



# The End Stage Renal Disease Network Of Texas, Inc.

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## **ESRD NETWORK #14 – MEDICAL REVIEW BOARD**

### **STANDARDS FOR THE REGISTERED NURSE (RN) IN THE OUTPATIENT DIALYSIS FACILITY \***

*Revised April 5, 2011*

#### **STANDARD 1**

##### **Professional Qualifications For Dialysis Settings:**

The RN will be qualified to perform in capacity assigned and mandated by Title 25 of the Texas Administrative Code Chapter 117 End Stage Renal Disease Facilities Licensing Rules effective July 6, 2010.

##### **Measurement Criteria:**

1. Currently licensed under the laws of Texas to use the title of Registered Nurse (RN).
2. Has evidence of qualifications.
3. Documentation in personnel file of work experience, competency exams, certifications.

##### **Considerations:**

1. For RNs with no previous experience in direct patient care, a minimum of 80 clock hours of classroom education and 200 clock hours of supervised clinical training shall be required. The orientation program shall contain at least the following subject content specific to the management of the end stage renal disease patient and appropriate to the population served by the facility:
  - a) Anatomy and physiology of normal kidney;
  - b) Fluid, electrolyte and acid-base balance;
  - c) Kidney disease and treatment;
  - d) Dietary management of kidney disease;
  - e) Principles of dialysis;
  - f) Dialysis technology;
  - g) Vascular access to include cannulation and maintenance of blood flow;
  - h) Recognition of dialysis complications, emergency conditions and the institution of the appropriate corrective action;
  - i) Care of the dialysis patient;
  - j) Quality Assessment and Performance Improvement (QAPI) principles and functions;
  - k) Adverse Occurrence Reporting, to include tracking, trending, analyzing, and intervening on preventable situations or events;
  - l) Psychological, social, financial, and physical complications of long-term dialysis;
  - m) Prevention of hepatitis and other infectious diseases;

- n) Risks and benefits of reuse (if reuse is practiced);
  - o) External and internal disasters, fire, natural disasters, and emergency preparedness;
  - p) Safety, quality control, and continuous quality improvement;
  - q) Dialysate composition, options, indications, complications, and safety.
2. The RN shall demonstrate competency through written and skills testing annually. Evidence of competency shall be documented in writing and maintained in personnel files.
  3. An RN shall maintain documentation to demonstrate that she/he completes at least five hours of continuing education related to end stage renal disease annually.

## **STANDARD 2**

### **RN Working In The Charge Nurse Role:**

The RN will be qualified to perform in capacity assigned and mandated by Title 25 of the Texas Administrative Code Chapter 117 End Stage Renal Disease Facilities Licensing Rules effective July 6, 2010.

### **Measurement Criteria:**

1. Documentation of required work experience and or certifications.
2. Has evidence of qualifications.
3. Documentation in personnel file of work experience, competency exams, certifications.

### **Considerations:**

1. An RN assigned charge responsibilities shall have at least 12 months of clinical experience and six months experience in the modality, obtained within the last 24 months. An RN who holds a current certification from a nationally recognized board in nephrology nursing or hemodialysis may substitute the certification for the six months experience in dialysis obtained within the last 24 months. Responsibilities of an RN functioning as a charge nurse shall include, but are not limited to:
  - a) Making assignments based on patient needs;
  - b) Providing immediate supervision of direct patient care;
  - c) Making patient assessments when indicated;
  - d) Communicating with the physician(s), social worker(s), dietitian(s) and technician(s).
2. If an RN instructs patient and family members on self-dialysis training, the RN must have least 12 months experience in dialysis and experience in the applicable dialysis modality (hemodialysis, home hemodialysis or peritoneal dialysis). When other personnel assist in the training, supervision by the registered nurse shall be demonstrated.
3. A RN functioning in the charge role shall be on site and available to the treatment area to provide patient care during all dialysis treatments.

## STANDARD 3

### RN Staffing Levels:

The RN will be qualified to perform in capacity assigned and mandated by Title 25 of the Texas Administrative Code Chapter 117 End Stage Renal Disease Facilities Licensing Rules effective July 6, 2010.

### Measurement Criteria

1. Documentation of required work experience.
2. Staff work roster.
3. Documentation in personnel file of work experience, competency exams, certifications.

