

Clinical Staffing: Determining the Right Size

Most dietetics professionals who work in the clinical setting have concerns about staffing: How many staff members are needed? What skill sets do staff members need? Unfortunately, there is no cookie-cutter answer. Every facility is different, with unique needs and challenges. This article will provide an overview for developing your own clinical staffing plan.

PLANNING

The objective of the staffing process is to create staffing targets and develop a staffing plan, using data to support your recommendations. The goal for any clinical manager is to achieve “effective staffing,” a level of staffing at which positive patient outcomes are achieved with the right quality and quantity of staff. According to Christina Bieseimer, MS, RD, FADA, assistant director of Nutrition Services at Vanderbilt University Medical Center in Nashville, TN, and author of the American Dietetic Association (ADA) book *Achieving Excellence: Clinical Staffing for Today and Tomorrow* (1), the staffing process doesn’t have to be overwhelming, if you take it step by step.

ASSESSING NEEDS

The first step is to assess your staffing needs. “The clinical manager should make staffing assessments at regular intervals,” Bieseimer says. “Changes can happen year to year, or even month to month.” Your first task is to perform a broad evaluation of your work environment, focusing on these five areas:

- **Your facility.** What are its mission and vision? What populations does

it serve? What are its operations? What new services are planned?

- **Department services/operations.** What nutrition services does it provide, and what competencies and skill mix does your staff possess?
- **Legislation.** The legal requirements related to staff (eg, licensure), patient care, and scope of practice. Bonnie Berube, MS, RD, president and owner of BLB Consulting, Inc, in Houston, TX, notes that when determining staff, “It is essential to understand the regulatory standards for the facility, as they differ depending on the services offered.”
- **Accreditation standards.** How do they affect your staff and patient care?
- **Professional practice issues and guidelines.** These guidelines include ADA’s Code of Ethics; Standards of Professional Practice; Nutrition Care Process and Model; Evidence Analysis Library; Medical Nutrition Therapy (MNT) Evidence-Based Guides for Practice; ADA position statements and papers; facility job descriptions, duties, and responsibilities (1); and the Scope of Dietetics Practice Framework (2).

Worksheets and samples of filled-out worksheets relating to the focus areas above can be found in the appendices of *Achieving Excellence* (1).

FROM NEEDS TO REQUIREMENTS

Once you have evaluated your environment, the next step is to determine the number of full-time equivalents your facility needs. To do this, you may consider self-assessment or refer to benchmark comparisons or a staffing model (see sidebar).

Self-Assessment

There are five steps in self-assessment:

1. Determine what Bieseimer calls your facility’s “nutrition demo-

graphic” (ie, the nutrition acuity mix—number of patients in your facility at low, moderate, or high nutrition risk over a time period such as a month or a year).

2. List the patient care and non-patient care duties performed by your staff. These include general patient care duties like nutrition screening, patient-specific care duties such as nutrition assessment, indirect care activities such as team meetings, and non-patient care activities such as team meetings or rounds.
3. Choose a method for determining the amount of time the staff spends on each type of activity (eg, direct measurements over a short time period or estimates using benchmark comparisons). You may use a combination of methods, such as estimating the amount of time spent in nutrition screening, indirect activities, and non-patient care activities and measuring direct care activity time.
4. Determine activity time averages for general nutrition care using the method you’ve chosen. For direct patient care, it may be helpful to determine the average direct care time required for patients at each nutrition acuity level (ie, the average time spent on a high-nutrition-risk patient, a moderate-risk patient, and a low-risk patient).
5. Calculate total staffing needs by adding together the total time needed for general patient care, direct care, indirect care, and non-patient care activities. One way to determine total direct care time is to calculate it by using the nutrition acuity mix of the facility and the average direct care time measurement or estimate for each acuity level, multiplied out to an annual average. Include an allowance for nonproductive time (eg, relief coverage for holidays, vacations, educational leave) (1).

Berube also uses a staffing matrix, in which every aspect of a facility is

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doi: 10.1016/j.jada.2005.11.003

surveyed, from the amount of time spent in meetings and rounds to the number of new admissions per week. When she converts full-time equivalents into positions, she uses the acuity model, case management, diagnosis-related groups, and nutrition risk levels to determine the dietetics professionals' requirements. From there she is able to break down the full-time equivalents into a number of positions, and divide them into registered dietitians or dietetic technicians, registered.

The objective of the staffing process is to create staffing targets and develop a staffing plan, using data to support your recommendations.

While staffing models and benchmarking comparisons can be useful if used correctly, each has its limitations. A staffing model may be outdated. Benchmarking models must closely match your facility. Your facility may not have the budget or time for a full self-assessment. The best approach may be to use a combination of the three.

RECOMMENDATIONS

While clinical staffing may not be a one-size-fits-all situation, Berube has some general advice to help make

planning easier. "Establish productivity standards, establish payment for outpatient services, establish protocols with the physicians that would determine when the dietitian is consulted," Berube says. "Understand the case management aspect of patient care." She adds that "if the staffing is based on a model, it can be quantified, and it is objective. Administration likes that." Biesemeier urges dietetics professionals to advocate for their department, and find someone outside your department, such as a physician, to advocate for you. Most important, Biesemeier says, "Link the numbers to outcomes. You have to show the impact staffing shortages will have on patients."

References

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STAFFING MODELS AND BENCHMARKING COMPARISONS

Staffing Models

Alford-Powers Model. Developed by Margaret Alford-Powers, MPH, RD, this model reports ranges of dietitian staffing as full-time equivalents per occupied bed by service. Derived from these ranges are staffing factors, which are based on characteristics that affect expectations of care, such as:

- average length of stay;
- responsibility for completion of nutrition screening;
- patient acuity;
- type of medical service;
- availability of support staff; and
- standards of care.

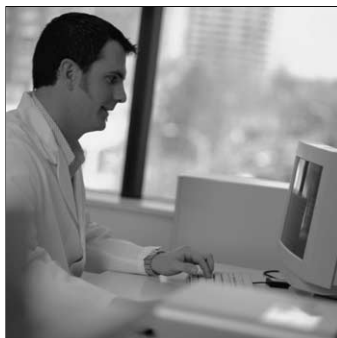
Department of Veterans Affairs Clinical Nutrition Staffing Model. This model is based on the Department of Veterans Affairs patient classification system. This model is validated, but only for Veterans Affairs facilities (1,3).

Patient Acuity Staffing Study Model. This model was a project of the Clinical Nutrition Management dietetic practice group, which collected data, including information on variables associated with MNT, at 92 acute-care facilities between 1991 and 1992. MNT time for direct care is calculated by sampling the patient population, determining the nutritional acuity of the sampled population, calculating the patient acuity time, and predicting MNT for the entire population. Add total direct care time to predict indirect care time and nonpatient care time requirements to derive total requirements for dietetics professional time (1).

Benchmarking Comparisons

Premier Clinical Benchmarking Tool. This tool is used by the Premier purchasing group, which promotes cost containment for its members by purchasing in volume. It was developed by food service directors, clinical nutrition managers, and clinical dietitians from member facilities and is used to determine the amount of time clinical dietitians spend in direct care and to compare facility performance with other member facilities.

Press Ganey. This company measures patient satisfaction for health care facilities and offers a variety of benchmarking products (4).



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