

# Renal nursing at the centre: changing clinical practice through influencing policy

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## Abstract

One way to drive change in clinical practice in the renal service is through initiatives funded by central government, either pilot projects, or new clinical tools, protocols and resources, or new national programmes. Such initiatives reflect changing priorities on the national health policy agenda that are determined by the interplay of a range of stakeholders in the health arena.

Nurses with renal backgrounds working within central government can influence the processes and debates that give rise to these policy initiatives. They can ensure key decision makers who set national health priorities are well informed about renal services and their priorities. They can facilitate effective engagement between the various stakeholder groups to reach agreement on priority initiatives for renal services.

In New Zealand several areas in nephrology have recently reached the national health policy agenda. These initiatives, in chronic kidney disease management, renal transplantation and new renal consumer information resources, exemplify the potential for renal nursing to change clinical practice by influencing policy.

## Keywords

Practice initiatives, renal policy, renal funding.

## National health policy and funding new initiatives

Innovative change in health service delivery can be driven locally by clinicians and managers who understand the real issues and the solutions that will work. But often such changes can be inhibited by the pressing need to maintain business as usual in the face of growing demand and by a lack of available funding for new initiatives. Dissemination beyond initial sites from locally generated initiatives tends to be erratic and protracted.

Central government has the ability to create change in clinical practice. Funding for new initiatives in health service delivery can be sourced from central budgets, if the issue being addressed becomes prioritised on the national health policy agenda. New policy plus funding drives changed clinical services. New funding will commonly be either to conduct pilot projects to test the value of an innovative approach in health service delivery, or to develop clinical tools, protocols and resources that can be used by all services, or occasionally to fund new national programmes for the entire country. Policy initiatives and associated new funding occur within the cycles of planning, contracting, delivery and reporting determined by the accountability frameworks that shape health services delivery. The annual health planning and budget round and the triennial general elections provide the opportunities for significant initiatives by the Minister of Health (the Minister).

The government is always interested in ensuring the consistency of provision of health services across the country. It is also responsive to issues that become public in the media indicating deficiencies in the services expected by voters. Rising rates of end-stage kidney disease (ESKD), requiring ongoing investment in new dialysis facilities each year, are obviously a concern to the government. But it is only one among many pressing issues in health service delivery. The key to securing new funding for innovative health programmes is securing a place on the national health policy agenda, which leads to new policy initiatives by the government. Getting on the agenda is the result of a complex interplay between the array of stakeholder groups in the health arena. Stakeholders include various groups, clinicians (nursing, medical and other health professionals), health managers, health funders and providers, the Ministry of Health (the Ministry), academic health groups, patient advocacy groups, the media and, importantly, the Minister.

To utilise the national process to improve their health services, stakeholders who want change need to engage effectively with a wide range of interested stakeholder groups, in order to influence policy decision makers. This engagement commonly involves various activities, including developing consensus among relevant professional groups about the priority for clinical change, producing briefings to educate bureaucrats

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within the Ministry about the issues, and producing data to support new funding models or draft business cases for new services. It can also include working with the media, mobilising patient advocacy groups and even meeting with the Minister. Data — evidence about the current situation and trends over time — is vital to justify the need for change and funding.

In New Zealand the key group representing the interests of nephrology is the National Renal Advisory Board (NRAB). This national clinical leadership group, independent of the Ministry, includes a range of clinicians, managers and a consumer representative, who advise the Minister, Ministry and funding and provider agencies on behalf of renal clinicians and services (National Renal Advisory Board, 2009). The NRAB has developed national standards with key performance indicators for dialysis and transplantation services that are embedded in the National Health Service Framework for all health services (Ministry of Health, 2008). The NRAB conducts an annual audit of all renal services against these standards which every service voluntarily contributes to, using primarily the Australia and New Zealand Dialysis and Transplant Registry, supplemented by some other sources (National Renal Advisory Board, 2013a). This data has been invaluable in supporting the NRAB's successful applications to the Minister for funding for new initiatives in renal services.

### Renal nursing as a change agent at the centre

Nurses with backgrounds such as renal expertise (Renal Society of Australasia, 2012) working within central government can be very effective as change agents, influencing the processes and debates that give rise to new policy initiatives. They have the clinical knowledge that make them credible in dealing with senior medical colleagues, but also have the skills to translate complex clinical information into meaningful terms for non-clinical stakeholders. Their education and experience means they can be effective in engaging multiple stakeholder groups with different agendas, and working with these groups to negotiate to consensus positions, crucial in any funding bids to the Minister.

These skills extend beyond those required for their formal role functions, also encompassing informal influence that can circumvent the hierarchical bureaucratic infrastructure. As a consequence of their involvement, through advice and argument in meetings and reports, they can ensure key decision makers who set national priorities are well informed about renal services and their priorities. They can facilitate effective engagement between the various stakeholder groups to reach agreement on priority initiatives for renal services.

