

Joint ANNA-NRAA-RPA Consensus Statement on Nursing Workforce Issues Related to the Provision of Acute Care Dialytic Services In the Hospital Setting

Background

Recognizing the wide variety of clinical practice issues arising from the provision of dialysis services in the acute care hospital setting, representatives of the American Nephrology Nurses Association (ANNA), the National Renal Administrators Association (NRAA), and the Renal Physicians Association (RPA) formed a work group to explore the depth of the problem and related issues. ANNA has identified as particularly problematic the difficulty in retaining and recruiting nurses to the nephrology specialty. There are increasing reports of nurses leaving their employment related to extremely long working hours, conflict between the nurses and physicians regarding prioritizing of patient care treatments, and inadequate support.

The process for addressing these clinical situations began with a proposal submitted to the ANNA Board of Directors to undertake a nephrology community project to further investigate the hospital services provided for acute dialytic interventions. The RPA and NRAA were invited to participate in a group meeting in February 2003. After open and frank discussion, the work group clearly recognized the extent and seriousness of the problems that may adversely affect nursing recruitment and retention.

The work group identified several areas of concern and began the process of providing some recommendations for potential resolution with the goal of improving the clinical environment for patients, nephrologists, nephrology nurses and administrators. This document will outline the areas of concern identified by the multidisciplinary group, and some recommended solutions. It should be noted that the work group's deliberations illustrated the need for more data gathering about the nephrology nursing workforce and delivery of care in the acute care setting in order to appropriately assess the issues raised. Further, it is imperative that the recommendations provided be accepted as suggested solutions for consideration, and not be inappropriately implemented as standards without comprehensive study and input from the renal community.

Discussion of Issues and Potential Solutions

Follow-up Dialysis Care for Vascular Access Patients

Occasionally, dialysis patients present to their outpatient unit or telephone from home with a clotted vascular access. The nephrologist may make arrangements for interventional radiology or surgical referral and makes the decision for the patient's next dialysis treatment. In some centers the patient may be admitted to the hospital, necessitating an acute dialysis and potentially burdening an already crowded inpatient schedule.

Possible Solutions: Inpatient dialysis may not always be necessary for patients after a declotting procedure. Often, a patient may be accommodated at the outpatient center later the same day. The nephrologist, nephrology nurse practitioner, or physician assistant must make an appropriate medical determination as to the timing and place of the patient's next dialysis. Improved vascular access surveillance might decrease the frequency of clotted AVFs or AVGs. All chronic facilities should have an established vascular access surveillance program.

Priority Setting and Scheduling for Acute Dialytic Sessions

Unfortunately in some acute dialytic care practices, conflict between competing nephrologists' practices may add further stress to an already overburdened situation. Some acute dialysis programs may not have a medical director who can help resolve some of these difficulties and ensure quality of care.

Possible Solutions: Acute programs should have a medical director to ensure quality of care and help resolve conflicts between practitioners. The medical director should direct continuous quality improvement activities. Hospitals and acute dialysis programs are encouraged to define the responsibilities and compensation of the medical director. All patients must have dialysis orders, written or oral, by a nephrologist, nurse practitioner, or physician's assistant prior to initiation of treatment.

Fostering the Nephrology Nursing Workforce

The retention and recruitment of nephrology nurses has reached critical status. Nurses are demonstrating their displeasure of the work environment by leaving the field. In some states dialysis technicians are providing unsupervised acute dialysis treatments.

Possible Solutions: Medical Directors should meet regularly with acute care administrators and nephrology nurses to resolve situational conflicts and to foster effective communication. Nephrology nurses and acute care administrators should consider self-governance staffing for scheduling during normal workday, weekends and evening hours. Appropriate education and training in dialysis therapies must be provided for inexperienced nurses. If dialysis technicians are utilized, they must be supervised and appropriately credentialed.

Summary

It is readily apparent that a number of issues related to hospital provision of acute renal care services need attention and improvement. Nephrologists, nephrology nurses and nephrology administrators must address the issues presented in this paper. The RPA, ANNA and NRAA agree to work collaboratively to help resolve these issues.

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