

NATIONAL ASSOCIATION OF SOCIAL WORKERS

NASW Standards for
Social Work
Practice

in Health Care Settings

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National Association of Social Workers

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Introduction

Since the early 20th century, social work has been an integral component of the U.S. health care system, and the profession continues to play a leadership role in the psychosocial aspects of health care. Today, social workers are present in settings across the health care continuum, including prevention and public health, primary and acute care, specialty care, rehabilitation, home health, long-term care, and hospice. Professional social workers provide services to individuals and families throughout the life span, addressing the full range of biopsychosocial–spiritual and environmental issues that affect well-being. Social work’s strengths-based, person-in-environment perspective provides the contextual focus necessary for client- and family-centered care and is unique among the health professions.

A hallmark of social work’s commitment to health and well-being is the profession’s continued focus on the issue of health care inequality in the United States. People living in poverty and communities of color continue to experience disproportionately higher rates of acute and chronic illness, due to unequal access to health care services, lack of health insurance coverage, poverty, discrimination, and other social determinants of health. Social workers recognize that reducing health disparities can only be accomplished by addressing the biopsychosocial–spiritual needs of individuals and families, as well as the systemic issues that contribute to poor health outcomes.

The Evolving U.S. Health Care System

The U.S. health care system is in an era of unprecedented change. In recent years, the nation has witnessed continuing high rates of uninsurance (13 percent of the U.S. population, or 42 million people, were uninsured in 2013 [U.S. Census Bureau, 2014]), inadequate coverage, escalating health care costs, erosion of employer-based health insurance, and increasing demand for health care services as the baby boom generation enters retirement. The Patient Protection and Affordable Care Act (ACA) (2010) was designed to address these issues. The goal of the ACA is to expand access to affordable and comprehensive health coverage, improve patient outcomes, and increase the efficiency and cost-effectiveness of the health care delivery system. The ACA invests heavily in care delivery models that promote coordination of acute and postacute care and greater integration of primary and behavioral health services.

Challenges for the Profession

Their long-standing role in the health system notwithstanding, social workers practicing in health care settings today face significant challenges. Ongoing changes in the financing and delivery of health care and a shortage of social work effectiveness data have contributed to the reduction of social work services in certain health care settings. Increasingly, health care social workers are supervised by individuals without social work degrees, and tasks previously performed by social workers are often assigned to other personnel, including nurses, paraprofessionals, and volunteers, in an effort to reduce costs.

Opportunities for Social Work in the ACA Era

Despite these challenges, health care social work is poised to experience a resurgence in the ACA era. With its emphasis on the “triple aim”—improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care (Institute for Healthcare Improvement, 2014)—the ACA strengthens social work’s traditional role in health care and offers new opportunities for the profession.

The ACA promotes care delivery models, such as the patient-centered medical home (PCMH) and accountable care organization (ACO), which are designed to improve health outcomes and control health care costs. To succeed, these models will rely on social workers skilled and competent in health care navigation, behavioral and mental health integration, chronic care management, and care coordination, among other skills. The aging of the population will necessitate a need for social workers skilled in transitioning patients between different settings and levels of care and managing complex discharges.

The anticipated influx of patients into the health care system resulting from the ACA insurance coverage expansion will increase the need for social workers who are educated and trained in working with diverse populations and with clients who have challenging physical, behavioral, and mental health needs. Greater emphasis on community-based care will require social workers skilled in reducing nonmedical barriers to health care access. As important, expanded social work involvement

in these roles and settings presents an opportunity to advance the evidence base for the profession.

Prevention and public health, traditional social work roles, have gained renewed importance under the ACA. With its ecological viewpoint, the social work profession is well-positioned to take a leadership role in new ACA prevention initiatives, including workplace wellness, home visiting, and smoking cessation programs. Social workers are also well positioned to participate in macro-level prevention efforts, such as policy change to reduce obesity, which can improve population outcomes more efficiently than individual-actions at the clinical care level. Furthermore, new research fields, particularly patient-centered outcomes research and community-based participatory research, offer an opportunity for social workers to contribute to the prevention and public health research base.

Purpose of the Standards for Social Work Practice in Health Care Settings

These standards articulate the necessary knowledge and skills health care social workers should possess to deliver competent and ethical services in today's health care environment; provide benchmarks for quality social work practice for use by health care employers; and assist policymakers, other health professionals, and the public in understanding the role of professional social workers in health care settings. These standards are intended to guide social work practice and may be applied differently, as appropriate, to different health care settings.

