The image shows the cover of a spiral-bound notebook. The cover is a light beige or tan color with a fine, woven fabric texture. A silver metal spiral binding is visible along the left edge. The text is centered on the cover in a black, serif font.

Productivity in the Dialysis Unit

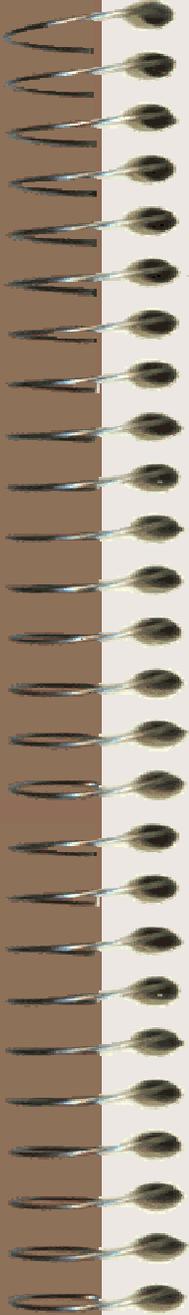
Lucius F. Wright, M. D.

DCI Jackson, TN

14 July 2003

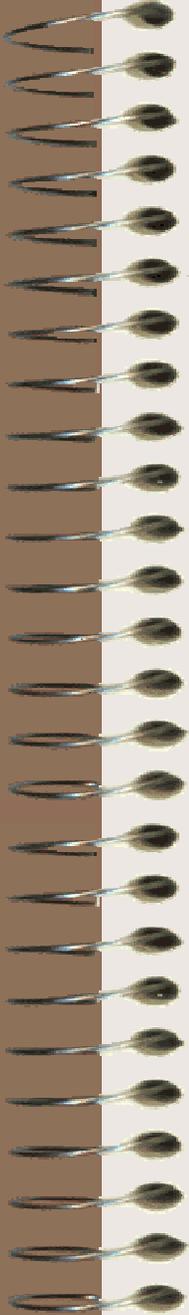
Productivity

- People are the major cost
- Dialysis sessions are the only source of revenue.
- Maximizing productivity means increasing the number of sessions produced while decreasing the number of people used to do those sessions



The Role of The Social Worker

- Getting payment resources for the patient is only part of the problem.
- Whether or not the patient shows up for the scheduled treatment also matters.
- Two major reasons patients don't show:
 - Hospitalization
 - Skipping



Medically Modifiable Productivity

- Hospitalization rates measure the effectiveness of the dialysis process better than mortality.
- The no show rate measures the “compassion” of the unit better than patient satisfaction surveys.

Hypotheses

- Measuring hospitalization rates is important both clinically and financially—and probably more important than measuring albumin levels
- Measuring no show rates is important both clinically and financially—and probably more important than any other quality measure.

