

American Nephrology Nurses Association Revised Position Statements: ‘The Role of the Registered Nurse in Nephrology’ and ‘Delegation of Nursing Care Activities’

Donna Bednarski, MSN, RN, ANP-BC, CNN, CNP, and Donna Painter, MS, RN, CNN

American Nephrology Nurses Association (ANNA) position statements identify ANNA’s position on specific issues that have been identified as important to nephrology nursing. ANNA members can utilize these position statements to identify ANNA’s position for health policy discussions. The ANNA Board of Directors reviews position statements biennially.

Home Dialysis Therapies Task Force and Think Tank

ANNA fully supports the increased utilization of home dialysis therapies (HDTs) to ensure every individual has the option of home therapy and believes all individuals with kidney disease deserve an RN in their care. Careful consideration must be given to the impact of legislative initiatives aimed at the nursing shortage and promoting the use of home dialysis therapies on RN practice and the delivery of safe care.

ANNA recently created the ANNA Home Dialysis Therapies Task Force. As a part of their work, the Task Force implemented a Think Tank of ANNA members with HDT experience to explore, identify, and clarify the roles of nephrology registered nurses (RNs) in HDTs in the current health care environment to ensure patients a safe and informed transition to HDT. The charge of the Think Tank was to gather and analyze information on the role of the nephrology RN in HDTs and clarify RN-specific tasks versus tasks that may be delegated to support staff. Results of the Think Tank have been published in the *Nephrology Nursing Journal* (Bednarski et al., 2023). Following the Think Tank, the HDT Task Force completed

Donna Bednarski, MSN, RN, ANP-BC, CNN, CNP, is a Nurse Practitioner, Harper University Hospital, Detroit Medical Center, Detroit, MI; ANNA’s Consultant to Kidney Care Partners; Chair of ANNA’s Home Dialysis Therapies Task Force; and a member of ANNA’s Michigan Chapter.

Donna Painter, MS, RN, CNN, is a Nurse Surveyor, National Dialysis Accreditation Commission, Corsicana, TX; a member of ANNA’s Home Dialysis Therapies Task Force; a member of ANNA’s Health Policy Committee; and a member of ANNA’s Dallas Chapter.

Copyright 2023 American Nephrology Nurses Association

Bednarski, D., & Painter, D. (2023). American Nephrology Nurses Association revised position statements: ‘The role of the registered nurse in nephrology’ and ‘delegation of nursing care activities.’ *Nephrology Nursing Journal*, 50(1), 23-30. <https://doi.org/10.37526/1526-744X.2023.50.1.23>

ed a review of ANNA position statements to determine if revisions needed to be made and where ANNA could/should take a position to support HDTs.

ANNA Position Statement: Delegation of Nursing Care Activities

As noted in the ANNA position statement on Delegation of Nursing Care Activities:

ANNA believes every individual with kidney disease has the right to professional registered nurse (RN) care that encompasses all aspects of the nursing process and meets or exceeds the ANNA Nephrology Nursing Scope and Standards of Practice (Gomez, 2022) and the Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage (CMS, 2008). Each RN must comply with the scope of practice, regulations, laws, and licensure requirements of the state(s) in which the RN practices. (ANNA, 2022a, para. 1)

The ability to delegate, assign, and supervise are necessary competencies for every RN. Concerns were expressed in the Think Tank that RNs are not always clear on what can and cannot be delegated. State nurse practice acts or state statute equivalents define the legal parameters for RN practice, which may include delegation. It is each RN’s responsibility to know what is and is not permitted (National Council of State Boards of Nursing [NCSBN]/American Nurses Association [ANA], 2019).

The Task Force updated the “Delegation of Nursing Care Activities” position statement. The revised position

statement, approved by the ANNA Board of Directors in October 2022, includes enhanced areas to strengthen RN role components that cannot be delegated, indicates specific tasks that can and cannot be delegated, and provides examples of how delegation can assist in home dialysis therapies (ANNA, 2022a).

Delegation is a necessary skill that can affect the ability to provide quality care and is a complex decision-making process identifying the importance of having the updated “Delegation of Nursing Care Activities” position statement for nephrology RNs to utilize to assist them in their decision-making. The position statement assists them to identify the ability of support staff to obtain weights and vital signs; assist with paperwork; manage inventory and equipment; perform phlebotomy and capillary blood glucose, if trained; perform non-sterile dressings changes; and reinforce education, as well as delegate to licensed practical nurses (LPNs)/licensed vocational nurses (LVNs) who may also administer medications depending on each state’s requirements.