Facilitation can also involve working with key stakeholder groups, especially the NRAB for nephrology, to enable their effective engagement with the Ministry, by advising them on who to approach and how to deal with them. Crucial to success is knowing which is the right place to focus on within the complex bureaucratic infrastructure, and being nimble in recognising and seizing the opportunities when they present themselves.

Commonly innovative proposals for service development in specialties such as nephrology involve expanded or innovative roles for nurses. Over the years renal services, as they have become more complex, created a range of new nursing roles, encompassing pre-dialysis, vascular access and transplant coordination. Nurses in central government can envisage and (through contracting processes) design new nursing roles that provide solutions in implementing proposed policy initiatives intended to improve patient care. A current area for development is in new renal nursing roles, based in specialist renal services but working in primary care settings, to support better management of chronic kidney disease (CKD).

Within the Ministry the nurse with a specialty background such as nephrology can discreetly work with a variety of individuals and groups who can influence others, gradually creating an awareness among a range of stakeholder groups that can eventually be crystallised as a new policy initiative. The renal nurse, as facilitator and integrator, can be a change agent at the centre.

### Policy into practice: renal examples

In New Zealand several areas in nephrology have recently reached the national health policy agenda. Because of the current diabetes epidemic in New Zealand, better prevention and management of diabetes is now a primary focus of the agenda. Given that diabetes is the principal driver of the growth in ESKD, improved management of CKD in primary care has become an associated focus with diabetes. Over the last three years the Ministry has, via a Request for Funding contracting process, funded four pilot projects testing innovative models of care for people with diabetes who either already have, or are at high risk of, kidney disease. Expert nurses from renal services, extending their roles by working with nurses in primary care practice settings, have been integral to three of the four pilots, from contributing to the planning and design through working with primary care clinicians to establish the services to actually leading the clinics and reporting the results (Walker *et al.*, 2013). The success of these pilots has been dependent on the skills of these specialist renal nurses, ranging from mentoring practice nurses and liaising with general practitioners to advising on service redesign and quality assurance programmes in primary care.

Renal transplantation is now on the national health policy agenda. A proposal from the NRAB, combined with media publicity about the low rates of renal transplantation, led to Ministerial initiative in 2012 to increase renal transplantation in New Zealand, with a new funding stream to support several new initiatives. Recognition of the difficulty people needing a renal transplant can have in relating to their family and friends who are potential donors was demonstrated in recent research in New Zealand (Martin, 2013). This has resulted in a major pilot project to increase live kidney donation. The outcome of a Request for Proposal contracting process, the project is sited in an area with very low rates of live donation. Live Kidney

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Donation Aotearoa has three major arms: new resources for renal patients and their potential donors to educate them about transplantation; a community engagement project to raise awareness of the need for and value of transplantation; and a home education programme using specially trained staff in new roles to work with people needing a transplant and their families (Live Kidney Donation Aotearoa, 2014). The products of this pilot will be applied in other services across the country.

This leading project is complemented by a range of other activities. Renal transplantation in New Zealand is being reconfigured as national service, led by a national clinical director, facilitating annual goal setting, reporting and quality improvement activities across all transplanting centres. The New Zealand Kidney Exchange programme has been established to enable transplantation for some patients with willing but incompatible donors, based on a new national protocol and information resources for potential participants. Supplementing these activities in live donation, national protocols defining a consistent process for being placed on the list to receive a deceased donor organ (National Renal Advisory Board, 2013b) and allocation of deceased donor organs that become available (National Renal Advisory Board, 2013c) have been developed and agreed nationally.

The importance of the consumer perspective in the management of long-term conditions is becoming prominent on the national health policy agenda. A centrally funded study showing the difference between professional and consumer perspectives among Maori and Pacific people with ESKD (Ministry of Health, 2009) and a PhD study on people seeking kidney transplants (Martin, 2013), supported by consumer advocacy on the NRAB, have made needs as perceived by renal consumers themselves an area of focus in nephrology. Responding to the need to increase health literacy among people with kidney disease, new funding has enabled Kidney Health New Zealand (KHNZ), the national consumer advocacy group for renal consumers, to develop a set of online consumer information resources for people with kidney disease on a range of topics, from dietary advice to the decision about whether or not to undertake renal replacement therapy (Kidney Health New Zealand, 2014). In this case uncontested funding was facilitated by the project being led by the nurse who is Education Manager at KHNZ.

### Going forward

These recent examples, in CKD management, renal transplantation and renal consumer information resources, exemplify the potential for nurses with renal backgrounds to contribute to changing clinical practice by influencing the national health policy agenda. The key is getting renal services on the agenda. Though of some interest to the government, because renal replacement therapies are relatively expensive, nephrology is a small specialty in terms of the numbers of people affected. In order to secure a place at the national level, rather than emphasising the clinical features that make this

specialty distinctive, nephrology needs to be positioned in relation to diabetes and cardiovascular disease, within the arena of long-term conditions. Better management of long-term conditions will be a key priority on the national health policy agenda in the future. Nursing is a natural leading professional group in achieving better care in long-term conditions, including people living with kidney disease.

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