

Nephrology Nursing Shortage and Solutions: Group Work Presentations

After hearing the presentations, the Summit participants were divided into seven groups, with each group composed of a diverse set of individuals representing various aspects of the nephrology community. Each group was led by a facilitator. Mary Brattich, Caroline Counts, Karen Robbins, Nancy Sharp, Kathleen Smith, Charlotte Thomas-Hawkins, and Susie VanBuskirk served as facilitators.

Each group was given two assignments. In some cases, the same assignment was given to two different groups to obtain increased information and ideas on those specific topics. The assignments included:

- What are the top five issues (in order of most important to least) in nephrology now and in the coming year? What needs to be done to address each issue?
- What do we want dialysis units to look like and how do we want them to operate in 3 years? How do we get there?
- Given the current nursing shortage, how do we best utilize the nephrology nurses we have? What are the different work designs, additional resources, changes in practices, or other changes that would improve utilization, productivity, efficiency, etc.?
- Your group has been charged with developing a nationwide plan to market nephrology nursing to elementary and high school students. 1) What is your plan (who, what, when, where, etc.)? 2) How will it be funded and staffed?
- Your group is charged with developing a plan for the renal community collectively and in individual organizations to work with schools of nursing to encourage student nurses to

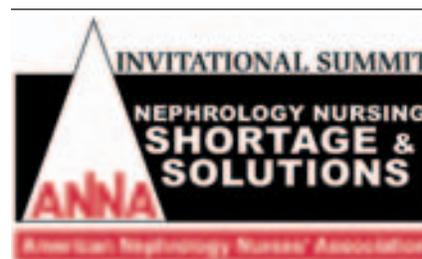


- choose nephrology nursing as a specialty. 1) What is your plan (who, what, when, where, etc.)? 2) How will it be funded and staffed?
- Your group has been charged with developing a nationwide plan to market nephrology nursing to existing nurses who are not nephrology nurses. 1) What is your plan (who, what, when, where, etc.)? 2) How will it be funded and staffed?
- Your group is charged with developing a plan for the renal community collectively and in individual organizations to best train new nephrology nurses. 1) What is your plan (who, what, when, where, etc.)? 2) How will it be funded and staffed? Your group is also charged with developing a plan for the renal community collectively and in individual organizations to provide continuing education for current nephrology nurses 1) What is your plan (who, what, when, where, etc.)? 2) How will it be funded and staffed?
- What are the major positive aspects of nephrology nursing? How can these positive aspects be

promoted effectively? What are the major negative aspects of nephrology nursing? What can be done to mitigate, eliminate, and improve these negative aspects?

- Retaining currently practicing nephrology nurses is vital. How can the renal community collectively and in individual organizations address the issue of retention of novice nephrology nurses? How can the renal community collectively and in individual organizations address the issue of retention of experienced nephrology nurses?
- If a magnet-like designation was created for dialysis units, what would you recommend as the criteria? How should these criteria be measured?

The summaries of the results from the work of all of the groups follow.





ASSIGNMENT 1

What are the top five issues (in order of most important to least) in nephrology now and in the coming year? What needs to be done to address each issue?

Group 2

Facilitator: Caroline S. Counts
Members: Maureen Herget, Howard Lewin, Pamela Frederick, John Galla, Tony Jannetti, Anne Krilla

The first challenge that Group 2 tackled was to decide the top five issues in nephrology now and in the coming year. Without a doubt, the major challenge is reimbursement and the financial burdens units and facilities now face. However, we were further instructed that reimbursement was to be taken off of the table because of one obvious reason – the Summit was not going to change the reimbursement rate. What were the issues that we could take action on now?

Staffing was the next top issue on the list - not only nurses, but also physicians. In regards to nephrologists, it was pointed out that the number of nephrology fellows needs to be increased in order to have the additional physicians that will be needed as the patient population increases. In regards to nurses, suggestions included increasing the amount of nephrology content in colleges of nursing and increasing activity with the National Student Nurses' Association. In both

professions it was felt that increased efforts should be made to recruit and to then retain staff. Exposure to nephrology was deemed vital.

The other important issues concerned our patients. Group 2 desired early access to care for patients in order to slow down or prevent the development of end stage renal disease. The need for public awareness is essential. Other public health initiatives such as The National Cholesterol Education program could serve as a template. In addition, educational programs and quality management programs for nursing homes, physician offices, and other areas where Medicare beneficiaries receive care should be developed. Collaboration with other professional groups, such as the American Diabetes Educators, would also be beneficial.

What are the top five issues (in order of most important to least) in nephrology now and in the coming year?

