Advancing Your Role in Nephrology: The Sky's the Limit

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Many paths in advancing your practice

Not a Straight Line (Molly)

- Nurse Aide (ended up in nephrology by accident)
- LPN
- RN (stayed on purpose)
- BSN Completion
- MSN with NP
Adult NP (Molly)

- School … so many options
- UMKC MSN Adult Program
- Basics and pre-requisites some were online most were not at that time
- No children under 15 but included adolescents growth and development
- Clinic rotations Acute Care, Chronic, Specialty, some Women’s Health

Similar Story (Christy)

- CNA-Nursing Home and Hospital
- LPN-Nephrology
- ADN-Nephrology and Hospital
- BSN-Nephrology and Hospice
- MSN-Nephrology, Urgent Care, and ER
- DNP-Possibly???

FNP Program (Christy)

- UMKC-2+ years post BSN or 43 credit hours; >660 clinical hours
- Emphasis on Advanced Pharmacology, Health Assessment and Clinical Rotations
- Full time school and full time work until the last semester
Yolanda (nephrology story)

- Jackson County Court House
- Dialysis Nurse
- Registered Nurse
- Charge Nurse
- Director of Nursing
- Nurse Practitioner (NP)
- Nephrology NP
- Retail NP

Yolanda (education path)

- ADN – Penn Valley Community College
- BSN – Webster University
- MSN – University of Missouri – Kansas City
- DNP (c) – University of Missouri – Kansas City
- Scholarly Project
  - Individualized to an area of focus and expected to make a contribution to the profession of nursing

Tech to RN story (Robert)

- Both Pre-hospital, Hospital, SNF, and Nephrology experience.
- Began Dialysis as LPN
- Transitioned to RN then Charge RN
- Clinical Manager
- Currently Director of Operations for 11 in-center facilities and an acute program in 10 hospitals.
Education story

- Began Healthcare in 1996 as Combat Medic
- EMT-Paramedic
- LPN
- Associates Degree RN
- Possible MHA?

Role in CKD

RN and NP Role in CKD

- CKD education stage 4/5
- CKD management of anemia, hypertension, and BMD
- Modality Education
- Access planning and preparation
Molly’s Role in CKD

- Constantly Changing
- Added Pre-dialysis pt education after MIPPA
- Since 2005 CKD Clinic at TMC
- Private Practice Outpatient follow up visits

Christy’s Role in CKD

- Slowing Progression of CKD
- BMD
- Electrolytes Acid Base
- HTN/CVD
- Anemia
- Education & Referral

Yolanda’s role in CKD

- Preservation of renal function
- Hypertension
- Electrolyte disturbance
- Cardiovascular disease treatment
- Metabolic bone disease
- Anemia/Iron deficiency
- CKD education and counseling
RN’s role in CKD

- RN degree opens unique career path with seemingly unlimited options varying from direct care, education, quality assurance, regulatory compliance, IT development, and management.
- Role is dependent on individual preference and area of interest.
- New RN’s generally begin with direct patient care, outcome management, staff development, assessment, are active members of the IDT, and work directly with physicians and/or advanced practitioners.

Nephrology NP & RN Role in Transplant

- Pre Transplant Education and evaluations
- TRANSPLANT Coordination-local and out of state
- Post Transplant Management- collaborate with transplant team and staff
- Primary Care for Transplant patients

NP Role
Transplant (Molly)
- Currently only assisting with work ups in the office
- I do most of the pap smears pre-eval and annual updates
- Most of our follow up is done in the clinic by the nephrologists
- Responsibility to educate the patients in dialysis about Transplant as a treatment option

Transplant (Christy)
- Education and Referral to transplant facilities.

