Nephrology Social Worker Standards, Scope of Practice, and Staffing Guidelines

July

2023

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Canadian Association of Nephrology Social Workers (CANSW)

Canadian Association of Nephrology Social Workers (CANSW) Nephrology Social Work Standards, Scope of Practice and Clinical Indicators

The following standards of practice and clinical indicators were adapted from the 2010 CANSW Nephrology Social Work Standards and Scope of Practice, completed by Ben, L; Brown, T; Church, L; Petrella, M; Pulkkinen, S (2010) Nephrology Social Worker Standards and Scope of Practice (approved at the CANSW AGM Oct. 14, 2010) as well as the Canadian Association of Social Workers (CASW) – Code of Ethics (2005) and the CASW Social Media Use and Social Work Practice (2014).

Guidelines include: Benefits of Social Media; Ethical Challenges – Potential Risks; Link to Code of Ethics; and Risk Management Strategies.

They were updated in 2015 by Allen, S; Emmelkamp, M; Godin Manuel, C; Haiart, A; Hann, D; Hodgins, D; Jensen, M; Laturnus, L; Mariano, M; MacPhail, H; Nickerson, B; LeePaget, A; Pulkkinen, S; Tuovinen, A; Thompson, N (2015).

The Staffing Recommendations by Treatment Modality was completed in 2018 by: Jensen, M.; Lee Paget, A.; Thompson, N.; Allen, S.; Levesque, D.; Frey, A.; Dhaliwal, A.; Hutton, T.; Carson, J.; Solman, S.; MacNab, C.; Deveaux, A.

Additional editing and the integration of the Standards and Scope of Practice with Staffing Recommendations was completed in 2019 by Corinne MacNab, CANSW Vice President.

The Staffing Guidelines and Clinical Indicators were further updated in 2023 by Bottoms, J.; Levesque, D.; MacNab, C.

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Reference Framework for Social Work Staffing

CANSW, with permissions, has adapted data from the American-based National Kidney Foundation Council of Nephrology Social Workers' "Standards of Practice for Nephrology Social Work". CANSW recognizes that there is a need to develop further Canadian content.

The Council of Nephrology Social Workers (CNSW) performed **caseload and salary surveys** in 2010 and 2014.

In 2010, with an average caseload of 126 (68% higher than recommended), **76.6% of full-time social workers reported that they didn't have time to provide mandated psychosocial services** to their patients.

In 2014, the average caseload for a full-time dialysis social worker was 116: lower than in 2010, but still 55% higher than the caseload recommended **16 years earlier**.

A 2014 **article** in the *Journal of Nephrology Social Work* that same year provided evidence that social work interventions have been effective in improving outcomes for patients.

Research suggests that there is a statistically significant correlation between lower social worker caseload size and rehabilitation interventions offered (Callahan et al, 1998).

Studies also suggest a positive relationship between patient satisfaction and lower nephrology caseloads (Callaghan et. al, 1998), as well as patient's perceptions of the importance of access to nephrology social work services (Siegal et al., 1994, Rubin et al., 1997).

Siegal's 1994 study of patient expectations related that greater than 84% of patients rely on clinical social workers to assist them with coping strategies, family adjustment, the impact of dialysis on their life, and continuing to be involved with family activities.

This same study showed that 91% of the patients believed that access to the nephrology social worker was important. Rubin's 1997 study showed that patients ranked the services provided by the nephrology social worker in the top four of twenty-five important aspects of care.

Nephrology social workers have reported that large caseloads hindered their ability to provide clinical interventions. (Bogatz et al., 2005).

CANSW Position Statement

Minimum Psychosocial Risk Factors were selected from the guidelines and used to develop the following recommendations for **minimal** staffing ratios.

BASE VALUE	**0.30**
≥25% of patient population is socially disadvantaged or on social assistance	**+0.10**
≥25% of patient population is diabetic	**+0.10**
≥25% of patient population is ≥60	**+0.10**
Total Facility Psychosocial Risk Factor	**0.60**

PRF x Patient Population During Year	
	= Minimum Recommended
Staffing Level	
Case Function Ratio (CFR)	

So if the Total Facility -Psychosocial Risk Factor is 0.60 as determined above, and the Case Function Ratio is 45 as determined above, patient population is found to be 75.

$$\frac{0.60 \times 75}{45} = 1 \text{ MSW}$$

Canadian Context

In the "Burden of Out-of-Pocket Costs for Canadians with Kidney Failure" 2018 Report, researchers found: nearly 50% of respondents reported a decrease in annual household income since starting dialysis.

