Application for Recognition of Nephrology Nursing

As a Specialty in Nursing

ANNA
American Nephrology Nurses' Association

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AMERICAN NEPHROLOGY NURSES' ASSOCIATION

Thank you for the opportunity for the American Nephrology Nurses' Association (ANNA) to apply for formal recognition as a nursing specialty. This application contains materials as outlined within ANA's "Recognition of a Specialty, Approval of Scope Statements and Acknowledgment of Nursing Practice Standards" approved by the Congress on Nursing Practice and Economics, February 2004.

Background

Since antiquity urine has been collected, studied, and recorded. Yet recognition of the importance of the kidneys is a relatively recent event. Ancient depictions of these organs are scarce and may be due in part because the kidneys were thought to be less important than the heart, liver, lungs and intestines. The oldest example of the kidney is a 13th century BC bronze, votive figure found during excavations in a Kition temple in Cyprus. Aristotle (384 – 322 BC) wrote, "The kidneys are not present for necessity in animals but have the function of perfecting the animal itself" (Cataldi, 1998).

Today it is a well-known fact that when the kidneys fail, every system in the body is affected including the heart, liver, lungs and intestines. Aristotle was wrong; the kidneys are a necessity.

Today chronic kidney disease (CKD) is classified into five stages:

- Stage 1: Kidney damage with normal or glomerular filtration rate (GFR) > or equal to 90
- Stage 2: Mild kidney damage with GFR < 60 – 89

- Stage 3: Moderate kidney damage with GFR < 30 – 59
- Stage 4: Severe kidney damage with GFR < 15 – 29
- Stage 5: Kidney failure with GFR < 15; also known as end stage renal disease (ESRD)

There is also acute renal failure (ARF) resulting in sudden, rapid deterioration in renal function. ARF is classified as prerenal azotemia, intrarenal azotemia, and postrenal azotemia (Richard, 1995). Nephrology nursing encompasses the primary, secondary, and tertiary care of individuals with potential and progressive CKD, ESRD, ARF, and other health care conditions requiring extracorporeal therapies. Nephrology nursing practice is required across the lifespan. The need for nephrology nursing has never been greater.

The demand for nephrology nurses began growing in earnest in 1972. On October 30th of that year, President Richard Nixon signed legislation that extended Medicare coverage to those with chronic kidney failure effective July 1, 1973. This was the first time Medicare had been changed since its inception in 1965 (Rettig, 1991). More than 1.5 million people have been treated through the ESRD program since then (USRDS, 2004).

In 2002, a milestone was reached when over 100,000 individuals were entered into the program. In that year, the adjusted incident rate was 333 new cases per million population; and 431,284 patients were under active care on December 31: 308,910 on dialysis and 122,374 with a functioning transplant. According to the website of the United Network for Organ Sharing (UNOS), on May 10, 2005, there were 61,920 candidates in the United States waiting for a kidney transplant. The ESRD program consumed 6.7% of the Medicare budget in 2002 – up from 4.9% a decade earlier. Total

ESRD program expenditures reached $25.2 billion in this year, an 11.5% increase over 2001. Medicare spending accounted for $17 billion of this total. Based on projections made in 2000, expenditures are half a billion dollars ahead of those projections.

Healthy People 2010 (HP2010) is a set of national health objectives designed to increase life expectancy, improve quality of life, and eliminate health differences among populations. The program presents goals for ten leading healthcare indicators and 28 focus areas; one of these areas is chronic kidney disease. HP2010 sets an overall goal of reducing “new cases of CKD and its complications, disability, death and economic costs.” There are an estimated 20 million individuals in the United States with CKD (USRDS, 2004).

Since 1992, the overall incident rate has increased 36%. Rates for the youngest patients have remained stable; rates for patients over 75 years of age and older have almost doubled. ESRD continues to disproportionately affect people of color. The 2002 rate for whites was 256 per million population; the rate for Hispanic patients was 481; and, the rate for blacks reached nearly 1,000. Rates of ESRD caused by glomerulonephritis have been stable since 1992, while the rate of diabetic ESRD has increased 68%. Either diabetes or hypertension is listed as the primary cause of renal failure in 71% of patients who begin therapy for ESRD (USRDS, 2004).