ANNA Position Statement: The Role of the Registered Nurse in Nephrology

During the revision of the “Delegation of Nursing Care Activities” position statement, the HDT Task Force identified the need to further clarify the RN role in caring for individuals with kidney disease in all nephrology settings. The “Role of the Registered Nurse in Nephrology” position statement, which was revised to reflect the imperative role RNs have in the care of every individual with kidney disease, was approved by the ANNA Board of Directors in December 2022 (ANNA, 2022b).

Only the RN has the knowledge and accountability for delivering care within the nursing process framework. The education and skill set required for the nursing process, including the ability to evaluate assessment find-

ings to formulate nursing diagnoses, prioritize problems according to individual needs, develop a plan of care, and evaluate the effectiveness of the plan in goal achievement, are essential role components of RN education and training and cannot be delegated. 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 an RN. In addition, the RN provides clinical supervision of licensed and unlicensed personnel per state practice act or state statute equivalent and the applicable CMS regulations.

References

- American Nephrology Nurses Association (ANNA). (2022a). *Position statement: Delegation of nursing activities*. <https://www.annanurse.org/download/reference/health/position/delegation.pdf>
- American Nephrology Nurses Association (ANNA). (2022b). *Position statement: The role of the registered nurse in nephrology*. <https://www.annanurse.org/download/reference/health/position/roleNephrologyRN.pdf>
- Bednarski, D., Painter, D., Pryor, L., Villaran, T., Walz, D., & Kurosaka, A.T. (2023). The current state of the nephrology nurses’ role in home dialysis therapies and future implications. *Nephrology Nursing Journal*, 50(1), 13-21. <https://doi.org/10.37526/1526-744X.2023.50.1.13>
- Cahill, M., Painter, D., & Branch, J. (2021). The authority for certain clinical tasks performed by unlicensed patient care technicians and LPNs/LVNs in the hemodialysis setting: An update and invitation to take action. *Nephrology Nursing Journal*, 48(2), 119-129.
- Gomez, N.J. (Ed.). (2022). *Nephrology nursing scope and standards of practice* (9th ed.). American Nephrology Nurses Association.
- National Council State Boards of Nursing (NCSBN) & American Nurses Association (ANA). (2019). *National guidelines for nursing delegation*. https://www.ncsbn.org/public-files/NGND-PosPaper_06.pdf



Position Statement

Delegation of Nursing Care Activities

The American Nephrology Nurses Association (ANNA) believes every individual with kidney disease has the right to professional registered nurse (RN) care that encompasses all aspects of the nursing process and meets or exceeds the *ANNA Nephrology Nursing Scope and Standards of Practice* and the Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage. Each RN must comply with the scope of practice, regulations, laws, and licensure requirements of the state(s) in which the RN practices.

The RN is accountable for the safety of all individuals within their care.

Background and Rationale

The relationship between the RN and the patient constitutes a legal and binding contract. The existence of this contract has been established through case law.

Delegation is an essential nursing skill (National Council of State Boards of Nursing, 2019). ANNA recognizes the contributions of licensed personnel including licensed practical nurses/licensed vocational nurses (LPNs/LVNs) and unlicensed assistive personnel (UAP) including, but not limited to, medical assistants (MAs), patient care technicians (PCTs), and certified clinical hemodialysis technicians (CCHTs) in the delivery of care for individuals with kidney disease. Each state has a nurse practice act or state statute equivalent that is the legal authority for nursing practice in that state. These statutes address delegation of care activities and may limit the delegation of nursing care activities or interventions to licensed and unlicensed personnel. The National Council of State Boards of Nursing at www.ncsbn.org provides links to each of the state's boards of nursing

It is the position of ANNA that:

Delegation is an essential competency for the RN and the RN is accountable for all delegation.

- The RN uses critical thinking and professional judgment when following the Five Rights of Delegation, to be sure that the delegation or assignment is:
 - a) The **right** task
 - The delegated activity must fall within the delegatee's job description and scope of practice.
 - The knowledge and expertise derived from the completion of a nursing education program and the specialized skill, judgment, and decision-making of a RN must not be delegated.
 - b) Under the **right** circumstance
 - This is determined by the condition of the patient, the competence of delegatee, and the degree of supervision that will be required of the RN if a task is delegated.
 - c) To the right person (per State Nurse Practice Act/State Statute Equivalent)
 - Care activities must be within the delegatee's skill/knowledge set, certification requirements, practice setting, scope of practice, and the licensure requirements in effect in the state in which the RN is employed. Additional specific facility/agency policies and procedures related to delegation may also apply. Facility and agency policies must adhere to the State Nurse Practice Act and the Nephrology Nursing Scope and Standards of Practice.
 - d) With the **right** directions and communication
 - The RN shall instruct the licensed/unlicensed personnel in the delegated nursing care activity with a clear concise description including its objective, limits and expectations and verify the individual's competency to perform the activity.
 - The delegatee must understand the delegated task and agree to perform the activity.

