The Social Worker’s Role
 on the Geriatric Team

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Objectives

- Understand the role and function of the social worker working in the field of geriatrics
- Identify crucial skills necessary for working on the interdisciplinary geriatric team
- Increase level of self-awareness around biases towards the aging population
- Review the role of self-disclosure and boundary issues that arise in geriatric social work
- Discuss common challenges faced by the social worker working in the field of geriatrics
Older adults in the United States

- Use 48% of the nation’s health care resources (DeFrances, 2008)
- Longer LOS (7.8 days vs. 5.4 days)
- Higher rates of re-admission within 30 days, functional decline and medical errors
- Caregivers seek declining resources
Demographics: Aging Population

2007 Broward County Median Age

- 2007 Median Age (Years)
  - 30.4 - 34.7
  - 34.7 - 38.8
  - 38.8 - 45.2
  - 45.2 - 52.2
  - 52.2 - 60.2

Broward Health Imperial Point
Dense senior population

Age Demographics

- Age 0-17: 81,084
- Age 18-44: 81,070
- Age 45-64: 131,408
- Age 65+: 125,265
- Age 65+: 101,439
- Age 65+: 112,785
- Age 65+: 58,705
- Age 65+: 64,021

IPMC PSA

Aging Population Metrics
Rising Healthcare Costs + Declining Resources = Need for Change in Healthcare delivery

Florida 2011 Medicaid Rate Cuts

Source: Aetna Study; Centers for Medicare & Medicaid Services
Affordable Care Act

- Designed to promote better clinical outcomes

- Hospitals being paid for quality, not just the quantity of services provided

- Incentive payments to hospitals based on either how well they perform on each measure OR how much they improve their performance on each measure compared to their performance during a baseline period
About 20% of Medicare patients are readmitted within one month of discharge

Many are considered “avoidable”

Costs tax payers between 12-17 billion annually

Hospitals now penalized if a patient is re-admitted within 30 days of discharge if they have congestive heart failure, MI, or Pneumonia

This will be expanded to include other diagnosis such as COPD and possibly diabetes
Background

- Hired by Broward Health North as a Social Services Counselor in 2006
- Transferred in 2007 to Broward Health Imperial Point as an Acute Care Case Manager
- Obtained licensure in 2009
- Promoted to Geriatric Assessment Coordinator in 2009 to develop the Imperial Care Management Program
The Imperial Care Management Program is available to seniors living in the Broward Health Imperial Point Medical Center area, over the age of 65, with complicated medical needs.

Initially developed to target seniors in the community so that Imperial Point would be their hospital of choice.
Completes a comprehensive clinical assessment at the senior’s residence, providing a quarterly follow-up

Is notified if the senior is hospitalized at Imperial Point Medical Center and will follow-up with them and/or next of kin within a timely manner

Establishes a relationship with the senior to promote trust

Offers supportive counseling to seniors and their loved ones
Geriatric Assessment Coordinator

- Advocates for the senior and their next of kin if senior is hospitalized at Imperial Point Medical Center
- Facilitates communication between the acute care team at the hospital, family members, living facility, and physician
- Alerts primary care physicians, specialists, and living facility to any changes found during assessment or quarterly follow-up
- Connects the senior with community resources and services based on assessment and quarterly follow-up, if necessary
- Facilitates a Caregivers Support Group that meets the first Tuesday of every month at IPMC at 2:30pm
Geriatric Assessment Coordinator

- Minimizes the risk of errors by coordinating communication
- Promotes better care by knowing the baseline of the senior prior to hospitalization
- Provides seniors and families with extra TLC to help reduce the stress of hospitalization
- Helps to recognize early signs of depression or dementia
- Helps to reduce the risk of falls by assessing the senior in his/her living environment
Seniors have unique health care needs

- Chronic health problems require more frequent visits to the doctor along with increase in hospital stays
- Can have a wide variety of clinical conditions including diabetes, hypertension, obesity, osteoporosis, joint failure, incontinence, and depression
- Family may not live locally and not be aware of changes in the senior’s health that need to be addressed
- Illnesses that show different symptoms and require different treatments as we age (ex. Pneumonia)
50 Year Old
- Presents with fever, cough, and difficulty breathing
- Treated with a dose of antibiotics
- Recovers with good outcome

80 Year Old
- Presents with fever, cough, and difficulty breathing
- Treated with a dose of antibiotics
- Given Ambien to help with sleep
- Results:
  - Dosage of antibiotics too high for her age and size causing renal failure (resulting in confusion and weakness)
  - Due to her confusion she becomes anxious and is prescribed Ativan as needed
  - Ambien increases confusion in the evening and she falls and fractures hip when she tries to get out of bed during the night
Case Discussion

