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Decreasing CKD Complications Through Improved Early Identification and Nursing Interventions

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Data reported in the United States Renal Data System's (USRDS) 2015 Annual Report indicates the overall prevalence of chronic kidney disease (CKD) was 14.8 % (USRDS, 2015). While progression to ESRD may not be completely preventable, studies have suggested the timing of renal specialty care may impact patient outcomes. Educating bedside nurses (RN) and primary care nurse practitioners (APRN) to identify and manage early stage CKD and related risk factors is crucial to optimize patient outcomes (Paige & Nagami, 2009). Implementation of evidence-based practice guidelines that facilitate early identification of CKD may delay the progression to ESRD. A nephrology-specific educational course and guideline tool provided RNs & APRNs with the requisite knowledge, skills, and attitudes (KSA) on evidence-based care for patients in early stage CKD. KSA levels of RNs and APRNs, referral, and return to acute care facility rates (RTACF) were measured pre and post-intervention. A significant increase in knowledge levels was found for both RNs and APRNs following the educational sessions. This enhanced knowledge translated into demonstrable increases in both nephrology referral and RTACF rates for patients with renal-related diagnoses. The use of organizational leadership tenets, nursing theory, change theory, and advanced nursing practice has resulted in the implementation and evaluation of a quality improvement project demonstrating enhanced nursing KSA and care of the nephrology patient. This project demonstrates the importance of the non-nephrology nurse's practice in playing an essential role in the identification, evaluation, and management of CKD. Through the dissemination of evidence-based practice guidelines in a facility-based continuing education model, improvements in the delivery of patient care and outcomes can be recognized.

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