Goals

The specific goals of the standards are to

- Ensure that social work practice in health care settings is guided by the *NASW Code of Ethics* (NASW, 2008)
- Enhance the quality of social work services provided to clients and families in health care settings
- Advocate for clients' rights to self-determination, confidentiality, access to supportive services and resources, and appropriate inclusion in decision making that affects their health and well-being
- Encourage social work participation in the development, refinement, and integration of best practices in health care and health care social work
- Promote social work participation in systemwide quality improvement and research efforts within health care organizations
- Provide a basis for the development of continuing education materials and programs related to social work in health care settings
- Promote social work participation in the development and refinement of public policy at the local, state, federal, and tribal levels to support the well-being of clients, families, and communities served by the rapidly evolving U.S. health care system
- Inform policymakers, employers, and the public about the essential role of social workers across the health care continuum.

Definitions

Social Worker

Within the United States, a social worker is an individual who possesses a baccalaureate or master's degree in social work from a school or program accredited by the Council on Social Work Education. Although all 50 states and the District of Columbia license or certify social workers, licensure and certification laws vary by state. Each social worker should be licensed or certified, as applicable and required, at the level appropriate to her or his scope of practice in the practitioner's jurisdiction(s).

Client

Client refers to the "individual, group, family, or community that seeks or is provided with professional services" (Barker, 2013, p. 73). For purposes of these standards, the term "client" refers to an individual. The term "patient" is more commonly used by social workers employed in health care settings.

Biopsychosocial–Spiritual Perspective

A biopsychosocial–spiritual perspective recognizes the importance of whole person care and takes into account a client's physical or medical condition; emotional or psychological state; socioeconomic, sociocultural, and sociopolitical status; and spiritual needs and concerns.

Bioethics

Bioethics is "the analysis and study of legal, moral, social, and ethical considerations involving the biological and medical sciences" (Barker, 2013, p. 41).

Case Management

Case management is a collaborative process to plan, seek, advocate for, and monitor services, resources, and supports on behalf of a client. Case management enables a health care social worker to serve clients who may require the services of various health care providers and facilities, community-based organizations, social services agencies, and other programs. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. “Care coordination,” “care management,” and “patient navigation” are sometimes used interchangeably with “case management” (Barker, 2013).

Cultural Competence

Cultural competence is “the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors [including, but not limited to, sexual orientation; gender, gender expression, and gender identity; and family status] in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each” (NASW, 2007, pp. 12–13).

Health Disparities

Health disparities are preventable differences in the incidence, prevalence, mortality, and disease burden that are closely linked with social, economic, and environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their race or ethnicity; religion;

socioeconomic status; sexual orientation; gender, gender expression, and gender identity; age; mental health; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion (Centers for Disease Control and Prevention, n.d.).

Social Determinants of Health

The social determinants of health are factors that affect a wide range of health and quality-of-life outcomes and are responsible for most health disparities. These factors include income, housing, education, employment, and access to health services, among others. Social determinants of health are shaped by the distribution of money, power, and resources (Centers for Disease Control and Prevention, n.d.).

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards)

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the CLAS Standards), developed by the U.S. Department of Health and Human Services (HHS), are intended to advance health equity, improve quality, and help eliminate health care disparities by providing guidance to health care organizations for implementing culturally and linguistically appropriate services (HHS, Office of Minority Health, 2013).

Patient Protection and Affordable Care Act (ACA) (2010)

The ACA is a broad-based federal law that seeks to reform the U.S. health care delivery system by expanding health insurance

coverage, enhancing quality of care, improving health outcomes, regulating the health insurance industry, and reducing health care spending.

Patient-Centered Medical Home (PCMH)

The PCMH is a health care delivery model accountable for meeting the large majority of a person's physical and mental health care needs, including primary, acute, and chronic care. Within a PCMH, an individual has an ongoing relationship with a primary care provider who directs and coordinates his or her care across all elements of the broader health care system, including physician specialty services, hospitals, home health care, and community services and supports (Agency for Healthcare Research and Quality, n.d.-a).

Integrated Care

Integrated care is a health care delivery approach in which primary care, mental health, and behavioral health care services are systematically coordinated and available in one location (Substance Abuse and Mental Health Services Administration & HHS, Health Resources and Services Administration, Center for Integrated Health Solutions, n.d.).

Chronic Care Model

The chronic care model is a widely used approach to chronic illness management that adapts the acute care delivery system to more appropriately meet the needs of individuals with chronic illness (Agency for Healthcare Research and Quality, n.d.-b).

Accountable Care Organization (ACO)

An ACO is a group of physicians, hospitals, and other health care providers who share

responsibility for providing coordinated care to patients. Within an ACO, providers are financially incentivized for meeting specific quality and utilization benchmarks for a defined patient population (Centers for Medicare & Medicaid Services, n.d.).

Evidence-Informed Practice

Evidence-informed practice is practice based on the best available research, practice expertise, and available resources.