The total number of patients with kidney failure is projected to rise to more than 660,000 patients by 2010. Total Medicare kidney failure program costs are projected to rise to more than $28 billion by that same year (NKDEP, 2001). The number of individuals suffering from ESRD continues to increase worldwide. The highest rates persist in Taiwan, the United States, and Japan. Qatar and the Basque Country have the

highest incidence of ESRD in pediatric patients. With the exception of New Zealand, where 48% of dialysis patients are treated with peritoneal dialysis, hemodialysis remains the preferred mode of therapy worldwide. Rates of functioning transplants exceed 400 per million population in the United States, Norway, Catalonia, and the Canary Islands. Finland has the highest pediatric transplant rate (USRDS, 2004). ESRD is a worldwide problem.

Historical Background of Nephrology Nursing

As early as 1915, nursing care of patients with kidney failure is mentioned in nursing literature. Most nursing authors focused on the physical care of these patients including: (a) recording intake and output, (b) controlling the diet, (c) maintaining elimination of wastes through the gastrointestinal tract, (d) providing sufficient rest, (e) preventing infection, (f) decreasing muscle activity to minimize the production of metabolic wastes, and, (g) keeping the patient comfortable. Other authors described depression as well as the medical and socioeconomic duties of the public health nurse. Only conservative management was available to these patients – rest, diet, and medication (Hoffart, 1989 a) (See Appendix A for complete article).

In 1950, Barbara Coleman, RN, worked along side John P. Merrill at the Peter Bent Brigham Hospital. Together they authored an article for the American Journal of Nursing, “The Artificial Kidney” (Coleman & Merrill, 1952). It was the first article published in the nursing literature to describe the role of the nurse in dialysis (See Appendix B for complete article).

In 1960, the arteriovenous shunt was invented, enabling the long-term treatment of renal failure with hemodialysis. As the number of patients on hemodialysis increased and the techniques advanced, it was no longer feasible or necessary for physicians to remain at the bedside during the treatments. Nurses assumed responsibility for the majority of hemodialysis procedures (Hoffart, 1989a).

In addition to hemodialysis, nurses also began working in peritoneal dialysis. These nurses also faced learning new technical skills. They had to initiate, maintain and monitor the patient and the therapy - recording the intake and output, handling drainage problems, and keeping the patient safe. Infection control and the prevention of peritonitis were major concerns (Fulton, B.J. & Cameron, E.M., 1989; Hoffart, N., 1989a).

Throughout history the possibility of transplanting organs and tissues from one body to another has been intriguing. Because of their location the kidneys became the pilot organ for transplant research; they could be removed fairly easily and transplanted quickly. It has been over 50 years since the first long–term successful kidney transplant was performed. The kidney was donated by an identical twin (Counts, in press). Nephrology nurses have been involved in every phase of the procedure. From organ procurement to the post operative phase, nephrology nurses are active members of the interprofessional team. The early work of nephrology nurses with kidney transplants greatly contributed to the development of other transplant nursing programs.

Nephrology nursing as a specialty began in earnest as renal dialysis and transplant units were established throughout the United States. In the early years, nephrology nurses took pride in acquiring skills necessary to operate the complex technology required for dialysis, especially since technical skills were considered the domain of men.