The proportion of patients on dialysis who are below Canada's Low Income Cut Off (LICO)1 is much higher than the general population (of all respondents, 41% are below the Canadian Low Income Cut-Off (LICO), compared to 8-14% of the general Canadian population); and

Out-of-pocket costs related to dialysis treatment are a significant burden considering 55% of respondents reported an annual household income of less than $35,000 and 23% of respondents reported an annual household income of less than $20,000.
Link: 3-2-1-NAT-Burden_of_Out-of-Pocket_Costs.pdf (kidney.ca)

Given this context, our estimate, recognizing that there is a need for further Canadian-based research, and acknowledging the psychosocial complexities post-Covid pandemic e.g. financial insecurity, increased social isolation/mental health challenges, the national housing crisis and increased food insecurity, is that the ratio remain; 1 MSW per 75 patients.

Case Function Ratio

Broadly speaking, there are 23 Social Work Functions performed regularly, (see below) and these case function ratio values are based on the number of social work functions performed.

CFR= Value of 45 if 6-9 social work functions are routinely performed
Value of 35 if 10-13 social work functions are routinely performed
Value of 25 if 14-17 social work functions are routinely performed
Value of 15 if 18 or more social work functions are routinely performed

Regularly Performed Social Work Functions

1. Psychosocial assessments: The gathering of information about the patient's social, psychological, cultural, environmental, and financial situation and utilizing this information for a psychosocial assessment and treatment plan for formal report/presentation.

2. Counseling (patients and families): Counseling directed toward helping patients and their families adjust to illness/treatment/lifestyle changes and promote resilience. Nephrology Social Work Standards of Practice for Nephrology Social Workers (6th Ed.) 40

3. Group work: Counseling directed toward supporting groups of patients and their families cope with specifically identified problems/goals, e.g., role changes, sexual issues.

4. Information and referral: Information provided to the patient and family about the types of community resources available; connection made with the resources so identified.

5. Facilitating community agency referral: Navigation and assistance beyond information is provided to ensure patient access to appropriate resources, e.g., applications are completed on behalf of patients and processed; conferences and visits are carried out to agencies on behalf of or with patients; representation of patient and patient interest is directly made to community social agencies; escort, transportation and childcare may be arranged.

6. Team care planning and collaboration: A structured meeting which provides specialized knowledge to other health care professionals regarding patient psychosocial concerns, procedures, or services and participation in development of care plan.

7. Transfer planning: Collaboration between staff in-patient transfer of treatment modality, and/or preparation and facilitation of patient transfer in/out of treatment facility.

8. Pre-admission planning: Counselling patient and family about concerns directly related to planning and/or arranging for hospital admission.

9. Discharge planning: Counselling and collaboration related to planning and arranging for patient's post hospital care to provide continuity of care and consolidate gains made during hospitalization.

10. Facilitating use of hospital and/or facility services: Advocacy role is assumed within hospital and/or facility on behalf of patient and family with all facility staff, departments, and hospital personnel.

11. Patient/family education: The enhancement of patient and family knowledge through a structured program geared to provide information to patients and/or families regarding treatment modalities, psychosocial adjustment to treatment, community resources, and the Kidney Foundation of Canada and etc.

12. Financial assistance: Financial or other concrete aid is provided directly by the hospital or facility social worker, in collaboration with appropriate agencies and partners; transportation assistance, medications, equipment etc.

13. Case consultation to community agencies: A structured meeting and/or teleconference which provides specialized knowledge to health care personnel of an outside agency regarding the psychosocial concerns of a patient/family active with the outside agency.

14. Program consultation to hospital staff and/or facility staff: Assesses patient population to determine unmet needs, investigates and channels information about patient care concerns to appropriate departments, identifies and makes recommendations for changes in hospital or facility policies and procedures as related to patient/family needs and rights.

15. Program consultation to community agencies: A structured meeting/consultation which provides specialized knowledge to community agencies and services.

16. Hospital/facility planning activities: Significant involvement in the administrative activities and mechanisms of the hospital/facility which relate to short-term and long-term planning and program development; or that relate to community services.

17. Community health planning activities: Working with the community and its agencies to develop necessary programs and uncovering community resources to meet patient and family needs. Nephrology Social Work Standards of Practice for Nephrology Social Workers (6th Ed.) 41

18. Community service activities: Responsibility to represent the hospital, facility, or discipline to the community groups in carrying out appropriate programs, eg. kidney transplant programs and tissue banks, Networks, Kidney Foundation Affiliates.