Guiding Principles

The NASW Standards for Social Work Practice in Health Care Settings reflect the following guiding principles of the social work profession:

- **Self-determination:** Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.
- **Cultural competency and affirmation of the dignity and worth of all people:** Social workers treat each person in a caring and respectful fashion. With skills in cultural awareness and cultural competence, social workers affirm the worth and dignity of people of all cultures.
- **Person-in-environment framework:** Social workers understand that each individual experiences a mutually influential relationship with her or his physical and social environment and cannot be understood outside of that context. This ecological perspective recognizes that systemic injustice and oppression underlie many challenges faced by clients.

- Strengths perspective: Rather than focus on pathology, social workers elicit, support, and build on the resilience and potential for growth and development inherent in each individual.
- Primacy of the client–social worker relationship: The therapeutic relationship between the social worker and the client is integral to helping the client achieve her or his goals.
- Social justice: At all levels, from local to global, social workers promote and advocate for social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.
- Importance of social work research: Social workers promote the value of research as a means of improving the well-being of individuals, families, and society; strengthening the current workforce; and maintaining the social work profession’s role in health care settings.

Standards

Standard 1. Ethics and Values

Social workers practicing in health care settings shall adhere to and promote the ethics and values of the social work profession, using the *NASW Code of Ethics* as a guide to ethical decision making (NASW, 2015a).

Interpretation

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs, with special attention to the needs of people and communities who are vulnerable, oppressed, or living in poverty. Social workers have an ethical obligation to address the health care needs of these groups and advocate for change to ensure access to quality care.

The profession's mission is rooted in core values that have been embraced by social workers throughout the profession's history and highlight social work's distinct purpose and perspective. These values—service, social justice, dignity and worth of the person, importance of human relationships, compassion, integrity and competence—constitute the foundation of social work and underlie the practice of social work in health care settings.

The *NASW Code of Ethics* establishes the ethical responsibilities of all social workers with respect to their own practice, clients, colleagues, employees and employing organizations, the social work profession, and society. Acceptance of these responsibilities—which include upholding a client's right to privacy and confidentiality and promoting

client self-determination—fosters competent social work practice in health care settings.

In a health care system characterized by technological advancement and rapid change in care delivery and financing of health care services, ethical dilemmas among and between clients, families, health care professionals, and organizations are potentially numerous and complex. The NASW *Code of Ethics* and prevailing clinical bioethics provide a foundation for social workers to manage such dilemmas. Health care social workers have the responsibility to know and comply with local, state, federal, and tribal legislation, regulations, and policies, addressing topics such as guardianship; parental rights; advance directives; and reporting requirements for abuse, neglect, exploitation, suicide, and threat of harm to others.

When an ethical dilemma or conflict occurs, the health care social worker is expected to employ available mechanisms, including social work supervision, peer review, institutional ethics committees, and external consultation, to resolve the dilemma.

Standard 2. Qualifications

Social workers practicing in health care settings shall possess a baccalaureate or master's degree in social work from a school or program accredited by the Council on Social Work Education, shall comply with the licensing and certification requirements of the state(s) or jurisdiction(s) in which she or he practices, and shall possess the skills and professional experience necessary to practice social work in health care settings.

Interpretation

Social work degree programs provide the fundamental education and training required for all social work practice specialties. As an area of specialization within the social work profession, health care social work requires a distinct skill set and knowledge base, as outlined in these standards. Ideally, prospective health care social workers should have prior health care–related educational or employment experience. At a minimum, it is a health care social worker’s responsibility to

- Acquire and maintain social work licensure or certification, as available, for the social worker’s educational level and professional experience
- Abide by a defined scope of practice, as required by state law or regulation
- Adhere to supervision requirements
- Pursue ongoing professional development activities, to acquire the competence necessary to perform job responsibilities.

A health care social worker whose responsibilities include the diagnosis of mental and behavioral health conditions and/or the provision of psychotherapy must have a master’s degree in social work and should either be licensed at the clinical level or, if the licensing jurisdiction allows, perform clinical tasks under supervision.

Standard 3. Knowledge

Social workers practicing in health care settings shall acquire and maintain a working knowledge of current theory and evidence-informed practice, and shall use such information to ensure the quality of social work practice.

Interpretation

As health care professionals, social workers require specialized knowledge and skills. This knowledge and skill base can be obtained through multiple approaches, including coursework and field practice in a social work degree program, specialty practice credentials earned after graduation, health care–related employment experience, and ongoing continuing education. Developing a knowledge and skill base is a cumulative process that requires a commitment to career-long learning.

Given the growing complexity of services delivery systems and client needs, even experienced health care social workers may encounter situations requiring knowledge and skills beyond the scope of their usual practice setting. In such situations, the health care social worker seeks supervision, consultation, and continuing professional development, as described elsewhere in these standards, to ensure she or he has both the requisite knowledge of health care delivery systems and the skills to serve clients effectively. In addition, the social worker may need to collaborate with health care and other services providers on behalf of a client, or refer a client to other social workers whose expertise is more suitable to the client's needs and circumstances.