### Considerations:

1. At least one licensed nurse shall be available on-site to provide patient care for every **twelve** patients or portion thereof. This may include the nurse functioning in charge role.
2. The staffing level for a facility shall not exceed **four** patients per licensed nurse or patient care technician per patient shift. During treatment of **eight** or more patients, the licensed nurse functioning in the charge role shall not be included in this ratio.
3. If the catheter rate for a facility shift exceeds **40%**, then the licensed nurse to patient ratio for that shift should be re-evaluated and re-adjusted to a ratio of **no more than 6 patients** to one licensed nurse to provide optimal patient safety during that shift.
4. If pediatric dialysis (18 years of age or younger) is provided, an RN with experience or training in pediatric dialysis shall be available to provide care for pediatric dialysis patients younger than 14 years of age or smaller than 35 kilograms in weight.
5. For pediatric dialysis patients, **one** licensed nurse shall be provided on-site for each patient weighing less than **ten** kilograms and one licensed nurse provided on-site for every **two** patients weighing from ten to 20 kilograms.
6. If a pediatric nephrologist is not available as the primary physician, an adult nephrologist may serve as the primary physician with direct patient evaluation by a pediatric nephrologist according to the following schedule:
  - For patients two years of age or younger – monthly (two of three evaluations may be by phone)
  - For patients three to 12 years of age – quarterly; and
  - For patients 13 to 18 years of age – semiannually.

## **STANDARD 4**

### **RN Clinical and Supervisor Responsibilities:**

The RN will be qualified to perform in the capacity assigned and mandated by Title 25 of the Texas Administrative Code Chapter 117 End Stage Renal Disease Facilities Licensing Rules effective July 6, 2010.

### **Measurement Criteria:**

1. Documentation of required work experience.
2. Documentation in personnel file of work experience, competency exams, certifications.

### **Considerations:**

1. A registered nurse shall be responsible for: but is not limited to:
  - a) Conducting admission nursing assessments, to include:
    - The patient plan of care shall be developed and implemented within 30 calendar days or 13 outpatient dialysis treatments from the patient's admission to the facility. The plan of care shall be revised due to the patient's lack of progress towards the goals of the plan of care, marked deterioration in health status, significant changes in the patient's psychosocial needs, or changes in the patient's nutritional condition, as needed but no less than annually after the date of the patient's last plan of care.
    - Requesting and charting prior to the patient's first treatment in the facility, the patient's diagnoses, medications, hepatitis status, allergies, and dialysis prescription.
  - b) Documenting patient's condition and response to treatment on the daily treatment record;
  - c) Each patient's clinical record, whether hard copy, electronic, or a combination of both, shall include complete and pertinent information about the condition of the patient, assessments by the interdisciplinary team, updated plans of care, all interventions and treatments prescribed and delivered, and details of any events occurring with the patient during the course of treatment;
  - d) Conducting assessments of a patient when indicated by a question relating to a change in the patient's status or at the patient's request;
  - e) Participating in team review of a patient's progress;
  - f) Maintaining progress notes that provide an accurate picture of the progress of the patient, reflecting changes in patient status, plans for and results of changes in treatment, diagnostic testing, consultations, and unusual events. Each of the interdisciplinary team members shall record the progress of the patient as indicated by any change in the patient's medical, nutritional, or psychosocial condition or at least every six months;
  - g) Recommending changes in treatment based on the patient's current needs;
  - h) Facilitating communication between the patient, patient's family or significant other, and other team members to ensure needed care is delivered;

- i) Documenting in the medical record that ongoing patient education is provided;
- j) Participate with team to work with challenging patients;
- k) Patient, family and staff education and support;
- l) Providing information and resources on advance directives and/or other end-of-life issues as indicated;
- m) Completing clinical records within 30 days after discharge. The nursing discharge summary shall clearly identify the disposition of the patient and include the diagnosis or cause of death, date of discharge or death, location of death, transplant or relocation information when appropriate, and reason for discharge if not transplantation or death;
- n) Coordinating dialysis treatments for transient patients, including obtaining and Including the following documentation, at a minimum:
  - 1. Orders for treatment in this facility;
  - 2. List of medications and allergies;
  - 3. Laboratory reports. Such reports shall indicate laboratory work was performed no later than one month prior to treatment at the facility and include screening for hepatitis B status;
  - 4. The most current patient care plan;
  - 5. The most current treatment records from the home facility;
  - 6. Records of care and treatment at this facility.
- o) Providing oversight and direction to dialysis technicians and licensed vocational nurses;
- p) Participating in continuous quality improvement activities;
- q) Monitoring results of water treatment system;
- r) Ensuring compliance with facility's infection control policies and procedures;

**\* The ESRD Network of Texas, Inc., STANDARDS FOR THE REGISTERED NURSE (RN) IN THE OUTPATIENT DIALYSIS FACILITY, recommends adherence to the professional practices and processes described in the American Nephrology Nurses Association's 2011 *Nephrology Nursing Scope and Standards of Practice 7<sup>th</sup> Edition*.**