Transplant (Yolanda)
- Education/Referral
  - CKD
  - Dialysis
- Post Transplant
  - Manage the care of patients who have undergone renal and simultaneous renal and pancreatic transplants
Transplant (Robert)

- Educate patients on modality options to include transplant.
- Work with IDT and review patient eligibility for transplant with physician.
- Draw monthly transplant labs and update transplant team regarding patient status and compliance concerns.
- Outcome management to ensure patient remains eligible for transplant (anemia management)

Dialysis Rounding

- 2003 included in the MCP a NP or PA can round 3 out of 4 visits of the month
- If the NP does the Comprehensive Visit the charge is 85% of reasonable and customary
- We currently cover 6 units with 2 more in the work
- I round at 5 of them
- Travel to outlying units based on HIPS A (within 50 miles of collaborative or supervising physicians Mo.)

Dialysis Rounding (Molly)
Dialysis Rounding (Christy)

- ESRD Program Manager:
  - Renal management of difficult to place dialysis patients, until chronic unit established.
  - MWF visits and monthly H&Ps
  - Decreases ER visits/admissions to hospital and improves pt QOL
  - Inpatient Acute Dialysis Rounds daily
  - Coordination of care between nephrologist, vascular, and acute dialysis staff

Dialysis Rounding (Yolanda)

- Responsible for the care of 200 hemodialysis patients:
  - Kansas City, Missouri
  - Warrensburg, Missouri
- Serve on the Transitional Care Team:
  - Closely follow patient’s in their first 120 days of treatment
  - Closely follow post hospitalization patient’s
  - Vascular access and transplantation

Pros and Cons of the NP Role
**PROs and CONs (Yolanda)**

- **Pros**
  - Autonomy
  - Rapport (strong professional relationship with patient's and clinical staff)
  - I get to know my patient's very well
  - Preserve renal function
  - Save lives

- **Cons**
  - Long hours
  - Death

**Pro’s & Con’s (Molly)**

- **Pros:**
  - Follow the patient from CKD through successful transplant and sometimes death
  - Get to know patients very well
  - Can be very rewarding and
  - Get to use a lot of skills
  - Organization big priority
  - FLEXIBILITY for changing role
  - Sometimes (for me) staying current on Primary Care is a con
  - Autonomy
  - Support of the practice environment important

**PROs and CONs (Christy)**

- **PROs:**
  - Autonomy
  - Empowering patients to make positive lifestyle changes and then seeing those results!
  - Great opportunity for research
  - Vast knowledge base about many chronic diseases
  - Opportunity to educate patients, staff, and students
  - Salary averages $80-$100k per year

- **CONs:**
  - At previous practice-travel to various units was exhausting
Pros and Cons (Robert)

Pros:
- Opportunity to impact positive change for employees and patients.
- Ability to assist in mentoring and developing others to advance their career.
- No monotony! Ever changing environment

Cons:
- Balancing Financial and Clinical needs
- Continual adaptation to regulatory/business requirements
- Difficult to keep competent in nursing skills unrelated to CKD
- Learn as you go...

Bottom Line (Yolanda)

- CKD is a growing public health concern
- Nephrology NP’s are in a unique position to identify, intervene early, and make valuable contributions to the health care of this vulnerable patient population

Bottom Line (Molly)

- Must know your value to push for equal benefits so understanding revenue and billing very important
- Second all of the previous Evidence and support of the role both in reduction of CKD complications and improved outcomes
- Shortage of Nephrologists increased demand
- More impact in health care of patients
- Voice is HEARD in the workplace, in the community, sometimes in the Healthcare system
- Easier to promote change
Nephrology Nurse Practitioner Role is very rewarding. I highly encourage you to consider this position!

Job security due to increased prevalence of DM and HTN (due to obesity) leading to CKD Plus limited number of Nephrologists.

Bottom Line (Christy)

Increasing patient population has created increased demand for qualified staff.
CKD is unique in the healthcare industry which allows employees to pursue a myriad of different career paths.
Empowered to influence change and advocate for patients and staff.

Bottom Line (Robert)

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Pathways......
Not always smooth but well worth the journey