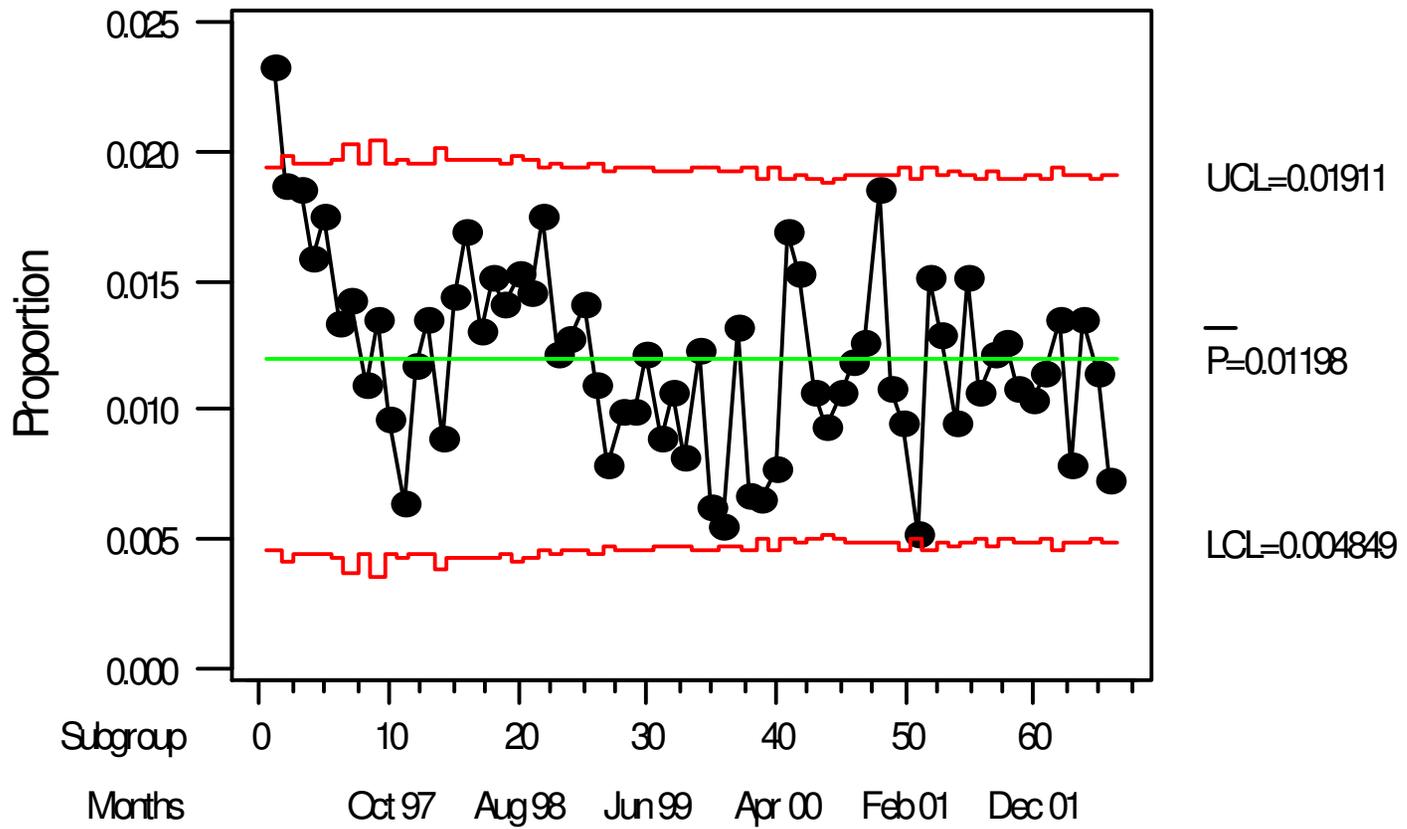
Our Facility Specific Data

Table 2: Hospitalization Studies

	1998	1999	2000	Avg
N	152	158	148	458
Hosp	75	78	73	226
Rate	49.3%	49.4%	49.3%	49.3%
Days/yr	8.6	10.1	4.4	7.7

The SHR ranged from 0.53-0.87 and was statistically significant for three of the four units.