Knowledge and skills that are essential to social work practice in health care settings include, but are not limited to, the following areas:

Physical and mental/behavioral health

- The interplay between the physiological elements of acute, chronic, and life-limiting illness and biopsychosocial–spiritual health and well-being

- Concepts and theories associated with life-span development, neurobiology, and behavioral change
- Grief, loss, and bereavement
- Depression, anxiety, and other mental health conditions
- Addiction and other behavioral health conditions
- Sexual health
- Concerns related to sexual orientation, gender identity and expression, and gender roles
- Basic medical terminology
- Knowledge of common health conditions
- Counseling and behavioral change intervention

Health care delivery system issues

- The health care continuum
- The unique needs of marginalized, oppressed, and diverse populations
- Health disparities and the social determinants of health
- Evidence-informed approaches to health care, including the PCMH, integrated primary and behavioral health care, ACOs, and the chronic care model
- New health care policies and delivery system changes resulting from the ACA
- Basics of health insurance coverage, including Medicare, Medicaid, the Children's Health Insurance Program, and commercial insurance plans
- Health care system trends, including ongoing health care infrastructure changes
- Accreditation and regulatory standards governing health care settings
- Thorough knowledge of community resources
- Micro-, mezzo-, and macro-level preventive health care

Roles and responsibilities of social workers in health care settings

- Understanding of common ethical and legal issues in social work practice in health care settings
- Biopsychosocial–spiritual assessment
- Use of the strengths perspective
- Client and family engagement in all aspects of social work intervention
- Case management/care management/care coordination/health care navigation
- Discharge and transition planning
- Client concordance with and adherence to the plan of care
- Advance care planning
- Palliative care, including pain and symptom management
- Hospice and end-of-life care
- Identification of child/elder/vulnerable adult abuse, trauma, neglect, and exploitation
- Crisis intervention
- Facilitation of benefits and resource acquisition to assist clients and families, including an understanding of related policies, eligibility requirements, and financial and legal issues
- Advocacy with other members of the interdisciplinary team and within the health care institution to promote clients' and families' decision making and quality of life
- Client, family, interdisciplinary, and community education
- Family systems issues, including the impact of health care concerns, illness, and disease on family relationships; life cycles; and caregiving roles and support needs

Research and evaluation

- Research and evaluation methodology

- Social work outcome/practice evaluation approaches
- Opportunities for social work participation in institutional quality improvement programs and research projects
- Client and family education regarding opportunities for clinical trial participation
- Ability to analyze research results and incorporate findings into practice, organizational quality improvement initiatives, and advancement of the social work profession

Standard 4. Cultural and Linguistic Competence

Social workers practicing in health care settings shall provide and facilitate access to culturally and linguistically appropriate services, consistent with the *NASW Standards and Indicators for Cultural Competence in Social Work Practice* (NASW, 2015b).

Interpretation

The increasing racial, ethnic, and linguistic diversity of the United States requires health care social workers to strive continuously for cultural competence. Recognition and affirmation of cultural and linguistic diversity are critical to both therapeutic alliances with clients and cooperative working relationships with colleagues. Given the many facets of culture, every interaction between a health care social worker and a client is potentially a cross-cultural exchange, as two individuals are unlikely to be identical in every aspect of cultural identity.

The practice of health care social work requires an understanding of the broad scope of diversity in the United States. Client diversity

is expressed in many ways, including race, ethnicity, socioeconomic class, sexual orientation; gender, gender expression, and gender identity; religion, age, health and family status; cognitive, physical, or psychiatric ability; and sensory differences, preferred language, immigration status, degree of acculturation, level of formal education, and literacy, among others. Health care social workers must also recognize that cultural self-awareness is an integral component of cultural competence. Such awareness entails understanding how one's own cultural values, beliefs, biases, experiences, and perceptions affect interactions with clients and colleagues.

Health care social workers must acquire a cross-cultural knowledge base to provide effective, culturally competent practice. In particular, social workers must develop and maintain an understanding of the history, traditions, rituals, values, family systems, and communication patterns of major client groups served, as well as an understanding of the influence of culture on help-seeking behaviors and perceptions of health, illness, health care treatments, disability, caregiving roles, and death and dying among client/patient groups served. Social workers should also recognize how societal oppression and privilege related to cultural and linguistic diversity (such as racism, sexism, homophobia, ageism, or xenophobia) affect clients' biopsychosocial–spiritual well-being, access to and use of supports and services, and health outcomes.

