

# A Randomized Trial on Hyperglycemia and Kidney Function

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## Abstract

The duties of a dialysis unit medical director, which cover a range of quality, safety, and educational components, are outlined in the ESRD Criteria for Coverage. Several of these positions call for leadership abilities that the medical director neither demonstrates nor develops during their school. Patients and staff can voice their concerns about subpar systems without fear of reprisal thanks to the efforts of a capable medical director, and there is a constant iterative process of quality improvement and safety that values input from all stakeholders.

**Keywords:** Dialysis • QAPI • Homeostasis

## Introduction

The medical director's role in the quality assessment and performance improvement (QAPI) process may be its most important aspect. The QAPI sessions' focus on population management enables the interdisciplinary group to identify trends and seek suitable remedies. The team may investigate issues with metabolic parameters, adverse events, infection control, and vascular access choices. In the event of an unfavourable incidence, a root cause investigation may be necessary, and the medical director, along with the rest of the team, should be actively involved [1].

The medical director should focus on making the dialysis centre a better place to work and become a visible quality of care advocate for the entire team. Dialysis catheters are one example of a rising trend. The facility's present permanent access referral methods or algorithms may be questioned by the medical director after 90 days. The director may also draw attention to a local surgeon scarcity or the necessity for more dialysis staff to be involved in access planning.

## Literature Review

The medical director is responsible for monitoring the water treatment at the dialysis centre and making sure it complies with the standards set by the Association for the Advancement of Medical Instrumentation. A dialysis facility's ability to function is reliant on the water's quality. Poor water quality has a wide range of detrimental effects, some of which can be fatal. Regular QAPI meetings should include water quality so that all team members can express their concerns. Careful tracking, documentation, and observation are necessary for effective water management in dialysis facilities. The medical director or any other staff member may be asked by state Medicare inspectors to check the water quality.

The medical director is informed when there are variations in water practises or quality, and he or she must then decide how to proceed with patient treatment. In these situations, the medical director's leadership

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promotes staff trust and creates an environment that encourages teamwork in a patient-centered culture [2].

## Discussion

The clinical director has a special chance to educate the dialysis team. Sharing recent research findings with the team can help them and educate them. Creating educational materials on topics like ultrafiltration rate and its importance to healthcare or starting small-scale studies on quality-of-care issues like pain management are a few examples. By advising the nursing staff to use instructional videos for home method education or encouraging the dietician to review graphic aids for phosphorus binder adherence, the medical director can inspire staff members of the facility. The minimum training requirements for medical directors are set by regulatory bodies, but there is a lot of latitude in how much a medical director can teach the dialysis team. Mentorship and ongoing contact with facility staff are essential elements of leadership.

The medical director should be aware of how the hospital's bloodstream infection rates compare to national averages in order to address staff concerns about infection isolation practises, hand washing compliance, and immunisation rates. The Nephrologists Improving Dialysis Safety programme has focused on how the medical director's leadership in infection prevention can have a substantial impact on the hospitalisation and death rates for dialysis patients (NTDS).

Finally, the medical director is responsible for overseeing the quality improvement team, monitoring compliance with standards, and identifying the facility's advantages and disadvantages. These requirements may be outlined by the CfC, specified by the facility's owner, or required by state licencing regulations. By maintaining both a keen eye for detail and a more comprehensive view of the big picture, the medical director may set the tone and guide the culture of a dialysis unit. The medical director has a special duty and ability to advance not only traditional goals (such the Quality Incentive Program and Dialysis Facility Compare), but also a more comprehensive patient-centric objective.

Depending on the organisational structure, the medical director, the facility manager, the managers of large dialysis organisations, or the part-owner nephrologist in a joint venture model may all have a direct impact on the culture of a dialysis unit. Since the medical director has the regulatory mandate, the training, and the experience necessary to be a patient advocate and a champion of quality and safety, he or she seems to be the greatest choice to assume cultural leadership of the hospital. The dialysis centre is a distinctive, largely independent centre for the provision of healthcare that demands intensive cooperation among numerous stakeholders. Important facets of the management of dialysis patients include managing health-care transitions, objective markers like laboratory results, and quality-of-life evaluations. The literature on medical director leadership mentions the challenges of care

coordination, but a new paradigm of leadership is needed to adapt to the current health-care environment [3].

Approachability, medical knowledge, communication skills, and mentorship were determined to be strengths of a leader in a review of health-care leadership literature, mostly outside the field of nephrology. A learning-friendly environment can be created and kept up by leaders. Hearing lectures from the medical director on important quality improvement and patient safety topics may be helpful to the staff when used in the context of the dialysis unit. Lectures on the pathophysiology of kidney disease and the procedures of renal replacement therapy, according to many medical directors, are warmly accepted by dialysis unit staff because they enable them to better understand the scientific basis of the services they provide to patients.

The medical director also takes part in the review of employee complaints and credentials. The psychological safety culture of the dialysis facility can also be influenced by the medical director; if the team feels comfortable discussing any problems with how the facility runs, it promotes better learning and quality improvement. Most dialysis medical directors' leadership abilities might benefit from more formal training. As part of the National Health Service Medical Director's Clinical Fellows scheme, which is a part of the Faculty of Medical Leadership and Management, clinical advisers are excused from their clinical jobs for a year at a time and go through a structured leadership training programme. There seems to be a gap between management training for medical directors of dialysis units and management training for CEOs of dialysis organisations. If both were less antagonistic, it would be beneficial. Conventional fellowship programmes in nephrology offer relatively little, if any, training in managerial or corporate leadership. A month of medical director shadowing during residency is scarcely a thorough introduction to the duties that this physician leader handles [4,5].

There are numerous health care leadership curricula available, but none of them are tailored specifically for the field of nephrology. Examples of health care leadership initiatives include the National Health Service of the United Kingdom, the Canadian healthcare system, and sizable organisations like the Cleveland Clinic and Kaiser Permanente in the United States. The financial and administrative responsibilities that the modern medical profession demands have never been covered in the curriculum for medical education. Nonetheless, more recent programmes that start even during residency training have been described [1].

The significant obstacles to clinical leadership that still exist, according to Daly and colleagues, include a lack of sufficient incentives, a lack of confidence, clinician cynicism, poor communication, inadequate preparation, curriculum gaps in undergraduate medical and health professional courses, poorly designed and underfunded development programmes, and a lack of viability. Dialysis medical directors who are recently out of fellowship and are not familiar with the local professional support system tend to confront some of these obstacles more frequently. The characteristics of an effective clinical leader are discussed by Daly and colleagues [6,7].

## Conclusion

The medical director is a physician leader who, in order to support a good dialysis culture, should benefit from further leadership development or, at the

very least, a different perspective. Reframing the role might be made easier by identifying leadership traits and challenges. For a variety of reasons, such as a lack of formal training and competing agendas, medical directors may feel overwhelmed or disinterested. Effective leaders have many traits, including mentoring, communication, approachability, emotional intelligence, and medical knowledge. The medical leader should assist in fostering a climate of transparency and psychological safety. Effective leadership in a dialysis centre can be hampered by time constraints, staff hostility, and a challenging patient population. One may make the case that enhancing the administrative framework of our dialysis system will enhance patient security and satisfaction just as much as it would benefit patients from new drugs or improved dialysis equipment. The administrative organisation of the dialysis centre revolves around the medical director, whose dedication to leadership is essential.

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## Conflict of Interest

No conflicts of interest by author.

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