19. Teaching: Routine and systematic teaching of medical, nursing, social work, and other appropriate students.

20. Research: A structured system of study of the psychosocial factors of patients with kidney failure their care, and their needs.

21. Medical review/utilization review audit activities: Participate in the formal concurrent review process of the hospital/facility related to Accreditation Canada.

22. Supervisory activities: Responsibility on a regular and ongoing basis for supervision of from two to four full-time professional social work staff involved in direct patient care activities, and/or responsibility for coordinating the renal social work program within the hospital/facility.

23. Other: Additional responsibilities (not included in 1-22 above), performed on a regular and ongoing basis, that are significant to the mission/function of the overall renal care program, e.g., home care programs.

GOALS OF NEPHROLOGY SOCIAL WORK

- Nephrology social work services support and maximize the psychosocial functioning and adjustment of patients experiencing Chronic Kidney Disease (CKD), End-Stage Renal Disease (ESRD) and those receiving renal replacement therapies. Social work services are also extended to families, caregivers, and support networks.

- Nephrology social work services are provided to alleviate or lessen social and emotional stressors resulting from the interacting physical, psychological and social factors that affect persons living with kidney disease. This includes shortened life expectancy and an altered lifestyle.

- Nephrology social work fosters and facilitates improved quality of life as perceived by the patient and his/her support system by respecting values of individuality, independence, autonomy and personal choice. Overall wellness is promoted through all stages of care: prevention, diagnosis, chronic illness management, treatment, and end-of-life care.

- Nephrology social workers function as part of the interdisciplinary team and advocate for positive treatment environments, policies, and care approaches that respect diversity including individual, cultural, gender, religious and ethnic differences.

- Nephrology social workers participate in advocacy and research.

Nephrology Social Work
Staffing Recommendations
by Treatment Modality

The Canadian Association of Nephrology Social Workers (CANSW) is a national organization, promoting renal social work excellence across the country. In making the following recommendations, CANSW recognizes that there are provincial, regional and local factors which may require advocating for a different Full Time Equivalency (FTE) ratio based on the specifics of a health service funding structure. Also, the staffing ratios may need to be adjusted over time as health care services evolve. CANSW makes the following general renal social work staffing recommendations:

Treatment Setting/ Modality	Patient Numbers	**Social Work FTE** **
Pre-dialysis Clinic/ Stages 3-5 EGFR <15-59	150-500	1.0
Home Dialysis Clinic (Peritoneal Dialysis and Home Hemodialysis)	80-100	1.0
In Centre Hemodialysis Unit	75-100	1.0
Acute Care Renal Ward	20-30	0.75
Satellite Settings	100-250	1.0
Transplant Treatment Centre	175-200	1.0
Post-Transplant Clinic	250-750	1.0

**Workload recommendations are based on a 37.5 work week

Additional Considerations:

Additional FTE allotment should be considered when:

- The service area has unique challenges which may require increased social work involvement such as:

- ➲ Unique populations: eg. Indigenous, Ethnic Group, Refugee, Migrant Worker, New Immigrant, LGBTQ2S, Veterans and Pediatrics
- ➲ Complex social issues: eg. Poverty, Housing, Food Insecurity, Mental Health and Substance Use, HIV
- ➲ Barriers to care: eg. Transportation, Program Capacity Issues, Need for Intra-Provincial Care/Services, Staffing, Technology
- ➲ Geographic challenges: eg. Rural, Remote locations, Lack of infrastructure, Distance
- ➲ Regional Differences eg. Access to specialists, supports and specialized services such as ethicists, psychologists, psychiatrists etc.
- ➲ Complex care needs: Conservative Care, Supportive Care, Palliative Care, End-of-Life Care

Smaller sized communities have different service needs compared to larger urban centres, however, either one may need to advocate for additional staffing based on local resources (Eg. Support groups or palliative care services may be available in larger centres where they may not be in smaller centres.)

- <u>Travel time between points of service</u>. This could include home visits, distance between satellite hemodialysis units and the number of satellite units, visiting dialysis patients in acute care, traveling between treatment modality locations, and attending meetings. It is recommended that employees are paid for their travel time and compensated according to their local union agreement if applicable, or by the Government of Canada Automobile Allowance Rates.

