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Solution Paper

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Executive Summary

Due to the increased focus nationwide on hospital cost containment, many hospitals have instilled case management departments with the important tasks of maximizing patient care, while minimizing the time patients spend in the hospital and the amount of non-needed hospital services provided. Literature suggests that in the past ten years case management departments have grown ten fold. This paper will address the 19-person case management department of United Health Systems (UHS) in Clarks, Texas. The following problem will be analyzed: breakdown of communication between social workers leading to duplication of services.

During the course of a day, social workers make numerous decisions, at times based on faulty communication, which impact patients at UHS. Currently, social workers rely on patient/family report, medical records, and communication with other social workers to make these decisions. The analysis reveals that case management has the following information needs: ongoing, easy to access records from previous social workers; easy to access histories of repeat patients; and increased communication between social workers. The administrators of the hospital have a need for increased productivity related to successful outcomes, and cost containment. The patients of UHS have a need for knowledge of and access to community resources, quick and efficient assistance while in the hospital, and continuity of care. The strengths of UHS case management department include a willingness to embrace a change, a well-staffed department, and computers and printers at each social worker’s desk. The administration of UHS is willing to make any changes that will insure cost containment, and are currently open to changes that will assist in the upcoming JAHCO survey.

The solutions determined to assist the case management department in solving their information problems are both non-technological and technological. Although the following solution would not meet all of the information needs identified, a no-cost globalized social work assessment form is recommended to enhance communication
between social workers. It is also recommended to better utilize the existing Microsoft Outlook program that is currently available to all social workers as this would assist in handling and communicating information on patients at no extra cost. The final, and strongest recommendation is the purchase of MedSwis case management software. Although costly, this software would meet all of the identified information needs and is able to be easily implemented into the current case management system. With these recommended solutions, the case management department at UHS should proceed forward with improved communication and greatly decreased communication between social workers.

Introduction

Hospitals are beginning to rely more and more on case management departments to insure cost containment, patient satisfaction, and maximum payment from Medicare, Medicaid, and commercial insurance. For case management departments to meet these high demands and maintain high caseloads of patients, the best sources of information, referral, and communication must exist. Under pressure to maximize the cost-effectiveness of programs offered by the hospital system, efforts to improve coordination must become central to the case management department. This paper will address the sources and means of communication in the case management department currently existing in a 550-bed hospital in Clarks, Texas.

United Health Systems (UHS) houses a case management department of approximately nine social workers and five nurse (RN) case managers. UHS also has a Center for Rehabilitation with two social workers, a Cancer Center with one social worker, Trauma Center with one social worker, and a Health Clinic with one social worker. In total, UHS has 19 positions performing case management services for the hospital. The purpose of this paper is to analyze the current system of communication between the above-mentioned positions, other health care workers in the system, and the community. This paper will assess the need for and function of information technology within these systems and will address the solutions to the found needs of the analysis.

Literature Review

The following view of current literature is centered on the current role of case management/social workers in
hospitals/health care. This literature review will attempt to define the type and extent of case management that this analysis will attempt to assess. The term case management refers to the system or department arranged by the hospital system to organize, maintain, and follow a patient from the time he/she enters the hospital (or affiliated system) until the time the patient leaves the system. For the purpose of this paper and UHS, the majority of the case management structure is staffed by either LSWs or LMSWs.

In the past ten years, case managers have grown by tenfold (Gemignani, 1999). Typically, case managers serve as liaison between patients, families, doctors, hospital staff, health plans, and providers to facilitate a necessary length of stay while insuring that patients' needs are met, discharge environments are secure, and costs are contained. Research done on the effectiveness of case management has revealed that case managers increase retention in treatment, reduce hospital use, reduce costs, reduce symptoms and increase patient satisfaction (Jeffrey, Cohen, & Sullivan, 2000). Burns and Perkins (2000) state the value of case management is to establish the relationship necessary with the patient to ensure that the patient receives the best treatment and care while in and out of the hospital.