Health care social workers should advocate for organizational practices and policies that promote and support cultural diversity among

staff and throughout the health care organization. These may include hiring and retention policies that ensure various client groups are represented among personnel and institutionwide education and training programs to develop specialized expertise (such as bilingual and bicultural skills) among staff.

There is no endpoint in the achievement of cultural competence; rather, developing and maintaining cultural competence is a lifelong process of learning and self-reflection. To develop and promote cultural competence at the individual, institutional, or societal level, social workers should be guided by the NASW *Standards and Indicators for Cultural Competence in Social Work Practice* (NASW, 2015b). HHS's *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (HHS, 2013) may also serve as a guide for social workers.

Standard 5. Screening and Assessment

Social workers practicing in health care settings shall engage clients and, when appropriate, members of client support systems, in screening and assessment, by gathering information for use in developing evidence-informed care plans.

Interpretation

Screening for psychosocial issues is now common in health care settings. Within emergency departments, clinics, and other points of entry, individuals are often screened for pain, mental health disorders, domestic violence, substance use disorders, self-harm, and distress, among other concerns. Screening can also occur throughout a disease trajectory. The presence

of psychosocial screening programs has become a criterion for institutional accreditation in certain health care settings.

Early identification of psychosocial issues can assist health care social work staff in effectively prioritizing situations that may affect client safety or indicate a high need for social work services. Preventive screening results can also inform a comprehensive client assessment. Social workers should be trained and demonstrate competency in the use of psychosocial screening tools used within their institutions and organizations. Social workers should also participate on institutional committees that implement and monitor psychosocial screening programs.

Biopsychosocial–spiritual assessment is a fundamental process of social work practice in health care settings. The foundation of client care planning is the comprehensive assessment, which requires social workers to engage clients in identifying their needs and strengths and supporting clients in establishing priorities and goals. In conducting an assessment, the health care social worker must use empathy, client-centered interviewing skills, and methods appropriate to clients' capacity. In the assessment process, social workers may find standardized instruments helpful in identifying and responding to client concerns. Such instruments are viewed as starting points in the development and refinement of an individualized, comprehensive assessment.

Assessment is an ongoing activity, not a onetime event. During the reassessment process, the social worker and client (and, if

appropriate, members of the client support system) revisit the needs, assets, and priorities identified in the initial assessment and discuss the client's emerging concerns.

A comprehensive assessment may include the following:

- Behavioral and mental health status, including current level of functioning, coping style, crisis management skills, substance use history, and risk of suicide or homicide
- Physical and cognitive functioning
- Psychosocial–spiritual well-being, including ability to fulfill social roles
- Cultural values, beliefs, and practices
- Client strengths, protective factors, and points of resilience
- Employment, educational, or vocational history, including challenges, goals, and objectives
- Living arrangements, including suitability and safety of the home environment
- Family composition, structure, and roles
- Language preferences and proficiency levels
- Degrees of literacy, including health, behavioral health, and financial literacy
- Risk of abuse, neglect, or exploitation of or by the client, and underlying causes for such mistreatment
- Social supports, including formal and informal support systems
- Need for economic or other psychosocial resources, supports, and services
- Ability to navigate relevant service systems (such as educational, employment, health care, housing, legal, nutritional, social services, or transportation systems)
- Life-span planning (which may include advance care planning, anticipation of

caregiving responsibilities, permanency planning for minor children, retirement planning, or other domains)

- Client's perceptions of changes needed to improve her or his situation
- Identification of barriers to adherence to the plan of care.

Assessment processes should, to the extent possible, be customized for vulnerable populations, including children, people with severe and persistent mental illness, immigrants and refugees, people with substance use disorders, survivors of violence or trauma, people who are homeless, and people with physical or cognitive disabilities.

Standard 6. Care Planning and Intervention

Social workers practicing in health care settings shall develop and implement evidence-informed care plans that promote client well-being and ensure a client- and family-centered continuum of care.

Interpretation

Care plans outline the necessary steps—identified collaboratively by the social worker, the client, the client support system (at the competent client's discretion), and other members of the health care team—to achieve the goals and objectives identified in a comprehensive biopsychosocial-spiritual assessment. Implementing care plans with individuals across the life span, and with different health conditions and cultures, requires health care social workers to tailor practice techniques to best meet client needs.

Case management—a historical function of the social work profession—remains an efficient and cost-effective approach to care plan implementation that can optimize client functioning. Health care institutions have multiple titles for social workers who engage in case management functions. “Case manager,” “care manager,” “care transition manager,” “discharge planner,” “patient navigator,” and “care coordinator” describe work that resembles, to varying degrees, case management. Through case management, health care social workers engage clients in the collaborative process of identifying, planning, accessing, coordinating, monitoring, evaluating, and advocating for resources, supports, and services.