- <u>Workload is mixed</u>. In smaller communities one social worker may be responsible for two or more renal treatment modalities. (eg. one social worker may be responsible for ambulatory care patients as well as acute care patients). It is preferred that when two 0.5 positions are combined, they are both in the nephrology program as this builds capacity and allows for the natural variances of workload in the programs. When practice workload for one of the two areas exceeds allocation, it is important to consider increasing FTEs.

- <u>The renal social worker is also doing discharge planning at the hospital</u>. Discharge planning or case management can be a labour intensive activity, also subject to resource availability in the community (human resources, home care etc).

- <u>Where there is a team service delivery model in place and/or an expectation to contribute to program development</u>. Some examples would be participating on renal program committees, developing education resources materials/, representing the renal program in community, developing community partnerships, and creating new programs.

** Satellite Units: a general understanding regarding satellite hemodialysis units is that they serve a more stable population than in-centre hemodialysis units and may have a smaller turnover of patients. In-centre hemodialysis units usually stabilize patients before transfer to a satellite. Distance to travel to a satellite unit may need to be considered when determining appropriate social work staffing ratios.

PROFESSIONAL STANDARDS AND EDUCATION

CANSW recommends that nephrology social workers have a Masters of Social Work degree (MSW) from an accredited School of Social Work. In situations where MSW trained persons may be difficult to recruit due to supply or geographical factors, a Bachelor of Social Work degree (BSW) with substantial related experience may be considered. Furthermore, educational standards for social workers should be consistent with those set by the appropriate interprovincial College and employers.

It is strongly recommended that all new nephrology social workers complete the CANSW curriculum that forms the basis of knowledge that is required for working in the field of Nephrology and with patients with Chronic Kidney Disease (CKD) and their families. They will receive the ***CANSW* Specialized Nephrology Social Work Certificate** on completion. The curriculum can be accessed through the CANSW website.

It is strongly recommended that all nephrology social workers hold current membership in CANSW. To accomplish this goal, it is suggested that each Regional Representative assume the responsibility for encouraging and promoting CANSW membership. All social workers new to nephrology should be provided with information about CANSW membership, and all current CANSW members should be encouraged to renew their memberships.

Welcome letters are sent to all new CANSW members, and new renal social workers at the request of their colleagues, to introduce them to CANSW and all the associated benefits, including: a nationwide listserv, practice-relevant educational opportunities, mentoring and support.

ETHICAL STANDARDS IN DECISION MAKING AND PRACTICE

The nephrology social worker practices with accountability, confidentiality, within ethical guidelines, and without conflict of interest. Registered social workers must adhere to the ethical guidelines as legislated by the appropriate provincial/territorial body. If the province/territory does not stipulate mandatory registration, it is still expected that the nephrology social worker will respect and adhere to the applicable provincial/territorial guidelines, or, at minimum, the CASW Guidelines for Ethical Practice as outlined in www.casw-acts.ca (2005).

NEPHROLOGY SOCIAL WORK STANDARDS FOR SCOPE OF PRACTICE

The following are recommended by CANSW as Standards for Scope of Practice. When applying any recommended standards related to nephrology social work, it is essential that appropriate staffing ratios are implemented. These staffing ratios are outlined in CANSW's "Renal Social Work Staffing Guidelines by Treatment Modality" – 2018, page 8.

1. Psychosocial Assessment and Intervention

Chronic Kidney Disease can cause physical, social, emotional and financial stress for the patient. Early social work referral, psychosocial assessment, intervention and continued care ensures the timely provision of psychosocial support and education. Counselling and advocacy are the cornerstones of the profession. The CANSW member will:

- Accept referrals from patients, families, health care providers, community partners and any other care partners.
- Screen, assess, monitor and manage high-risk and complex cases. Examples of psychosocial risks and issues, which may be screened, include:

○ Abuse, Neglect, Safety	○ Housing Concerns
○ Activities of Daily Living	○ Illness Management
○ Advance Care Planning	○ Immigration
○ Barriers to Care	○ Language and Cultural Needs
○ Caregiver Stress	○ Legal Resources
○ Cognitive Changes, Deficits	○ Medication Access
○ Complex Care Needs	○ Mental Health
○ Coping, Anxiety, Depression	○ Palliative Care
○ Education and Vocation	○ Rehabilitation
○ End of Life Issues	○ Self Image
○ Family Stress and Conflict	○ Settlement
○ Financial Issues	○ Sexual Health
○ Food Insecurity	○ Shelter
○ Gender Identity	○ Social Support
○ Geographic Challenges	○ Substance Use
○ Grief, Bereavement and Loss	○ Transportation
○ Health Consent Complexities	○ Treatment Decision Support
○ Home Environment	

- Facilitate continuity of care by completion of timely, comprehensive and concise psychosocial assessments, appropriate documentation, reporting to team members, and transferring relevant information to key service providers for effective transfers of care.