Following the review of literature, one can understand the importance of case management to a hospital system. UHS, a small West Texas hospital system, values their case management department, but may not fully understand their needs, including information technology (IT) needs, to allow them to be even more effective.

**Problem/Situation Definition**

The main problem to be addressed by this analysis involves the daily breakdown of communication between social workers, and between social workers and other hospital staff as related to patient receiving services from more than one system of the hospital. To solidify this problem, the following example will be utilized. John is admitted to the hospital on Friday, complaining of loss of the use of his right arm and leg, and loss of speech. During his eight hour stay in the trauma center, social worker #1 spends an ample amount of time with John and his family, as there is a dispute between the patient’s ex-wife and son regarding who is the appropriate person to make medical decisions for John, as he is unable to voice his desires. The social worker finally establishes John with a
power of attorney and ensures all proper documentation is in place. John is now ready to transfer to the neuro floor, while his medical records, including social worker #1's documentation, is sent to medical records. While on the neuro floor, John meets social worker #2 who unknowingly pursues the same dilemma of establishing next of kin to speak for John. Social worker #2 also begins assisting John in completing an application for temporary disability, department of human service assistance, Medicaid application, and indigent program paperwork. Unknowingly to social worker #1 or #2, social worker #3 in the Health Clinic has been assisting John for the past year with medication assistance and has already began the process of applying for disability and Medicaid. John is now ready for a transfer to the Center for Rehabilitation where social worker #4 begins to repeat the same steps with John the social worker #1, #2, and #3 have already been through. Although all social workers provided excellent written documentation of services provided, upon transfer to different venues, all documentation excluding history and physicals, evaluations, and labs, are sent to medical records to reduce chart overflow of "unneeded information". One can see how this situation involves duplication of services, frustration of patient and family, exhaustion of resources, and wasted time (which translates into money). Hopefully this situation will serve as an explanation to the reader of the type of problem being addressed in this analysis.

As related to this analysis, the following definitions will be utilized. The system being referred to is United Health Systems, the largest hospital for a 600 mile radius. The subsystems include all agencies operated by the hospital such as acute care hospital, Rehab Center, Cancer Center, Health Clinic, and Trauma Center. Other subsystems within a subsystem would include the case management department in acute care, social work team in the Rehab Center, and individual social workers in the Cancer Center, Health Clinic, and Trauma Center. The environment surrounding the systems includes administration, policy/procedure, influence of physicians, and patient/family input and survey results.

Historically, UHS has been behind the times involving their social service/case management departments. Over the past few years, the case management department has almost doubled, faster than policy/procedure can be put into place to monitor and maintain the department. This analysis is assuming that a solution does exist for the above stated
problem and that there is a way to manage a patient between three plus social workers in an efficient, service-effective manner.

Decisions Involved in Problem/Situation

The major decisions involved, which are related to the problem in discussion, are made by social workers and impact the patient. The following decisions are made on each patient on each social worker’s caseload: 1) Current needs of patient; 2) Probable needs patient will have upon discharge; 3) Resources currently utilized by patient; 4) Resources available to patient; 5) Choice of intervention which will be most effective for patient; and 6) Measurement of social worker success with each patient (outcome measurements). These decisions appear to be very interrelated; therefore for the majority of the analysis will be discussed together. The decisions involving the characteristic of resources and outcome measures may need a separate discussion, as the solution to these decisions may involve different sources and information.

