

THE SOCIAL WORK ROLE IN DIFFICULT TRANSITIONS: PART II

We received a number of responses to our last issue of SBW Notes. The tragic consequences of poorly executed transitions - between home and acute care hospitals, and between acute care hospitals and long term care facilities - obviously resonated with many readers. One former agency director wrote: "Why didn't the home health aide go with her elderly client to the hospital so that the agency would know about this change. What was the agency's responsibility?" A colleague wrote: "It's amazing that the 92-year-old Ms. W was only kept 3 days after a major stroke. My husband was kept in the hospital longer after his 3rd stroke - but, of course, the staff had to contend with me!" A retired social work colleague with many years of experience in the field of aging wrote: "You are so right to put a spotlight on these kinds of situations, where we see the institutional rules and regulations blocking the needs of the people who need care." She calls for social and political action and closes by asking "how many more will die because the rules and regulations, as well as their illnesses, are strangling them?"

A Concern of Social Workers

The concern of social workers in hospitals and long term care goes back many years. In the 1970s we advocated on behalf of the residents in nursing homes whose lives were adversely affected by sudden relocations. Helen Rehr, Professor of Community Medicine Emerita at Mount Sinai, responded by reminding us of efforts taken over 25 years ago to identify patients at high levels of social risk in need of early intervention by social workers through the use of screening mechanisms.* In the article cited here, she and her co-authors, Dr. Barbara Berkman and Dr. Gary Rosenberg, note that "the sound use of hospital social work services is not achieved when workers rely on other health care personnel for referrals."

A Concern of Geriatricians

One response to our newsletter led us to Mathew S. Maurer, MD of the Columbia Presbyterian Medical Center, who shared with us his work in "transitional care," an emerging field in geriatric medicine. In a recent article he and his co-authors write about the "ping-pong" pattern of repeated transfers between the long term care facility and the acute hospital. The authors note that these transfers are "common, often inappropriate and known to have negative effects on health." They call for "strengthening the collaboration between acute hospital and long term care team targeted at improving transitional care."

* See page 2 for citations

Big Steps and Small Steps

We have much to retrieve from our past efforts and much to applaud in present efforts to provide better transitional care for elders who are at risk. But much remains to be done. While institutional and policy barriers to change are daunting, change is possible on the micro as well as the macro level.

- Social workers on the front line of practice can be alert to the high risk of relocation (from setting to setting; from room to room) of elderly patients, whose confusion, disorientation, and fragile health are further exacerbated by transfers.
- Family members can be alerted to be present at time of transfer to help prepare the patient and settle them in their new quarters. Dr. Penny Schwartz of the Mount Sinai social work staff tells families that this is one of the most important times to visit an elderly relative.

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Citations

Berkman, Barbara; Rehr, Helen and Rosenberg, Gary. "A Social Work Department Develops and Tests a Screening Mechanism to Identify High Social Risk Situations," Social Work in Health Care, Vol. 5, No. 4, Summer 1980, pp. 373-386.

Cheng, Huai Y.; Tonorezos, Emily; Zorowitz, Robert; Novotny, John; Dubin, Shelly and Maurer, Mathew S. "Inpatient Care for Nursing Home Patients: An Opportunity to Improve Transitional Care," Journal of the American Medical Directors Association, 2006.

Rehr, Helen; Berkman, Barbara and Rosenberg, Gary. "Screening for High Social Risk: Principles and Problems," Social Work, Vol. 25, No. 5, September 1980, pp. 403-406.

In a coming issue of SBW Notes:

THE SOCIAL WORK ROLE IN DIFFICULT TRANSITIONS: PART III
The Transition from Assisted Living to Skilled Nursing Care: An Emerging Crisis??