THE ROLE OF SOCIAL WORK IN NURSING HOMES - OCTOBER 17, 2012

Deirdre Downes, MSW, LCSW
Paige Hector, LMSW

Objectives:

- Describe the primary role of the social worker
- Utilize a case scenario to convey critical times throughout a resident’s stay
- Identify the Federal regulations and policies most associated with the social services department
- Outline the Critical Elements of Care as defined by the Quality Indicator Survey (QIS) Process
- Describe the phenomena of secondary stress and offer ideas to relieve the burden

Social Work

- It’s all about Communication and Relationships
- Relationships are at the heart of long term care….  
  Carter Williams

Advocacy

- For:
  - Residents
  - patients
  - families
  - surrogates
  - staff
  - change

Critical Times

- Admission
- Transitions, moving from sub-acute to long term
- Roommate Changes/ Loss
- Holidays

The Psychosocial Assessment

- Personal and family history
- Support systems
- Proud moments
- Education and employment history
- History of substance abuse issues
- Interests/hobbies
- Social work impression and assessment
- Strengths, coping skills, successes
Case Study – Mrs. Jones

Mrs. Jones

- Mrs. Jones is an 87 year old woman with advanced dementia – no longer speaking or walking. She has lost five pounds this month and when the staff try to feed her, she pushes the food away with her hand. She first came to the nursing home through sub-acute.

- Mrs. Jones is Hispanic and a devout Catholic. She raised three children and was married to her husband for 50 years. He died eight years ago from cancer. For many years she was his caregiver. She worked as a cook for a family when her children were growing up.

Mrs. Jones

- Mrs. Jones has always been a family person – she loved to cook for her children and grandchildren. She enjoyed hearing their stories and took pride in their educational achievements. She also took great pride in her personal appearance – always well dressed.

- When her memory began to fail she moved in with her daughter and her grandchildren.

Mrs. Jones

- The daughter feels she let her mother down by “putting her in a home.” When her mother first moved into the facility the daughter made it clear she wanted to watch the aides provide care. The aides feel she should wait outside the door and are uncomfortable being watched.

- The older daughter and son both live out of state and visits every few months. The local daughter shoulders the day to day care.

Mrs. Jones

- Recently the daughter purchased two new sweaters for her mother – one she found was on her mother’s roommate and the second one was lost.

- The daughter expressed her frustration over the sweaters with the administrator and now the staff on the community are cautious around her.

Mrs. Jones

- Who is Mrs. Jones – the person, not the disease?
- What is important to her?
- What do staff need to know and how is it shared with the team?
- What are her values / beliefs?
- Who is her family? What makes her comfortable?
- How can the social worker improve the relationship between the staff and the daughter?
- What role can the out-of-town children play?
### Mrs. Jones
- What would be important at the care plan meeting and who should be present?
- What are the goals of care?
- How is dementia understood by the family?

### The Care Plan Meeting
- The resident at the center – hearing their voice
- Whose goals are we talking about “I” care plans
- Who is present
- Where does it take place and how prepared are the participants
- Understanding the relationship between mental and physical health
- Goals of Care Discussion

### Discharge Planning
- What is safe and from whose perspective
- Competency vs. Capacity

### Social Worker as Navigator
- Systems Perspective
  - How do we guide the daughter through the systems?
    - Beauty parlor
    - Wheelchair repairs
    - Hearing aids
    - Day and overnight passes
    - Finances
    - Clothing issues
    - Religious and spiritual life
    - Family council
    - Support groups

### When Clients’ Needs and Agency’s Needs Clash
- Efficiency vs. Resident Choice
- Financial Solvency vs. Indigent Client
- Private Room – Private Pay

### Policies & Procedures
Policies & Procedures “P&Ps”
- Facilities are often cited for not following their own policies and procedures
- Be familiar with those P&P’s for the social work department
  - Examples include:
    - Room Changes
    - Elopement
    - Smoking
    - Abuse and Neglect
    - Grievances
    - Psychosocial Assessments
    - Care plans and conferences
    - Suicide
    - Transfers and Discharges

Social Work P&Ps
- Do you have a P&P manual for your department?
- Is it up-to-date?
  - P&Ps should be reviewed annually in the QA&A program
- Are you familiar with each step of the procedures?