Transplant nurses found the allure of learning a complex science and related procedures exciting. Equally important, these nurses were concerned about the personal and interpersonal needs of patients. The equipment-laden methods of treatment threatened to dehumanize patients and take away their control. Nephrology nurses worked to personalize the experience and to provide holistic care. The patients and their families felt the stress of being dependent on a dialysis machine; the stress of financial concerns as many had to pay for the treatment themselves prior to government funding; the stress of following a strict medical regimen; and/or, the stress resulting from changes in lifestyle (Hoffart, 1989a). Initially, there were relatively few dialysis and transplant units and the demand for treatment far exceeded the supply. Selection committees determined who received treatment and who did not (Ulrich, in press). Home dialysis was only available to those patients who had either personal or community funds. Treatment alternatives were costly. And, there were few patients whose employers provided extended benefits (Fulton & Cameron, 1989). Nurses working in this field were faced with multiple challenges.

The beginnings of the specialty of nephrology nursing evolved out of the needs of a growing patient population of persons with kidney disease. These patients required care that was not only specific to their needs, but also cost effective (Fulton & Cameron, 1989). Over the years nephrology nurses have played an ongoing critical role in the development and advancement of the care of patients with kidney disease. They have worked side-by-side with other health care professionals in the development and implementation of technology, therapies, and pharmaceuticals that have consistently improved the care of these patients. Nephrology nurses have worked with the

government and other health care professionals to develop measurable outcomes to ensure that patients receive quality care. (See Appendixes C and D for Nephrology Nursing as a Specialty and History of Nephrology and the American Nephrology Nurses' Association: A Timeline).

The American Nephrology Nurses' Association

The history and evolution of the American Nephrology Nurses' Association (ANNA) began over 30 years ago in the late 1960's. Between 1966 and 1969, a small group of nurses decided that a formal mechanism was needed to develop nursing conferences focusing on the needs of nurses working in nephrology (Hoffart, 1989b). A business meeting was held in 1969 in Atlantic City with 50 nurses attending. From that meeting a constitution and bylaws were adopted and the nonprofit organization, the American Association for Nephrology Nurses (AANN), was brought into existence. Its purpose was "to promote knowledge about the care of patients with renal disease" (AANN Constitution, 1969, p.1) (Hoffart, N., 1989b).

ANNA Membership

Controversy existed over who was to be allowed into the association as full members. Some nurses wanted only registered nurses (RN) as full members, while others wanted full membership opened to dialysis technicians, who had become valuable members of the renal care teams. Those wanting to limit full membership only to RNs prevailed for a time, but, in 1970, at the annual meeting, the bylaws were changed and full member status was opened to technicians. The name of the organization was

changed to the American Association of Nephrology Nurses and Technicians (AANNT) (Hoffart, N., 1989b). (See Appendix E).

In 1984, AANNT returned to limiting full membership to only RNs. As a result, the name of the organization was changed to the American Nephrology Nurses' Association, which continues to be the association's name. As stated in its current Constitution and Bylaws, the organization's mission is that, "ANNA will advance nephrology nursing practice and positively influence outcomes for patients with kidney or other disease processes requiring replacement therapies through advocacy, scholarship, and excellence" (ANNA Constitution and Bylaws, 2005, p.1-2). (See Appendix F).

Educational Criteria for Nephrology Nursing

Nephrology nurses are individually responsible for their basic nursing education, education in the specialty of nephrology nursing, and life-long learning (Ulrich, in print). It is the position of ANNA that "The minimum preparation for beginning professional nursing practice is to be the baccalaureate degree in nursing. The minimum preparation for beginning technical nursing practice is the associate degree in nursing. Standardized educational levels will best meet the needs of the nursing profession in the future as well as those of the health care consumer" (ANNA, 2004c).

Growth of ANNA and the Nurses It Represents

Parker (1998) identified several events in nephrology nursing and ANNA history that assisted in the association's significant growth in membership and established it as a voice for nephrology nurses. Included are the development of a professional journal and

newsletter, the publication of professional manuals and books, the development of a government relations program, the development of a certification examination for nephrology nurses, and a steady increase in educational offerings.