  Counsel patient and family regarding coping, crisis management, problem solving, health management, decision-making, resources, and other psychosocial needs by utilizing appropriate therapeutic interventions, and facilitating links to appropriate resources.
- Share information about peer support resources with patient and family to complement emotional support and education needs.
- In collaboration with the health care team, ensure patients, families and caregivers have accurate and adequate information about diagnosis and prognosis so that they are able to make the appropriate health care decisions.
- Provide help with negotiating the complex health care and social systems and advocate for patient and family rights within these systems.

(measured by Clinical Indicator(s) #1, 2, 3; pages 19, 20)

2. Cultural Safety and Humility

Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances and inequity that is inherent in our society and health care system. It also strives to incorporate and honour diverse ways of being into individualized care plans. It aims to result in an environment free of racism and discrimination, where people feel safe and understood when receiving health care.

Cultural Humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. – **Creating A Climate for Change**, First Nations Health Authority, www.fnha.ca

Nephrology social work respects the multicultural nature of Canadian society and provides services recognizing the diversity in not only a multicultural system, but in diverse socioeconomic, demographic and geographic environments. The CANSW member will:

- Advocate for fair and equal access to service for all patients.
- Practice respectful interventions irrespective of gender, age, ethnicity, language, culture, sexual orientation, financial status, religious or spiritual practices, physical and mental abilities.
- Explore and include patient and family cultural beliefs, values, and needs in care provision.

(measured by Clinical Indicators #3, 9; pages 20, 23)

3. Chronic Disease Management

The complex nature of Chronic Kidney Disease along with other co-morbidities requires a comprehensive understanding of chronic disease management.

Patient self-management should be encouraged and promoted. The CANSW member will:

- Educate and support patients and families regarding chronic disease management, delaying disease progression, and encourage participation in shared decision-making with the health care team.
- Promote engagement and motivation for positive outcomes, strengthen problem-solving capabilities and self-advocacy skills. Encourage participation in community based programs.
- Collaborate with other health care professionals to provide integrated comprehensive services, including patient-friendly educational resources for individuals living with chronic illness.

(measured by Clinical Indicator #3,4,6,7; pages 20, 21, 22)

4. Community Partnerships

CANSW recognizes the momentum that occurs when separate systems unite to work together on issues. CANSW strongly promotes community partnerships. The CANSW member will:

- Build and foster ongoing collaborative working relationships within health care systems, regional programs, all levels of government, and with key partners such as The Kidney Foundation of Canada and other local, provincial or federal associations which may benefit kidney patients.
    - The current CANSW President sits on the National Programs and Public Policy Committee (NPPPC) for the Kidney Foundation of Canada. CANSW members also sit on the Government Relations Committee for the Kidney Foundation of Canada.
- Assist patients in accessing and navigating diverse systems.

(measured by Clinical Indicator #5; page 21)

5. Advance Care Planning

The relationship with a patient and family may span months to years from initiation of treatment to withdrawal of treatment and death. With this understanding, and to

facilitate transitions through age-related and illness-related decisions, it is necessary for the nephrology social worker to incorporate Advance Care Planning into the course of the therapeutic relationship. The CANSW member will:

- Educate and counsel patient, family and healthcare team members regarding Advance Care Planning, according to the legal framework within each province.
    - The CANSW member will have a comprehensive understanding of the legal framework in their province.
- Facilitate and identify patient's future health care values, wishes, decisions, and health care decision-maker(s) in the event of incapacity, legal and financial planning, and update, as needed.
    - The CANSW member will be proficient at guiding Goals of Care conversations.
    - The CANSW member has access to a toolbox of Advance Care Planning resources located on the CANSW website that will assist the patient in completing their planning and addressing their Goals of Care with their health care decision-makers, caregivers and families.
- Educate patients, families, and interdisciplinary teams about supportive care, including conservative care, palliative care and end-of-life care. Promote care plans and link with community resources that honour the patient's wishes.
    - The CANSW member will have a connection and rapport with the Palliative Care and Hospice care providers in their hospital and community.
    - The CANSW member will have an extensive and current knowledge of the resources available to the patient and family in the hospital and their community.