Clinical social workers who are employed or contracted to provide mental or behavioral health services should use evidence-informed treatment interventions with clients. These interventions may include cognitive-behavioral therapy, motivational interviewing, chronic disease self-management, psychoeducational services, brief intervention/brief therapy, and trauma-informed care, among other modalities.

When implementing care plans, social workers should strive to

- Develop and maintain a therapeutic relationship with the client and the client support system
- Engage the client in a culturally responsive manner and with a strengths-based approach that facilitates, supports, and recognizes the client’s capabilities, resources, and resiliency
- Apply evidence-informed practice models to facilitate the client’s accomplishment of goals and objectives

- Facilitate access to a range of financial, housing, health, mental and behavioral health, education, and community resources
- Ensure care continuity through safe discharge, appropriate transition between different levels of care, and client follow-up
- Seek consultation from health care team members and social work supervisors, as necessary, to facilitate plan implementation
- Safeguard the privacy and confidentiality of client information.

Standard 7. Advocacy

Social workers practicing in health care settings shall advocate for the needs and interests of clients and client support systems and promote system-level change to improve outcomes, access to care, and delivery of services, particularly for marginalized, medically complex, or disadvantaged populations.

Interpretation

Social workers have a responsibility to advocate for the needs and interests of clients and client support systems. Social workers in health care settings serve as client advocates by promoting client access to health care, identifying and removing barriers to services delivery, and helping clients navigate between and among complex health and social services systems. Social workers also strive to promote clients' self-advocacy skills and to enhance the capacity of communities to support clients' biopsychosocial–spiritual quality of life.

To strengthen services and enhance client outcomes, social workers should promote and participate in quality improvement initiatives

within their health care institutions. Quality improvement programs offer an opportunity for health social workers to advocate for the expansion of the profession's role in health care settings. These programs can also build social work capacity for institutional leadership roles.

Social workers should play an active role in community education efforts, speaking on behalf of their health care institutions about disease prevention, health promotion, access to care, and other timely health-related topics.

Health social workers must understand the concept of health disparities—the disproportionate burden of preventable disease, death, and disability experienced by many minority communities, people living in poverty, and other disenfranchised groups. Health disparities are closely linked with the social determinants of health, that is, the social, economic, and environmental conditions that strongly influence health status. Population health requires minimizing health disparities and promoting health equity among all socioeconomic groups. Social workers have an ethical obligation to address health disparities by educating colleagues, the media, allied professionals, decision makers and policymakers, and other stakeholders on the impact of health disparities and unequal access to health services and by engaging in social and political action to reduce health disparities.

Standard 8. Interdisciplinary and Interorganizational Collaboration

Social workers practicing in health care settings shall promote collaboration among health care team members, other colleagues, and organizations to support, enhance, and deliver effective services to clients and client support systems.

Interpretation

Collaboration between the social worker and the client is the foundation of health care social work practice. Therefore, the client (and when appropriate members of the client support system) is at the center of the health care team. Within health care settings, multiple practitioners are often involved in a client's care, making teamwork and collaboration essential.

Teamwork and good communication among health care practitioners can improve health care delivery, resulting in better client outcomes.

Social workers should be competent in different teamwork models that are common in health care settings, including multidisciplinary models (different disciplines working together, each drawing on their own knowledge); interdisciplinary models (different disciplines working in a coordinated fashion toward a common goal for the client); and transdisciplinary models (a team of health care professionals cooperating across disciplines to improve patient care through practice or research). Working effectively as members of a health care team also requires health care professionals, including social workers, to engage in interdisciplinary education programs. These efforts allow team members to learn about each other's contributions to improving client outcomes.

The health care social worker plays an integral role in fostering, maintaining, and strengthening collaborative partnerships on behalf of clients, families, and communities and should demonstrate the ability to

- Articulate and fulfill the mission and functions of the employing health care organization
- Differentiate social work perspectives, values, and interventions from those of other health care disciplines
- Ensure that the social work roles and responsibilities are clearly delineated and communicated to other members of the team
- Provide psychosocial insight, guidance, and recommendations to other members of the health care team regarding client and family well-being
- Describe the roles of other health care practitioners and organizations involved in supporting the client
- Ensure that the roles and responsibilities of each collaborating organization are clearly delineated and communicated
- Communicate effectively with all professionals, paraprofessionals, and volunteers involved in supporting social work clientele in the health care setting
- Advocate for the client's or, when appropriate, the client support system's integral role in team communications and care planning, delivery, and monitoring
- Communicate the client's information in a respectful and objective manner while protecting the client's confidentiality and privacy
- Foster an organizational culture that promotes effective, coordinated services for clients, families, and communities
- Develop and maintain partnerships across

disciplines and organizations to enhance access to and continuity of care for social work clientele

- Share and, where appropriate, team leadership in planning and improving services to clients.