1. Reimbursement
2. Staffing (nephrologists too!!)
3. Regulatory ambiguity and burden
4. Patient related issues – early access, co-morbidities
5. Disease prevention and continuing to improve management.

What needs to be done to address each issue?

- ✓ Reimbursement - federal and state
- ✓ Increase legislative activity
- ✓ Inflationary increases necessary
- ✓ Review/consider different payment methodologies and strate-

- gies for reimbursement
- ✓ Changes needed sooner rather than later
 - It will get worse the longer we wait
- ✓ Staffing – MDs and RNs
 - Recruitment pipeline
 - Current nephrology fellow slots filled = slots emptying
 - Increasing number of slots or retention of graduates
 - Exposure important
 - Educate the Colleges of Nursing/PR
 - Increase activity with NSNA
- ✓ Regulatory Burdens
 - Continue to increase frequency and quantity of collaboration with CMS
 - Establish consensus standards for aspects of care – example: frequency of certain ESRD related lab tests
- ✓ Patients
 - Early access to care
 - Increase public awareness
 - Templates for care – example: National Cholesterol Education
 - Quality Management
 - Across Medicare beneficiaries (Nursing Homes, MD's offices, etc.)
 - American Diabetic Educators
- ✓ ESRD Prevention
 - Public health initiatives – education and awareness

Group 5

Facilitator: Kathleen T. Smith
Members: Gary Brukart, Rose Smith, Ida Sarsitis, Marilyn Swartz, Nancy Gallagher, Steven Schneider

What are the top five issues (in order of most important to least) in nephrology now and in the coming year?

1. Reimbursement
2. Workforce Issues
3. Continuum of Care: Focus on Outcomes
4. Patient Partnerships

5. Collaboration, Consensus and Communication in Nephrology Community

What needs to be done to address each issue?

- ✓ Payment reforms/align incentives toward quality/Medicaid reform
- ✓ Create learning environments/linkages with academia/define competencies
- ✓ Research into prevention/payment incentives for outcomes/focus on CKD/continue benchmarking
- ✓ Incentives for self-care & home dialysis/louder patient voice at all level
- ✓ Find common ground in nephrology community at all levels

ASSIGNMENT 2

What do we want dialysis units to look like and how do we want them to operate in three years? How do we get there?

Group 6

Facilitator: Charlotte Thomas-Hawkins

Members: Charlotte Anthony, Carolyn Latham, Joe Mello, Lesley Dinwiddie, Paul C. Smedberg, Leslie Mirani

This work group focused on developing indicators that would be satisfying to patients and staff and that were conducive to optimal clinical outcomes. A professional environment,

state of the art technology, customer friendly staff attitudes and professional behaviors, appropriate staffing levels, teamwork, and positive patient outcomes were deemed important indicators of an efficient and effective dialysis unit. To obtain this level of efficiency and effectiveness in dialysis units, the work group felt that the following would be necessary: adequate funding, patient and staff education, current knowledge of new technology, leadership/management development and training, team reward systems, reimbursement tied to patient outcomes, efficient and standardized data tracking and documentation systems, strong nursing leadership at the organizational and unit levels, and adequate staffing.

What do we want dialysis units to look like and how do we want them to operate in 3 years?

- ✓ Environment that is aesthetically pleasing and functionally efficient
 - Bright, well lit, clean, centralized nursing station
 - CKD clinic
 - MD office next to clinic
- ✓ State of the art technology
 - Well maintained equipment
- ✓ Attitudes and behaviors are customer friendly
 - Caring environment
 - Safe environment for staff and patients
- ✓ Values professional development of staff
- ✓ Competency
- ✓ Teamwork

- ✓ Promote self-care/patient education
- ✓ Access outcomes
 - No catheters
 - Fistulas
- ✓ Systems for tracking data
 - Data tracking system
 - General Outcomes
- ✓ Strong nursing leadership presence
- ✓ Appropriate staffing
- ✓ Profitable
- How do we get there?**
- ✓ Environment
 - Staff education/behavior change
 - Incorporate patients into future unit planning
 - Include patients and nurses into unit planning
 - Adequate funding
 - Refocusing attention to appearance
- ✓ State of the art technology
 - Current knowledge of what is available
 - Knowledge of how patient care can be improved with the technology available
 - Plan for replacement
- ✓ Attitudes and behavior that are customer friendly
 - Leadership development
 - Management development
 - Adequate staffing levels
 - Staff development
- ✓ Teamwork
 - Team reward systems
 - Performance bonuses
 - Social events
 - Reward clinical outcomes
 - Leadership and management development
- ✓ Self care/patient education
 - Medicare reimbursement for daily dialysis
 - Patient education
 - Staff education
 - Medicare rewards for providers of self care
 - Establishing in-center self care units
- ✓ Access outcomes
 - Better surgical focus/better data out of surgeons
 - Reimbursement tied to type of access



