



Nephrology Social Worker Standards and Scope of Practice

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Canadian
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Workers
(CANSW)

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Nephrology Social Work Standards and Scope of Practice

The following standards of practice and clinical indicators are an adaptation of 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.

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.

EDUCATIONAL STANDARDS

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.

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" – 2009.

1. Psychosocial Assessment and Intervention

CKD 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 corner stones of the profession. The CANSW member will:

- Aim to promote positive, patient-centered health outcomes which are evidenced by decreased psychosocial complications, delayed disease progression, promoting wellness, and facilitating links to appropriate resources.
- 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:

<ul style="list-style-type: none"> ○ Abuse, Neglect, Safety ○ Activities of Daily Living ○ Advance Care Planning ○ Caregiver Stress ○ Cognitive Changes, Deficits ○ Coping, Anxiety, Depression ○ Education and Vocation ○ Family Stress and Conflict ○ Financial issues ○ Grief, Bereavement and Loss ○ Health Consent Complexities ○ Home Environment ○ Illness Management ○ Immigration and Isolation 	<ul style="list-style-type: none"> ○ Language and Cultural Needs ○ Legal Resources ○ Medication Access ○ Mental Health issues ○ Complex Care Needs ○ Rehabilitation ○ Self Image ○ Settlement ○ Sexual Health ○ Shelter ○ Social Support ○ Substance Misuse ○ Transportation ○ Treatment Decision Support
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- 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.
- 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, 4)

2. Cultural Competence

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 Indicator # 3)

3. Chronic Disease Management and Self-Management

The complex nature of CKD along with other co-morbidities requires a comprehensive understanding of the chronic disease management model. For optimal results, patient self-management should be encouraged and promoted. The CANSW member will:

- Educate and support patient and family regarding chronic disease management, delaying disease progression and maintaining a healthy lifestyle.
- Promote self-management, engagement and motivation for positive outcomes such as improved confidence, commitment to behaviour change, strengthened problem solving capabilities, and self-advocacy skills. Encourage participation in community based self-care programs.
- Collaborate with other health care professionals to provide integrated and comprehensive services for individuals living with chronic illness.

(measured by Clinical Indicator # 4,5,7,8)

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.
- Navigate diverse systems in order to help facilitate patients' access to services.

(measured by Clinical Indicator # 5)

5. Advance Care Planning

The relationship with a patient and family is a long term commitment spanning months to years from initiation of treatment to withdrawal of treatment and death. With this understanding, to facilitate transitions through age-related and illness-related milestones, it is necessary for the nephrology social worker to incorporate

Advance Care Planning in the course of the therapeutic relationship. The CANSW member will:

- Educate and counsel patient, family and healthcare team members regarding Advance Care Planning and Advance Medical Directives.
- Facilitate and identify patient's future health care values, wishes, decisions, substitute decision maker(s), legal and financial planning, and update, as needed.
- Educate patients, families, and interdisciplinary teams about supportive care, including conservative and palliative care and end-of-life care services. Promote care plans and community resources that honour the patient's wishes.

(measured by Clinical Indicator(s) # 3, 6)

6. Education, Teaching and Leadership

As part of the scope of practice, it is recommended that the nephrology social worker will continue to provide education, information and direction to patients and families related to CKD. The CANSW member will:

- Stay current with clinical practice, theoretical applications, social changes, research, policies, resources and health information.
- Develop and provide individual or group education for patients, families, and community partners on issues such as coping, illness management, wellness, treatment, resources, and other renal or psychosocial topics.
- Develop education materials in the areas of renal care, social work and interdisciplinary practice for presentation to health professionals, patients, students, and community partners.
- Provide mentorship, training, supervision, and leadership to social work students, staff and other interdisciplinary health professionals.

(measured by Clinical Indicator # 5, 6,7, 8)

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 or given the opportunity to participate, will endeavour to:

- Collect data and submit service trends to appropriate health care administrators for adequate social work resource allocation, program development, policy guidelines, and health infrastructure.

- Develop, implement, and evaluate programs for safe, effective, efficient, and high quality patient care.
- Collaborate with key stakeholders on building programs, which aim for optimal health outcomes and best clinical practice.
- Advocate for adequate, comprehensive and progressive health resources at organizational, local, regional, provincial, national, and international levels.

(measured by Clinical Indicator # 9)

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:

- Implement a Professional Development Plan that conforms to requirements of the respective Provincial bodies as well as employers.
- Stay current with clinical practice, theoretical applications, social changes, research, policies, resources and health information.
- Promote affiliation with national and regional health networks, renal organizations, social work groups, and other key associations.
- Provide an annual CANSW conference and attend, as able and desired.