Communications. ANNA has a long history of strong communication links with its members. The quarterly newsletter began in 1972 (originally called the *AANNT Update* and later renamed the *ANNA Update*) and continues to provide news related to nephrology nursing. The *ANNA Update* is now published six times a year. In addition, an electronic ANNA E-news has been added that is sent out monthly via the internet. The E-news can also be used to send out important bulletins alerting members to an urgent issue. The association also subscribes to RenalWEB. This internet service provides ANNA members an e-mail based nephrology/dialysis news service every other week. It is tailored for ANNA members. The service lists 10 – 25 news items that focus on the latest nephrology nursing-related clinical information, industry press releases, updated statistics, and other information related to the specialty.

In 1974, AANNT launched its official journal, the *AANNT Journal* (now named the *Nephrology Nursing Journal*) which has been published as a peer-reviewed journal since that time. The *Nephrology Nursing Journal* is a well respected clinical and academic resource that provides current information on a wide variety of subjects to facilitate the practice of professional nephrology nursing. It is published six times a year. The Editor, Beth Ulrich, EdD, RN, CHE, and Associate Editor, Karen Robbins, MS, RN, CNN, are joined by an Editorial Board and a Manuscript Review Panel in assuring the

quality of the publication. (See Appendix G for the most recent issue of the *Nephrology Nursing Journal*).

Publications. (See Appendix H for the List of Publications and Products). Additional resources published through the years have enabled ANNA to establish itself as the spokesperson for the nephrology nursing specialty. In 1972, the association published its first *Standards of Clinical Practice* which addressed hemodialysis, followed in 1974-75 by *Standards of Clinical Practice for Transplantation*, and in 1975-76 by *Standards of Clinical Practice for Peritoneal Dialysis*.

In 1977, the *Standards of Clinical Practice for the Nephrology Patient* was published. The standards were in the form of standards of clinical practice and included care of the patient on hemodialysis, peritoneal dialysis, and transplantation. They covered acute renal failure as well (AANNT, 1977). In 1982, *Nephrology Nursing Standards of Clinical Practice* was introduced. Here the nursing process was used and the standards were expanded to include conservative management, hemoperfusion, and pediatrics (AANNT, 1982). This was followed in 1988, by *ANNA Standards of Clinical Practice for Nephrology Nursing*. Over the years, the standards have been revised to include updated information, structure standards, patient teaching, patient outcomes, and new therapeutic modalities. With the 1993 update, *Standards of Clinical Practice for Nephrology Nursing*, the revised ANA format for standards of practice and care including standards of professional performance were incorporated. 1999 brought the revised and expanded edition, *ANNA Standards and Guidelines of Clinical Practice for Nephrology Nursing*. In 2002, the *Advanced Practice Nurse Standards of Professional Performance*

was published (ANNA, 2002). These standards were modeled after ANA's Scope and Standards of Advanced Practice Registered Nursing.

The latest edition of *ANNA's Standards and Guidelines of Clinical Practice for Nephrology Nursing* was released at this year's National Symposium in April in Las Vegas, NV. Sally Burrows-Hudson, MSN, RN, CNN has served as the Editor for all editions. This edition incorporates measurement criteria for both the registered nurse and the advanced practice nurse working in nephrology. (See Appendix I).

The *Core Curriculum for Nephrology Nursing Practice* was first published in 1987 and is now in its 3rd edition. Larry Lancaster, MSN, EdD, RN served as the Editor and Project Director for all three editions. (See Appendix J for the complete table of contents). Work on the 4th edition is scheduled to begin in 2006. The textbook, *Contemporary Nephrology Nursing*, was first published in 1998, with Janel Parker, MSN, RN, CNN serving as its Editor. (See Appendix K for the complete table of contents). The second edition is on track to be completed in time for the National Symposium in 2006. (See Appendix L for the complete table of contents in press). In addition to books, the association has published monographs on therapeutic modalities, rehabilitation, disaster nursing, etc., as well as publications on topics such as nephrology nursing research, professional development, and quality assurance. (See Appendix M for a list of monographs).

