**Advocating Healthcare Programs for the End Stage Renal Disease Community**

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**Introduction**

When a patient goes into acute renal injury time is relative to recoverable nephrons and renal function. For the percentage of patients who can not recover their kidney function to a minimal level, >15% or a GFR >15, their options are a form of renal replacement, usually hemodialysis or peritoneal dialysis. Trinitas Regional Medical Center offers renal services the met the patients needs at various stages. From prevention of kidney disease at an early stage entering The High Risk-Intervention Via Education (THRIVE) program, facilitating a renal replacement method and applications to the transplant list. Trinitas Regional Medical Center (TRMC) to better serve the population in need has achieved 5 Diamond status through Quality Insights Renal Network 3 designed to build a culture of safety among patients (Trinitas Regional Medical Center, 2019).

**Interview**

**Interviewer:** Tell us about a healthcare program, within your practice.

**CARLO:** At Trinitas Regional Medical Center (TRMC) our renal program is entrusted with the responsibility to assist patients who have been diagnosed with either a later stage of chronic kidney disease or end stage renal disease. We assist them by guiding them through or THRIVE program created to slow the progression of kidney disease, help adjust to dialysis and prepare by creation of a dialysis fistula or graft (Trinitas Regional Medical Center, 2019).

**Interviewer:** What are the costs and projected outcomes of this program?

**CARLO:** The 2018 fiscal year saw TRMC generating 1.49 Billion dollars (American Hospital Directory, 2019). Currently TRMC has 4 hemodialysis locations. Two of which are in Elizabeth NJ, one in Linden and one located in Cranford. Their THRIVE program as well as their PD program are both run out from the Main hospital location. Projected cost to run departments vary depending on the volume of patients currently enrolled at each location as well as the rate of reimbursement. Our projected outcomes are to be greater than 30K per location per year. TRMC still owns its own dialysis services due to the mass generation of income as well as their results and has repeatedly turned down offers from both Fresenius and DaVita.

**Interviewer:** Who is your target population?

**CARLO**: Our target population is anyone who has been identified as having ESRD or developing renal failure.

**Interviewer:** What is the role of the nurse in providing input for the design of this healthcare program? Can you provide examples?

**CARLO**: Trends in lab results that can identify a patient as developing acute renal injury or patients who are developing chronic renal failure are flagged by their attending nurse and have a consult for a THRIVE nurse to see the patient and explain the purpose of THRIVE and options moving forward. Personally, I remember taking care of a young male, early 20’s who was diagnosed with renal failure. Irreversible he started hemodialysis and I was the first personnel to do his first treatment. We spoke in length about dialysis and his options. I encouraged him to ask about Peritoneal Dialysis because he was young, needed the flexibility and we reviewed some literature that covered renal transplantation and success. I asked that moving forward patients seen by a Thrive nurse be given more information regarding their treatment options.

**Interviewer:** What is your role as an advocate for your target population for this healthcare program? Do you have input into design decisions? How else do you impact design?

**CARLO:** I partially covered this question already. I advocate for my patient regarding which treatment modality is better suited for their daily living. The conversation is ultimately between the patient and their nephrologist but I arm and empower them with information before they are asked to make a decision.

**INTERVIEWER:** What is the role of the nurse in healthcare program implementation? How does this role vary between design and implementation of healthcare programs? Can you provide examples?

**CARLO:** As nurses we see first hand where healthcare delivery begins and where is falls short. We are able to identify the gaps in community health resources and can advocate for the development and funding of programs specifically needed. However, identifying does not always mean fulfilling them. Example: I am a great dialysis nurse. I have taught multiple nurses who are now orienting new nurses as well as becoming clinical coordinators and PD coordinators. I have identified needs within long term care facilities with regards to ESRD patients and have ensured their needs have gone up my leadership ladder as high as I can informally ask about. But that is as far as I can go. My personal goals in healthcare do not grant me the time to personally be involved in the development of new programs or project.

**INTERVIEWER:** Who are the members of a healthcare team that you believe are most needed to implement a program? Can you explain why?

**CARLO:** The Nephrologist. The programs also need a clinical coordinator a Transplant coordinator, a hemo- or peritoneal dialysis registered nurse, social worker as dietician and depending on modality a hemodialysis technician to operate the reverse osmosis machines.

# References

American Hospital Directory. (2019, October 11). *Trinitas Regional Medical Center*. Retrieved from https://www.ahd.com/free\_profile/310027/Trinitas\_Regional\_Medical\_Center\_/Elizabeth/New\_Jersey/

Trinitas Regional Medical Center. (2019). *Renal Services Program Overview*. Retrieved from https://trinitasrmc.org/renal\_services.htm