- **Fred**
  - Wife has dementia and history of stroke
  - Two sons involved in care
  - Fiercely independent
  - Adamantly refusing assistance

- **Margaret**
  - Routine visitor at Imperial Point
  - No social support
  - Unhealthy living conditions
  - Has capacity to make decisions

- **Rita**
  - Admitted due to delirium
  - Lived alone with two dogs
  - Unhealthy living conditions
  - No social support
  - Dementia
The Geriatric Care Team

- Physicians
- Nurses
- Social Workers
- Psychologists
- Pharmacists
- Nutritionists
- Physical, Occupational, and Speech Therapists
- Holistic providers (massage, acupuncture)
- Financial support
- Religious support
- Caregivers/Family/Personal support systems
Skills

- Empathy
- Ability to work under pressure
- Multi-tasking
- Conflict resolution
- Assertiveness
- Creativity/Ingenuity
- Investigation
- Good documentation
- Quality that can’t be taught
Geriatric Social Work Assessment

- Understanding of the changes that accompany aging
- Thorough history
- Strengths based
- Role of social support
- Socioeconomic
- Level of functioning
- Independence / Dependence

- Religious and/or spiritual needs
- Hobbies
- Multidisciplinary Input
- Stresses with life transitions
- Advanced planning
- End-of-life wishes
Considerations

- Biological changes
- Psychological changes
- Psychosocial changes
- Personal bias
- Differential diagnosis
- Cognitive challenges
- Medical interventions
- Substance abuse
- Alternative interventions
- Group work
- Ethical dilemmas
- Spirituality
- Gay/lesbian couples
- Caregiving
- Bereavement
Qualities of an Effective Assessment

- Environmental conditions
- Rapport building
- Awareness of personal bias and potential for misconceptions
- Cultural considerations
- Identification of problems and barriers to change
- Comfort discussing difficult topics
- Humor (in most cases)
- Differential Diagnosis
Fulmer SPICES: An Overall Assessment Tool for Older Adults

<table>
<thead>
<tr>
<th>SPICES</th>
<th>EVIDENCE</th>
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<tbody>
<tr>
<td>P - Problems with Eating or Feeding</td>
<td></td>
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<tr>
<td>I - Incontinence</td>
<td></td>
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<tr>
<td>C - Confusion</td>
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<td>E - Evidence of Falls</td>
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<td>S - Skin Breakdown</td>
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Patient Name: ____________________________ Date: ________________
MR# ____________________________

Refer to Past medical history for medical problems and medications.

Activities of Daily Living (ADL)

Ask patient who does the shopping, cleans home and cooks? Ask the patient what is their means of transportation? Patient able to perform STOP any further questioning.
If unable to perform, assess patient’s ability to dress, eat, ambulate, toilet and personal hygiene
If deficits in ADLs found, refer to case manager

Sensory

Hearing Test
Test: Occlude one of the patient’s ear. Whisper or rub your fingers together behind other ear
If deficits present, refer for hearing evaluation

Vision
Test: Have patient read at the 20/40 line on Snellen Chart without and without glasses.

Mobility/Gait

Ask patient if they have fallen to the ground in the last 12 months?
Perform: “Timed Get Up and Go Test” (Patient should sit in chair, rise and walk 10 feet)
Normal: Performs in 15 seconds.
Abnormal: ≥ 20 seconds

Refer to Physical Therapy
Mini Mental Status Exam

1. Orientation (Year, season, date, day, month) = 5 points
2. Orientation (State, country, town, building, floor) = 5 points
3. Name 3 objects, record # of trials to learn (registration) = 3 points
4. Serial sevens or spell world backwards (registration) = 5 points
5. Recall 3 words from above = 3 points
6. Name a pencil and a watch (language) = 2 points
7. Repeat “no ifs, ands or buts” (language) = 1 point
8. Follow a 3 step command (language) = 3 points
9. Read and obey “Close your eyes” (language) = 1 point
10. Write a sentence (language) = 1 point
11. Copy a drawing = 1-2 points

Total score: Max is 31, if less than 24 refer to physician.
1. Are you basically satisfied with your life? No (1)
2. Have you dropped many of your activities and interests? Yes (1)
3. Do you feel that your life is empty? Yes (1)
4. Do you often get bored? Yes (1)
5. Are you in good spirits most of the time? No (1)
6. Are you afraid that something bad is going to happen to you? Yes (1)
7. Do you feel happy most of the time? No (1)
8. Do you often feel helpless? Yes (1)
9. Do you prefer to stay at home rather than go out and do things? Yes (1)
10. Do you feel you have more problems with memory than most? Yes (1)
11. Do you think that it is wonderful to be alive now? No (1)
12. Do you feel pretty worthless the way you are now? Yes (1)
13. Do you feel full of energy? No (1)
14. Do you feel that your situation is hopeless? Yes (1)
15. Do you think that most people are better off than you are? Yes (1)