Standard 9. Practice Evaluation and Quality Improvement

Social workers practicing in health care settings shall participate in ongoing formal evaluation of their practice to advance client health and well-being, assess the appropriateness and effectiveness of services and supports, ensure competence, and strengthen practice.

Interpretation

Evaluation of social work practice is an essential component of social work services delivery. Evaluation entails soliciting and integrating internal and external feedback on the process and outcomes of social work practice in health care settings. Ongoing formal practice evaluation is vital to ensure that services provided to clients are appropriate, effective, and timely in helping clients achieve their goals. Moreover, practice evaluation outcomes are increasingly used for position justification, performance review, practice standards, goal setting, risk management, utilization review, and research efforts. Social work evaluation methods may include peer review, self-evaluation, supervision, and other research methods.

Evaluation practices may include the following activities:

- Application of appropriate tools such as clinical indicators, practice guidelines, satisfaction surveys, and standardized

performance assessments to evaluate client progress and satisfaction

- Solicitation and incorporation of feedback from clients regarding the extent to which social work services have helped them identify and achieve their goals
- Solicitation and incorporation of feedback from the interdisciplinary treatment team regarding the effectiveness of social work services and opportunities for increased or improved interdisciplinary collaboration
- Measurement of both process and outcome objectives
- Practitioner, program, and organizational self-evaluation
- Participation in qualitative and quantitative social work research to strengthen the evidence base for social work services in health care settings
- Dissemination of evaluative data to clients, payers, and other health care providers on request, and with consideration for clients' rights to privacy and confidentiality
- Use of internal and external practice, program, or organizational evaluators
- Application of evaluation and research findings, including evidence-informed practice, to facilitate client goal setting and to enhance practice and program quality and outcomes
- Use of peer review, supervision, and consultation with other social workers and across disciplines.

Standard 10. Record Keeping and Confidentiality

Social workers practicing in health care settings shall maintain timely documentation that includes pertinent information regarding client assessment, and intervention, and outcomes,

and shall safeguard the privacy and confidentiality of client information.

Interpretation

Clear, concise, and ongoing documentation of social work services in health care settings facilitates effective communication with other health care providers and organizations, thereby promoting continuity of services. Documentation serves as a foundation for care planning and for practice and program evaluation. In addition, professional documentation is often required for services reimbursement, utilization or legal review, and demonstration of organizational accountability to payers or funding sources. The purpose of documentation is to foster strong working relationships with, and services for, clients in health care settings.

Documentation of social work services should be recorded on paper or electronically and must be prepared, secured, and disclosed in accordance with regulatory, legislative, statutory, and organizational requirements.

High-quality social work documentation includes

- The client's identifying information
- Screening results
- Initial and subsequent biopsychosocial–spiritual assessments
- A client care plan, with procedures for monitoring and quantifying progress toward accomplishment of client goals, services provided, and other information about plan implementation
- Referrals to or from other practitioners, organizations, or resources, including rationale for referrals, and other

collaboration on behalf of the client

- Dates, times, and descriptions of contact with the client, the client's support system, and other health care providers or organizations
- Quantifiable service outcomes
- Supervision or consultation sought or provided to enhance social work services
- Transfer or termination of services
- When indicated, written permission from the client to release and obtain information
- Documentation of compliance with confidentiality and privacy rights and responsibilities
- Accounting of receipts and disbursements related to client services provision.

Health care social workers must safeguard all client information and adhere strictly to local, state, federal, and tribal requirements regarding confidentiality. They should inform clients both verbally and in writing of confidentiality requirements and limitations before services are initiated. This is necessary to ensure that the client has the information needed to provide informed consent and to facilitate the client's understanding of how the social worker discloses client information to other health care professionals and how the health care organization responds to external requests for confidential information.

Technology, including e-mail, text messaging, videoconferences, and other mechanisms, may increase the efficiency of social work services, but must always be used in a professionally appropriate manner that ensures client confidentiality in all venues. Disclosure of identifying information should be avoided whenever possible. In particular, social

workers should refrain from disclosure of client information on social media.

Health care social workers should be knowledgeable about the confidentiality implications of electronic record keeping specific to health care settings. Social workers should receive training on and demonstrate competence in the health care organization's electronic medical record (EMR) system and should demonstrate competency in its use, including an understanding of the EMR's unique confidentiality and privacy implications. Health care social workers should also be knowledgeable about the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economic and Clinical Health Act (2009).

Standard 11. Workload Sustainability

Social workers practicing in health care settings shall responsibly advocate for workloads and scope of work that permit efficient and high-quality social work services delivery.