(measured by Clinical Indicator #3; page 20)

6. Education, Teaching and Leadership

As part of the scope of practice, the nephrology social worker will provide education, information and direction to patients and families related to CKD. Educational standards for social workers should be consistent with those set by the appropriate provincial College and employer.

The CANSW member will:

- Stay current with clinical practices, research, policies, resources and health information by attending CANSW conferences and webinars, participating on the CANSW listserv, and other relevant nephrology trainings.

- Develop and provide education for patients, families, and groups on issues such as coping, illness management, wellness, treatment, and resources, in consultation with patient councils, as available.

- Develop education materials in the areas of nephrology social work and interdisciplinary practice for presentation to health professionals.

- Provide advocacy on behalf of patients and families to community partners regarding the role of nephrology social work, and the needs of CKD patients and families.

- Provide mentorship, training, supervision, and leadership to social work students.

(measured by Clinical Indicator #5, 9,10; pages 21, 23)

7. Data Management and Program Development

CANSW recognizes that in order to properly advocate for the profession and to ensure that best practice guidelines are followed, it is necessary for nephrology social workers to liaise effectively with all stakeholders. CANSW members, when mandated to or when it is deemed necessary to do so will:

- Collect data and submit service trends to appropriate health care administrators, advocate for appropriate social work resource allocation, assist with program and policy development, and inform health infrastructure redevelopment.
- Develop, implement, and evaluate programs for safe, effective, efficient, and high quality patient care, i.e. participate in Accreditation.

- Collaborate with key stakeholders on program development, which aims for optimal health outcomes and best clinical practice.

- Be aware, be responsive, and advocate, for adequate, comprehensive and inclusive nephrology health services at organizational, local, regional, provincial, national, and international levels.

(measured by Clinical Indicator #9; page 23)

8. Personal and Professional Development

There is an expectation that nephrology social workers will remain up to date with developments in the Nephrology and Social Work fields. CANSW members will:

- Complete the ***CANSW*** **Specialized Nephrology Social Work Certificate.**

- Implement a professional development plan that adheres to requirements of the respective provincial/territorial bodies as well as employers.

- Stay current with clinical practice, theoretical applications, research, policies, resources and health information.

- Promote affiliation with national and regional health networks, renal organizations, social work groups, and other key associations.

- Attend the annual CANSW conference and webinars, participate on the CANSW listserv, CANSW "Voice" blog, and other educational opportunities as available.

(measured by Clinical Indicator #8; page 23)

9. Research

CANSW recognizes the vital contribution of research to the Nephrology field and specifically to the profession of social work. CANSW members are encouraged to:

- Participate in the promotion, implementation, and evaluation of nephrology and social work practice research.

- Develop and conduct research for the advancement of patient, family, community, and societal health.

(measured by Clinical Indicator #10; page 23)

10. Social Media and the Use of Email & Technology

CANSW acknowledges that the use of social media* and other forms of technology are means of information sharing, service provision and education that have the potential to contribute to patients' lives, the practice of nephrology social work and to support our communities of practice. CANSW also recognizes the limits and potential implications that social media and the use of technology have on social work practice due to confidentiality, ethical, legal and privacy issues.

CANSW additionally acknowledges the use of email in social work practice**, both within patient care and as a vital means of communication between colleagues and partners. In accordance with ethical guidelines, adherence to provincial/territorial

licensing and to employer policies and procedures, and when appropriate, CANSW members *may*:

- Use social media and other forms of technology, including email and faxes, as a means of communication with online communities, connecting to resources and health information, and sharing information that "expands local or provincial/territorial parameters", while protecting patient privacy and maintaining confidentiality. The social worker is responsible for establishing and maintaining professional boundaries, must seek to avoid dual relationships including "friending" patients on Facebook, and other social media platforms, and must ensure a separation between their professional and personal online usage.

- Utilize email, a critical administrative and clinical communications tool. Use of email and faxes is subject to organizational policies and procedures pertaining to ensuring privacy when emailing and faxing patient personal health information, both internally and externally. This may include instructions to the recipient if information is received by an unintended recipient as well as requirements to encrypt content.

- Become proficient in the technological skills and tools required in practice and obtain training to stay current with emerging technologies relevant to clinical practice. This includes being aware of the risks of professional online relationships, dual relationships, and of the ways in which technology-based social work practice may be safely and appropriately conducted.

- Recognize that social workers who use technological means to provide services (including but not limited to: Zoom, Tele-health/medicine etc.) must abide by all practice regulations with the understanding that their practice may be subject to regulation in both the jurisdiction in which the patient receives the service and the jurisdiction in which the social worker provides the services.

