



**NEPHROLOGY PROGRAM
DEPARTMENT POLICIES AND PROCEDURES**

**Hemodialysis - Section 13 - Quality Management - Neph 13-05
Hemodialysis Nurse Initial Certification and Demonstration of Continual
Competence with Nephrology Standards of Patient Care
No.: 01161 (TOH Standardized Policy Number)**

ISSUED BY:
N/A

DATE OF APPROVAL:
N/A

APPROVED BY:
Nephrology Steering Committee

LAST REVIEW/REVISION DATE:
2013/11

CATEGORY:
Quality Management

IMPLEMENTATION DATE:
2001/01

PURPOSE:

- To maintain a quality assurance process related to the knowledge and skills required to provide safe and competent care based on Nephrology standards for patients receiving Hemodialysis treatment in both an acute and chronic setting
- To ensure all nursing staff is aware of the processes and are accountable for ongoing reflection about practice and continuing education

POLICY STATEMENT:

Section A: Initial certification process

All new nursing staff are required to complete the following three components during their orientation period

1. Weekly quizzes with a pass mark of 80%
2. Demonstrate clinical competence according to weekly clinical performance objectives
3. Written multiple-choice exam, to be completed on the last orientation shift, with a pass mark of 80%

- For exam results less than 80%, follow-up will include:
 - Notification of manager
 - Manager and Educator will meet with the employee if the result is less than 75% or if the educator is concerned with the employee's knowledge or ability to prepare for another certification exam
 - Review of exam with Educator
 - Learning needs identified
 - Re-write certification exam
 - Date for re-write will be determined by the educator and the manager

Section B: Demonstration of continual competence

The hemodialysis nurse will:

1. Read new and revised policies, procedures and medical directives
2. Sign off the memo circulated with all new policy and procedure distributions. **RNs will have 2 months from time of posting to sign off**
3. Incorporate new and revised policies and procedures into their practice
4. Participate in quality improvement (QI) and unit based initiatives
5. Participate in an audit process. The audits are designed to evaluate both clinical and theoretical knowledge and determine if that knowledge translates to practice in the provision of safe and effective patient care
6. The Educators/Managers will develop audit tools based on high frequency/high risk activities and/or topics determined by the Hemodialysis Clinical Practice committee/Nephrology Leadership
7. Audits will be conducted q six months in Spring and Fall to ensure opportunity for all staff to participate in the process
8. The Managers/Educators will distribute, collect and review the results
 - Follow-up of audit results will include: Audit results will be shared with unit staff and Hemodialysis Clinical Practice Committee
 - Identification of Unit/Program learning needs/issues
 - Manager and Educator to develop a unit specific action plan to address needs and issues
 - The results of the audits will be collated for the Hemodialysis units, reviewed at the Hemodialysis Clinical Practice committee and staff meetings. The results will be displayed identifying units, not staff members

The hemodialysis nurse will show evidence of continuous learning:

1. This could be demonstrated as attendance at in-services, workshops, conferences, committee participation and patient rounds
2. The hemodialysis nurse's record of continuous learning will be reviewed with their manager at the time of their performance review
3. The hemodialysis nurse is encouraged to obtain specialty certification in nephrology (C Neph (c))

REFERENCES:

1. College of Nurses of Ontario Practice Standards and Guidelines:

- Professional Standards (Revised 2002)
- Decisions About Procedures and Authority (revised 2013)
- Authorizing Mechanisms ((revised 2013)

DEFINITION(S): N/A

ALERTS: N/A

PROCEDURE: N/A

RELATED POLICIES / LEGISLATION: N/A

COMMENTS / SIGNIFICANT REVISIONS: N/A