Interpretation

Health care organizations, social work managers, and social work staff have joint responsibility for establishing and maintaining a workload that allows for adequate and appropriate interventions and monitoring of services and outcomes. A workload consists of any social work function, including direct contact with or on behalf of clients and administrative, policy, research, or educational functions performed in accordance with a health care social work position. The workload reflects the needs and goals of the clientele and the health care organization and may include social work coverage outside of regular office hours.

A caseload, in contrast, refers to the number of clients served at a given point in time. Client caseload size directly affects a social worker's capacity to establish relationships with and provide services to clients. Consequently, caseload size should allow for meaningful opportunities for client contact. The number of clients a health care social worker can serve effectively is limited by the degree to which health care organizations serve clients in acute, high-risk situations or other circumstances requiring intensive, frequent contact with clients. The workload also reflects the demands of the population served.

Multiple factors affect both caseload size and workload manageability within health care settings, including but not limited to

- Complexity of client needs, including patient acuity and requirements for care transitions and follow-up services
- Availability of institutional, community, and family resources to meet client needs and goals
- Number of clients the health care organization serves
- Administrative support and access to technology.

For maximum effectiveness, the size of the social work staff reflects the mission of the health care organization, the scope of the social work program, and the number and complexity of clients served. On behalf of health care social workers and their clientele, social workers should advocate for and support research to determine reasonable caseloads with diverse populations and within different health care practice settings, to provide ethical, quality-based services.

Standard 12. Professional Development

Social workers practicing in health care settings shall assume personal responsibility for their own continued professional development, in accordance with the *NASW Standards for Continuing Professional Education* (NASW, 2003) and the licensure or certification requirements of the state(s) or jurisdiction(s) in which she or he practices.

Interpretation

Social workers must engage in ongoing professional development to maintain competence within their fields of practice. Professional development activities relevant to social work practice in health care settings may include developments in clinical care, research or technology, health care policy and legislation, community resources and services, ethics, and leadership and administration, among other topics. Numerous opportunities for professional development exist within NASW, allied professional organizations, schools of social work, health care institutions, and organizations providing services to or on behalf of various constituencies (such as children, older adults, or people with disabilities) at the local, state, national, and international levels.

Employing organizations should encourage and support social workers' participation in professional development activities. This can be accomplished through organizational sponsorship of multidisciplinary and social work-specific continuing education programming; promotion of supervision and mentorship opportunities for social workers; and support for social work involvement in peer review, research, publication, and volunteer activities. To

advance the field, social workers must take an active role in opportunities, both within their employing institutions and within the larger social work community.

Standard 13. Supervision and Leadership

Social workers practicing in health care settings shall strive for leadership roles in educational, supervisory, administrative, and research efforts within their institutions and shall mentor others within the social work profession, to develop and maintain a robust health care social work workforce.

Interpretation

The purpose of social work supervision in health care settings is to enhance the professional skills and knowledge of a supervisee to increase her or his competence in providing quality services to clients and families. Supervision facilitates professional growth and development and improves clinical outcomes.

Best practice dictates that within health care settings, social work departments be directed by a master's-level social worker with experience and expertise in health care practice. A licensed clinical social worker—be it the supervisor or another individual—should be available to provide clinical supervision for licensure, in accordance with state licensing laws.

Qualifications for social work supervisors should be consistent with the *Best Practice Standards in Social Work Supervision* (NASW & Association of Social Work Boards, 2013).

Supervisors play a key role in the professional development of their supervisees. The actions and advice of the supervisor are keenly

observed by supervisees and, consequently, influence much of the supervisees' thinking and behavior. Teaching is an important function of the supervisor, who models the behavior the supervisees will emulate. Supervisors should create a supportive educational environment in which supervisees learn about the health care systems in which they work and the clients and communities they serve.

To sustain and nurture the practice of health care social work, all experienced social workers, regardless of their supervisory status, should offer guidance, mentoring, and consultation to students, interns, and their less experienced peers. Social workers in senior management roles should provide mentorship to other social workers aspiring to leadership positions within health care settings.

In addition, social workers should play an active role in all types of clinical research, as well as in health services and quality improvement research. Such involvement not only demonstrates the leadership capability of the social work profession, but also advances recognition among interdisciplinary colleagues of the essential role of biopsychosocial–spiritual intervention in quality care to clients and families.

In addition, social workers should play an active role in clinical, health services, and quality improvement research, to demonstrate the leadership capability of the social work profession and to advance recognition among colleagues in other disciplines of the essential role of biopsychosocial-spiritual intervention in quality services to clients and families.

Experienced social workers should promote relationships with schools of social work in their states and communities to encourage interest in health care practice through field placement arrangements, joint research initiatives, and collaborative continuing education activities.

Social workers should initiate and participate in qualitative and quantitative social work research to strengthen the evidence base for social work services in health care settings and improve the broader health care system.

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