

ASN Dialysis Advisory Group

ASN DIALYSIS CURRICULUM

Staffing in Dialysis Units

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- **Affiliations:**

- DaVita, Inc. (employee)

What Determines Staffing Needs?

- **Centers for Medicare and Medicaid (CMS) Conditions for Coverage (CfC)**
- **State Regulations**
- **Patient Acuity**

CfC Staffing Requirements

- **The CfCs have standards for each of these staffing categories**
 - Medical Director
 - Facility Administrator
 - Nurses
 - Technicians
 - Dietitians
 - Social Workers

Medical Director Qualifications–CfC

- **Board certified in internal medicine or pediatrics by a nationally recognized professional board**
 - Board Certification in nephrology in lieu of internal medicine or pediatrics is permitted (I. Guidance)
- **Completion of a board-approved nephrology training program**
- **12 months experience in caring for dialysis patients, including time spent in nephrology training**

The Role of the Medical Director

- **Responsible for the delivery of patient care and outcomes**
- **Accountable to the governing body for the quality of medical care provided to patients**
- **Responsible for Quality Assessment and Performance Improvement (QAPI) program**
- **Ultimately responsible for all staff education, training, and performance**
- **Responsible for developing, periodically reviewing and approving a “Patient Care Policies and Procedures Manual”**
- **Responsible for ensuring that all individuals who treat patients in the facility, including attending physicians and non-physician providers, adhere to all policies relative to**
 - Patient admissions
 - Infection control
 - Safety
- **Responsible for ensuring that the Interdisciplinary Team adheres to discharge and transfer policies and procedures**

Facility Administrator

- **Governing Body or person responsible must appoint an individual who serves as the facility's CEO or administrator. He/she exercises responsibility for the management of the facility and provision of all dialysis services, including, but not limited to:**
 - Staff appointments
 - Fiscal operations
 - The relationship with End-Stage Renal Disease (ESRD) networks
 - Allocation of necessary staff and other resources for QAPI

Facility Administrator Qualifications

- **Qualifications for the Facility Administrator are not specified in CfC, but should be defined in policy and include sufficient educational and practical experience to fulfill the responsibilities listed under governance**
- **The position may be held by a staff member holding a different role, e.g., Nurse Manager or Medical Director, as long as the duties of each position are effectively managed**

Nursing Qualifications–CfC

- **Nurse Manager–Registered Nurse (RN)**

- Must be a full time employee of the facility
- Must have 12 months of clinical nursing experience and an additional 6 months of experience in dialysis
- Oversight and direction of all direct care staff
- A 24-hour responsibility position

- **RN in Charge of Self-Dialysis Care Training**

- Must have 12 months clinical nursing experience and an additional 3 months experience in the specific modality for which he or she is providing training

The Role of the Nurse Manager

- **The RN serving as Nurse Manager works closely with the Medical Director and Interdisciplinary Team (IDT) to ensure quality patient care and outcomes. Such responsibilities include:**
 - Leadership in QAPI program
 - Assessments/Plans of Care with IDT
 - Outcomes Management (Anemia, Adequacy, etc.)
 - Patient and Staff Education
 - Medication Administration
 - Patient Care Conferences

Patient Care Technicians–CfC Qualifications

- **Must have a High School Diploma**
- **All Patient Care Technicians (PCTs) must be certified within 18 months of their hire date–if they switch providers the original hire date still applies**
- **Certification will be accepted if:**
 - There is a standardized test
 - The state test reflects the same content listed in the regulation
 - The test is administered in a proctored environment unrelated to any dialysis facility

The Role of the PCT

- **PCTs are responsible for performing dialysis treatments. They initiate, monitor, terminate, and document dialysis under the supervision of the Charge Nurse. PCTs may also be cross-trained to perform other functions in the unit, such as:**
 - Reuse of dialyzers
 - Administrative duties
 - Inventory

Dietitian Qualifications–CfC

- **The facility must have a dietitian who meets both the following criteria:**
 - Be a registered dietitian with the Commission on Dietetic Registration
 - Have a minimum of 1 year professional work experience in clinical nutrition as a registered dietitian

The Role of the Dietitian

- **The Renal Dietitian is part of the IDT (core team) of the facility. They must participate in the QAPI meetings and patient care conferences. Other responsibilities may include:**
 - Nutritional counseling and support
 - Management of mineral bone disease
 - Assessment and plan of care

Social Worker Qualifications—CfC

- **The facility must have a social worker with a Masters of Social Work who meets the following criteria:**
- **Masters of Social Work with a specialization in clinical practice from a School of Social Work accredited by the Council on Social Work Education (CSWE)**
- **The curriculum of masters-level program in schools accredited by the CSWE, include courses in human behavior, family dynamics, diagnosis, mental health treatment, conflict management, and ethics—anyone whose degree is from a school accredited by the CSWE is presumed to have a “specialization in clinical practice”**

The Role of the Social Worker

- **Social workers are part of interdisciplinary care team. They must participate in the QAPI meetings and patient care conferences. Other responsibilities may include:**
 - Psychosocial support, including assessment using the Kidney Disease Quality of Life (KDQOL) Assessment/Plan of Care
 - Financial counseling/insurance support
 - Transportation and travel arrangements

Beyond CfC–State Requirements

- **The CfC defines minimum qualifications for staff but does not address the ratio of patients to staff. Some states have defined patient-to-staff ratios, for example the nurse-to-patient ratio or dietitian-to-patient ratio.**
- **The following states have specific ESRD regulations:**
 - Texas
 - Georgia
 - South Carolina
 - California
 - Louisiana
 - Washington, DC
 - Maryland
 - Oregon
 - Connecticut
 - Ohio
 - Utah
 - Mississippi

Other Roles Not Defined by CfC

- **Administrative Assistant/Unit Secretary**
- **Reuse Technician**
- **Biomedical Technician**
 - Responsible for maintenance of all equipment including dialysis machines, water treatment and reuse
 - May also assist with facility maintenance
- **Inventory Technician**
- **Biller**
- **Insurance Specialist**

General Staffing Considerations

- **Size**

- Smaller units tend to cross-train staff to perform multiple roles

- **Location**

- Rural or urban

- **Ownership**

- **Patient Acuity**

- Catheter patients require more nursing time
- Nursing home patients may have a need for acute care

Typical Staffing—18 Station Facility

- **An 18 station facility can dialyze a maximum of 108 patients utilizing all stations 6 days per week, 3 patient shifts per day. At full capacity typical staffing would include:**
 - Administrator (may be a full- or part-time position)
 - Nurse Manager
 - Charge Nurses—RN/Licensed Vocational Nurse on every staff shift
 - Medication Nurse
 - PCTs—typically a 4:1 ratio
 - Full-time Social Worker
 - Full-time Dietitian
 - BioMed Technician
 - Unit Secretary