- Adhere to workplace guidelines, policies and protocols outlined by the provincial social work regulatory body.

- Utilize social media forums to promote research and community development, advocate and create awareness about renal issues and organizations that promote health and well-being.

* CASW examples of social media include but are not limited to: Facebook, Twitter, Instagram and Google.

**See document on CANSW website under Standards and Policies: "Virtual Clinical Social Work Practice Recommendations Report", July 2020, Richin Joy

(measured by Clinical Indicator #9; Page 23)

Recommended Clinical Indicators for Quality Assurance/Continuous Quality Improvement

Measurable clinical indicators are a recognized method to provide quantitative data surrounding a very individual and subjective type of service such as social work. The following Clinical Indicators are recommended **ONLY** when staffing ratios meet the "Renal Social Work Staffing Guidelines by Treatment Modality" – 2018, pages 8-10. These Clinical Indicators may be modified and used as a template if staffing and other resources are inadequate.

Indicator 1. Timely Initial Contact

Chronic Kidney Disease can cause physical, social, emotional, and financial distress for the patient. Early social work contact ensures timely provision of psychosocial support and education.

Recommendation:

- ESRD patients (dialysis): 90% of patients are to be contacted by a nephrology social worker within 3 working days of inpatient admission, or, within 7 working days of initiation of outpatient treatment.

  CKD patients (clinic): 90% of Stage 4 and Stage 5 CKD patients are to be seen by a nephrology social worker by the third visit in a "Kidney Care Clinic".

  ESRD patients (conservative care): 100% of patients are to be contacted by a nephrology social worker after choosing conservative care in a "Kidney Care Clinic".

  Calculating the Percentage:

  Total # of patients actually seen divided by Total # of patients starting service (within the survey period.)

  Other influencing factors:
  Patient is transferred or dies within guideline period.
  Social work staffing ratio.
  Availability of social work on the in-patient unit.
  Acuity level of the patient prevents initial contact.
  Patient or Substitute Decision Maker does not consent to social work intervention or does not require social work services.

Indicator 2. Timely Psychosocial Assessment for Dialysis Patients (excludes pre-dialysis patients)

An initial psychosocial assessment is made available to the treatment team in a timely manner to guide the development of the care plan.

Recommendation:

ESRD out-patients on dialysis: 90% of reviewed charts are to contain psychosocial assessments dated within 30 days of initiating social work contact, as needed.

Calculating the Percentage:

Total # of Assessments Completed divided by the Total # of Charts reviewed (within the survey period).

Other influencing factors*:*

- Patient is transferred or dies within guideline period.
- Social work staffing ratio.
- Acuity of the patient during guideline period.
- Family is not available for consultation.
- Patient or Substitute Decision Maker does not consent to social work intervention.

Indicator 3. Comprehensive Psychosocial Assessment

To guide care planning and decision making adequately, the comprehensive psychosocial assessment identifies both the strengths and challenges faced by the patient and his/her supports, highlights the implications this information has on treatment planning and delivery of care, and guides the development of a care plan designed to promote healthy adaptation to kidney disease and renal replacement therapies. Assessments and care plans may be compiled and revised over a series of visits and may require regular review.

Recommendation:

- 90% of psychosocial assessments will address the challenges and strengths of the patient, including physical, environmental, psychological, cognitive, spiritual, cultural, behavioural, emotional, economic, and social factors, and the treatment implications.

Calculating the Percentage:

Total # of completed assessments divided by the Total # of Charts reviewed (within the survey period)

Other influencing factors:

- Patient transfers or dies before the completion of timely psychosocial assessment.
- Social work staffing ratio.
- Patient or Substitute Decision Maker does not consent to social work assessment.
- Number of opportunities to meet with the patient.
- Patient/SDM does not consent to social work intervention.
- Conflicting professional demands on the social worker's time.

Indicator 4. Development of Care Plan

The comprehensive psychosocial assessment guides the development of a care plan including suggestions for education, social work interventions, referrals, and resources designed to promote healthy adaptation to kidney disease and renal replacement therapies. The implementation of the care plan may take time, and will need to be responsive and adaptive as care needs change.

Recommendation:
- 90% of charts will have care plans developed by the social worker

Calculating the Percentage:

Total # of care plan recommendations followed through with divided by the Total # of Care Plans reviewed (within the survey period)

Other influencing factors:
- Patient transfers or dies before the completion of care plan.
- Social work staffing ratio.
- Number of opportunities to meet with the patient.
- Patient does not consent to social work intervention.
- Conflicting professional demands on the social worker's time.
- Systemic barriers preventing follow through with care plan.
- Patient or Substitute Decision Maker lack of follow through with recommended strategies/resources.