Position papers developed and published by the association have also played an important role in the specialty. Beginning in 1977, with a position paper on the role of the hemodialysis technician, the association has delineated its positions and those of nephrology nursing on a variety of issues including, but not limited to, the scope of

practice of nephrology nursing, delegation, certification, and health policy positions. There are currently 17 association position statements (See Appendix N for a complete list). These statements represent succinct summaries of ANNA's stance on a variety of issues for the purpose of influence, advocacy and/or clarification.

Health Policy Involvement. Over the years, the association has actively participated in the legislative and regulatory arenas. Nancy J. Sharp, MSN, RN, FAAN, Past AANNT President, is credited with beginning this involvement (Smith, 1994). The association established its Government Relations Committee in 1981, published its first Legislative Policy Statement in November 1983 (Parker, 1998), developed a state legislative representative program in 1988, and established a legislative office in Washington, D.C. in 1989. Today, ANNA maintains a Health Policy Agenda and a Health Policy Statement; both are updated annually. (See Appendixes O and P). Nancy J. Sharp, MSN, RN, FAAN serves as ANNA's Legislative Consultant in Washington, DC and Kathleen T. Smith, BS, RN, CNN is ANNA's State Legislative Consultant.

In 1992, the first Legislative Workshop was offered in Washington, DC. The workshop is still held every other year. In addition, in the alternative years, ANNA offers a preconference focusing on State legislative issues prior to the National Symposium. ANNA members have also participated in the Nurse in Washington Internship (NIWI) since the establishment of the program in 1985 (Smith, 1994).

ANNA developed its Health Policy Committee and a national system of advisors to identify, monitor, and address issues that could affect nursing practice, especially

nephrology nursing practice, and/or patients. This system crosses the local level, the state level, and the national level.

In 2003, ANNA held its first ESRD Education Day. This was a nation wide effort to teach lawmakers about the urgent need to modernize Medicare and help save patients' lives. Lawmakers at the federal, state, and local levels were invited to visit their local dialysis units and learn more about the challenges their constituents face. The activity was repeated in 2004 and a total of 118 delegates participated across the country, including 14 members of key congressional committees. In addition, governors from 11 states and mayors from 8 cities showed their support for patients and increased public awareness by issuing ESRD proclamations. To assist in the education of these politicians, the *ESRD Briefing Book for State and Federal Policymakers* was developed. It is downloadable from the ANNA website (www.annanurse.org). (See Appendix Q). Members of the ANNA Corporate Government Special Interest Group (SIG) emailed the booklet to members of Congress across the nation if they were unable to participate or visit a dialysis unit. This year, ESRD Day is being expanded to a week, August 8 – 12, 2005.

ANNA has also addressed such nationwide issues as the nursing shortage. In March 2003, ANNA convened an Invitational Summit – Nephrology Nursing Shortage & Solutions. Major providers, other nephrology organizations, the government, patient organizations were all invited. From this Summit four task forces were formed. Their charges, which the task forces are well on the way to completing, included:

- Create linkages with schools of nursing to increase student knowledge of and experience in nephrology nursing.

- Develop methods to provide management and leadership education, development, and mentoring for nephrology nurses.
- Develop a collaborative program to promote nephrology nursing to students and registered nurses.
- Explore and define characteristics found in exceptional dialysis units and recommend strategies to create positive work environments that promote RN satisfaction and retention (VanBuskirk, 2003).

Certification

It was in 1986 that the ANNA Board of Directors voted to pursue the development of a process to certify proficiency in nephrology nursing practice. With the assistance of the National League of Nursing Testing Service, an ANNA Certification Ad Hoc Committee developed a criterion-referenced examination. The exam was designed to identify the proficient nephrology nurse. The first test was administered in 1987 and the Certification Ad Hoc Committee incorporated to form the Nephrology Nursing Certification Board (NNCB). NNCB was established as a separate corporation with its own by-laws, officers, and Board of Directors. In 2000, NNCB changed its name to the Nephrology Nursing Certification Commission (NNCC) to reflect a broader scope of certification and recertification activities (Ulrich, in print).