The Social Worker is a Clinical Team Member
- Social worker should be involved in:
  - PRE-Admissions (not signing admission paperwork)
  - Restraint reduction
  - Meetings that address pressure sores
  - Changes of condition
  - Goals of Care, including advance directives
  - Pain Management
  - Mood and behavior concerns
  - Upset residents and family members

Federal Regulations
- F250 Medically Related Social Services
  - The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
  - Intent: To assure that sufficient and appropriate social services are provided to meet the resident’s needs.

When Staff Should Refer to Social Services
- Lack of effective family/support system
- Behavioral symptoms
- Resident aggression
- Presence of a chronic disabling medical or psychological condition
- Depression
- Chronic or acute pain
- Difficulty with personal interaction and socialization skills
Social Services Referrals, cont.

- Presence of legal or financial problems
- Abuse of alcohol or other drugs
- Inability to cope with loss of function
- Need for emotional support
- Changes in family relationships, living arrangement, and/or resident's condition or functioning
- A physical or chemical restraint
- Resident who develop a mental disorder

Additional Regulations

- F223 – Abuse and Neglect
- F319 Mental and Psychosocial Functioning
- F309 Quality of Life
- F247 Room / Roommate Change
- F279 Comprehensive Care Plans
- Numerous regs for admissions / transfers / discharges
- Numerous regs for resident rights

Critical Elements of Care

- Comprehensive Assessment (F272)
- Comprehensive Care Plan (F279)
- Care Plan Implementation by Qualified Persons (F282)
- Care Plan Revisions (F280)
- Provision of Care and Services
  - Can be deficient in many areas depending on the issue
  - Will likely be cited on F309 –
    - Provide Necessary Care for the Highest Practicable Well Being

Many facilities receive deficiencies related to these critical elements of care

The Common Thread – A Framework

- For everything you do: interviews, documentation, assessments, crisis intervention, behavioral interventions, meetings, care plans and conferences

- Use this framework:
  - What is the facility policy on this issue?
  - What is the regulation?
  - Am I demonstrating competent practice?
  - Am I using critical thinking skills?
  - Is my clinical judgment sound?
  - Is my documentation defensible?
  - Have I met the critical elements of care?

Burnout and Burnout Prevention
Definition of Secondary Stress

- Definition: "The pressure that results from reaching out to others in need."
- Developmental process, not a cataclysmic event
  - "We don't know when to scream today. If the bathwater raises one degree each hour, we don't know when to scream."


Saying “No”, Yes…”NO!”

- A good social worker will become known as the problem-solver
- The person who can always figure out an answer
- And who knows how to access resources
- This can be rewarding but can quickly become exhausting
- Know your boundaries
- Say “No”, especially when someone asks you to do a task that is not social work related or otherwise focused on resident care
- Get support from your administrator and DON

Thoughts To Consider

- “Put slippers on your feet instead of trying to carpet the world.”
- “Mr. Duffy lived a short distance from his body.” (from James Joyce’s book Dubliners)
  - How do people feel when they are with you?
  - “They may forget what you said, but they’ll never forget how you made them feel.”

Consider These Questions…

- What challenges do you face?
- What resources do you have?
  - In the facility
  - Outside the facility
- What areas would you like more training?
- Do you have the necessary tools to be successful?

And Then…

- Get prepared:
  - Gather information and facts
  - Identify the facility policy
  - Identify the regulation
  - Identify areas of success and areas of need
- Request a meeting with your administrator
- Identify the resources that you need
  - Training, books, P&P manual, up-to-date regulations, funds to attend outside workshops/conferences, etc
- Outline why you need the resources, what changes you will make with them and how it will benefit the facility and ultimately the residents
The Social Worker is a VALUABLE member of the clinical team. Graciously and assertively insert yourself and your skills in all aspects of facility life.

ADVOCATE FOR YOURSELF

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Excellent Resources

- The University of Iowa Nursing Home Social Worker Listserv
- Revolutionary OBRA & JCAHO Formatted Care Plans by Health Care Partnership 2011
  - Provides 140 pre-written care plans
- Culture Change - Pioneer Network: www.pioneernetwork.net
- Alzheimer’s Association – National and Local Chapters: www.alz.org
- Caregiver Resources - United Hospital Fund: www.uhfnyc.org

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Questions

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Thank you for your time