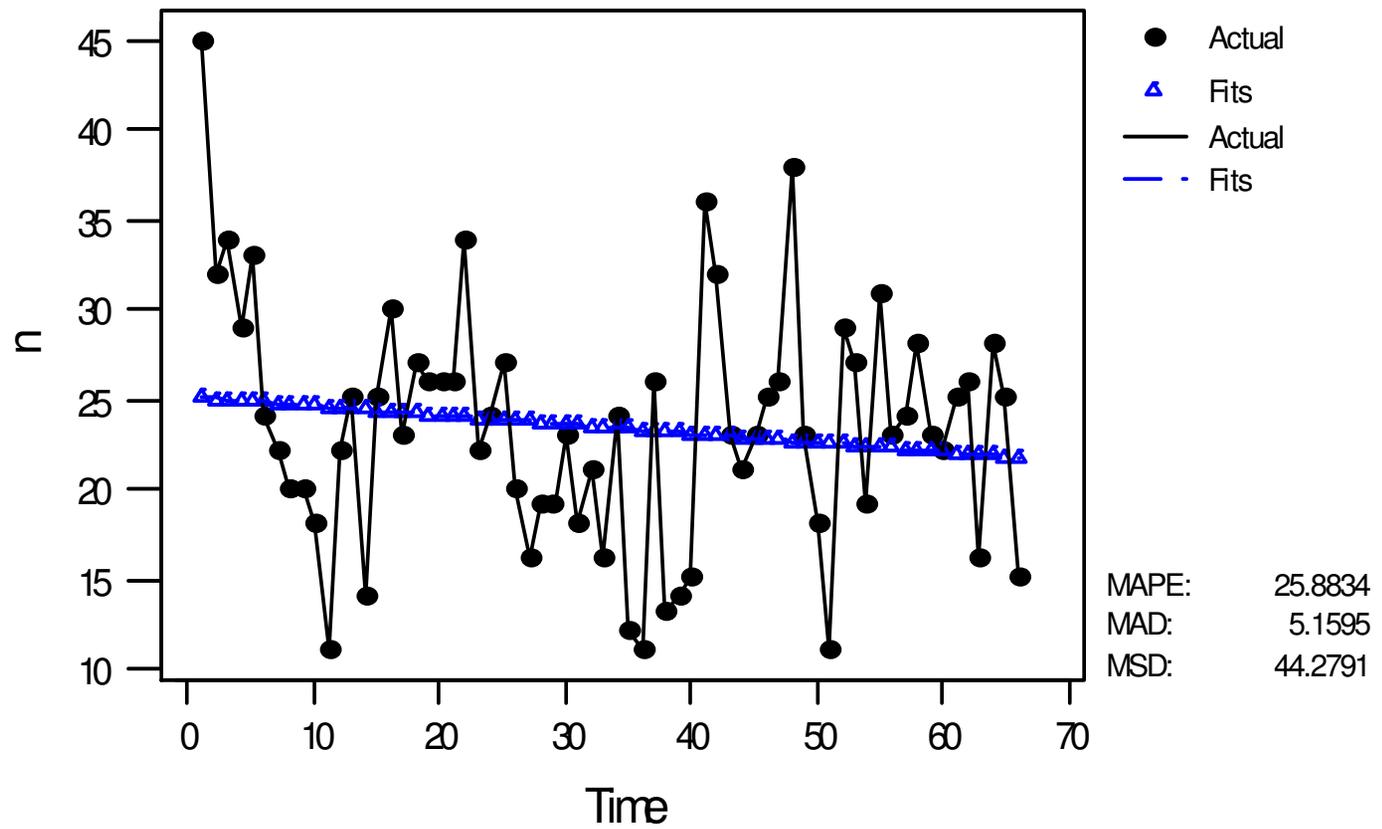
Percent of Missed Treatments



Trend Analysis for n

Linear Trend Model

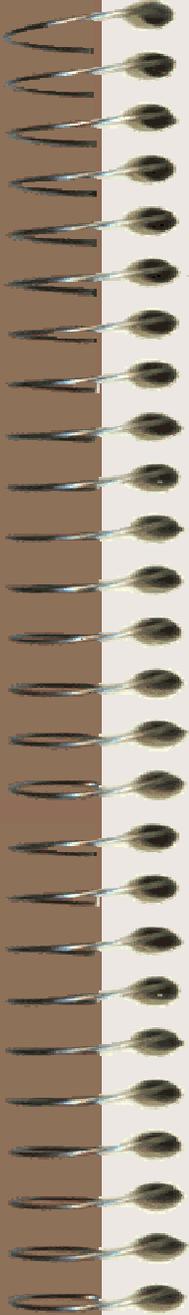
$$Y_t = 25.0984 - 5.13E-02t$$



2nd Quarter 2002 SF 36 Assessment

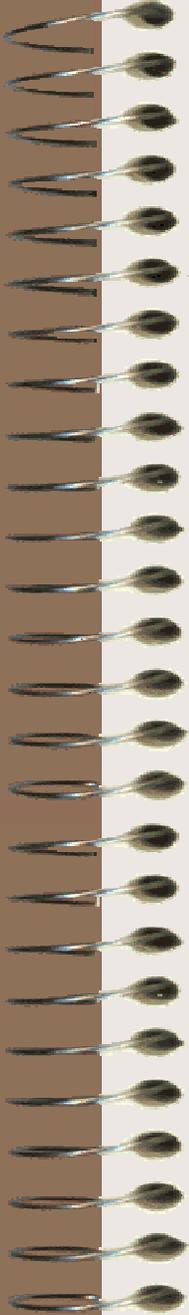
n	PF		PCS		MH		MCS	
	Clinic	Norm	Clinic	Norm	Clinic	Norm	Clinic	Norm
24	64.0	50.8	39.4	35.3	76.0	69.4	51.8	48.1
27	54.4	45.4	34.1	33.4	73.8	68.7	51.8	47.8
73	44.1	42.0	34.0	32.5	69.8	68.6	47.8	47.9
20	48.9	40.4	36.1	32.8	79.8	70.1	51.4	48.7
144	50.0	43.9	35.2	33.2	73.0	69.0	49.7	48.0