The purpose of NNCC is to promote the highest standards of nephrology nursing practice through the development, implementation, coordination and evaluation of all aspects of certification and recertification processes. NNCC collaborates with the Center

for Nursing Education and Testing (C-NET) in test development, test administration, and test evaluation. (NNCC website, 2/10/05).

The development of certification examinations for the specialty of nephrology nursing is based on the Dreyfus Model of Skill Acquisition as adapted by Patricia Benner, RN, PhD to clinical nursing practice. The levels of practice / professional development address the scope of nursing practice, not the quality of a nurse's performance. NNCC bases the development of its examinations on practice analyses describing levels of practice / professional development (NNCC website, 2/10/05).

The Certified Nephrology Nurse (CNN) examination was created to test the broad scope of nephrology nursing practice at a proficient level. (See Appendix R). Eligibility criteria include:

- A current license as a registered nurse in the United States or its territories.
- Within 3 years prior to application, a minimum of 2 years of nephrology experience as a registered nurse.
- In meeting the above criteria, at least 50% of employment hours must be spent in nephrology nursing.
- Candidates for certification must possess a minimum of a Baccalaureate Degree in Nursing.
- Candidates for certification must have completed 30 hours of approved continuing education in nephrology nursing within 3 years prior to submission of application for certification.

The Certified Dialysis Nurse (CDN) examination was created to test entry level nephrology nurses practicing at a competent level in the dialysis setting. Eligibility criteria include:

- The applicant must hold a full and unrestricted license as a registered nurse in the United States or its territories.
- The applicant must have completed a minimum of 2000 hours experience in nephrology nursing as a registered nurse during the last two years.
- The applicant must have completed 15 hours of approved continuing education in nephrology nursing within 2 years prior to submitting the CDN examination application.

This exam is also offered internationally. The international eligibility criteria include:

- Hold a current, full and unrestricted license as a first-level general nurse in the country in which one's general nursing education was completed, and meet the eligibility criteria for licensure as a registered nurse in the United States in accordance with requirements of the Commission on Graduates of Foreign Nursing Schools (CFGNS).
- A minimum of 2000 hours of experience (one year full-time employment) in nephrology nursing in the last two years.
- Documentation of 15 hours of education in nephrology nursing within two years prior to submission of application.

As part of the strategic plan, an objective is to develop an examination that tests practice at an expert level (NNCC website 2/10/05).

Continuing Education

Since the 1950s, the fast-paced evolution of nephrology care has made continuing education (CE) critical to the success of nephrology nurses and the patients they care for. This was formally recognized first when the association was created and later when nephrology nursing certification was developed and recertification requirements included nephrology-specific CE.

In 1977, ANNA applied to ANCC to become a Provider and an Approver of continuing education. ANNA has been accredited since that first visit and offers nephrology nursing continuing education in multimedia formats through national meetings, chapter programs, audio conferences, and CE courses in the Nephrology Nursing Journal.

In 2004, ANNA offered 65 contact hours at national meetings, 30 hours through the Nephrology Nursing Journal, and over 12 hours via other media. In addition, ANNA's Continuing Education Approval Board (CEAB) approved 203 educational programs for chapters and other constituents for 1,070 contact hours. Last year, more than 20,000 nurses earned 150,000 contact hours through programs either approved and/or provided by ANNA.

Recently, a one-hour CE program, “Managing Catheter Dysfunction for Better Patient Outcomes,” and a companion manuscript were created. Another example of a recent project was the completion of the first in a series of modules, “End-of-Life Decision-Making and the Role of the Nephrology Nurse” which was introduced at the 2005 Annual Symposium. In addition, ANNA launched the first module of a free

program for Long Term Care Facilities entitled, "Chronic Kidney Disease: What Every Nurse Should Know." This is the first in a series of learning modules to support the learning needs of nurses who care for nephrology patients in alternative settings.