- ✓ Systems
 - Paperless systems
 - Electronic medical records
 - System for tracking staffing data, clinical data
 - Standardized guidelines from OIG for documentation
- ✓ Strong nursing leadership presence
 - Chief nursing officers in top management
 - Create a culture that values a professional nursing model
 - Advanced practice nurses in dialysis units
- ✓ No vacant staffing positions
 - Create magnet dialysis centers
- ✓ Profitable
 - Pay attention to bottom line, variable expenses, reduce turnover, more satisfied staff
- ✓ Clinical Outcomes
 - Reimbursement tied to clinical outcomes
 - Staff education – teaching staff how to teach
 - Patient education
 - Develop clinical protocols

ASSIGNMENT 3

Given the current nursing shortage, how do we best utilize the nephrology nurses we have? What are the different work designs, additional resources,

changes in practices, or other changes that would improve utilization, productivity, efficiency, etc?

Group 1

Facilitator: Mary Brattich
Members: Ella Friedman, Chris Lovell, Gail S. Wick, Robert Provenzano, Brenda Dyson

This group identified that the results of the Work Environment Study (WES) pointed to the fact that probably the majority of Nephrology Nurses working in in-center hemodialysis units, are involved in all aspects of the unit, from technical to clinical, instead of focusing on the unique perspective that only a nurse can give. We felt that if we utilize a nurse as a nurse, instead of a ward clerk, PCT, receptionist, etc., that the satisfaction and outcomes of the patients would improve greatly. While there is no question that we are all called upon to dabble in all the roles found in a dialysis unit, for we are a team, we felt it vital that the role of the nurse be clearly identified and supported by management. Some of the key items that we identified will be found below.

Given the current nursing shortage, how do we best utilize the nephrology nurses we have?

- ✓ If we use nurses as nurses we solve

- retention
- patient issues
- recruitment
- ✓ Examples of nursing roles
 - leadership
 - CQI facilitator
 - plan and coordinate patient care
 - educator
 - liaison with multi-disciplinary team

What are the different work designs, additional resources, changes in practices, or other changes that would improve utilization, productivity, efficiency, etc?

- ✓ Appropriately utilizing skill mix
- ✓ \$\$\$\$ Link reimbursement to outcomes
- ✓ Push patient self-care/wellness programs
- ✓ Facility design improvements
- ✓ Utilize LPNs/LVNs - as state allows
- ✓ Delegate paperwork - most appropriate person
- ✓ Support legislative initiatives

Group 4

Facilitator: Nancy J. Sharp
Members: Joan Parrish, Rick Uzes, Susan Raulie, Connie Anderson, Sally Burrows-Hudson, Claire Callahan

Given current nursing shortage, a good strategy for using current nephrology nurses to their fullest is to utilize them (1) in leadership roles (nurse manager, etc.), (2) as clinical mentors, and (3) as staff and patient educators.

To improve utilization, productivity, and efficiency, the nephrology nursing community needs to employ different staff and patient scheduling systems; advocate a system of renal case managers; and implement facility designs to improve efficiencies. For staffing resources, the community needs to focus on national education and certification for PCTs, better utilization of LP/VNs, and increased management education and training for nephrology nurses in clinical units.



For future clinical practice, there needs to be increased emphasis on patient self-management, a shared governance structure for all nephrology professionals, and clearly defined reward and recognition programs.

Given the current nursing shortage, how do we best utilize the nephrology nurses we have?

- ✓ Leadership role
- ✓ Clinical mentoring and oversight
- ✓ Staff and patient education

What are the different work designs, additional resources, changes in practices, or other changes that would improve utilization, productivity, efficiency, etc.?

- ✓ Work design
 - Staffing models
 - Staff and patient scheduling systems
 - Role definition and clarification
 - Case management
 - Certification for LVNs/LPNs
 - Certification and/or licensure for PCTs
 - Facility design
 - Routine meetings with Administrators, DONs, and Medical Directors
- ✓ Resources
 - Task support assistants
 - Technology
 - Standard annual composite rate increase
 - Top down support of QI activities
 - CQI training
 - Improved clinical systems
 - Management development
 - Clinical nurse educators
- ✓ Practices
 - Teamwork
 - Shared governance
 - Enhance MDs active involvement in clinical management
 - Emphasis on patient self management
 - Reward and recognition programs
 - Mentoring
 - Collaborative state survey process



ASSIGNMENT 4

Your group has been charged with developing a nationwide plan to market nephrology nursing to elementary and high school students. 1) What is your plan (who, what, when, where, etc.)? 2) How will it be funded and staffed?