(measured by Clinical Indicator # 10)

9. Research

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

- Participate in the promotion, implementation, and evaluation of renal health and social work practice research.
- Develop and conduct research for the advancement of patient, family, community, and social health.

(measured by Clinical Indicator # 11)

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 social media and the use of technology have on social work practice due to the 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 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” clients on facebook 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.
- Gain greater understanding of nephrology social work challenges and learn about social and political changes which impact practice.
- 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 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.

- 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, and Google.

Recommended Clinical Indicators for Quality Assurance/Continuous Quality Improvement

Measurable clinical indicators are a recognized method to provide some 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” – 2009. These Clinical Indicators can be modified and used as a template if staffing and other resources are inadequate.

Indicator 1. Timely Initial Contact
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Chronic Kidney Disease can cause physical, social, emotional, and financial stress 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 seen by a nephrology social worker within 3 working days of inpatient admission, or, within 7 working days of initiation of outpatient treatment, as needed.
- CKD patients (clinic): 90% of CKD patients are to be seen by a nephrology social worker by the third visit in a “Kidney Care Clinic”, as needed.

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.
- 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 must be available to the treatment team on a timely basis to guide the development of the care plan.

Recommendation:

- a) **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.
- b) **ESRD in-patients on dialysis:** 90% of reviewed charts are to contain psychosocial assessments dated within 7 working 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 addresses both the strengths and challenges of the patient and his/her social systems, and highlights the implications this information has on treatment planning and delivery of care. Assessments can be compiled over a series of visits and require regular review.

Recommendation:

- 90% of reviewed psychosocial assessments will address the challenges and strengths of the client, 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.
- Patient or Substitute Decision Maker refuses social work assessment.
- Social work staffing ratio.
- Number of opportunities to meet with the patient

Indicator 4. Psychosocial Adjustment

Nephrology social work interventions assist patients and their support systems to adjust to the changes brought on by CKD/ESRD. Psychosocial issues are identified and addressed in order to resolve problems, promote healthy adaptation to kidney disease and renal replacement therapies and to help improve quality of life.

Recommendation:

- 90% of psychosocial issues are to be addressed with patients within 90 days of the initial identification of the psychosocial issue.

Calculating the Percentage:

Total # of patients with an issue addressed divided by Total # patients experiencing an issue (within the survey period.)

Other influencing factors:

- Patient refuses social work intervention.
- Conflicting professional demands on the social worker's time.
- Systemic barriers preventing patient's timely adjustment to issues.
- 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 ensures that all available information and expertise are considered during treatment and discharge planning. 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.

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.

Indicator 6. Caregiver Satisfaction

Caregivers of CKD/ESRD patients struggle with profound lifestyle changes that impact and challenge their functioning. Information, education, and support in coping with the implications and consequences of these challenges are important to promote a positive outcome for both the patient and the caregiver(s).

Recommendation:

- That 90% of caregivers indicate satisfaction with social work services as validated by a survey.

Calculating the Percentage:

Total # of caregivers indicating satisfaction divided by Total # of caregivers surveyed (within the designated survey period.)

Other influencing factors:

- Caregiver refusal of social work services.
- Caregiver availability to participate in care plan with social worker.
- Social work staffing ratio.
- Employer has a generic satisfaction survey that does not specify caregiver.

Indicator 7. Pre-transplant Assessment and Counselling for Potential Recipients

In order to participate in informed decision making, 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.

Indicator 8. Pre-transplant Assessment and Counselling for Live Donors.

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

Recommendation:

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

Calculating the Percentage:

Total # of living 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 donors who live outside the area of the transplant centre, impacting access to pre-transplant counselling.
- Social work staffing ratio
- Conflict of interest

Indicator 9. 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. Sick leave).
- Social work staffing ratio
- Appropriate resources are unavailable (eg. Computer availability)

Indicator 10. Ongoing Professional Development

Commitment to ongoing personal and professional development promotes a greater depth of social work interaction with patients and their families.

Recommendation (where mandated):

- That 100% of professional development plans be in compliance 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. Sick leave).
- Social work staffing ratio
- Inadequate resources (e.g. Unavailability of computer).

Indicator 11. Research

Improvements in nephrology social work services are best supported by clinical research.

Recommendation:

- That 100% of research projects committed to will be seen to completion.

Calculating the Percentage:

Total # of completed research projects divided by Total # of research projects (within the survey period).

Other influencing factors:

- Social work staffing ratio
- Prolonged absence from work
- Inadequate resources (eg. Computer)

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