Mini Review
Volume 12:1, 2022

Journal of Nephrology & Therapeutics

ISSN: 2161-0959 Open Access

The Medical Chief's Role in the Dialysis Unit

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Abstract

The ESRD Conditions for Coverage outline the duties of a dialysis unit medical director, which include several quality, safety, and educational domains. Many of these roles involve leadership abilities that are neither obvious nor learned during the medical director's education. Patients and staff feel free to express their concerns about suboptimal systems without fear of retaliation, and there is a continual iterative process of quality improvement and safety that appreciates input from all stakeholders, thanks to the efforts of a competent medical director. Because policies and procedures make it easier to do the right thing, this eventually reduces the use of shortcuts and workarounds that may threaten patient safety and quality. Communications skills, employee empowerment, resource allocation, mentoring, team building, and strategic vision are all important aspects of the medical director's leadership. To transmit a sense of accessibility and dedication, the medical director must be present in the dialysis unit for extended durations. Many dialysis medical directors would benefit from leadership training, whether it came from within or outside their dialysis organisation.

Keywords: Dialysis • QAPI • Medical • System

Introduction

Responsibilities of the medical director

Active participation and leadership in the quality assessment and performance improvement (QAPI) process is perhaps the most critical job of the medical director. The interdisciplinary group can spot trends and seek appropriate interventions thanks to the QAPI sessions' emphasis on population management. Metabolic metrics, adverse events, infection control, and vascular access options are some of the concerns the team may look into. A root cause investigation may be required in the event of an adverse incident, and the medical director, along with the rest of the team, should be actively involved [1]. The medical director should become a visible quality of care champion for the entire staff and devote his or her efforts to making the dialysis centre a better place to work. For example, dialysis catheters are becoming more common. After 90 days, the medical director may query the facility's current permanent access referral processes or algorithms, as well as highlight a surgeon shortage in the area or the need for more dialysis personnel to be involved in dialysis access planning.

The medical director must be aware with the dialysis centre's water treatment and ensure that the facility adheres to the Association of Advancement of Medical Instrumentation's requirements. The operation of a dialysis centre is dependent on the quality of the water. Substandard water quality has a slew of negative implications, some of which can be lethal. Water quality should be considered at QAPI meetings on a regular basis so that multiple team members can voice their concerns. Water management in dialysis facilities requires meticulous tracking, recording, and observation. State Medicare inspectors frequently request a water quality check from the medical director or any other staff member. When there are deviations in water procedures or quality, the medical director is notified, and he or she must then decide how to proceed with patient care. In such instances, the medical director's leadership fosters trust among the staff and sets the tone for collaboration in a patient-centred culture [2].

As an educator to the dialysis crew, the medical director has a unique opportunity. Discussing fresh study findings with the team can both improve and enlighten them. Developing teaching materials about ultrafiltration rate and its value and relevance to care, for example, or piloting research on quality-of-care issues like pain control are examples. The medical director can motivate facility employees by encouraging the dietician to revisit graphic aids for phosphorus binder adherence or counselling the nursing staff to use instructional videos for home methods education. Regulatory agencies specify basic training requirements for medical directors, but there is a great deal of flexibility in how much a medical director can be involved in teaching the dialysis team. A critical component of leadership is mentorship and continual communication with facility workers.

In terms of infection control, the medical director should be informed of how the hospital compares to national statistics for bloodstream infections and be able to address staff issues such as infection isolation methods, hand washing compliance, and immunisation rates. The medical director's leadership in infection prevention can have a significant impact on dialysis patient hospitalisation and fatality rates, and has been the focus of the Nephrologists Transforming Dialysis Safety initiative (NTDS).

Finally, the medical director must ensure that standards are met, manage the quality improvement team, and determine the strengths and shortcomings of the facility. These standards can include those established by the CfC, those defined by the facility's owner, and those mandated by state licencing laws. The medical director can establish the tone and drive the culture of a dialysis unit by retaining both attention to detail and a broader global perspective. As a physician leader, the medical director has the unique responsibility and capacity to promote not only conventional measures (such as the Quality Incentive Program and Dialysis Facility Compare), but also a more complete patient-centric goal.