Group 1

**Facilitator: Mary Brattich
Members: Ella Friedman,
Chris Lovell, Gail S. Wick,
Robert Provenzano,
Brenda Dyson**

In regards to developing a nationwide plan to market nephrology nursing, we felt strongly that we need to educate the general public about renal disease first. Tools need to be

developed as well as a plan to get the topic into the spotlight. This would serve a dual purpose since the CKD population is growing, they will benefit as well by learning what it is they need to know and can advocate for appropriate care and follow-up. We would hope to obtain a grant to carry out these plans.

What is your plan? (who, what, when, where, etc.)

- ✓ Need to educate general public about renal disease first
- ✓ Elementary - very general (books, cartoons, games, etc.)
- ✓ High School - encourage volunteerism at kidney camps, learn-study programs
- ✓ Celebrity spokesperson
- ✓ Encourage civic duty related to ESRD/CKD



- ✓ Movie spot
- ✓ Grassroots efforts/use what is already being done

How will it be funded and staffed?

- ✓ Government funded
- ✓ Industry funded
- ✓ Funded by grant/endowment/ Robert Wood Johnson approached by organization that would staff the program
- ✓ Staffed by existing organizations (NIDDK, ANNA or NKF)

ASSIGNMENT 5

Your group is charged with developing a plan for the renal community collectively and in individual organizations to work with schools of nursing to encourage students nurses to choose nephrology nursing as a specialty. 1) What is your plan (who, what, when, where, etc.)? 2) How will it be funded and staffed?

Group 2

Facilitator: Caroline S. Counts
Members: Maureen Herget, Howard Lewin, Pamela Frederick, John Galla, Tony Jannetti, Anne Krilla

The second challenge that Group 2 faced was to develop a plan for the renal community to work with schools of nursing that would in turn encourage student nurses to choose nephrology nursing as a specialty. Our plan included having ANNA develop a nephrology nursing course on a CD ROM that could be used by colleges of nursing as well as having a list of nephrology nurses/physicians who would be willing to assist the college in its utilization. Additional actions included filming nephrology nursing career vignettes demonstrating the wide variety of opportunities within nephrology nursing; having individual registered nurses act as mentors to students; participating in more job fairs; presenting nephrology related topics at more State Student Nurses' Association meetings; marketing nephrology directly to student nurses and schools of nursing; utilizing technology more to

reach students – links to the ANNA website and email. It was suggested that funding for these actions could be sought from industry and providers.

What is your plan? (who, what, when, where, etc.)

- ✓ ANNA develop a curriculum on CD-Rom and for AACN individual colleges
- ✓ Individual RNs to act as mentors
- ✓ Encourage nephrology nurse participation in job fairs
- ✓ Participate in Student Nurses' Association Conventions
- ✓ Direct marketing to nursing students and schools of nursing
- ✓ Provide a national contact list by geography of nephrology nurses/physicians who are willing to promote nephrology nursing to schools
- ✓ Develop a nephrology template/track that schools of nursing can use for education
- ✓ Use technology
 - Websites – links to ANNA
 - E-mail
 - 1st semester of last year
- ✓ Present at State SNA's or others
 - Volunteers from ANNA, nurses who are members of Networks, Industry
 - Film Anne Harty's (ANNA speaker) presentation
 - Career vignettes

How will it be funded and staffed?

- ✓ Provider contributions
- ✓ Industry

ASSIGNMENT 6

Your group has been charged with developing a nationwide plan to market nephrology nursing to existing nurses who are not nephrology nurses. 1) What is your plan? (who, what, when, where, etc.) 2) How will it be funded and staffed?

Group 4

Facilitator: Nancy J. Sharp
Members: Joan Parrish, Rick Uzes, Susan Raulie, Connie Anderson, Sally Burrows-Hudson, Claire Callahan

To develop a nationwide marketing plan to encourage non-nephrology nurses to join the ranks nephrology nursing, we would need a strongly coordinated and funded program that: (1) gets commitment from all players in nephrology; (2) utilizes a very knowledgeable development person who will write grants, build coalitions, express enthusiasm about the field of nephrology (Money is available from HHS/ HRSA/ Div of Nursing for specialty groups such as ANNA to partner with a School of Nursing and a dialysis facility to plan various enticing programs.); (3) focus on diversity in nursing, to reflect more closely ESRD patient population; (4) use current nurses as consultants/ staff/ coordinators of marketing program – to clarify the message with certainty; (5) establish a "joint" Internet site among all stakeholders,



where ALL nephrology nursing vacancies can be posted; (6) employ full time ANNA staffer to handle this project, or obtain funds to outsource it.

What is your plan? (who, what, when, where, etc.)