(The italicized numbers are $p < 0.05$ by Chi square.)



Why Do Patients Not Come?

- Individual Factors
- Systemic Factors



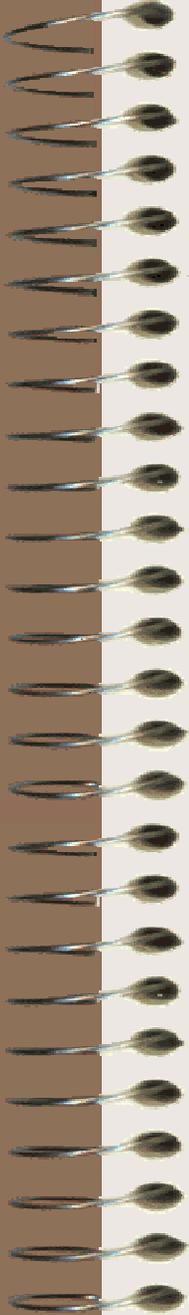
The Social Worker

- Physicians and nurses (and some administrators) are not trained in systems theory
- Social workers are all given introductory training in systems theory and analysis



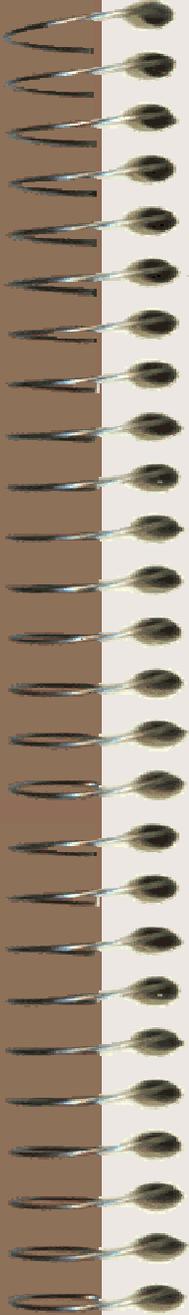
The Social Worker

- If you develop good rapport with your nursing staff, your doctors, and your administrator, you may be able to get them to see, feel, and understand how the patient experiences dialysis in your unit.



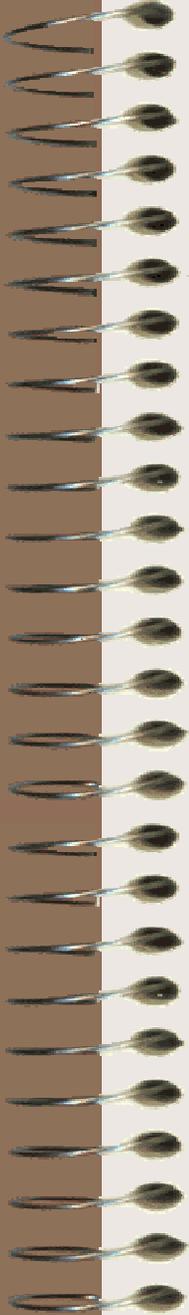
Questions to Ask

- Is my unit clean?
- Does it feel safe?
- Does the nursing staff exude confidence and competence?
- Do the patients display trust in the staff or do they merely tolerate them?
- Is it a depressing place to be?