Recognition and Support For Advancement and Research

The first recognition awards from the association were presented for Outstanding Contribution to ANNA and for Clinical Practice in 1981. Over the years, the recognition program has been expanded and now includes awards for Excellence in Volunteer Leadership, Nephrology Nurse Educator, Excellence in Nephrology Nursing Management, Nephrology Nurse Researcher, Rehabilitation, Quality Care, Outstanding Contribution to Transplant, the Spirit of Nephrology, and more.

ANNA also has a history of providing support for education and research. The first research grants were presented in 1990. In 2005, $80,000 worth of scholarships, awards, and grants were awarded at the National Symposium.

To address the ever-increasing need for research to support evidenced-based practice in nephrology nursing, three new research grants will be awarded at the 2006 National Symposium. The theme of that meeting is "Nephrology Nursing and Evidence-Based Practice: In Harmony to Improve Patient Outcomes." The 37th National Symposium will be held in Nashville, TN on April 2-5, 2006. ANNA national meetings, coupled with the Nephrology Nursing Journal, provide vehicles for the dissemination of research.

Collaboration

Nephrology nursing began in a climate of collaboration with other health care professionals including nurses in other specialties, physicians, social workers, dieticians, etc. That collaboration continues. ANNA led the way in collaboration with other nephrology-related groups by hosting the first Assembly of Nephrology Organizations in 1984 and, in 1986-87 helped form the Renal Coalition. (See Appendix S for a complete listing of ANNA's current Strategic Alliances).

ANNA and Nephrology Nursing Today

Today, ANNA has over 12,000 members and represents many more registered nurses working in a wide variety of nephrology settings. From their humble beginnings, nephrology nurses have sustained their efforts to continue to develop a professional nursing organization that meets the needs of a specialized group of nurses practicing in nephrology.

ANNA operates under a constitution and bylaws. It serves its members through a national structure, four regions, and over 115 local chapters. The ANNA Board of Directors consists of a President, a President-Elect, an Immediate Past President, a Treasurer, a Secretary, and four Regional Vice Presidents. Other regional officers include four Chapter Coordinators, four Chapter Coordinator-Elects, and four Regional Health Policy Advisors. (ANNA, 2004a).

Members practice in a variety of areas, including hemodialysis, peritoneal dialysis, conservative management, continuous renal replacement therapies, organ procurement, and renal and extra-renal transplant and in a variety of roles such as staff

nurse, coordinator, administrator, educator, and advanced practice nurse. Others are in research, quality management, pharmaceuticals, education, corporate sales, and/or state or federal surveyors. The evolution and expanding roles of nephrology nurses continues (ANNA, 2004b) (See Appendix T) .

Members of ANNA are automatically members of one of the 115 local chapters. Chapters are run by Chapter officers. The experience of being a chapter officer provides individual members the opportunity to sharpen their leadership skills that in turn can be beneficial in the work setting. Chapters host educational meetings; hold business meetings; provide an avenue for networking, open communication and mutual support. In addition, Chapters serve to enhance ANNA's reputation by communicating and collaborating with other nephrology organizations through workshops and special programs (ANNA, 2004a).

Members of ANNA can choose to be a member of a Special Interest Group (SIG). The SIGs are networks of members with expertise in a particular area of practice, either from a clinical or functional perspective. The current SIGs are: Hemodialysis, Peritoneal Dialysis, Transplant, Pediatric Nephrology, Administration, Advance Practice, and Corporate/Government. In 2004, an additional SIG was formed to focus on Chronic Kidney Disease. Members of the SIGs have developed fact sheets regarding particular methods of treatment, the pediatric nephrology patient, and other educational tools that are suitable for patients or nurses who work outside of nephrology but care for our patients. They are downloadable from the ANNA website at no cost. Members of the SIGS have written articles, monographs, case studies, etc., for the Nephrology Nursing Journal. Members of the SIGS help plan and implement the content of educational

sessions at the annual National Symposiums. Members of the SIGs can be called upon when someone has a clinical question. Questions can be posted on the ANNA website that other members can respond to and share their own experience with a given product or situation.

