

January/February/
March, 2007

Hospice Medical Memo

A quarterly newsletter for physicians

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Medical Social Workers: How can they help your patients? —by Garry Snipes, MD and Ami Hernandez, LMSW

Case 1: Bob is an 84-year-old man with advanced dementia of the Alzheimer's type who is cared for in the home by his wife and paid caregivers. His oral intake is poor, and he chokes frequently on puree consistency food. He is losing substantial amounts of weight. Although his living will explicitly states that he would not want tube feeding, Bob's wife is getting a lot of pressure from the kids to initiate artificial nutrition and hydration. Bob's physician has had a long discussion with the family on two separate occasions about the benefit versus burden of artificial nutrition.

Case 2: Mary is a 78-year-old woman with breast cancer metastatic widely to bone. She is on Arimidex and is receiving monthly infusions of Aredia. Mary is weak, spending most of her time in bed or in a chair, and is totally dependent in basic care needs except for self feeding. Mary and her family both know that she is terminally ill, and have requested hospice services to allow her to stay in the home, as they had promised

Mary long ago that they would not "put her in a nursing home". She has a daughter who can provide care except for 9-5 Monday thru Friday while she works.

The value of a medical social worker in the care of people with advanced illness and disease is one of the best kept secrets in healthcare. Because the care needs of patients with advanced illness are complex, patients and families benefit from the expertise of a variety of health care professionals working together. Recognizing that this is especially true at the end of life, the medical specialty of hospice and palliative medicine has evolved as an interdisciplinary team enterprise in which each team member contributes to the plan of care in a way that will meet the comprehensive needs of the patient and family. In order for an interdisciplinary team to work effectively, each participant should have a good understanding of the unique strengths and abilities that

each member bring to the table. While most physicians have a pretty good idea of what nurses and chaplains do, the skills and capabilities of the social worker may not be as well understood.

A medical social worker, trained at the master's level, brings with him or her a specific skill set helpful during periods of stress. A palliative care or hospice social worker is able to:

- ◆ Offer crises management
- ◆ Assist in goal setting and problem solving
- ◆ Advocate for a patient
- ◆ Assist in improving communication between patients, family members, and healthcare providers
- ◆ Understand social, cultural and religious variables that contribute to a patient and family's experience of and response to illness
- ◆ Assist with accessing community resources to allow the patient to reside safely in the



setting of their choice (usually home)

- ◆ Provide grief counseling in the face of loss and change
- ◆ Provide psychosocial support to family caregivers
- ◆ Serve as a reliable supplementary source of information and guidance on medical decision making and advance care planning
- ◆ Assist families in negotiating the complexities of insurance coverage, healthcare resources, qualification for benefits, etc.
- ◆ Perform assessments to help in management such as the Mini-Mental State Exam, Geriatric Depression Scale and others

Who to call at Hospice of the Carolina Foothills

- Jean Eckert
Executive Director
- Garry Snipes, MD
Medical Director
- Sharon Maddox, RN, MPH
Director of Patient Care Services
- Doug Brooks, RN and
Jennifer Sevick, LMSW
Admissions Team

- Shannon Slater, LPC
Bereavement Care Coordinator
- Maureen Murphy
Program Liaison

To reach any of us, please call our Hospice Administration & Program Center in Columbus, NC at 828-894-7000 or 800-617-7132.



Medical Social Workers, continued...

We know that one of the most valuable tools in a therapeutic alliance is the quality of the relationship. Many times in end of life care, what patients and families need is a health professional to just listen and help them clarify their thoughts. Social workers, by their training and aptitude, are world class listeners.

Solving thorny problems such as those listed in the case scenarios above that are not quite medical, but not quite **not** medical, can be time consuming and labor intensive for a physician's office staff. Through their unique skills and knowledge, social workers can improve overall satisfaction with care, a significant component of the quality of primary care services. So, let us review the contributions that the social worker was able to make to the cases of Bob and Mary:

Bob was seen in the home by the palliative care team, and the social worker on the team facilitated conversations with the family members about their remaining concerns. This dialogue reduced their anxieties about discomfort in the dying process related to declining

oral intake; helped the children give themselves permission to let go and honor their father's wishes. The patient ultimately received hospice care in the home until the time of his death and the family continues to receive bereavement support.

In the case of Mary, the hospice social worker assessed the patient's financial status and determined that the patient was eligible for the CAP (Community Alternative Program for Disabled Adults) services. This program offered the family up to 8 hours of skilled care to the patient in the home under her Medicaid benefit. This made the difference in the patient's ability to remain at home at the end of life, while her daughter continued to work to provide an income for the family.

As we have said, the value of a medical social worker in the care of people with advanced illness and disease is one of the best kept secrets in healthcare. A good palliative care or hospice social worker can support and alleviate a lot of the anxiety and confusion common among patients and families managing advanced illness. We invite you to make full use of our social services staff to assist in the care of your patients.



Our Social Workers

Top row (left to right):

- Wendy McEntire, LMSW
- Laura Ellington, LCSW
- Nancy Milczewski, LCSW
- Jennifer Sevick, LMSW

Stephanie Spahr, LCSW, LISW-CP

Bottom row (left to right):

- Meg Hoke, LMSW, CMSW
- Ami Hernandez, LMSW
- Maggie Mugaan, LMSW
- Barbra Gerhard, MSW