- ✓ Funding: From anybody – the more the merrier. Write GRANT to get funding from Nurse Reinvestment Act, or other Foundation resource, or combined dialysis provider groups
- ✓ Create portal website – linked with ALL dialysis providers
- ✓ Collaborate with school of nursing, dialysis facility and ANNA
 - ESRD care can be ped care , home care, geriatrics, pre-ESRD, educator, ICU, chronic care
- ✓ Practice guidelines – well defined and evidence based
- ✓ Professional nursing organization
- ✓ Target Population
 - RNB's
 - RN refresher group
 - New Graduates
 - Geographic areas with high RN to population ratios
- ✓ Marketing
 - Target minority nurses
 - Check media – radio, TV
 - Review areas of country where lots of nurses
 - Create messages for current nurses; same messages as nephrology nurses
 - ANNA hires marketing firm and helps develop messages
 - One focus on diversity – reflect patient pop.
 - Melding patient care with technology
 - Complex, challenging patient population
 - High school – career development
 - New graduate nurses
 - Reentry nurses
- ✓ ANNA will be the coordinator
 - Develop marketing campaign with key messages



- Get collaboration with all dialysis providers on message and process
- One focus on diversity – reflect patient pop.
- Melding patient care with technology
- Complex, challenging patient population
- High school – career development
- Retirement communities – work, live
- Link all providers with openings on one website

How will it be funded and staffed?

- ✓ Staffing –
 - ANNA
 - Outsource it

ASSIGNMENT 7

Your group is charged with developing a plan for the renal community collectively and in individual organizations to best train new nephrology nurses. 1) What is your plan? (who, what, when, where, etc.) 2) How will it be funded and staffed?

Your group is also charged with developing a plan for the renal community collectively and in individual organizations to provide continuing education for cur-

rent nephrology nurses

- 1) **What is your plan? (who, what, when, where, etc.)**
- 2) **How will it be funded and staffed?**

Group 3

**Facilitator: Karen C. Robbins
Members: Mignon Early,
Deborah Anne Harvey,
Brady Augustine, Ann Stivers,
Mike Cunningham,
Susan Worsnick**

The group was challenged by this question to provide a more uniform, comprehensive or consistent approach to preparing nurses for their roles in nephrology. There was concern about the product that large corporations could provide as opposed to smaller organizations or individual facilities as resources vary widely. Many ideas were explored for both short-term and long-term approaches. Practical matters, e.g. human and fiscal resources, and time, were discussed in depth. That these would appeal to nurses to attract them to nephrology was also considered.

New Nurses- What is your plan (who, what, when, where, etc.)?

- ✓ Is this realistic? There is a core body of knowledge, e.g. ANNA/NANT Core has served as a model from which

- ✓ curricula developed
- ✓ Content –what, who would develop
 - Develop multi-media basic nephrology modules that could be used as a standardized base that would be endorsed by the renal community collectively
 - Providers develop content individually specific to their policies
- ✓ Players – ANNA, providers, NKF, ? Vendors contributing to content relevant to their products as a possible source of funding
- ✓ Other considerations – get states to agree to standardize requirements – CMS pressure
- ✓ Certification/validation-standardized test to pass course/curriculum
- ✓ Have a self- exam/challenge out of it
- ✓ Cost/benefit analysis of doing this as a generic course
- ✓ Is it realistic for the nephrology community to embrace this concept? Many providers have their own internal competencies and training programs. Would such a course be welcomed or cost effective to develop?
- ✓ May be viable to develop a consortium of smaller providers/independents who would benefit from such a program. Again, this would fill a need for units not part of larger corporations.
- ✓ Needs to be non-competitive, non-proprietary to be a general standard throughout the community
- ✓ Partner with college, use multi-media center to develop educational materials

How will it be funded and staffed?

- ✓ “ANNA Powerball” – prizes, monies would fund the program. This was a “lighter moment” suggestion that would generate revenues to fund the program.

Current Nurses- What is your plan? (who, what, when, where, etc.)

- ✓ Multi-media, small chunks/module topics in areas of need, e.g., occupational health/safety,
 - in depth pathophysiology,
 - disease state management,
 - anything new to nephrology – technology, meds
 - Leadership/management

How will it be funded and staffed?

- ✓ Professional organizations, vendors
- ✓ Get curriculum approved in advance for CEs
- ✓ Helps develop leadership in people developing & presenting content
- ✓ Who would the people doing the training work for? If material is generic, would individual companies provide the staff for the training? Would the professional organizations, e.g. ANNA, provide the faculty?
 - To differentiate between education/didactic material and the experiential component, the following was proposed:
 - Education- the more didactic component. (If they are self-learning modules no faculty)
 - Trainer works for the provider and focuses on technical, assessment of patient, skills, & experiential – e.g. what to do when a patient crashes

ASSIGNMENT 8

What are the major positive aspects of nephrology nursing? How can these positive aspects be promoted effectively?