ANNA has several standing committees.

- The Education Committee (Provider Unit) develops, implements, and evaluates continuing education activities.
- The Conferences Committee promotes the professional and clinical role development of nephrology nurses through organized educational meetings that enhance learning, networking, and socialization for the purpose of improving patient outcomes.
- The Distance Learning Committee promotes the professional development of nephrology nurses through the use of innovative technologies that support information access, communication, networking and continuing education.
- The Continuing Education Approver Board (Approver Unit) establishes and maintains policies and procedures as an accredited approver for continuing education in nursing that assure the quality programming according to the criteria established by the American Nurses Credentialing Center – Commission on Accreditation (ANCC-COA) which are consistent with the philosophy, objectives, policies, and procedures of ANNA.

- The Professional Practice Committee participates in the process for reviewing and revising the Standards and Guidelines of Clinical Practice for Nephrology Nursing; and, addresses issues that affect the professional practice of nephrology nursing.
- The Ethics Committee explores the application of ethical decision making to nephrology nursing practice; promotes education of ANNA members in ethical decision making; and advances end-of-life care.
- The Nominations Committee initiates and coordinates the solicitation, review and presentation of candidates for National and Regional office; and, assists in identification and development of potential leaders within ANNA.
- The Leadership Development Committee advances the leadership development of elected and appointed members serving at the chapter, regional and national levels to operationalize the mission and philosophy of ANNA.
- The Awards and Scholarship Committee offers awards, scholarships, and grants to chapters and individual members to recognize outstanding achievement in identified areas of nephrology nursing and in Association activities. Nominations for these awards come from the membership.
- The Health Policy Committee monitors health policy, legislative, and regulatory activities that have an impact on nephrology nursing and the ESRD program. This committee identifies and addresses contemporary issues on a local, state, and/or national level in matters of health policy,

legislation, and government programs, that affect nursing practice in general and nephrology nursing practice in particular.

- The Research Committee promotes the development of research based nephrology nursing practice; this includes educational programming that unites practice, education, and research. The committee promotes the completion and publication of research and facilitates the utilization of research findings in practice (ANNA, 2004 – 2005).

Conclusion

Registered nurses specializing in the care of patients with kidney disease require a specific body of knowledge as well as technical skills that are quite complex. The care that was described in the literature decades ago built the foundation of care that is still necessary today; but, it has evolved to a higher level of difficulty. The number of patients is spiraling. The age of the patients is rising. The number of co-morbidities is escalating. The economic impact is shocking. Nephrology nurses have many challenges to face including invoking others to assist in the control of CKD. Mason (2005, p11) writes: “Nurses have longed claimed that prevention is elemental to nursing. If you believe that to be true, then the challenge before you is clear: do more than you’ve ever done before to prevent the development and progression of chronic kidney disease in your patients.”

For over 35 years, ANNA and its constituents have guided and advanced the practice of nephrology nursing and made our voices heard on issues affecting nephrology nurses and the patients we serve. We have built and maintained a solid foundation for nephrology nursing practice, positively affected the lives of hundreds of thousands of

people with kidney disease and its complications through our care and our advocacy, and served as a catalyst and facilitator for nephrology nurses to network with each other to improve the practices of individuals and nephrology nursing as a whole. On behalf of all nephrology nurses, we ask that our specialty be formally recognized by the American Nurses' Association.

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K. Table of Contents – *Contemporary Nephrology Nursing*

L. Table of Contents – *Contemporary Nephrology Nursing* 2nd Edition in press

M. List of Monographs

N. List of Current Position Statements

O. ANNA Health Policy Agenda 109th Congress, 1st Session (2005-2006)

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Q. ANNA ESRD Briefing Book for State and Federal Policymakers

R. Nephrology Nursing Certification Commission CNN & CDN Nephrology Nursing Recertification Applications

S. ANNA Strategic Alliances

T. ANNA Discover Nephrology Nursing brochure