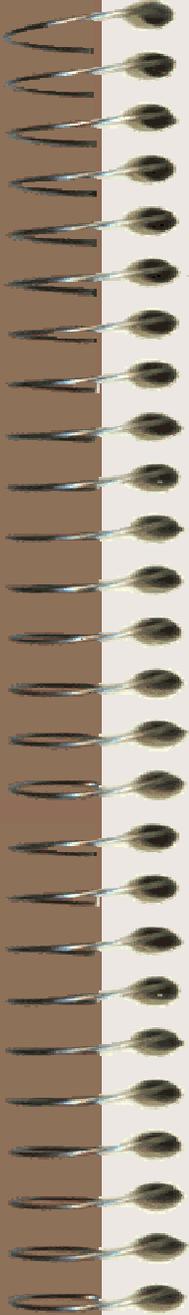
The Three Levels of Patient Care

- Competence—we are organized to hire, train and retain competent people. We fire incompetent people.
- Courtesy—a unit focused on patient desires will expect the staff to be courteous. Service excellence becomes the expected standard.



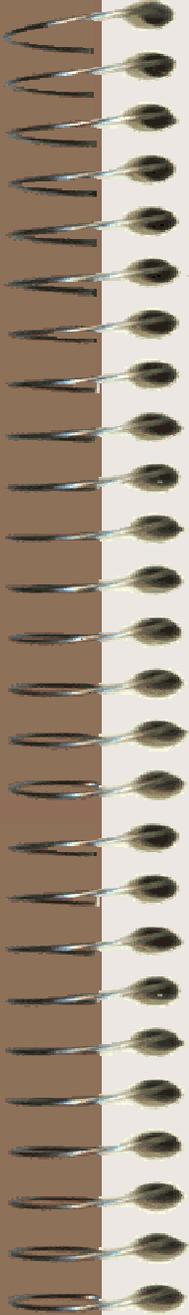
The Three Levels of Patient Care

- Compassion is the outer ring. It is not something that can be required, as it comes from the heart, and we do not fire people who do not know how to express it.
- Compassion is what the patient cares about.



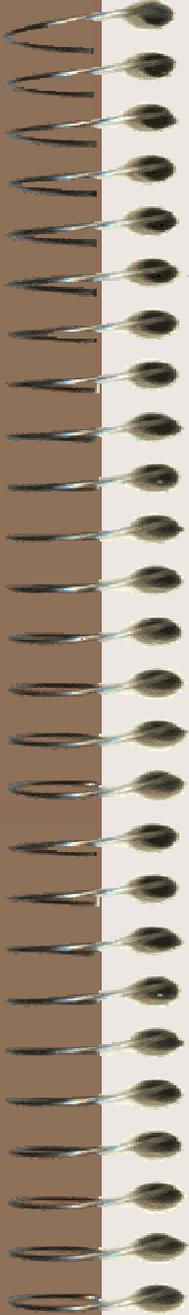
Creating a Culture of Compassion

- Traditional management techniques do not work.
- There are four levels of motivation
 - Compliance—behaviors based upon rewards and sanctions
 - Self-discipline—behaviors based upon personal ethics and values



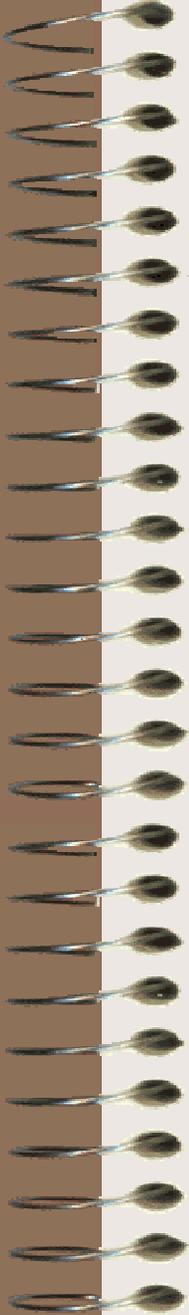
Creating a Culture of Compassion

- Management almost always involves only these two motivators.
- Creating a culture of compassion requires:
 - Imagination—behaviors based on an emotional response to specific stimuli
 - Habit—behaviors that have become automatic over time.



