

**Social Work Conference Call
Meeting Summary
May 5, 2010**

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Conference calls are regularly scheduled meetings on the first Wednesday of each month at 12:30 PM. Call 1-888-482-3813 and enter the pass code of 3813 to join in!

Topics Discussed:

- Falls and elopement are two difficult challenges in the SNF. The discussion today focused on the role of the social worker. Sometimes a social worker is expected to ask a family to arrange for 24-hour caregivers in the facility as an intervention to prevent additional falls. For most people this is not a viable option. Discussed the importance of an interdisciplinary approach to fall interventions. A huge component to a fall management program is the education provided to families and the documentation of such education. Here are some questions to consider: What are the expectations of family members? Do they understand the likelihood of falls, especially with residents who have multiple co-morbidities? Do they understand that no facility can prevent falls and that “24-hour supervision” is unrealistic? How thorough is the fall investigation? Are trends/patterns identified? What is the root cause analysis of the fall (elopement or any other event)? What is done with the information obtained from the investigation? Addressing all these questions is important as well as involving with family on multiple occasions. Education must happen repeatedly, not just as a single event.
- A facility has been unable to locate the son of a resident for whom decisions regarding placement and payment of the share of cost need to be made. The facility sent a certified letter but has not received contact from the son. The son visited a few times upon admission but ever since he received the share of cost bill, he stopped visiting. The phone is disconnected. There is an ACH who has agreed to accept the resident but the son is the only identified responsible party to make decisions and facilitate the move. The social worker has contacted the Ombudsman, APS and is waiting on a call back from the Public Fiduciary. Since the resident is in a safe environment and her needs are being met, APS reportedly chose to not get involved. The facility has discussed the option to apply for Representative Payee status. It is unlikely that the Public Fiduciary will become involved since there are no assets. Since this resident is at risk of receiving a 30-day notice of discharge for non-payment, it was recommended to contact APS again and make another referral. The possibility that this resident is being financially exploited by her son is of concern and that is reason enough for APS to become involved. Recommended that the social worker ask to speak with a supervisor at APS if the intake worker is not inclined to open the case. Documentation of all efforts to resolve this issue and meet the needs of the resident is critical.
- A facility identified one unit to dedicate to rehab patients (short-term stay); however, there were several long-term residents residing on the unit. A few of these residents did

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not want to move to another unit. Some were moved without proper notification and against facility policy and regulations. Family members were very upset. The Ombudsman is involved and is attending the resident council meetings. The moves were reportedly condoned by the Administrator as well. Overall, this has been a difficult situation for the social worker whose primary role is resident advocate. Room changes is perhaps one of the more challenging areas for the social worker to act as resident advocate as there are often several, sometimes competing, needs to be addressed – those of the resident and those of the facility. In this situation, it was recommended that the social worker re-do the Resident Interview from the QIS process for those residents/families involved in the room changes. The social worker can do two things: identify the specific regulations that were violated and offer solutions of how to resolve the situation. Damage control for the situation is necessary but even more importantly is the root cause analysis of why and how this situation occurred in the first place and how to prevent it from happening again.

- Some family members and/or residents can demand/expect lots of time and attention from the social worker. The goal with these individuals is to achieve a balance whereby their needs are met but the social worker can also get his/her work accomplished. Recommendation to achieve a balance include setting boundaries with the individual, i.e. a meeting 3x/week for 15 minutes to discuss concerns (the time frame and frequency are variable and can change as needed). The idea is that the family/resident is “being heard” but they also accept their part of the responsibility to not take so much time that the social worker has to compromise the needs of other residents/families. Be sure to encourage the person to focus on positive things too! Sometimes people are feeling so out of control that the only things they see (or notice) are the “negative” ones (perceived or not). Helping them to notice when things go right is not only helpful to the facility but can also provide a sense of control and comfort to the individual.

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