Information Needs and Strengths

Current Uses of Information

This portion of the analysis will explore the information currently used at UMC to make the above decisions. Currently, social workers at UMC rely on several different information sources to make the above decisions. First, the social worker most heavily relies on patient/family report to make their decision. Upon arrival to each new venue of the hospital, the social worker may ask the patient questions such as: Have you ever applied for disability? What resources are you currently receiving? What are your discharge plans? The information obtained during this patient-social worker interview heavily relies on patient/family knowledge and memory. Often times, following a hospital stay with several transfers, possible memory loss, tiredness, and confusion, cause the patient and/or family to not remember the answers or not accurately report the answers to the above questions. Secondly, the social worker utilizes medical records to make the above stated decisions. Since most of the social work documentation is not transferred with the patient chart but sent to medical records, to obtain the information the social worker must request a the patient’s records from the
information management department, which could take up to twenty-four hours, depending on the priority of the social workers request. In addition, medical records of patients from the acute hospital, Health Clinic, and Center for Rehab are stored in different locations, therefore involving multiple requests from the social worker. Due to the decreasing length of stay of patients, often by the time medical records are obtained, it is too late to utilize this information in the social worker’s decision-making process. Thirdly, the social worker relays on direct communication with the patient’s previous social worker. This involves communication by interoffice email or telephone, and requires that the previous social worker recall from memory what services he/she provided for the patient in question. With a caseload of 20-40 patients, the social worker’s memory often cannot be relied on as an accurate source of information. In the ideal situation, when a patient is transferred to another venue, the exiting social worker will contact the new social worker to inform of the status of the patient’s case. Understandably, hospitals typically do not operate in an “ideal” world, so this rarely happens. Fourthly, regarding outcome measurements, there is not a measure in place to determine if the social worker or case management department in general was successful in meeting the patient’s needs.

Information Needs Identified

This analysis reveals several key information needs, which shall be discussed as related to the various stakeholders. The most interested stakeholder as related to this issue is the hospital case management department. As prioritized by this department, the following needs in priority order need to be addressed: First, there is a definite need for an ongoing, easy to access record of services provided by social workers as the patient progresses through different stages of his/her hospital stay or hospital system interaction. Secondly, information on the hospital systems past interaction with the patient must be available for social workers to easily access to obtain a much-needed history of services patients have received in the past or currently are receiving. Thirdly, interaction between social workers must be effective and organized in a manner that is timely and effective in extrapolating needed information on past interaction with the patient. The administration of UHS is a definite stakeholder in this situation. The main outcome
administration is interested in determining is that of productivity, so their interest in this problem would relate to arranging information in a way to assist in determining the outcome of success/failure, and productivity measurement, involving meeting the patient’s and the hospital’s needs within the case management department. Also, as within health care nationwide, cost containment is the main goal of hospital administration. Administration would be interested in this problem only if the result of the solution would enhance cost containment. The third stakeholder in the situation is the patients of UHS. Their main interest in the situation involves their need for knowledge and access to available community resources, quick and efficient assistance, and continuity of care throughout UHS.

Information Capacities Identified

The following information capacities identified will also be discussed as related to various stakeholders. Firstly, the case management department, with growing case loads and increased pressure for productive outcome, desire and are willing to embrace a system that will assist them in promoting change which will enable them to serve patients more efficiently, increasing their effectiveness and ability to handle their assignments and possibly reduce their amount of overtime and stress level. The case management department has the manpower to effectively handle a change in procedure and is ready and willing to accept a change. Also, all social workers are equipped with a computer and printer at their desk already. Secondly, hospital management and administration is in a definite cost-containment mode, always searching for ways to maximize services, contain cost, and effectively manage employee’s time. It would seem that the current duplication of services by social workers would be an area that administration would be willing to promote change in. Joint Accreditation of Health Care Organization (JAHCO) is currently focusing on discharge planning effectiveness and efficiency. As the hospital is preparing for their JAHCO evaluation in the fall, it would seem that a positive change in the case management department in the direction mandated by JAHCO would be a desire of all stakeholders in the hospital. Hospital administration is also constantly seeking feedback from patients who are served by United Health Systems. Depending on patient’s comments, administration may seek change to modify social service
communication in a way to better benefit patients, as UHS constantly seeks patient satisfaction as a top priority. Thirdly, many patients at UHS desperately need case management to assist in guiding their care and treatment, and would welcome a more efficient and productive system. Also, the community surrounding UHS is a very supportive and giving community, and is also extremely dependent on the services UHS provides to Clarks and surrounding areas. Stakeholders in the community who are interested in furthering and improving patient care would likely be supportive of an improvement in information technology involving the case management department of UHS.