- e) Under the **right** supervision, evaluation, and feedback
 - Persons to whom tasks are delegated are encouraged to ask questions and/or request clarification of expectations.
 - The RN is responsible for monitoring the delegated activity and evaluating individual outcomes.
- The RN must never delegate a nursing care activity that requires: Elements of the Nursing Process: the foundation of the RN's decision-making, practice, and provision of care (*Joint Statement on Delegation, National Council of State Boards of Nursing [NCSBN] & American Nurses Association [ANA], 2019*).
 - Assessment: The RN completes an assessment of the individual's nursing care needs before delegating any nursing intervention/activity.
 - Diagnosis: Analyzes data to determine actual or potential problems.
 - Outcomes Identification: Outlines expected outcomes for an individual plan of care.
 - Planning: Develops a plan to achieve expected outcomes.
 - Implementation: Implements identified plan of care.
 - Coordination of care: Collaborates with individuals and interprofessional teams to achieve expected outcomes.
 - Health teaching and health promotion: Addresses individual-specific learning needs.
 - Evaluation: Evaluates goals and attainment of expected outcomes.
- The RN is legally accountable and clinically responsible for the complete documentation of the entire nursing process, including aspects of the nursing care activities or interventions which are delegated to other personnel.
- The RN cannot delegate patient education. ANNA recognizes the role of licensed and unlicensed assistive personnel in reinforcing education initially provided by the RN.
- Delegation of nursing care activities to licensed and unlicensed assistive personnel shall comply with the following criteria:
 - a) The RN shall be accountable and responsible for all delegated nursing care activities or interventions, and they must be **directly** (physically present and immediately available) or **indirectly** (through written, verbal, or telecommunications) available for ongoing monitoring and evaluation of the individual's response to the care provided.
 - b) Administration of medication is a nursing responsibility requiring knowledge of the indications, pharmacokinetic action, potential adverse reactions, correct dosage, and contraindications. In general, medication administration is beyond the scope of practice of unlicensed assistive personnel. For PCTs/CHHTs in hemodialysis, the administration of medications shall be limited to those medications considered part of the routine hemodialysis treatment, that is, normal saline and heparin via the extracorporeal circuit, intradermal lidocaine, and oxygen by nasal cannula, as allowed by the State's scope of practice, organization policies, and regulatory requirements in the state in which the RN and PCT/CCHT practice.
 - c) Administration of any blood products and/or intravenous medications by infusion is a nursing responsibility and beyond the scope of practice of unlicensed assistive personnel.
- Organizational resources must include policies and resources that support the RN's decision-making in the delegation process:
 - a) Delegation policies must include RN input into the development and maintenance of such policies.
 - b) Continuing education that reinforces an understanding of the core nephrology nursing principles necessary to recognize and manage real or potential complications that may result in adverse outcomes to the health and safety of the individual. This understanding aids in the RN's ability to assess each situation prior to delegating tasks to licensed and unlicensed assistive personnel.
 - c) Establishing a staff mix that provides safe, competent, and representative care with RN involvement.
 - d) Ensuring, at least annually, documented competencies of licensed and unlicensed assistive personnel, to which the RN has access, and guides the RN in the appropriate delegation of tasks.

References

- American Nurses Association (ANA). (2015). *Code of ethics for nurses with interpretive statements*. ANA. <http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html>
- American Nurses Association (ANA). (2021). *Nursing: Scope and standards of practice* (4th ed.). ANA.
- Centers for Medicare & Medicaid Services (CMS). (2008). *Medicare and Medicaid programs. Conditions for coverage for end-stage renal disease facilities: Final rule*. Medicare and Medicaid Programs; Conditions for Coverage for End-Stage Renal Disease Facilities; Final Rule (cms.gov)
- Gomez, N.J. (Ed.) (2022). *Nephrology nursing scope and standards of practice* (9th ed.). American Nephrology Nurses Association.
- National Council of State Boards of Nursing (NCSBN) & American Nurses Association. (2019). *National guidelines for nursing delegation*. <https://www.nursingworld.org/~4962ca/globalassets/practice-and-policy/nursing-excellence/ana-position-statements/nursing-practice/ana-ncsbn-joint-statement-on-delegation.pdf>