What are the major negative aspects of nephrology nursing? What can be done to mitigate, eliminate, improve these negative aspects?

Group 3

**Facilitator: Karen C. Robbins
Members: Mignon Early, Deborah Anne Harvey, Brady Augustine, Mike Cunningham, Susan Worsnick**

The group thought that much of the focus of the positive aspects of nephrology nursing have been on such things as scheduling benefits, e.g. “Sundays off,” “closed on the major holidays.” The group looked beyond those areas to more in depth, substantive issues around the unique aspects of nephrology nursing and how those could be used to market the specialty. Some of the positive aspects can also be negative, depending upon the perspective of the individual. For example, the opportunity to work with a patient/family over time is appealing to some and not stimulating to others. Hence, some assets also appear in the negative aspects of the specialty.

What are the major positive aspects of nephrology nursing?

- ✓ Nephrology nurses get to know patients very well, bond between nurse/patient
 - Continuity of care, job satisfaction
 - A comprehensive specialty, take care of the whole patient
 - Never a dull moment/mostly predictable population – representing the dichotomy of the specialty. “Never a dull moment” represents the rapidity with which patients’ status can sometimes change, while often constituting a mostly predictable population.
 - Clinically challenging
 - Unique qualities of nurses attracted to long term care
- ✓ Favorable working hours, flexible scheduling
 - More compatible with home life
- ✓ Ability to use technology in patient care
 - May appeal to nurses with critical care background
- ✓ Autonomy of nursing care
- ✓ Small facet of healthcare, network is close knit

- ANNA as a resource, networking forum, source of support
 - Potential for advanced nursing practice
- How can these positive aspects be promoted effectively?**

- ✓ Publications in other journals/cross specialties.
 - Promote nursing specialties in similar populations, e.g. rehab, ortho, SNFs
- ✓ Student nurses:
 - Long term clinical rotations from nursing schools
 - Promote the environment as one that promotes continuity, atmosphere to develop skills
 - Shadow programs, internships for GNs, develop confidence
 - Consult in development of nursing education curricula to emphasize out patient clinics as primary clinical site
- ✓ Nurses returning to the workforce
 - Shadow programs
 - Market to nurses re-entering job force same as new grads
 - Internship
- ✓ Advertise/promote scheduling benefits/flexibility
- ✓ Technical aspects
 - Promote technical aspects to other highly technical nursing specialties, e.g. ICU, OR
 - Focus on technology to customize patient care
 - Promote to other nursing disciplines as an area that functions autonomously
- ✓ Image
 - Recognition for professional development, certification, etc.
 - Sponsor professional memberships
 - Employer mandated and funded attendance at national conference
 - Image campaign – ads, stories
 - Can the marketplace come

out with a unified marketing effort about the value of nephrology nursing like the J&J campaign? Need broad-based support

- Remind nephrology nurses about their “roots” and why they chose nephrology nursing.
- Recognition

What are the major negative aspects of nephrology nursing?

- ✓ Finances influencing staffing
 - Based up today’s presentation, future uncertain for \$ for nursing salaries.
 - Workload – not enough nurses to provide the care that nurses want to be able to give.
 - Over-utilization of non-RN personnel who RNs must supervise
 - Cost of technology may limit and decrease use
 - Reimbursement for dialysis – future bleak
 - Increased financial restraints – nurse/pt. ratios larger than most intensive therapies
 - Pay is not commensurate with demands of specialty
 - Responsibilities blurred between nurses and techs
 - The burden of paperwork!
 - Increased regulatory and compliance requirements
- ✓ Operations and health concerns
 - Early morning shift starts, issues of childcare, fatigue
 - Long days-”hurry & wait” syndrome
 - Physically demanding/high stress
 - Patients can be passive/aggressive
 - Exposure to chemicals/blood borne pathogens
- ✓ Challenges
 - Work can become too routine
 - Taking care of the same patients
 - Must be able to function independently and very quickly

What can be done to mitigate, eliminate, improve these negative aspects?