**Summary of the Decision Analysis**

In conclusion, it appears that United Health System struggles with the problem of breakdown of communication between social workers, resulting in duplication of services, time constraints, increased patient frustration, and non-efficiency of case management staff to its fullest capabilities. This analysis has revealed that there are several information needs of the social workers of UMC, which would presumably make their jobs more successful and effective.

**Options to Address the Situation**

The above analysis helps to guide the information needs for the case management department at UHS. There is available information technology that addresses the above-mentioned needs. Non-information technology options will be discussed as well as technology options already set in place in the case management department. These options will be discussed, along with advantages and disadvantages to each, in comparison to information technology options available.

**Non-Information Technology Options**

As hospitals are currently in a drastic cost-cutting mode, it is reasonable to state that the option likely to be chosen to solve the above situations must be cost effective and low cost. When presenting the options to administration, a non-technology option must be presented to determine if information technology is the actual only solution to the need. A feasible non-technology solution to the case management needs is a globalized social work
assessment form. As mentioned in the analysis of one of the major needs concerning medical records, the hospital must put into policy that this assessment form must follow the patient as he/she travels thoroughly venues of the hospital. This assessment form would cover the following areas: psychosocial risk factor, living situation, mental status/coping skills, financial considerations, goals/expected outcomes, interventions/approaches, and resources patient has applied for. This solution is a non-technological solution, and would be easily implemented as it is quite self-explanatory. No training would be needed. The director of case management, along with the department, would be responsible for producing the assessment form that would be usable for their department. This form could be easily produced on Microsoft Word and printed at the hospital print shop. An example of a probable assessment form can be viewed in Appendix A.

The advantages of a non-technology solution (assessment form) are as follows:

- Low cost to no cost solution (cost only for paper and printing)
- Can be added to and expanded on by different social workers from unit to unit
- Gives an overview of patient care and enhances communication between social workers
- Eliminates duplication of services
- Provides an ongoing, easy to access record of services provided by social workers as the patient progresses through different stages of his/her hospital stay

The disadvantages of a non-technology solution are as follows:

- Is only helpful for patients who have a continued stay at the hospital
- Is not useful for patients who are reoccurring patients of different venues with discharges in between admissions
- Only provides basic information—not useful for detailed information on issues concerning a patient
- Probable to be sent to medical records with patient’s chart when patient is transferred to another venue

The implementation of an assessment form would likely be supported and approved by administration, as it would not
incurs much cost to the hospital. The case management department would be willing to implement the assessment form, as it is merely a checklist and should not require much time. As evidenced by the advantages and disadvantages, the assessment form is probable to increase some communication between social workers for patients traveling from one venue to another during a concurrent hospital stay, but is not likely to improve quality care of repeat patients, which is a large part of the problem as determined by the preceding analysis.

Already Existing Technology

United Health Systems currently has available to the case management department “Microsoft Outlook” on their computer. Administration, in the past has suggested utilizing this system further to supplement communication. Increased use of Microsoft Outlook could be easily implemented and most social workers are familiar with this program so no extra time or training would be necessary. For the case management department, the following tasks are available: inter-office email, journaling, and notes. Inter-office email can enable social workers to communicate to each other information about patients. The advantages of emailing between social workers are as follows:

- Patient information can quickly and easily be communicated
- Low cost to no cost solution as this technology is already implemented

The disadvantages of email are as follows:

- Confidentiality is not always insured with email
- Social workers are not always aware upon patient transfer to which venue the patient is being transferred to, therefore would not know who to email information to
- Email would not assist with repeat patients
- This would require double documentation on patient information, decreasing the efficiency of the case management department

Journaling and notes allows the user to basically keep a personal record of any needed information on problem patients/situations that the social worker feels will need to be quickly drawn upon. The advantages of journaling and noting are:
Solution 12

- Allows the social worker to have important information at hand on patients if needed
- Low cost to no cost solution as this technology is already implemented

The disadvantages of notes/journaling are also outlined:
- Confidentiality of this information is not guaranteed
- Journaling/notes would also entail double documentation for social workers, decreasing their efficiency
- Journaling/notes is extremely time consuming and realistically could not be completed on all needed information
- Journaling/notes would assist individual social workers but would not increase communication between social workers.

