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2011 SPRING CLINICAL MEETINGS**

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1. DIALYSIS CLINIC: A VALUABLE FIELD EXPERIENCE TO TEACH MSW INTERNS ADVANCED GENERALIST PRACTICE. Steve Bogatz, FMS- Central Connecticut Dialysis Center, Meriden, CT
 In recent years, some graduate social work programs have embraced the tenets of advanced generalist practice: the ethical and cross-culturally competent application of interventions at the micro, mezzo, and macro levels. The dialysis clinic presents rich educational opportunities for MSW interns to learn and practice these skills.
 On the micro level, the intern learns the fundamentals of psychosocial assessment and counseling to improve patient and familial adjustment. Useful practice theories include Hepworth and Larson's Five Stages of Empathy, Prochaska and colleagues' Stages of Change Model, and evidence based practice with the Kidney Disease and Quality of Life tool. Connecting the client with concrete resources usually enhances the therapeutic relationship. The result illustrates how concrete and clinical services together may be necessary for client's total well-being. Also, the student can hone communication skills working with varied interdisciplinary-team personalities. Since kidney disease affects all races, genders, classes, and sexual orientations, work with diversity is ever present.
 On the mezzo level, dialysis clinics are heavily regulated with most employers worried about tight margins. The cost of supplies and services is strictly monitored along with patients' clinical indicators. This dynamic can help build a student's ethical reasoning and create advocacy opportunities. The intern can interact with insurance companies, drug manufacturers, transplant centers and the home agency to ensure patients receive access to care. One learns to navigate complex systems and formulate effective arguments based on data.
 On the macro level, dialysis patients depend on federal institutions. Assisting patients with Medicaid and Medicare means contact with state and federal agencies. Organizations like the NKF and American Kidney Fund lobby for research dollars and social justice for their constituency. Interns can observe and/or participate in the political process that these national organizations employ to achieve their goals.
 Over the course of 9 years, the author supervised 6 MSW interns using an advanced generalist philosophy. Four have gone on to have successful careers in medical social work.

2. VIDEO EDUCATION INCREASES PATIENT ATTAINMENT OF TARGET PHOSPHORUS LEVELS
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 The value of video education in the dialysis setting has not been reported in the literature. We assessed the acceptance of a video education project and its effectiveness in improving the percent of patients with phosphorous (P) levels within the recommended range (≤ 5.5 mg/dL).
 Eleven of 13 dialysis centers in one region of a large dialysis organization (LDO) participated in the video education project. Center census ranged from 13 to 141 patients. A mixed linear model was employed to assess changes in percent of patients who had P levels within range (≤ 5.5 mg/dL) before and after the program.
 The percent of patients within P range is shown.

Center-level mean	Mean pts/center	Before program 08/09-01/10	After program 04/-06/10
Participating (11)	49	69.9	72.8

 Of the over 300 patients who completed a post-video questionnaire, 79% indicated videos increased their overall knowledge of dialysis and 80% want more video education in the future.
 The 2.9% increase in the % of patients within range for P after a video education program was marginally significant ($p=0.059$), indicating a larger controlled evaluation might provide useful information.

3. HAS ANYTHING CHANGED SINCE THE IMPLEMENTATION OF THE 2008 CONDITIONS FOR COVERAGE? 2010 NEPHROLOGY SOCIAL WORK CASELOADS, SALARIES AND IMPLICATIONS FOR CKD CARE IN THE UNITED STATES
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 In 2010, The Council of Nephrology Social Workers conducted a confidential online survey of United States social workers in all settings, i.e., chronic kidney disease (CKD), dialysis, transplantation and administration. The study findings explicate the current salaries, benefits, licensure status, education level, number of dialysis units covered, scope of social work services provided and caseloads of nephrology social workers, and provide important guidance to improve CKD patient care. The 2010 study outcomes are compared to the results of a similar 2007 survey to examine trends with regard to work roles and responsibilities. Each wave of the survey had more than 1,000 respondents. In 2010, annual full-time salaries ranged from \$29,994–97,760 (median \$54,829) for dialysis social workers and \$44,658–84,864 (median \$61,006) for transplant social workers. Caseloads for full-time dialysis social workers in 2010 were as high as 711 patients (median 125), which represents an 8% increase since 2007. We conclude that caseloads for social workers have increased since the implementation of the 2008 Conditions for Coverage for End-Stage Renal Disease Facilities. We posit that social workers who have high caseloads, cover more than one dialysis unit, and have to drive great distances to their workplaces are less able to provide adequate assistance to CKD patients and their families in ameliorating psychosocial barriers to optimal care and outcomes.

