

## **RD Staffing Patterns in Four of South Carolina's Largest Hospitals as a function of Parenteral Nutrition Caseload**

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**Objective:** This study compared RD staffing patterns, particularly in the inpatient setting where parenteral nutrition (PN) is more prevalent, in 4 major SC trauma centers.

**Methods:** Each site completed a survey to measure approximate hospital size, characteristics and activities of RD full time equivalents (FTEs), PN caseload, existence of a nutrition support team, etc.

**Results:** The total number of RD FTEs per total beds were 0.030(A), 0.035 (B), 0.029 (C), and 0.013 (D). Total inpatient RDs (adult + pediatric) per total beds were 0.020 (A), 0.018 (B), 0.018 (C), and 0.011 (D), of which the percentage of those certified in nutrition support (CNSD) were 57% (A), 68% (B), 9% (C), and 0% (D). The number of IP RDs (adult + pediatric) per total number of ICU/NICU beds were 0.124 (A), 0.115 (B), 0.079 (C), and 0.056 (D). The number of total inpatient RD FTEs (adult + pediatric) per daily average of PN cases were 0.38 (A), 0.5 (B), 0.45 (C), and 0.125 (D). The number of CNSD FTEs (adult + pediatric) per daily PN caseload of 0.22 (A), 0.25 (B), 0.04 (C), and 0 (D). Facilities A and Bs had a formal Nutrition Support Team who met at least weekly. RDs at facilities A, B, and D reported to round with their pertinent medical teams.

**Conclusion:** Variations in staffing patterns depends on hospital size, number of ICU beds, nutrition screening/assessment criteria, involvement in the team practice (i.e. rounds), and non-clinical RD responsibilities (i.e. special projects).

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Key:

Facility A: MUSC

Facility B: Spartanburg

Facility C: Greenville

Facility D: Palmetto Health-Richland