Administration would support an increase of the use of Microsoft Outlook as this system is currently in place and would not require the element of change. The case management department would likely not prefer this option as it is extremely time consuming and is felt to be “double” work as it does not replace the current documentation system. Microsoft outlook does provide resources that would possibly increase the communication and efficacy of the case management department, but does not address issues such as duplication of services and time constraints which were revealed to be the main problem areas in the preceding analysis.

Information Technology Options

Currently, there is much software available to assist case management departments in organizing and utilizing their time efficiently. For the purpose of this paper, MedSWIS software will be discussed and utilized as an example to promote understanding, although there are many similar software programs available. MedSWIS was designed in 1984 and is a typical case management software application that many hospitals are currently choosing to utilize. MedSWIS can collect day-to-day staff activities, or you can choose to enter data upon patient discharge or case closure. This software allows the user to retrieve data from a patient’s earlier admission very simply. When
entering a new case, a prompt will appear if the patient was discharged within the past 30 days or if the case is currently active in another department. There are built in chart notes which allow the social worker to keep important phone numbers and other essential data stored conveniently. This software makes it possible to measure productivities, and continuous quality improvement can be tracked and caseloads monitored for outcomes, progress, and social worker time investment. MedSWIS also makes it possible to gather and compile data to enable acuity based productivity measurement, chart notes, billing, and future reminder notes. There are over 70 automatic reports and allows for the ad hoc reports to be easily constructed. Other accompanying programs are available such as MedGRAPH, which generates graphs from existing data and eliminates the re-entry of data, and MedScan, which “reads” handwriting allowing for quick and efficient overview of surveys and other similar forms. Examples of sample screens and applications can be viewed in Appendix B.

The hardware recommended for this program are a minimum 386-SX IBM or compatible computer with 640K of RAM or greater and a 40 megabyte hard drive. A VGA or EGA Monitor is required. The system is in color making a color monitor beneficial. For the Windows version, a mouse is recommended. Either a dot matrix or laser jet printer can be used. If used on a Network this should be Novell or compatible. The Software is available in 5 ¼ or 3.5 disks and versions are available for DOS, Windows or Macintosh. Although the software is complex in design, it maintains a simplicity, which makes it very user friendly. There are also multiple possibilities for obtaining the support services needed from the publisher, who can be contacted by phone, fax, or E-mail. Technical support of the software is quick and helpful.

The cost of this software can vary between $2000.00 to $39,000.00 depending on the needs of the case management department. For the purposes of United’s case management department, it is estimated that the total cost of MedSWIS and the maintenance fees to upkeep the system would total between $2500.00 and $5000.00. This would allow the case management department to get started with the basic aspects of the program, and later other features could be added as needed and as budget allows. An itemized list of prices for different MedSWIS software can be viewed in appendix C.

There are many advantages that a program such as MedSWIS could provide for the case management department.
• Would provide an ongoing, easy to access record of services provided by social workers as the patient progresses through different stages of his/her hospital stay insuring continuity of care
• Information regarding past interaction with patient could be easily obtained by the social worker
• Outcome measurements and productivity measurement could be easily organized and determined
• Would allow social workers to more efficiently manage their time and resources
• Software is easy to use and would require little training for social workers
• Eventual cost containment would occur through more efficient use of social worker’s time

The main disadvantages of installing MedSWISS is:
• Immediate high cost of software and maintenance.

MedSwis would meet all needs of the case management department as outlined in the “Information Needs Identified” section of this paper. Administration needs would be met by MedSWISS long term, as eventually cost containment would occur by efficient and effective use of social workers time, and decreased duplication of services by social workers. Also, productivity and outcome results could easily be generated and identified. The patient’s needs would be met, as their services provided by the case management department would be quicker, more effective, and more efficient. Also social workers would be more knowledgeable about return patients.

