

June 28, 2023

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To Whom It May Concern:

On behalf of the American Nephrology Nurses Association (ANNA), we appreciate the opportunity to propose changes to the 2022 *Guidelines*. Our comments are outlined below.

The American Nephrology Nurses Association improves members' lives through education, advocacy, networking, and science. Since its establishment as a nonprofit organization in 1969, ANNA has been serving members who span the nephrology nursing spectrum. ANNA has a membership of over 8,000 registered nurses and other healthcare professionals at all levels of practice. Members work in areas such as conservative management, peritoneal dialysis, hemodialysis, continuous renal replacement therapies, transplantation, industry, and government/regulatory agencies. ANNA is committed to advancing the nephrology nursing specialty and nurturing every ANNA member. We achieve these goals by providing the highest quality educational products, programs, and services. Our members are leaders who strive to inspire excellence through patient advocacy, peer mentorship and government lobbying efforts.

As the leading organization representing nephrology nurses working in a variety of practice settings, ANNA believes every individual with kidney disease has the right to a professional registered nurse (RN) involved in their care. This care must encompass all aspects of the nursing process and meet or exceed the ANNA Nephrology Nursing Scope and Standards of Practice.<sup>1</sup> To ensure appropriate policies that advance patient safety and patient access to care, ANNA initiated the Home Dialysis Therapies Task Force. The aim of the Task Force was to convene a Think Tank, or focus group, to explore and identify the nephrology RNs' roles in home dialysis therapies in the current healthcare environment and to ensure a safe and informed transition to home dialysis. The Task Force gathered and analyzed information on the role of the nephrology RN in home dialysis, clarified RN-specific tasks versus tasks that may be delegated to support personnel, and gained insight into barriers to home dialysis therapies.

An all-day virtual meeting of RNs demonstrating expertise in home dialysis therapies and an understanding of day-to-day care in both home hemodialysis

(HD) and peritoneal dialysis (PD) was held in April 2022. Key outputs from that

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<sup>1</sup> Gomez, N., *Nephrology Nursing Scope and Standards of Practice, 9<sup>th</sup> ed.* Pitman, NJ: ANNA (2022).

Task Force included:

- A review of the ANNA position statements to identify ANNA’s position on the nephrology RNs’ role in home therapy, including:
  - The Delegation of Nursing Care Activities position statement was updated with enhanced areas to strengthen the definition of the RN role components and identify tasks that can and cannot be delegated to support staff.<sup>2</sup>
  - The Role of the RN in Nephrology position statement was updated to specify the requirements, with rationale, for an RN’s knowledge and skills in the care of every individual with kidney disease. The position statement recognizes the support role of licensed/unlicensed personnel; however, they have not completed the educational requirements to fulfill the role components of a RN.<sup>3</sup>
- An article titled, *The Current State of the Role of the Nephrology Registered Nurse in Home Dialysis Therapies and Future Implications*, which demonstrates that every individual with kidney disease has the right to professional RN care that encompasses all aspects of the nursing process and meets or exceeds the current standards for nephrology nurses.<sup>4</sup>

Additionally, during the meeting, participants identified that while there is no one method to ensure education to be successful, group training can result in more individuals being trained to begin home dialysis. Think Tank participants reported that some individuals request to train with others. In the interest of confidentiality, permission should be obtained from the entire group before group training commences. Those who have utilized group training believe that it results in connections between fellow patients and care partners. Think Tank participants reported group training can be advantageous for learning to respond to alarms and noted more questions come up when more participants are involved. This type of training also has the potential to positively affect those programs with reduced staff. Of course, for those preferring to train individually,

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<sup>2</sup> ANNA, Delegation of Nursing Care Activities, Position Statement, *available at* <https://www.annanurse.org/download/reference/health/position/delegation.pdf>. Last visited May 18, 2023.

<sup>3</sup> ANNA, The Role of the Registered Nurse in Nephrology, Position Statement, *available at* <https://www.annanurse.org/download/reference/health/position/roleNephrologyRN.pdf>. Last visited May 18, 2023.

<sup>4</sup> Bednarski, D., MSN, RN, ANP-BC, CNN, CNP; Painter, D. MS, RN, CNN; Pryor, P., MSN, RN, CNN; Vilaran, T., MS, MSN, CNN; Walz, D., MBA, BSN, RN, CNN; and Kurosaka, A., DNP, RN, CNN, CNM, NEA-BC, *The Current State of the Role of the Nephrology Registered Nurse in Home Dialysis Therapies and Future Implications*, *Nephrology Nursing Journal*, Jan-Feb 2023, Vol. 50, No. 1.

their request should be accommodated.

Furthermore, building telehealth into a home program can improve staff and individual comfort with the technology. The use of telehealth may increase the ability to expand training to individuals at their convenience in the home. While not all procedures (e.g., cannulation of the vascular access) lend themselves to a virtual platform, telehealth can also be used for group training as well as for lectures, webinars, guest speakers, and allow flexibility in training schedules. We have seen the positive impact of telehealth during the COVID-19 pandemic and utilizing it moving forward will vastly progress the profession of nephrology RNs and, more importantly, lead to more efficient, accessible, and quality patient care.

With respect to the space, the physical footprint of the building can be prohibitive in older facilities; however, new clinics are being built with folding walls between rooms to allow one RN to interact with more than one patient. For PD, the walls can be closed for sterile procedures.

As such, we recommend that the FGI incorporate options for group training, with a particular focus on incorporating a telehealth component and physical changes to facilities to allow for more interaction between RNs and patients. We believe these changes are necessary to allow nephrology RNs to better meet the needs of individuals who need dialysis.

We appreciate the opportunity to comment on these important guidelines. As always, we are eager and available to be a resource to you if needed. Please do not hesitate to contact me (payton\_jennifer@yahoo.com) if you have any questions or if we can assist.

Sincerely,

*Jennifer Payton*

President,  
American Nephrology Nurses Association