Council of Nephrology Social Workers
Position Statement on Social Work Staffing (1998)

End-Stage Renal Disease (ESRD) patients experience multiple losses and psychosocial risks associated with the diagnosis and treatment of ESRD and require comprehensive psychosocial services at various stages throughout the course of their illness and treatment. Potential barriers such as socioeconomic factors and other biopsychosocial risk factors, i.e. aging, comorbidity, and rural residence, can negatively impact patient treatment outcome. To ameliorate potential barriers to optimal treatment outcome and to promote maximum rehabilitation and the highest patient-perceived quality of life, ESRD patients must have appropriate access to masters-prepared nephrology social workers.

The following position statement prepared by the 1998 Executive Committee of the Council of Nephrology Social Workers is based on the "NKF/CNSW Approach to Patient/Social Worker Staffing" which is a research-based staffing guideline (see next article). The following statement uses the **minimal** psychosocial risk factors (PRF) and **minimal** social work functions for a hemodialysis outpatient setting. Most outpatient dialysis clinics would have a higher patient psychosocial risk profile than that calculated here. The formula can be used for transplant settings as well, but does not include information for peritoneal dialysis patients.

1997 United States Renal Data Systems (USRDS) data supports the percentages stated in the minimal psychosocial risk factors used to develop this position statement. Additionally, The Clinical Indicators for Social Work and Psychosocial Services in Nephrology Settings (NASW/NKF, 1994) supports the minimal social work staffing functions listed below. Having reviewed this data, the Council of Nephrology Social Workers supports the validity of the "NKF/CNSW Approach to Patient/Social Worker Staffing" which would indicate **one full-time MSW to every 75** patients using these minimal calculations.

Please review the entire "Approach" to develop a staffing ratio that reflects the specificity of a particular unit. Only **minimal** Psychosocial Risk Factors (PRF) were selected from the above mentioned guideline and used to develop this recommendation. For purposes of minimal social work staffing PRF would include:

BASE VALUE	0.30
>25% of patient population is socially disadvantaged or medicaid	+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

(other psychosocial risk factors usually found in the outpatient hemodialysis setting are excluded in this calculation to define "minimal" staffing needs)

The Case Function Ratio (CFR) has one of four values based on the number of social work functions performed. Six to nine (6-9) social work functions routinely performed is the **minimal** CFR allowed for in the "NKF/CNSW Approach to Patient Social Worker Staffing". According to this formula, a score of 45 represents 6-9 social work functions.

Minimal Social Work Case Functions, based on HCFA's Conditions of Coverage for Medicare Supplies of ESRD Services (1976) and National Association of Social Worker/National Kidney Foundation Clinical Indicators for Social Work and Psychosocial Services in Nephrology Settings (1994), used to develop this recommendation for purposes of **minimal** social work staffing include:

- Psychosocial evaluations
- Casework counseling (patients & families)
- Groupwork
- Facilitating community agency referral
- Monitoring access and utilization of community agencies and services following referral
- Team care planning and collaboration

(Many functions, which are not included in the above CFR, are generally accepted as routine social work functions in the outpatient hemodialysis setting. These include patient/family education, financial assistance, quality management and coordination of the renal rehabilitation program.)

Given these minimal values for Patient Risk Factor and Case Function Ratio, the following formula would be used:

$$\frac{\text{PRF x Patient Population Served During Year}}{\text{Case Function Ratio}} = \text{Minimal Recommended Staffing Level}$$

$$\frac{0.6 \text{ (PRF) x } 75 \text{ patients}}{45} = \frac{45}{45} = 1 \text{ MSW per 75 patients}$$

RECENT RESEARCH

Recent research shows that there is a statistically significant correlation between lower social worker caseload size and rehabilitation interventions offered (Callahan et al, 1998). This is also supported by a recent survey of the Life Options Rehabilitation Advisory Council's (LORAC) exemplary Practices Award Winners. The Exemplary Practices Award Winners are selected after review of facility rehabilitation programming for a designated period of time. This survey shows that 47% of ESRD facilities that received this award had an MSW to patient ratio of 75 to 1; 35% of ESRD facilities that received this award had an MSW to patient ratio of 76-90 (Schrag, 1998).

Recent studies also indicate a positive relationship between patient satisfaction and lower nephrology caseloads (Callahan 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,, 997). 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.

Summary

The National Kidney Foundation's Council of Nephrology Social Workers supports the validity of the "NKF/CNSW Approach to Patient/Social Worker Staffing" which would indicate one full-time MSW to every 75 patients using minimal calculations. Lower nephrology social worker caseloads increase the probability of positive rehabilitation outcomes and patient satisfaction with care.

References

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Reviewed EC 2001
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