

# Social Work Assessment and Outcomes Measurement in Hospice and Palliative Care

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# Background: What we know

## Need:

- Psychosocial and spiritual issues are primary determinants of quality of life and decision making in end-of-life care  
(Reese, 2011; Soltura & Piotrowski, 2011)
- Ideal palliative care model includes social work as an integral team member

## Challenges:


- Lack of end-of-life care content in social work education
- Social workers often unable to articulate to other disciplines what they do
- Lack of documentation of social work outcomes (Goldberg & Scharlin, 2011)

## Practice Challenges:

- Many social workers see patients only on an “as needed” basis, as determined by a nurse; referrals from nurses or other team members
  - Psychosocial needs may not be accurately identified by the nurse

(Dyeson & Hebert, 2004; Reith & Payne, 2009)

- Lack of understanding by other disciplines about what social workers do
- Social workers provide mainly assessment and crisis intervention
- High caseloads:
  - Rising as social workers lost to attrition or layoffs (Parker Oliver & Peck, 2006)
  - Social workers assigned to duties in addition to the social work role
  - Hospices employ 4 times as many nurses as social workers (Reith & Payne, 2009)
  - Median number of visits to a hospice patient for a social worker has been documented at 2, while for a nurse it was 10 (Reese & Raymer, 2004).




## Facility and Team Factors that may affect overall hospice outcomes:

- Interdisciplinary team in palliative care may not include a social worker
- Non-social workers regularly provide what they perceive to be psychosocial care

# Other challenges:

- Social workers are paid less than nurses with the same amount of education (Goldberg & Scharlin, 2011)
- Hospice directors consider social workers most qualified, and most involved, in only 12 of 24 interventions considered by social workers to define their role (Reese, 2011)
- CMS no longer requires a social work degree to serve as a social worker in hospice
- Competition between disciplines (Stark, 2011)



# Development of outcomes measurement in Hospice and Palliative Social Work

## Traditional focus of evaluation in hospice

- Quality assurance – timeliness of completion of psychosocial assessment
- Client satisfaction

## Early 2000s:

- Increasing requests to NHPCO Social Work Section Leader from hospice social workers for the development a tool to measure social work outcomes
- Desire/need to demonstrate the importance of social workers on the team
  - Change through social work intervention
  - Resolution of psychosocial and spiritual concerns

# Social Work Assessment Tool (SWAT)

Reese, Raymer, Orloff, Gerbino, Valade, Dawson, Butler, Wise-Wright, & Huber, 2006

- Development beginning in 2006, in conjunction with the NHPKO Social Work Section Steering Committee and social work experts in the field
- Based on previous research in hospice social work
- Includes items measuring the major psychosocial and spiritual variables identified as predictors of hospice social work outcomes for clients
- Study tested the instrument in hospice and palliative care program and found significant improvement in social work outcomes – comparison of first to last session
- Use of SWAT also serves as a reminder of issues to be routinely addressed with hospice patients and families
- May lead to improved practice and client outcomes
- Future still to be realized: Development of a national database of SWAT scores, benchmarks for social work intervention outcomes



# FACTORS INCLUDED IN SWAT

- ▶ Cultural group
- ▶ Suicidal ideation or decision for assisted suicide
- ▶ Death anxiety
- ▶ Preferences about environment, including safety
- ▶ Social support, including financial resources
- ▶ Comfort
- ▶ Spirituality
- ▶ Social support
- ▶ Grief
- ▶ Depression
- ▶ Denial
- ▶ End-of-life care decisions

Major factors based on social work research, that are routinely and appropriately addressed by social workers, and that impact social work outcomes (Reese, 2013)





# Other Standardized Measures

## Developed by social workers:

- Social Work Assessment Notes (SWAN) (Hansen, Martin, Jones, & Pomeroy, 2015)

## Developed by team including social workers:

- Suncoast Solutions
- PHQ9
- Bereavement Risk Assessment



# Social Work Assessment and Outcomes Measurement in Hospice and Palliative Care

## Study Rationale:

- Current state of standardized assessment and outcomes measurement unknown
- The Centers for Medicare and Medicaid Services will soon select (and require) a standardized tool to measure psychosocial outcomes

## Study Purpose:

- To document the use of standardized instruments, particularly the SWAT, to measure outcomes
  - Further understanding of the use of SWAT in the practice, including successes and challenges.

