging-with-non-compliant-patients-and-discontinuing-nursing-services/>
- Canadian Nurses Protective Society. (2017). *Ask a lawyer: Ending the nurse-client relationship*. <https://cnps.ca/article/ending-the-np-client-relationship/>
- College of Nurses of Ontario. (2023). *Practice standard: Nurse practitioner*. https://www.cno.org/globalassets/docs/prac/41038_strdrnec.pdf
- College of Nurses of Ontario. (2024). *Practice standard: Discontinuing or declining to provide care*. <https://www.cno.org/globalassets/docs/prac/ps-discontinuing-or-declining-to-provide-care-en.pdf>
- College of Physicians and Surgeons of British Columbia. (2022). *Practice standard: Leaving practice*. <https://www.cpsbc.ca/files/pdf/PSG-Leaving-Practice.pdf>
- College of Physicians and Surgeons of Newfoundland and Labrador. (2022). *Standard of practice: Ending the physician-patient relationship*. <https://cpsnl.ca/wp-content/uploads/Standards-and-Guidelines/Ending-the-Physician-Patient-Relationship.pdf>
- College of Physicians and Surgeons of Newfoundland and Labrador. (2023). *Standard of practice: Closing or taking leave from a medical practice*. <https://cpsnl.ca/wp-content/uploads/Standards-and-Guidelines/Closing-or-Taking-Leave-from-a-Medical-Practice.pdf>

- College of Physicians and Surgeons of Newfoundland and Labrador. (2023). *Frequently asked questions: Closing or taking leave from a medical practice.* <https://cpsnl.ca/wp-content/uploads/Standards-and-Guidelines/FAQs-Closing-or-Taking-Leave-from-a-Medical-Practice.pdf>
- College of Physicians and Surgeons of Ontario. (2017). *Ending the physician-patient relationship.* <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Ending-the-Physician-Patient-Relationship>
- College of Physicians and Surgeons of Ontario. (2019). *Advice to the profession: Closing a medical practice.* <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Closing-a-Medical-Practice/Advice-the-Profession-Closing-a-Medical-Practice>
- College of Physicians and Surgeons of Ontario. (2019). *Closing a medical practice.* <https://www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Closing-a-Medical-Practice>
- College of Registered Nurses of Manitoba. (2021). *Opening, closing, leaving or moving a self-employed practice.* <https://www.crnmb.ca/wp-content/uploads/2022/01/AA-17-Opening-Closing-Leaving-or-Moving-a-Self-Employed-Practice.1.pdf>
- College of Registered Nurses of Newfoundland and Labrador. (2019). *Standards of practice for registered nurses and nurse practitioners.* <https://crnml.ca/site/uploads/2021/09/standards-of-practice-for-rns-and-nps.pdf>
- College of Registered Nurses of Saskatchewan. (2023). *Ending the nurse practitioner-client relationship.* <https://www.crnsc.ca/wp-content/uploads/2023/03/Ending-the-NP-Client-Relationship.pdf>
- Newfoundland and Labrador Pharmacy Board. (2023). *Interpretation guide: Ending the pharmacist-patient relationship.* <https://nlpb.ca/media/Interpretation-Guide-Ending-the-Pharmacist-Patient-Relationship-Feb2023.pdf>
- Nova Scotia College of Nursing. (2022). *Abandonment: Practice guideline.* <https://www.nscn.ca/sites/default/files/documents/resources/Abandonment.pdf>
- Nova Scotia College of Nursing. (2024). *Nurse practitioner practice guideline.* https://www.nscn.ca/sites/default/files/documents/resources/NP_Practice_Guideline.pdf
- Nurses Association of New Brunswick. (2022). *Guidelines for self-employment.* <https://www.nanb.nb.ca/wp-content/uploads/2022/10/NANB-GuidelineForSelfEmployedPractice-2021-Ammended-June-2022-E.pdf>
- Office of the Information and Privacy Commission. (March 31, 2023). *PIIA toolkit for small Custodians.* <https://www.oipc.nl.ca/files/PIIAToolkitSmallCustodians.pdf>



College of **Registered Nurses**
of Newfoundland & Labrador

1033 Topsail Road
Mount Pearl
NL | Canada
A1N 5E9
Tel (709) 753-6040
1 (800) 563-3200 (NL only)
Fax (709) 753-4940
crn.nl.ca | [@crnnlca](https://twitter.com/crnnlca)