**Adopted by the ANNA Board of Directors in February 1986.
Revised and/or reaffirmed biennially from 1988-2020.
Most recently revised: October 2022
ANNA Position Statements are reviewed and reaffirmed biennially.**

Delegation – Examples

As a nephrology registered nurse (RN), you may be delegating to both licensed and unlicensed assistive personnel. Delegation to licensed practical nurses and licensed vocational nurses (LPNs/LVNs) is supported by the scope of practice for these nurses in the individual state nurse practice acts which vary considerably from state to state. Delegation to unlicensed assistive personnel may not be as clear. Obtaining weights, vital signs, scheduling appointments, managing inventory and equipment, and phlebotomy if the staff member is trained can generally be delegated. The tables below will assist the nephrology RN in determining tasks that can and cannot be delegated (Cahill et al., 2021).

Table 1

Can Be Delegated*	Cannot Be Delegated
Weight	Assessment
Vital signs (blood pressure [BP], temperature, respiratory rate, and pulse), pain	Diagnosis
Scheduling appointments/reminder calls	Outcomes identification
Paperwork: chart set ups, filing, etc.	Planning
Managing inventory and equipment	Implementation
Phlebotomy	Evaluation of outcomes
Capillary blood glucose	Coordination of care
Non-sterile dressing	Health teaching and health promotion
Reinforce education	Education
LPN: medications	

*Dependent upon each state nurse practice act and the 5 rights for delegation.

Source: Adapted from Cahill et al., 2021.

The use of unlicensed assistive personnel, such as medical assistants (MAs), patient care technicians (PCTs) and certified chronic hemodialysis technicians (CCHTs) has recently begun to increase in home dialysis therapies. Examples of tasks which may be considered for delegation are included below utilizing home dialysis workflow.

Table 2

Home Dialysis Workflow	RN Required	Tasks That May Be Delegated
Recruitment/Referrals		
Identify candidates	Education for potential candidates and families to learn about home therapies (Lobby Days, Transitional Care Units [TCUs])	Assistance with Lobby Days and patient care in the TCU
Evaluation of the candidate	Completion of the home visit, assessment of the candidate/care partner to identify special needs – learning style, dexterity, treatment adherence, home environment, and education	Assistance with home visit/s to determine necessary home modifications, completion of the tool Methods to Assess Choices for Home Dialysis (MATCH-D)
Acceptance of the candidate	Final determination with input from the interdisciplinary team	
Access placement and management	Peritoneal Dialysis (PD): site markings for PD access/catheter placement, maintenance of sterile dressings, PD catheter flushes Home Hemodialysis (HHD): assessment of vascular access site, evaluation to ensure adequate function with referral to a dialysis access surgeon if needed. Both: education on the care of access	Scheduling appointments and follow-up for attendance, non-sterile dressing changes if not performed by the patient/care partner, consideration for PD catheter flush depending on delegation authority and training, reinforcement of education related to care of access.
Admission process	Education, assessments if not previously completed (e.g., urgent starts)	Admission paperwork, preparation of chart/filing, schedule appointments and training, reminder calls, lab draws, vital signs, weights, supply ordering, management of facility-owned equipment, obtain samples for Association for the Advancement of Medical Instrumentation (AAMI) analysis, cultures, and endotoxin, LPN/LVN may perform vaccinations/tuberculin (TB) skin tests administration of other medications if allowed by individual state practice acts
Training		
Education	Assessment of learning style, learning capabilities, education, evaluation of learning	Reinforce education within the scope of practice
Determining a safe transition	Assessment of readiness, determination of the frequency of ongoing monitoring	
Monitoring and ensuring success		
Follow up and oversight	Education and re-education of high-risk issues, assessment, and monitoring to include dialysis access, home environment, life goals, depression, burnout, observing lab results for trends, making recommendations for prescription management, determining frequency and completion of home visits, peritoneal equilibration test (PET), assessing when respite is needed and when transition back to home setting is appropriate	Assistance during clinic visits and home visits with phlebotomy, management of supplies, obtaining vital signs and weights, scheduling follow-up appointments, LPN/LVN may administer injections and other medications, PET tests if allowed by individual state practice acts
Emergent issues	Assessment and evaluation of issue and determination of the plan, on call	Act as a second person, if required for safety for after-hours clinic/home visit
Determining success	Evaluation of continued success at home, Follow-up education	Collection of data with parameters for reporting

Source: Adapted from Cahill et al., 2021.