Indicator 5. Teamwork and Interdisciplinary Consultation and Collaboration

Interdisciplinary input and active collaboration in each patient's treatment and/or discharge plan, if applicable, ensures that all available information and expertise are considered during treatment. Social work involvement at interdisciplinary rounds maximizes the opportunity for consultation and collaboration.

Recommendation:
- 90% of scheduled interdisciplinary rounds will be attended by the social worker, as appropriate.

Calculating the Percentage:

Total # of rounds attended divided by Total # of rounds held (within the survey period.)

Other influencing factors:
- Social work staffing ratio.
- Conflicting professional demands on the social worker's time.

- Consistency of interdisciplinary rounds.
- Availability of social work on in-patient unit.

Indicator 6. Pre-transplant Assessment and Counselling for Potential Kidney Transplant Recipients

In order to participate in informed decision making, potential kidney transplant recipients need education and support regarding the social, emotional, and financial ramifications of transplant.

Recommendation:
- That 100 % of pre-transplant patients receive pre-transplant counselling.

Calculating the Percentage:

Total # of transplanted patients with documented pre-transplant social work counselling divided by Total # of transplanted patients (within the survey period.)

Other influencing factors:
- Patient's refusal to participate in pre-transplant counselling.
- Social work staffing ratio.
- Patients transferred from units that do not have social work staffing.
- Regional differences in who completes this assessment (transplant program vs. home hospital)

Indicator 7. Pre-transplant Assessment and Counselling for Live Kidney Donors

In order to participate in informed decision making, kidney donors must receive information, education, and support regarding the social, emotional, and financial ramifications of organ donation.

Recommendation:
- That 100% of live kidney donors receive pre-transplant counselling.

Calculating the Percentage:

Total # of living kidney donor charts with documented pre-transplant social work counselling divided by Total # of living donor transplants (within the survey period.)

Other influencing factors:
- The number of living kidney donors who live outside the area of the transplant centre, impacting access to pre-transplant counselling.
- Social work staffing ratio

- Conflict of interest
- Regional differences in who completes this assessment (transplant program vs. home hospital)

Indicator 8. Collecting Statistical Information

Collecting data regarding nephrology social work workload is a valuable function to maintain accountability for services performed as well as provide concrete data to promote program expansion and increased resources.

Recommendation:

- 100% compliance with hospital and governmental statistical requirements will be collected as per mandatory regulations.

Calculating the Percentage:

Total # of times met statistical deadlines divided by Total # of set statistical deadlines (within the survey period).

Other influencing factors:

- Prolonged absence of social worker from work (eg. medical leave).
- Social work staffing ratio

Indicator 9. Ongoing Professional Development

Commitment to ongoing personal and professional development maintains an ethical and evidence-based social work practice.

Recommendation (where mandated):

- That 100% of professional development plans comply with provincial and/or employer requirements.

Calculating the Percentage:

Total # of times met deadline requirements divided by Total # of times deadlines set (within survey period).

Other influencing factors:

- Prolonged absence of social worker from work (eg. medical leave).
- Social work staffing ratio

Indicator 10. Education, Teaching, Leadership and Research

Improvements in nephrology social work services are best supported by clinical research, and a commitment to teaching, leadership and advocacy within our programs, organizations, and communities.

Recommendation:

- That 100% of research projects committed to will be completed
- That 100% of students will receive appropriate supervision.
- That 100% of advocacy projects will be completed, unless deemed no longer necessary.

Calculating the Percentage:

- Total # of completed research projects, students, projects, divided by Total # of research projects, students and advocacy projects (within the survey period).

Other influencing factors:

- Social work staffing ratio
- Protected time to attend conferences, webinars and other relevant educational opportunities
- Organizational/program support to supervise students
- Organizational/program support to take on advocacy projects
- Organizational/program support and time to conduct research

Concluding Remarks

CANSW supports minimal staffing ratios in order to promote excellence, accountability and ethical practice in Nephrology Social Work.

CANSW commits to reviewing the minimal staffing recommendations every five years.

If you have any questions, suggestions or feedback regarding this document, please contact us.

Contact information for the CASNW executive committee may be found on the CANSW website: www.cansw.org, or, alternatively, you may send a general inquiry through the website through the "Contact Us" tab.

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