

OPTIONAL WORKSHEET

INTERVIEW: SOCIAL WORKER

Facility: _____ **CCN:** _____ **Date:** _____

Social Worker: _____ **ID#:** _____

Surveyor: _____ **ID#:** _____

Introduce yourself and explain the purpose of the interview. Choose one or more questions from each section. For focused interviews, use the questions from the section of interest.

Patients' rights/education	Deficient Practice?	
When and how are patients informed of their rights and responsibilities, including patients with learning or language barriers and what is your role?	<input type="checkbox"/> V451 <input type="checkbox"/> V453	<input type="checkbox"/> No
What do you do to assure that patients have privacy and confidentiality of communications with you?	<input type="checkbox"/> V454	<input type="checkbox"/> No
What is your role in educating patients about advance directives? What are patients told about their right to establish an advance directive? What are they told about the facility's policies related to honoring advance directives?	<input type="checkbox"/> V457	<input type="checkbox"/> No
What are patients told about their options for treatment, including conventional (3 times/week), daily, nocturnal, home hemodialysis, CAPD, CCPD, and transplants from living and deceased donors? What is your role in this education?	<input type="checkbox"/> V458	<input type="checkbox"/> No
What are patients told about their right to file an internal or external grievance themselves, using another person, or filing anonymously and how are you involved in that process?	<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V467	<input type="checkbox"/> No
Plan of care	Deficient Practice?	
How does the team develop interdisciplinary patient plans of care? How are patients involved? What is your role in this process?	<input type="checkbox"/> V542	<input type="checkbox"/> No

**OPTIONAL WORKSHEET
INTERVIEW: SOCIAL WORKER**

Plan of care (continued)	Deficient Practice?	
<p>How often do you assess patients' physical and mental functioning and what standardized survey do you use?¹</p> <p>How does the IDT use the results in planning care? How many patients have been excluded?²</p> <p>How many have refused to complete the survey?³</p> <p>NOTE:</p> <p>¹The KDQOL-36 is the survey CMS expects clinics to use for adult patients; clinics treating patients under age 18 should use an age-appropriate standardized survey of physical and mental functioning.</p> <p>²Valid reasons for exclusion: patients on dialysis <3 months; patients who are cognitively impaired, demented, psychotic; patients who don't speak/read English and no translation or interpreter is available; and patients who refuse.</p> <p>³Refusals should be rare if rationale for the survey is explained and timely results are provided.</p>	<input type="checkbox"/> V552	<input type="checkbox"/> No
<p>How do you work with challenging patient situations including patients who do not follow their treatment plan?</p>	<input type="checkbox"/> V552	<input type="checkbox"/> No
<p>What are some psychosocial issues you address with in-center and home HD/PD patients? About what percent of your time do you spend doing such activities as adjustment counseling, rehabilitation goal-setting; arranging transportation, finding help to pay for medications, premiums, and other expenses; arranging transient dialysis; filling out forms, applications, and troubleshooting insurance issues, etc.?</p>	<input type="checkbox"/> V552	<input type="checkbox"/> No
<p>How and how often do you provide psychosocial services to home dialysis patients?</p>	<input type="checkbox"/> V592	<input type="checkbox"/> No

**OPTIONAL WORKSHEET
INTERVIEW: SOCIAL WORKER**

Plan of care (continued)	Deficient Practice?	
Can you identify patients for whom you have provided significant psychosocial services?	Consider including these patients in sample	
QAPI activities	Deficient Practice?	
What is your role in the QAPI program?	<input type="checkbox"/> V626	<input type="checkbox"/> No
What kinds of psychosocial issues have been discussed in your clinic's QAPI meeting?	<input type="checkbox"/> V636	<input type="checkbox"/> No
Social work qualifications and staffing	Deficient Practice?	
[If not a masters prepared social worker, ask] How long have you been a social worker in dialysis or transplant?	<input type="checkbox"/> V691	<input type="checkbox"/> No
Does your level of license/certification require you to be supervised? If so, who supervises you and where can I find records of that supervision?	<input type="checkbox"/> V681	<input type="checkbox"/> No
How many hours a week do you spend at this facility? How many patients are in your caseload? In your clinical judgment, do you feel that you are able to meet your patient's clinical needs?	<input type="checkbox"/> V757	<input type="checkbox"/> No
[If the social worker states concern about caseload/task assignment, ask] Have you notified the governing body (supervisor, administrator, etc.) of your concerns about needing more time to meet patients' clinical needs? If so, what response did you receive?	<input type="checkbox"/> V758	<input type="checkbox"/> No

**OPTIONAL WORKSHEET
INTERVIEW: SOCIAL WORKER**

Social work qualifications and staffing (continued)	Deficient Practice?	
Who oriented you and how were you oriented to your job at this clinic?	<input type="checkbox"/> V760	<input type="checkbox"/> No
What kinds of opportunities have you had for continuing education and what kind of support do you get for continuing education?	<input type="checkbox"/> V761	<input type="checkbox"/> No
Patient grievances and involuntary discharge	Deficient Practice?	
How are facility patients informed of the outcome of any grievance investigation and how are you involved in that process?	<input type="checkbox"/> V765	<input type="checkbox"/> No
What is the process for involuntary discharge? Have any patients been discharged involuntarily? How were you involved in trying to resolve the problem and in the discharge process?	<input type="checkbox"/> V766 <input type="checkbox"/> V767	<input type="checkbox"/> No
Additional Questions/Comments	Deficient Practice?	
Is there anything else you would like to tell me about the facility?	<input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____	<input type="checkbox"/> No