

# New **Definition**

• **Karen Zander RN, MS, CMAC, FAAN: Editor**

## **Setting the Gold Standard for Social Work:**

### **Validating FTEs for Highest Quality Services**

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**Editor's Abstract:** Through creating a three-tiered scenario from Current through Adequate to Gold Standard Social Work, including anticipated outcomes, hospitals are obliged to make decisions related to services that can be provided, rather than productivity or other traditional measures. The method proposed by B. Geld has positive applications for many departments whose everyday work is not clearly understood by policy and decision-makers, including small and large case management services. How fitting that this subject be presented as we head to the Olympics where we all hope for Gold!

#### **Introduction**

With the ever changing health care landscape, Social Work departments find themselves in precarious conditions to deliver high quality care while effectively managing the operational costs of the organization. Social Work departments are not, in and of themselves, revenue producing departments, so it necessitates the need to create an organizational urgency around appropriate staffing using new approaches.

Critical to overall performance within the organization is patient flow & capacity, patient satisfaction and the mission to the community. Social Work departments, given the staffing and resources that are allocated to them, are pressed to develop processes that are doable for staff (given the responsibilities that must be done within their hours of work) rather than meet the overall needs of the patient's and their families. Rather than seeing this as "the glass half empty" and potentially abdicating control, Social Work department leadership has the opportunity to communicate various levels of service that can be provided based on staffing resources. Through creating a vision for Gold Standard Social Work, including anticipated outcomes, hospitals are obliged to make decisions related to services that can be provided, rather than productivity or other traditional measures.

#### **Case Example**

The Social Work Department at the University of Minnesota Medical Center (a 635 bed tertiary care center) is currently staffed with 39.66 FTE's. The department supports both an academic medical center and a community hospital as the UMMC is the product of a merger between University Medical Center and Fairview Health Systems. Over the course of one year, 4 more FTE's have been added to the department utilizing the Gold Standard Staffing Model.

The Gold Standard Staffing Model was first used within the Pediatric Hematology/Oncology Service Line. There was a .7 FTE dedicated to this particular service line which was meant to deliver services to both the ambulatory clinics and inpatient units. As a result of the inadequate staffing, the social worker was forced to triage cases and deliver services in

the area of the most urgent need; i.e. inpatient units. Little to no proactive planning and assessments could be achieved. The average inpatient census for pediatric oncology patients is 6-8 and sickle cell (which had no dedicated resource) was very high in the ambulatory clinics.

The Gold Standard Staffing Model: Social Work FTEs for ROI was developed to demonstrate the services that could be provided and outcomes that could be achieved given different levels of staffing support.

<p style="text-align: center;"><b>UMMC</b>  <b>Pediatric Oncology</b>  <b>Gold Standard Staff Model ©</b>  <b>Social Work FTEs for ROI</b></p>		
<b>Current Psychosocial Support – .7</b>	<b>Adequate Support – 1.6</b>	<b>Gold Standard Support – 2.0</b>
<ul style="list-style-type: none"> <li>.70 FTE to support inpatient and outpatient clinics</li> <li>New Diagnosis Assessments when patient's are admitted, minimal availability for new clinic assessments (1 in every 5)</li> <li>Shared responsibility for Heart Transplant</li> <li>Responds to crisis intervention needs</li> <li>Basic Needs – parking tickets, housing, entitlements programs, community resources addressed</li> <li>No support for Sickle Cell Anemia Patients unless in crisis</li> </ul> <hr/> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>Appropriate information and referral so that families could access community resources</li> <li>High risk for delays in discharge due to psychosocial needs</li> <li>Inadequate patient satisfaction</li> <li>Limited to no relationship with patients and their families</li> <li>Frustration by clinic staff due to continued unavailability</li> </ul>	<ul style="list-style-type: none"> <li>APOSW, a national org. that benchmarks social work needs with this population recommends 1.0 FTE for every 25-30 new diagnosis. With current statistics at UMMC, this would require 1.6 FTE.</li> <li>Psychosocial Assessment of new diagnosis at point of care (IP or OP)</li> <li>Preparation for inpatient hospitalization</li> <li>Crisis Intervention</li> <li>Basic Needs addressed</li> <li>Support to Sickle Cell Anemia Patients</li> <li>Follow up care post hospitalization</li> <li>Patient Education</li> <li>Staff Education and support</li> <li>Follow up for Sickle Cell Anemia Patients</li> <li>Bereavement Support</li> </ul> <hr/> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>Proactive Discharge Planning</li> <li>Relationships with Sickle Cell patients and families creating improved compliance</li> <li>Clinical staff better supported to decrease burn out</li> </ul>	<ul style="list-style-type: none"> <li>Staffed by APOSW Guidelines</li> <li>Formal Assessments on all IP and OP patients who have a new cancer diagnosis</li> <li>Formal Assessments on all patients who have a Sickle Cell Anemia or other Hematology Diagnosis</li> <li>Preparation for inpatient hospitalization</li> <li>Basic Needs addressed</li> <li>Crisis Intervention</li> <li>Follow up for post hospitalization</li> <li>Patient Education</li> <li>Staff Education and support</li> <li>Follow up for Sickle Cell Anemia patients</li> <li><b>Formal Bereavement Program (this has become standard in the country)</b> <ul style="list-style-type: none"> <li>Follow up on birthday, holiday</li> <li>Annual Memorial Service</li> <li>Representation at funerals</li> </ul> </li> <li><b>School Re-Entry Program</b></li> <li><b>Support Groups</b></li> </ul> <hr/> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li><b>Anticipatory Discharge Planning</b></li> <li><b>Smooth community transition</b></li> <li><b>Decreased LOS due to decreased avoidable days</b></li> <li><b>Increased patient/family satisfaction</b></li> <li><b>Better planning related to end of life decisions</b></li> <li><b>Presence in the community</b></li> </ul>

## Results

Using the model, 1.3 additional FTEs were approved to support this service line, bringing the total number to 2.0 FTE, (the Gold Standard). In the quarter since this change was implemented, patient/family satisfaction has increased by 5% within this patient population, avoidable days have been reduced in

pediatrics by .5% (thereby improving the LOS), and the hospital has created a tangible presence in the community. In addition, we have been able to reallocate services for heart transplant patients within the Solid Organ Transplant social work team. The results have been improved communications and overall availability of services to this patient population.

It is essential that Social Work departments aggressively pursue resources with the goal of optimizing the patient and family experience while also improving throughput and capacity. Productivity, as a measure alone, does not adequately demonstrate the essential nature of services provided by this (or any) professional group.

***Bonnie Geld** is a Consulting Associate of The Center for Case Management. Bonnie brings over 20 years experience in the area of Case Management with a focus on process improvement, team building, and successfully integrating the social work and RN roles. She is currently a Director of Care Management and the Patient/Family Experience at University of Minnesota Medical Center, Fairview and University of Minnesota Children's Hospital, Fairview, in Minneapolis. Bonnie has developed and implemented successful care management program, both in large adult systems in Oklahoma and children's health systems in Texas. She has launched a variety of educational programs and workshops on promoting team interventions, rapid cycle assessments, and integrated care planning. She can be contacted through [swilson@cfc.com](mailto:swilson@cfc.com).*