- ✓ “Real” - Operations
 - Clearly define/organize job functions, e.g. nurse NOT filling bicarb jugs but using time for functions that are uniquely nursing
 - Allow employee participation in design of work flow/scheduling
 - Find more nurses to work in nephrology
 - Change nurse/patient ratio
 - Add humor to workplace
 - Automate wherever possible
- ✓ “Ideal” – Regulatory
 - Increase revenues and reimbursement
 - Expand the composite rate and translate some of this to nursing salaries
 - Enlist patient support to effect legislative changes to reimbursement \$\$\$
 - Extend commercial payor period to help offset Medicare losses
 - Automate wherever possible, paperwork, repetition
- ✓ “Now” -Education
 - Sponsor education on-line for unlicensed staff
 - Increase involvement in ANNA
 - Provide education/training for supporting care chronically ill
 - Leadership/management training for nurses
 - Expand duties of CDTs to allow nurses to do nursing
- ✓ “Now”
 - Increase PD – less nurse intensive/promote home hemo

Group 7

Facilitator: Suzann VanBuskirk
Members: John Anderson, Larry Buckelew, Dolph Chianchiano, Joe Mazzilli, Janel Parker

Members of Group 7, representing a broad stakeholder base, actively participated in dialogue to address the major positive and negative aspects of

nephrology nursing. The collective experience of the group yielded thoughtful approaches to address the challenges of marketing the positive aspects of the specialty to current and future nurses as well as to improve the professional development and working environment of nephrology nurses.

What are the major positive aspects of nephrology nursing?

- ✓ A defined specialty
- ✓ Professional cohesiveness
- ✓ Opportunities for growth, multi-focused roles, and autonomy in practice
- ✓ Allows nurses to perform broad spectrum of nursing care/nurses allowed to be nurses
- ✓ Outcome driven. Chronicity allows opportunity for nurses to witness the result of their care.

How can these positive aspects be promoted effectively?

- ✓ Multi-media approach
- ✓ Present positive images of NN to all levels
- ✓ Mentorships/internships
- ✓ Report accurate timely data
- ✓ Job redesign
- ✓ Certification

What are the major negative aspects of nephrology nursing?

- ✓ Stressful work environment
- ✓ Declining caregiver ratios
- ✓ High % of government involvement
- ✓ Aging population - increased patient acuity
- ✓ Consolidation - highly leveraged providers
- ✓ Patient co-morbidities

What can be done to mitigate, eliminate, improve these negative aspects?

- ✓ Attract new nurses
- ✓ Retention plans: appropriate orientation and education
- ✓ Leadership development
- ✓ New technology: products, information systems
- ✓ Image Campaign: gain support of special interest groups
- ✓ Identify at-risk groups: rural and metro
- ✓ New levels of certified care givers
- ✓ New legislation

ASSIGNMENT 9:

Retaining currently practicing nephrology nurses is vital. How can the renal community collectively and in individual organizations address the issue of retention of novice nephrology nurses? How can the renal community collectively and in individual organizations address the issue of retention of experienced nephrology nurses?

Group 5

Facilitator: Kathleen T. Smith

Members: Gary Brukart, Rose Smith, Ida Sarsitis, Marilyn Swartz, Nancy Gallagher, Steven Schneier

How can the renal community collectively and in individual organizations address the issue of retention of novice nephrology nurses?

- ✓ Mentoring program
- ✓ Thorough company orientations; integration with other disciplines
- ✓ Flexible schedules
- ✓ Recognition/integrity/respect
- ✓ Opportunities for advancement/ new experiences
- ✓ Pay incentives/bonuses
- ✓ Association/company awards

How can the renal community collectively and in individual organizations address the issue of retention of experienced nephrology nurses?

- ✓ Pay incentives: certification/mentorship
- ✓ Flexible scheduling
- ✓ Recognition
- ✓ Research opportunities/grants
- ✓ Professional development
- ✓ Education
- ✓ Leadership training
- ✓ Sabbaticals

ASSIGNMENT 10:

If a magnet-like designation was created for dialysis units, what would you recommend as the criteria? how should these criteria be measured?

Group 6

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The focus of this work group discussion focused on the potential characteristics that would foster professional nursing practice and optimal patient outcomes in a dialysis unit. Many of the characteristics of the professional practice environments in magnet hospitals were thought by the group to be important for dialysis environments as well and included: adequate staffing and skill mix, open communication, strong nursing leadership at the executive level, a strong medical director and good interdisciplinary relationships, career advancement opportunities for nurses, patient focused care, rewards for professional contributions and specialty certification, shared decision-making, role clarity, and continuous improvement. Each of these aspects are measurable and the group offered distinct measures for each characteristic listed.

What would you recommend as the criteria?