# Methodology

Mixed-methods:

- Quantitative Survey
  - Cross-sectional
  - Recruitment of respondents through combination of direct agency calls/phone interviews and solicitation through national social work professional listservs
  - Survey administered online
  - Total responses: 199
- Qualitative group discussion
  - Held at SWHPN 2015 Assembly (n=26)
  - Participants in oral presentation of researchers who voluntarily agreed to share their views of assessment/outcome measurement

# NATIONAL SURVEY

## Results

### AGE:

- Mean = 46.19, sd = 11.88

### GENDER:


- Female: 96.6%
- Male: 3.4%

### RACE:

- Caucasian: 92.5%
- Latino(a): 2.8%
- African American, Alaska Native, Native American, Asian, and No Comment: .9% each

### HIGHEST DEGREE HELD:

- MSW - 75.9%
- BSW - 19.8
- Other - 4.3



# Results

## TYPES OF PROGRAMS IN AGENCY

- Hospice - 85.4%
- Palliative Care - 47.5%

## PRIMARY AREA OF PRACTICE

- Hospice - 84.8%
- Inpatient hospice - 3.6%
- Palliative care exclusively – 5.4%
- Home health care - 5.4%

## POSITION

- Direct patient care - 83.4%
- Administrator or supervisor - 16.6%

# STANDARDIZED MEASURE USED

TYPE OF CARE		Psychosocial assessment form developed by agency	SWAT	Other standardized tool	Additional standardized tool used	No standardized measure used	Don't know	N/A
		VALID PERCENT						
<b>HOME HOSPICE CARE</b>								
<b>In patient/caregiver's home</b>	Initial psychosocial assessment	65.0	6.2	20.9	.5	7.9	0.0	0
	After initial psychosocial assessment	68.1	4.2	18.1	.5	9.6	0.0	0
<b>PALLIATIVE CARE</b>								
	Initial psychosocial assessment	30.6	0	3.5	0	12.1	16.2	37.6
	After initial assessment	29.4	0	4.7	0	12.9	17.1	35.9

	Executive Director	Social Work Supervisor	Interdisciplinary Team	Don't know
	VALID PERCENT			
<b>Who made the decision to use the SWAT in your organization?</b>	13.6	20.5	4.5	61.4

## ► FOR THOSE WHO USE THE SWAT

	Nurse	Social Worker	Health Care Administrator
	VALID PERCENT		
What is the professional discipline of the person who chose the SWAT?	22.6	64.5	12.9

SWAT used upon admission only	SWAT used at every visit with patient and family	We compare the change in SWAT scores from first to last session
VALID PERCENT		
5.0	22.0	10.9



**1 = Do not agree at all, 5 = Very strongly agree**  
**Listed in order of highest agreement to lowest agreement**

	<b>Mean</b>	<b>Sd</b>
<b>The SWAT is quick and easy to use</b>	3.11	1.03
<b>The SWAT is helpful in reminding social workers about the range of issues to assess</b>	3.08	1.33
<b>I am clear about how to use the SWAT</b>	2.98	1.22
<b>The wording is unclear</b>	2.96	1.28
<b>I am not able to assess all the issues listed</b>	2.95	1.23
<b>I am not sure how to rate the items listed on the SWAT</b>	2.91	1.19
<b>The SWAT is helpful in documenting social work effectiveness</b>	2.67	1.23
<b>The SWAT helps show the change in patient and caregiver problems over time</b>	2.85	1.21
<b>Patients become upset when/if they complete it themselves</b>	2.82	1.06

1 = Do not agree at all, 5 = Very strongly agree

Mean

sd

Listed in order of highest agreement to lowest agreement

The repeated use of the SWAT is helpful in reminding the social worker of what issues need to be addressed with a specific client at each meeting

2.79

1.24

Other social workers in the agency do not want us to use the SWAT

2.76

1.44

The SWAT is not useful with primary caregivers

2.76

1.03

When the SWAT is completed with patients and caregivers, it enhances motivation to work on the problems

2.53

1.16

It takes too long to complete after a session

2.52

1.13

I am not sure what questions to ask to assess the items on the SWAT

2.26

1.09

Administrators do not want us to use the SWAT

2.22

1.26

The issues listed on the SWAT are not commonly seen in my daily practice

2.07



1.12

Other disciplines on the team oppose the use of the SWAT

1.83

.95

	Patients	Primary Caregiver	Children	Other family members	Friends
	VALID PERCENT				
<b>With whom do you use the SWAT?</b>	96.6	93.1	6.9	24.1	10.3
	Mean, sd				
<b>How useful is the SWAT with each of these groups? 1 = not at all useful, 5 = extremely useful</b>	2.61, .994	2.44, .821	2.00, .816	2.27, .786	2.25, .886