Leadership of the medical director

The medical director, the facility manager, the administrators of big dialysis organisations, or the part-owner nephrologist in a joint venture model may all have a direct influence on the culture of a dialysis unit, depending on its organisational structure. The medical director appears to be the best candidate to assume cultural leadership of the hospital since he or she has the regulatory mandate, as well as the training and expertise to be a patient advocate and champion of quality and safety. The dialysis centre is a unique, somewhat independent hub of health-care delivery that necessitates

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Received 05 January, 2022, Manuscript No. JNT-22-53283; **Editor Assigned:** 06 January, 2022, PreQC No. P-53283; **Reviewed:** 19 January, 2022, QC No. Q-53283; **Revised:** 24 January, 2022, Manuscript No.R-53283; **Published:** 31 January, 2022, DOI: 10.4172/2161-0959.1000372

extensive coordination among a variety of stakeholders. Managing health-care transitions, objective indicators such as laboratory values, and quality-of-life assessments are all important aspects of dialysis patient care. The literature on medical director leadership touches on the difficulties of care coordination, but to adapt to the present health-care climate, a different paradigm of leadership is required [3].

A examination of health-care leadership literature, primarily outside the field of nephrology, found that approachability, medical expertise, communication skills, and mentorship are strengths of a leader. Leaders can assist in the creation and maintenance of a learning-friendly atmosphere. When applied to the dialysis unit, hearing lectures provided by the medical director on crucial quality improvement and patient safety themes might be beneficial to the personnel. Many medical directors believe that lectures on the pathophysiology of kidney disease and the processes of renal replacement therapy are well received by dialysis unit employees, since they help them better grasp the scientific underpinning of the services they deliver to patients.

The medical director is also involved in the evaluation of employee qualifications and grievances. The medical director can also affect the culture of psychological safety; if the team feels secure to discuss shortcomings in any aspect of the dialysis facility's functioning, it encourages a more effective learning and quality improvement environment. Most dialysis medical directors' leadership skills are likely to gain from additional professional development. Numerous health-care leadership curriculums have been developed, but none of them are specialised to the specialty of nephrology. The National Health Service of the United Kingdom, the Canadian medical system, and huge enterprises such as the Cleveland Clinic and Kaiser Permanente in the United States are all examples of health-care leadership initiatives. Medical education has traditionally lacked a curriculum that addressed the financial and administrative obligations that the profession today necessitates. More modern programmes, however, have been documented that begin even during residency training [4].

Clinical advisers are excused from their clinical positions for a year full-time in various high-level health organisations and undergo a structured leadership training programme as part of the National Health Service Medical Director's Clinical Fellows scheme, which is part of the Faculty of Medical Leadership and Management. There appears to be a disconnection between dialysis organisation executives' management training and medical directors' management training for medical directors of dialysis units. It would be advantageous if both were less incompatible. Traditional nephrology fellowship programmes provide very little, if any, administrative or corporate leadership training. During residency, shadowing a medical director for a month is hardly an introduction to the actual tasks that this physician leader encounters [5].

In a review of the desirable characteristics of physician leaders at the hospital level, Daly and colleagues note the significant barriers to clinical leadership that still exist, including insufficient incentives, poor confidence, clinician cynicism, inadequate communication, poor preparation, curriculum deficiencies at the undergraduate level in medicine and health professional courses, poorly constructed and inadequately funded development programmes, and a lack of vision and comm. Some of these impediments are disproportionately experienced by dialysis medical directors who are fresh out of fellowship and unfamiliar with the local professional support system. Daly and colleagues explain the qualities that make a good clinical leader [6].

Conclusion

The medical director is a physician leader who could use more leadership training or at the very least a new paradigm to help promote a strong dialysis culture. Identifying leadership qualities as well as obstacles might help to reframe the role. Medical directors may feel disengaged or overwhelmed for a variety of reasons, including a lack of formal training and competing agendas. Mentorship, communication, approachability, emotional intelligence, and medical expertise are all qualities that effective leaders possess. The medical leader should contribute to the development of a culture of psychological safety and openness. Time restrictions, staff alienation, and a complicated patient population can all obstruct good dialysis centre leadership. One may argue that improving our dialysis system's administrative infrastructure to promote patient safety and happiness would benefit our patients just as much as a new medicine or better dialysis equipment would. The medical director is at the heart of the dialysis centre's administrative structure, and his or her commitment to leadership is crucial.

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How to cite this article: Emli, Jessica. "The Medical Chief's Role in the Dialysis Unit." J Nephrol Ther 12 (2022): 372.