- ✓ Appropriate skill mix
 - Known vision and mission of the organization
- ✓ Open communication; clear expectations
- ✓ Strong nursing leadership at executive level and
- ✓ Strong nursing leadership at unit level
- ✓ Collaborative professional model
 - Nurse MD relations
 - Patients relations with staff and management
 - Strong Medical Director
- ✓ Career ladder program
- ✓ Professional development for nurses
- ✓ Patient focused care
- ✓ Care management planning and protocol driven care
- ✓ Integrated care management
- ✓ Systems that are efficient or user friendly
- ✓ Outcome and performance

- based reward system
 - Professional rewards for professional contributions
- ✓ Shared decision making
- ✓ Continuous improvement
- ✓ High quality outcomes
 - Clinical, patient satisfaction, nurse satisfaction, low nurse turnover rates, low nurse burnout
- ✓ Role clarity
- ✓ Specialty certification
 - Financial incentives and recognition

How should these criteria be measured?

- ✓ Appropriate skill mix
 - Percent licensed personnel
 - Percent staff who have obtained specialty certification
 - Nurse to patient ratio
- ✓ Known vision (communication, expectations)
 - Staff satisfaction tool
- ✓ Strong nursing leadership at executive level
 - Position filled
 - Staff satisfaction tool
 - Retention rates
 - Clinical outcomes
- ✓ Strong nursing leadership at unit level
 - Retention rates, staff satisfaction, patient satisfaction, clinical outcomes
- ✓ Collaborative professional model
 - Frequency of team meetings
 - Frequency of team rounds (nurse- MD, Nurse-nurse)
 - Patient satisfaction
 - Collaboration survey
- ✓ Career ladder program
 - Is it in place?
 - % utilization
- ✓ Professional development for nurses
 - Frequency of continuing education
 - Outcomes of continuing education
- ✓ Satisfaction, meet their needs, etc
- ✓ Patient focused care
 - Clinical outcomes, mortality rates, patient satisfaction sur-

- veys, hospitalization rates, staff satisfaction surveys
- ✓ Integrated care management and documentation systems
 - Is it there, is it utilized, staff satisfaction survey, manager satisfaction survey
- ✓ Outcome and performance-based reward systems
 - Evidence that outcomes and performances are rewarded (monetary or professional incentives in place)
- ✓ Shared decision making
 - Satisfaction survey
- ✓ Continuous quality improvement
 - Clinical outcomes, staff satisfaction surveys
- ✓ High quality outcomes
 - (Clinical, patient satisfaction, nurse satisfaction, low nurse turnover rates, low nurse burnout)
 - Measure them
- ✓ Role clarity
 - Staff satisfaction survey, patient satisfaction
 - Specialty certification
 - Percent of staff certified

Group 7

Facilitator: Suzann VanBuskirk
Members: John Anderson, Larry Buckelew, Dolph Chianchiano, Joe Mazzilli, Janel Parker

Group 7 members enthusiastically collaborated to construct global metrics to measure criteria for magnet-like designation for dialysis units that focused on an environment for nurses and patients which is safe, effective and efficient.

What would you recommend as the criteria? Ways to measure.

- ✓ Supports research and evidenced base practice.
- ✓ Multidisciplinary team collaboration and decision making
- ✓ Staffing: adequate numbers, increased retention rate
- ✓ Certified personnel: standardized orientation, opportunities for professional growth and recognition, continuing education

- ✓ Leadership: opportunities for feedback, mentoring, and decentralization
- ✓ An environment for staff and patients which is safe, effective, and efficient
- ✓ Improved patient outcomes and satisfaction: X% of patients exceed established indices
- ✓ Development of data management systems

After the results of the group work were shared with all summit participants, the groups made recommendations on priority, short-term and long-term strategies.

Short-Term Strategies

Group 1: Market benefits of nephrology nursing

Group 2: Recruitment and retention

Group 3: Collaboration – sharing of nephrology meeting calendars; nursing school practicums

Group 4: Nursing role clarification (across organizational lines, but relative to other disciplines); marketing strategy development to bring in new recruits

Group 5: Clarify role expectations (let nurses do nursing); promote patient self-care

Group 6: Internship programs; management development programs

Group 7: Providers to develop creative ways to recognize nephrology nurses that enhance their commitment to the specialty; create a safe, caring environment for nephrology nurses; create mentorship programs.

Long-Term Strategies

Group 1: Move toward magnet characteristics to improve professional practice environment

Group 2: Improve retention via the mentoring program; develop a marketing program to recruit nephrology nurses

Group 3: Develop an ad campaign to recruit nephrology nurses; identify and recognize exemplary practice sites

Group 4: Create a database to collect data showing clinical outcomes with improved professional

practice; create management and leadership development opportunities

Group 5: ANNA marketing campaign; create linkages with academia

Group 6: Determine characteristics of “magnet” dialysis units; develop a tracking system/database for nephrology nursing and clinical outcomes

Group 7: Develop a coordinated marketing strategy to improve image of nephrology nursing; redesign jobs so that nephrology nurses do nephrology nursing