Procedural Needs

Proposed Model for Implementation

To fully meet the needs identified in the analysis section of this paper, a combination of all three options should be implemented in attempt to alleviate the existing problems. The assessment form would allow continuity of care throughout the patient’s hospital stay in differing venues, although this would be duplication of work if MedSWIS was implemented. The increased use of Microsoft Outlook would enhance communication between social workers and other members of the case management department, which would meet the needs of effectively organizing the social workers time in a way to increase efficiency. The implementation of a program such as MedSWIS would increase
continuity of care, enhance social work decision making as more detailed patient information could be easily accessed and determined in a quick, efficient manner. This software is strongly recommended for the case management department as it would greatly increase quality of care and continuity of care by the immense amount of information it is able to store and retrieve as needed. Although costly, the implementation of this program would decrease overtime of social workers, and eventually allow social workers to handle increased caseloads of patients. Also, the increased ability to determine outcome measurements and productivity measures would assist in goal setting, evaluation, and reporting.

Steps for Implementation

To implement the first two options, only minor considerations would need to be discussed. The assessment form would be designed by the case management team, approved by the director of case management, and approved by the vice president supervising the case management department. This form would be easy to implement and social workers could quickly begin to utilize this new option. The increased use of Microsoft Outlook could also quickly be implemented as social workers already utilize this existing system and could attempt to improve communication regarding patient information upon transfer through the use of email. One recommendation for hospital staff is to insure that all computers on all units are able to utilize Microsoft Outlook, as this would enable social workers to enter information from the actual unit as opposed to returning to their office to email patient information.

To implement MedSWIS, the director of case management would need to present the option to her direct supervisor, discuss the advantages and benefits this program would bring to UHS, and discuss budgeting issues. This conversation would hopefully gain administrative approval. Prior to this discussion, a sample MedSWIS program should be downloaded. This demo program has the capacity to input 25 patient cases, which will give the case management department a good feel of the software and its abilities. A Med consultant is available to visit on site and suggest software packages appropriate for the specific department. Also, a phone tour is available to assist in installing the software if needed upon purchase of the product. It is suggested following the purchase and installation of
MedSWIS, that a portion of the case management department (3-4 social workers) be trained and begin utilizing the program for two to four weeks to insure smooth installation. These social workers would then train the remaining social workers and the case management department could fully implement the program. During implementation of the program, frequent phone or in-person consultation with MedSWIS consultants is strongly encouraged and recommended.

**Issues**

As with any newly introduced change to a system, problems typically can be expected from staff or the implemented changes. Proper involvement of staff in the discussion and implementation of all changes is necessary to insure support and enthusiasm for the change to be successful. It is recommended that the case management department be involved and be given opportunity for input during the discussion of all three options presented and the advantages and disadvantages of each. This will increase the likelihood of fewer staff related issues as the proposed changes are implemented. Frequent staff meeting are encouraged to discuss the solutions as they are being implemented, and feedback should be solicited from all social workers to insure that the implementations are in fact meeting their stated needs and are sufficient.

As hospitals nation wide are currently under huge financial constraints, the issue of financing the expense of purchasing software will definitely be an issue discussed and an issue that will possible limit the ability of the hospital to implement this recommended solution. Although administration may agree that this proposed solution is an effective problem solving solution, they very likely may not be able to approve it due to financial constraints.

**Conclusion**

In conclusion, this analysis reveals that United Health System struggles with the problem of breakdown of communication between social workers, resulting in duplication of services, time constraints, increased patient frustration, and non efficiency of case management staff to it’s fullest capabilities. The solutions presented in this paper appear to be effective interventions to alleviate the above stated needs if
effectively implemented and utilized by the case management department. If implemented successfully, the solutions presented should meet the information needs of the social workers of UMC, which would presumably make their jobs more successful and effective.