Total score: _________ (0-9 Normal; 10-12 Mild depressive; 12-15 Severe Depression)
Home Safety

- Loose or damaged cords
- Area rugs/runners
- Access to emergency numbers
- Smoke detectors
- Exit plan for a fire
- Lighting

- Clear exits
- Grab bars / Nonskid mats in bathrooms and bathtubs
- Medication organization
- Stairwells – lighting and handrails
Interventions

- Advocates
- Educates
- Motivates
- Researches

- Provides individual, family, couples, and group psychotherapy
- Resolves conflict
- Focuses on the strengths of older adults
- Encourages and helps to maintain independence and autonomy
- Facilitates communication among care team
- Refers to community resources
- Ultimately there is NO job description sufficient enough
Listening

Listening = Learning
Education, Facilitation and Motivation

- **Education**
  - Senior, family, friends, healthcare providers, students, policy decision makers

- **Facilitation**
  - Among the senior and their social support system, among healthcare team

- **Motivation**
  - Assessing level of motivation
  - Increasing level of motivation
Unexpected Interventions/Roles

- Private investigator
- Travel agent
- Mover
- Nursing assistant
- Marketer
- Data analysis
- End of life
- Real estate agent
- Arranging pet sitters
- Pet placement and euthanasia
What constitutes abuse?
- Identification of abuse/neglect
- Physical, emotional, financial

Risk Factors
- Age, gender, health, financial status
- Abuser characteristics

Assessment of abuse and neglect
- Reporting

Interventions to prevent abuse and neglect

Ethical dilemma’s
Challenges/Ethical Dilemmas

- Difficult Doctors
  - A need is defined for a client, but the client refuses such services.
  - A common ethical concern that arises when patients/families disagree with what the medical team recommends.

- Outside agencies

- Boundaries

- Focus on readmissions
Social workers preventing hospital readmissions

- Identification of patients at high risk for readmission during their hospitalization
- Ensure that discharge needs are met
  - Follow-up physician appointment?
  - Home care? Skilled Nursing placement?
  - Does the caregiver have the education and ability to care for patient?
  - Health literacy?
  - Compliance issues?
    - Substance abuse, mental health issues, cognitive decline, impaired functional status
- Community resources needed?
  - Transportation, meal delivery, medications
  - Monthly meetings conducted with home health agencies, skilled nursing facilities, and assisted living facilities to address needs in coordination of care
  - Monthly meetings conducted with home health agencies, skilled nursing facilities, and assisted living facilities to address needs in coordination of care
Risks for Hazards of Hospitalization *

- Restraints
- Immobility
- Unfamiliar Environment
- Isolation
- Malnutrition/N.P.O.
- Sensory Deprivation
- Polypharmacy

* M.S.S.M Geriatric Consult Beeper:
917-506-4540

Falls
Depression
Delirium
Infection
Ulcers
Deconditioning
Incontinence
Immobility
10 commandments of hospitalized seniors

1. Bed Rest is for Dead People and a few others. GET THE PATIENT MOVING!!!
2. The fewer drugs, the better. Question and review meds frequently.
3. Get out IV lines and catheters as soon as possible.
4. Avoid restraints whenever possible.
5. Monitor mental/cognitive status DAILY.
6. Delirium is a medical emergency. Should be treated with antipsychotics only when indicated as a last resort!
7. Watch for depression.
8. Pay attention to amount of food consumed. Consider & be open to supplements.
9. Discharge to home ASAP
10. Involve patient and family in decision-making and advance directives.
Hospital Risk Stratification

Home Screening & Follow-up

Hospital Outreach, Education & Support Groups (disabled groups, schools, home health agencies, senior community groups)

Home Follow-up, Physician Coordination & Community Referrals

Transitional Care Model (2009). NewCourtland Center for Transitions and Health, University of Pennsylvania School of Nursing. (http://www.transitionalcare)
Caregivers in the US

- There is someone serving as an unpaid family caregiver in close to one-third of all American households
- 66% are women (typically middle aged)
  - Number of men is increasing
- More than 37% are married, employed and have children or grandchildren under the age of 18 living with them
- More than half are living with the care recipient
- 78% of adults in the community and in need of long-term care depend on family and friends as their ONLY source of help
- 83% of caregivers are related to the care recipient
How social workers can address the needs of caregivers

- Listen
- Ask questions
- Validate the caregiver’s feelings
- Educate the caregiver on the care receiver’s behavior
- Advocate
- Be aware of personal biases
What are the benefits of being a social worker on a geriatric care team?
Questions??????
References

- NYU College of Nursing NICHE Program (Nurse’s Improving Care for Health system elders). (2013). http://www.nicheprogram.org