	Time of initial psychosocial assessment	At every social work visit with patient
	VALID PERCENT	
When is the SWAT administered?	84.0	60.0

## OF THOSE WHO RECORD AND ANALYZE THE SWAT DATA:

	Yes	No	Don't know
	VALID PERCENT		
Is all SWAT data that is collected recorded and analyzed in your organization?	12.1	72.7	16.1

	It is recorded in the patient chart	It is summarized in graphic form	It is analyzed with the use of statistics	It is entered into a database
	VALID PERCENT			
How is the SWAT data recorded and analyzed in your organization?	100.0	100.0	25.0	0.0

	Yes	No
<b>OF THOSE WHO RECORD AND ANALYZE THE SWAT DATA:</b>	VALID PERCENT	
<b>Do you perform any type of statistical analysis on the SWAT scores (like compare the pre-test mean to the post-test mean)</b>	0	100.0
<b>Do you formally report your SWAT scores and/or analysis to others in the organization?</b>	33.3	66.7
<b>Was it helpful to share the results?</b>	100.0	0


	Direct supervisor	Hospice or palliative care program director	Interdisciplinary team	Other social workers in the agency
	VALID PERCENT			
<b>Who do you provide it to?</b>	100.0	100.0	50.0	100.0

## OF THOSE WHO DO NOT USE THE SWAT:


What are the reasons that you do not use the SWAT? (check all that apply)

In order of highest to lowest percent:

	VALID PERCENT
We use a different tool for psychosocial assessment	34.6
I have never heard of the SWAT	25.9
I am not clear about the usefulness of the SWAT	22.2
Don't know	21.5
I don't agree with the use of the SWAT in every session/meeting	17.3
We use a different tool to measure social work effectiveness/outcomes	16.0
My administrator did not approve the use of the SWAT	8.6
We were unable to add the SWAT to our computerized assessment program	7.4
I do not have time during sessions to use the SWAT	6.2
Some items on the SWAT make me uncomfortable	2.5



	Yes	No	Not Sure
<b>OF THOSE WHO DO NOT USE THE SWAT:</b>	VALID PERCENT		
<b>Would you like to use the SWAT?</b>	23.9	7.0	70.4







# FROM GROUP DISCUSSION

## What is your practice setting?

Hospice	34.6%
Palliative care consultation or unit exclusively	34.6%
University	7.7%
Palliative care and hospice education	3.8%
Home based palliative care	3.8%
Both hospice and palliative care	3.8%
Oncology	3.8%
Don't practice currently	3.8%
Other	3.8%



► **What is your primary area of service?**

Direct patient care	61.5%
Both direct patient care and supervisory	19.2%
Education	7.7%
Supervisory	3.8%
Administrative	3.8%
None	3.8%

**What is your highest degree?**

MSW	84.6%
PhD	11.5%
DSW	3.8%



# Group Discussion Points

- Not everyone was familiar with the SWAT
  - Lack of clarity of purpose and individual items
- Some did not use ANY standardized assessment/outcomes measurement tool
- Many tools developed by agency for own use
- Not appropriate for palliative care consultation/settings – need to develop separate tool
- How to providing training about tool and disseminate widely?

# Discussion & Future Directions

Study results indicate room for improvement in the SWAT instrument itself as well as education about use and benefits.

## Challenges still remain:

- Effective, standardized documentation of social work outcomes and best practices
- Interdisciplinary understanding of social work role/value
- Sanction of a social work-driven instrument by regulatory entities
- Addition to electronic documentation

## Refinement of SWAT instrument

- Use of survey results and re-convening experts
- Testing of refined instrument with sample of hospice and palliative care agencies

# CONCLUSIONS

- Social workers must seize the opportunity to continue to contribute a quantitatively-driven discipline-specific outcomes measure that will demonstrate effectiveness of social work intervention
- Nationally-sanctioned and standardized documentation of social work practice outcomes may lead to a better understanding of the social work role in hospice and palliative care among interdisciplinary team members and regulatory entities