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Nebraska Nurses Association Testimony
407 Credentialing Review for Dialysis Patient Care Technicians.

My name is Melissa Florell (M-E-L-I-S-S-A F-L-O-R-E-L-L). I am here today on behalf of the Nebraska Nurses Association (NNA). NNA is testifying in a neutral position regarding the Nebraska Kidney Coalition application for registration of Dialysis Patient Care Technicians. The primary consideration in credentialing or changing the scope of practice for health care providers must be patient safety. Registered Nurses understand that optimal patient outcomes depend on the trust that patients place in their care providers and the health care system. In the recent past, articles and reporting of adverse outcomes have shaken that trust. We believe that it is our obligation as nurses, and as part of the health profession, to preserve the trust that the public has in the industry. We believe that a carefully implemented and managed Dialysis Patient Care Technician Registry can meet these goals.

The use of unlicensed assistive personnel is many times motivated by finances. Increasing the number of unlicensed personnel as opposed to licensed personnel can result in lower labor costs. However, allowing financial implications to dictate patient care delivery is not in the best interest of patients. Researchers in a retrospective observational study assessing data from 300 hospitals in 9 European countries determined that every 10% increase in the number of RNs providing patient care resulted in a 7% decrease in mortality (1). Researchers in a systematic review concluded that substituting other nursing personnel for RNs in an attempt to decrease personnel costs can result in an overall increase in healthcare costs as a result of increased length of stay and adverse healthcare events (2). Registered Nurses also believe that with safeguards in place to protect patients, unlicensed personnel can safely complete certain tasks. We believe that a registry including the following requirements would meet the goal of protecting patients, while allowing Dialysis Patient Care Technicians to fill their important role in care delivery.

(1) Education and training is critical for tasks completed by anyone in healthcare. In the case of the Dialysis Patient Care Technicians, we believe that there should be standardized training requirements and that demonstration of competency must be completed prior to employment. Standardized training and on-going competency assessments that address the tasks performed by Dialysis Patient Care Technicians must be comprehensive and clearly defined to ensure that every individual in the state of

Nebraska receives care from individuals who are similarly trained. We ask that the committee clearly define these training requirements.

(2) When unlicensed personnel are asked to complete tasks, these tasks should be directed by protocols that are approved by appropriate licensed personnel. For example, a protocol that would have a medication, must be approved by a provider who has medication administration in their scope of practice. The protocols should be specific and can not have range orders or allow for independent judgement.

(3) Delegation. Currently in regulation, a Registered Nurse can delegate a non-complex task to unlicensed personnel. This delegation will ensure that the patient is stable and that the use of a protocol is appropriate and safe for the individual.

(4) Heparin is a high risk medication. Inappropriate dosing or administration of this medication can results in serious complications. There are well documented cases of individuals who have died following inappropriate administration of Heparin. The administration of Heparin is a complex task. However, in certain circumstances, we believe heparin administration could be considered a non-complex task. In situations when a patient has been receiving a standard dose of heparin as part of a dialysis treatment and the patient is medically stable, the administration of heparin, we believe could be a non-complex task and could be delegated. We believe that when a patient is treated in a community setting and following an assessment by a Registered Nurse, a Dialysis Patient Care Technician could safety administer Heparin via facility approved protocols.

(5) Central Lines: Central lines place a patient at high risk. These lines go directly into the central cardiovascular system. Risks include a systemic infection that could result in sepsis and death. There is also a risk of a patient having an embolism which could also result in death. In 2012, the CDC, estimated that 41,000 patients develop central line infections and 16 – 35% of those infections are fatal. Several years ago, only patients in an ICU or step down setting had central lines. However, with improvements in central lines and infection control measures, more patients have central lines outside of a critical care setting. They are now commonplace throughout hospitals and in the community. The Nebraska Nurses Association believes that in certain circumstances accessing a central line could be considered a non-complex task and could be delegated. However, to ensure public safety, the task should ONLY be delegated to an individual who has been thoroughly trained and routinely checked for their competency.

(6) Lastly, Dialysis Patient Care Technicians who have completed the necessary training and have demonstrated their level of competency should be monitored. Mandatory

reporting by the Dialysis Patient Care Technician and the facility should be required in the event of a termination or delivery of unsafe care. This is another safeguard that will protect the public.

In summary, the Nebraska Nurses Association comes to you today in a neutral capacity regarding the Nebraska Kidney Coalition 407 Application for registration of Dialysis Patient Care Technicians, but believe that specific safeguards should be included to strengthen this proposal and ensure public safety. In review these are:

- Dialysis Patient Care Technicians should be registered, not licensed, in the State of Nebraska.
- Training and competency for the role of Dialysis Patient Care Technician should be standardized and clearly defined.
- Training and competencies must emphasize the high risk tasks of heparin administration and central line access.
- Limit this scope to community settings.
- Require the development of facility approved protocols that are specific and do not require interpretation or assessment to implement.
- Require delegation of these tasks by a Registered Nurse.
- Registrations should be administered by the Board of Nursing.
- Require mandatory reporting for individuals who hold the registration and the facilities who employ these individuals to report terminations of employment.

References:

(1) Aiken, L. H., Cimiotti, J. P., Sloane, D. M., Smith, H. L., Flynn, L., & Neff, D. F. (2011). The effects of nursing **staffing** and **nurse** education on patient deaths in hospitals with different **nurse** work environments. *Medical Care*, *49*(12), 1047-1053.

(2) Jacob, E. R., McKenna, L., & D'Amore, A. (2015). The changing skill mix in nursing: Considerations for and against different levels of **nurse**. *Journal of Nursing Management*, *23*(4), 421-426