4. TRANSITION: NAVIGATING THE JOURNEY FROM PEDIATRIC TO ADULT RENAL CARE
Angela Degnan, Cherie BurroughsScanlon, JoLynn Grimes, Diana Hurley, Linda Jones, Angie Knackstedt, J. Tyson Moore, Rachel Nadon, Amy Nau, Leah Oladitan, Cheryl Orr and Bradley Warady
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 Transition and transfer of care from pediatric to adult renal providers is not well researched and best practice methods are not well defined. This results in less than optimal outcomes for patients with chronic kidney disease (CKD) who reach this developmental milestone. To address this important issue, a multidisciplinary group of pediatric and adult renal care providers from multiple institutions came together to identify barriers and solutions to a more successful process. Objectives for the day were: (1) review the stages of young adult development, including the impact of chronic illness on development; (2) describe transition strategies based on published research (3) describe the components of a pediatric transition education program; (4) discuss needs and expectations for successful transition to adult care; and (5) identify barriers and solutions to effective transition of young adults to adult care. The day consisted of a morning education program including lectures titled: *Trials & Tribulations of Working with Teens with Chronic Illness*, *Empowering Young Adults with Chronic Kidney Failure and Barriers to Adherence*. Presentations were also made by recently transitioned young adults. In the afternoon, collaborative roundtable discussions were held to explore the barriers and solutions to the transition/transfer process. There was unanimous consensus that to improve the process, a city wide transition steering committee should be established. In addition, a need for subcommittees to address solutions to specific issues was identified. The issues consisted of the need to create/nurture independence among pediatric patients, to integrate adult care concepts into the pediatric setting, to provide adult provider information to pediatric patients prior to the transfer of care, and to procure funding to support these efforts. The plan going forward is to populate these groups with both pediatric and adult renal care providers and to actively pursue solutions during the next 12 months. The entire group will reconvene in 1 year's time to evaluate outcomes, monitor success and further modify and improve the transition process.

5. **PERCEPTIONS OF HEMODIALYSIS PATIENTS AND RENAL PROVIDERS REGARDING ADVANCED CARE PLANNING IN A SINGLE NONPROFIT DIALYSIS UNIT**

Shiloh Erdley, Ion D. Bucaloiu, Evan R. Norfolk, Danville PA, USA

The low prevalence of end of life and advanced care planning in end stage renal disease (ESRD) patients is surprising considering the high mortality rates in this population. We simultaneously explored patient and nephrologist attitudes towards advanced care planning and end of life issues in a rural, nonprofit dialysis unit affiliated with a tertiary care center.

Prevalent ESRD patients (68) and their nephrologist (10) were asked to complete separate questionnaires exploring generic knowledge and perceptions of physician–patient communication regarding advanced care planning. We then retrospectively explored the relationship between pre ESRD education and completed advanced directives among the patients in our cohort.

Results indicated that the vast majority (67%) of patients lacked a basic understanding of end of life planning including the meaning and purpose of advanced directives and code status. 58% of patients reported minimal to any communication with their renal provider about end of life planning. 81% of patients and 100% of the renal providers indicate a desire to have an open communication to discuss advanced care planning. The providers unanimously felt that this topic should be incorporated into a multidisciplinary process involving a social worker, dialysis nurse and dietitian. 37% (24 of 65) of patients in the cohort attended a pre-dialysis options dialysis education class. Advanced directives completion rate was higher in the group that attended the class compared with those who did not [9/24 (37.5%), vs. 5/24 (14%) respectively].

Our results suggest that the low rate of advanced directives completion is multifactorial. Pre-ESRD education on advanced care planning may have an important role in increasing advanced directives completion rates. Improving patient and physician education regarding advanced care planning in addition to creating reliable processes of communication between patients and their renal care team are important priorities in order to improve the quality of care delivered to ESRD patients.

6. **PSYCHOSOCIAL BARRIERS TO HOME DIALYSIS: A LITERATURE REVIEW**

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Home dialysis has been a viable treatment option for ESRD since the 1960's for hemodialysis and the mid-70's for peritoneal dialysis. The current rate of home dialysis is 12.9% in Canada, whereas worldwide rates reach as high as 40%. In Ontario, Canada, the goal is to increase the use of peritoneal dialysis to 30%. The psychosocial barriers facing home dialysis patients can easily be taken for granted. Social work has a key role to play in supporting the success of home dialysis programs.

This review explores the challenges and successes of home dialysis. The literature identified multiple psychosocial barriers: physical and cognitive ability, mental health, patient attitudes and personality, emotional impact on the patient and family, presence of helper for treatments, patient's adherence with procedures, cultural issues, suitability of patient's home, support from the medical team, time constraints, cost to patient, patient education on the benefits of home dialysis, staff support for expanding home dialysis, learned helplessness of in-centre dialysis patients, and loss of relationships with peers.

Assessment tools addressing potential barriers to home dialysis already exist (MATCH-D, JPat). However, the need for a more comprehensive tool assessing both practical and social issues is indicated. To this end, the authors have developed and are testing a new tool; the PATH-D (Psychosocial Assessment Tool for Home Dialysis).