Position Statement

The Role of the Registered Nurse in Nephrology

According to the *Nephrology Nursing Scope and Standards of Practice* (Gomez, 2022), nephrology registered nursing, “incorporates the diagnosis and treatment of human response and advocacy in the care of individuals, families, groups, communities, and populations affected by kidney disease. Nephrology nursing specialty practice integrates the art and science of caring and focuses on the protection, promotion and optimization of health and human functioning, prevention of illness and injury, facilitation of suffering through compassionate presence” (pp.1-2).

Nephrology registered nurses (RNs) work in various multidisciplinary and interdisciplinary environments. Most nephrology RN practice focuses on the patient population with identified kidney disease. Nephrology RNs also practice within the community in the prevention and identification of kidney disease. Each state has a nurse practice act or state statute equivalent that is the legal authority for nursing practice in each state. The National Council of State Boards of Nursing (www.ncsbn.org) provides links to each state’s boards of nursing. Wherever they practice, nephrology RNs use critical thinking skills to respond to the needs of individuals with kidney disease. Nephrology RNs participate with health care organizations and providers at the state, local, and community levels in efforts to reduce health disparities (Gomez, 2022). Nephrology RNs are mindful of resource utilization while implementing strategies and interventions to promote optimal outcomes, most appropriate to the health care consumer and situation.

ANNA recognizes the contributions of licensed and unlicensed assistive personnel such as licensed practical nurses/licensed vocational nurses (LPNs/LVNs) and unlicensed assistive personnel, including but not limited to medical assistants (MAs), patient care technicians (PCTs), and certified clinical hemodialysis technicians (CCHTs) in the delivery of care for individuals with kidney disease. The nephrology RN provides clinical supervision of licensed and unlicensed personnel per state practice acts or state statute equivalent and the applicable Centers for Medicare & Medicaid Services (CMS) regulations. These statutes may limit the delegation of nursing care activities or interventions to licensed and unlicensed personnel. Refer to ANNA’s Position Statement on Delegation of Nursing Care Activities (ANNA, 2022). ANNA maintains that other licensed and unlicensed personnel do not have the educational requirements, or skill set, to fulfill the role components of a RN.

It is the position of ANNA that the nephrology RN:

- Is required in the care of every individual with kidney disease.
- Is the most qualified individual to deliver the most informed, high-quality care for individuals with kidney disease.
- Should practice to the full scope of their license.
- Has a vital role in addressing structural and systemic inequities that deny necessities to those receiving care.
- Provides the leadership necessary for care collaboration and coordination, assuring patient safety, and the delivery of appropriate care.
- Is accountable for delivering care within the framework of the nursing process.

- Evaluates assessment findings to formulate nursing diagnoses and prioritize problems according to patient need.
- Engages the patient in mutual goal setting and collaboration in developing a plan of care directed toward achieving identified goals. The effectiveness of the plan of care in goal achievement is evaluated through patient outcomes.
- The education and skill set required for the nursing process, including assessment, diagnosis, outcome identification, planning, implementation, and evaluation, are essential role components of RN education and training and cannot be delegated.
- Educates individuals with kidney disease to promote health and wellness and assesses the effectiveness of the teaching strategies. Since education involves the nursing process, it cannot be delegated.
- Is an active participant of the interdisciplinary team to plan and effectively provide required care.
- Coordinates individual-centered care.
- Acts as a guide and advocate.
- Ensures informed consent for treatment decisions.
- Promotes the maximal level of individual-desired independence.
- Ensures an ethically sound practice and confronts ethical challenges through application of the *Nephrology Nursing Scope and Standards of Practice* and the American Nurses Association *Code of Ethics for Nurses* (2015).
- Actively participates in professional role development activities:
 - Continuing education.
 - Peer mentoring.
 - Quality assessment and performance improvement.
 - Review and clinical application of research findings to assure evidence-based practice.
 - Promotes nephrology certification.

ANNA is the leading organization representing nephrology nurses who span the nephrology registered nursing spectrum. With advocacy as part of the strategic plan, preserving the RN role and ensuring every individual with kidney disease has care provided by qualified RNs is essential to ANNA's mission.

References

- American Nephrology Nurses Association. (2022). *Position statement: Delegation of nursing activities*. <https://www.annanurse.org/download/reference/health/position/delegation.pdf>
- American Nurses Association (ANA). (2015). *Code of ethics for nurses with interpretive statements*. ANA.
- Gomez, N.J (Ed.). (2022). *Nephrology nursing scope and standards of practice* (9th ed.). American Nephrology Nurses Association.

***Adopted by the ANNA Board of Directors in July 2013
Revised and/or reaffirmed from 2013-2020
Most recently revised: December 2022***