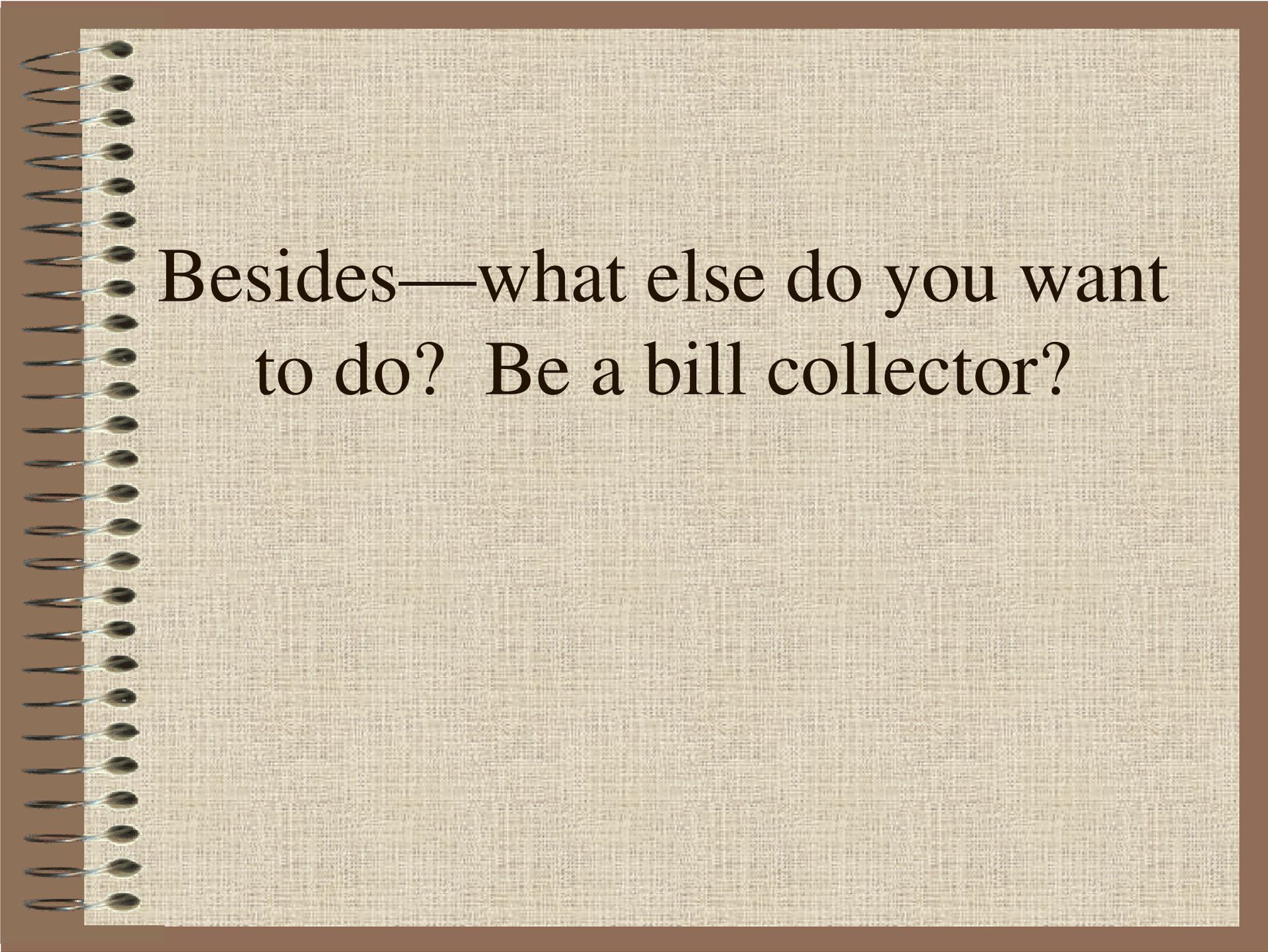
Creating a Culture of Compassion

- Imagination is the secret to compassion
- Developing a culture of compassion requires managing employees with compassion (or empathetic imagination.)



But I'm a Social Worker

- The creating and imagining can be done by anyone.
- If you don't do it, who will?
- Social workers are ideally placed to be the inner voice—they can see both the patient and the staff perspective on issues

A spiral-bound notebook with a brown cover and a light beige, textured fabric-like surface. The spiral binding is on the left side. The text is centered on the page.

Besides—what else do you want
to do? Be a bill collector?