

## Impact of renal staffing on clinical outcomes

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### Goals

- Be able to articulate the relationship between staff ratios and selected clinical outcomes in renal nutrition
- Be able to plan innovative staffing methodology that can improve selected clinical outcomes in renal nutrition

### “Application” Goals

- To provide an enlightening experience even if you are not a renal specialist!
- To share real life examples of how any practitioner can put fun and creativity in their job to improve patient outcomes

## Maximizing Your High Biological Value

Applying the “renal” mindset to  
create value and impact in any  
chronic education setting

### High Biological Value

- Measures the amount of amino acids for the amount consumed
- Egg = energy going great!
- How about YOU?



### Team HBV



- Are you missed when not there?
- Are you an indispensable member of the team?
- Do you perform functions that no other team member is primarily responsible for?
- Do you generate essential reports?
- Do you require physical coverage of another person when away?

## Patient HBV

- Do patients ask for you by name?
- Do patients make appointments to see you (and keep them?)
- Do you know patients by name?
- Is your day scheduled tightly or random?



## Outcome HBV

- Do you have measures of your worth?  
Professional  
Personal



## Maximizing HBV

- Renal nutrition benefits from autonomy compared to other specialties
- Renal nutrition has staffing equations and requirements
- Renal nutrition has reimbursement options for CKD stages 1-4 and bundled services under CKD stage 5

## Staffing data

- 2009 survey of 747 renal dietitians
- Covered average of 1.5 dialysis units with 26 hrs/wk in direct patient care, 8 hrs/wk in administrative
- Relationship between length of practice and advanced level of responsibilities

Thelen B et al JRN 2009;19:450-461

## Staffing data

- CMS – Medicare coverage funding
- Reimbursement linked to outcomes
- Example of recent change: a single payment for hemodialysis treatment will now include many oral medications
- Opportunity to make your role essential to cost containment: why pay for medications if the patient is not taking? Will compliance now be a career?

## How do we increase worth?

- Take on responsibilities that are tied to outcome and *link our worth to reimbursement*  
Example: Take on responsibility for defined albumin parameters  
Create protocol for action (with \$ to cover)  
Set measures and timeline with reimbursement incentives tied to performance

### Start small

- Begin with a single patient that you feel will respond to your intervention
- Link your team into your “bet” of what will happen
- Deliver the intervention and show that your idea had merit
- Repeat, repeat, repeat!

### Barrier: Lack of Time

- Create a temporary position with re-evaluation of need at end of timeline
- Focus on outcomes that are time-intensive and can measure increase in hours
- Produce data that shows value can be sustained with additional help
- Best when linked to decreased hospitalization or mortality (\$ loss to unit)

### Barrier: Staffing

- Look for creative options
- Are you “giving” away your time?
- Healthcare predicted to grow 26% by 2025
- Where can you make a difference?
- Look outside of nutrition to get ideas

### Paid Clinical Preceptor Model

- Nursing clinical preceptor model 1:8 ratio
- Dietetic internship PAID clinical preceptor model 1:8-10 ratio
- Tuition generates \$15,000 for 1200 supervised clinical hours per student
- 6 students = \$90,000
- Win-win situation with internship shortage

### Barrier: Lack of Support

- Look within your own practice community (corporation, DPG, dietetic association)
- Start with a common problem
- Collaborate for a common answer
- “Sell” the solution to a larger audience than a single situation would provide

### Increase your knowledge base

- Counseling skills in chronic disease
  - Who is in charge?
  - Does patient see value in your work?
- Example: Chronic illness will show variations in chronic adherence! We tend to reduce our time with patients who are doing well and return when they change paths.....

## Project ideas

- Use the hemodialysis prognostic index (math equation similar to  $Kt/V$ ) as a method to show cost-effectiveness of an intervention (you!) over time in reduced hospitalizations and mortality
- Similar equations exist for other disease states

## Project ideas

- Design patient incentives to keep “value” in their compliance over the long term, not just during a “campaign”

## Project ideas

- Involve volunteers to provide teaching incentives for your use
  - Patient kit: measuring spoons, cups
  - Instant cameras for pictures of meals
  - Pedometers for measures of activity
  - Mentoring and buddy systems

## Done that, been there

- We can't always have EGG (energy going great!)
- Chronic education can get us chronically numb!

We let our HBV drop

We burn-out

We have BACON instead! (bad attitude creating overwhelming numbness)

## What's the solution?

## Simplicity



## Interaction



## Options



## Research

- You are doing research already in your daily practice
- Develop a system to collect your data
- Find someone to help analyze the data
- Use your findings to increase your worth

## Research



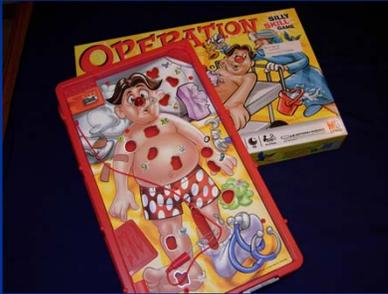
## Technology



## Connections



## Games



## When all else fails....

- Give me a call or email

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## Thank you~

*Merci*



*Gracias*

**Thanks**