References


Appendix A

Case Management

<table>
<thead>
<tr>
<th>START</th>
<th>PATIENT</th>
<th>EXPECTED OUTCOMES</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority/ Date/ Init.</td>
<td>PROBLEMS</td>
<td>GOALS</td>
<td>Approaches</td>
</tr>
<tr>
<td></td>
<td>Psychosocial risk factor identified related to:</td>
<td>Patient / Significant Other will be aware of appropriate D/C arrangements as evidenced by verbalizing what services are being arranged</td>
<td>Assess needs and resources</td>
</tr>
<tr>
<td></td>
<td>Readmission &lt; 30 days</td>
<td>Increased awareness of adjustments needed to cope with illness</td>
<td>Emotional support</td>
</tr>
<tr>
<td></td>
<td>Living situation:</td>
<td>Financial assessment will result in referral to appropriate programs</td>
<td>Educational literature</td>
</tr>
<tr>
<td></td>
<td>q Lives alone with no available caregiver</td>
<td>q Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>q Caregiver unable to provide level of care</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>q Nursing home/institutional care resident</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>q Has no home</td>
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<td></td>
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<tr>
<td></td>
<td>q Suspect abuse/neglect</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>q Has disabling illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>q Has no home</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Mental Status/Coping Skills</td>
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<tr>
<td></td>
<td>q Depressed/anxious</td>
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<tr>
<td></td>
<td>q Suicidal</td>
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<td></td>
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<tr>
<td></td>
<td>q History of mental illness</td>
<td></td>
<td></td>
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<td></td>
<td>q Combative/hallucinating/delusional</td>
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<td></td>
<td>q Disoriented/lethargic</td>
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<td></td>
<td>Apply for:</td>
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### Financial Considerations
- Unemployed
- Working
- No income
- Disabled
- Unable to purchase medication
- Other

### SSD / SSI
- Medicaid / QMB / County Indigent Healthcare
- Medication assistance program
- Other

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**PLAN OF CARE REVIEWED PER DEPARTMENT PROTOCOL**

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME</th>
<th>INIT.</th>
<th>DATE</th>
<th>NAME</th>
<th>INIT.</th>
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Appendix B

Patient Status

Number of Cases

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>0.0</td>
<td>0.5</td>
</tr>
<tr>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td>2.0</td>
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Inpatient

Outpatient
### Solution 21

#### Service Location

![Service Location Bar Chart](chart1)

#### Service Location

![Service Location Pie Chart](chart2)

#### Outcome Barriers

![Outcome Barriers Bar Chart](chart3)
Solution 22

Outcome Barriers

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Cases</th>
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</thead>
<tbody>
<tr>
<td>Unable to care for self</td>
<td>0.0</td>
</tr>
<tr>
<td>Substance Abuse/Dep</td>
<td>0.5</td>
</tr>
<tr>
<td>Financial Problem</td>
<td>1.0</td>
</tr>
<tr>
<td>Abuse/Neglect</td>
<td>1.5</td>
</tr>
<tr>
<td>Substance Abuse/Dep</td>
<td>2.0</td>
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</tbody>
</table>

Mode of Payment

<table>
<thead>
<tr>
<th>Mode of Payment</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0.0</td>
</tr>
<tr>
<td>Medicare</td>
<td>0.5</td>
</tr>
<tr>
<td>Title 19</td>
<td>1.0</td>
</tr>
<tr>
<td>4</td>
<td>1.5</td>
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</tbody>
</table>

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</table>
Appendix C

Problem/Situation

• Daily breakdown of communication between social workers

• Daily breakdown of communication between social workers and other professionals at the hospital

<table>
<thead>
<tr>
<th>Health Clinic</th>
<th>ER</th>
<th>Neuro</th>
<th>Rehab</th>
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<tr>
<td>Jan-March</td>
<td>April 27</td>
<td>April 28-30</td>
<td>May 1-21</td>
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<tr>
<td>Med Assistance</td>
<td>POA</td>
<td>POA</td>
<td>POA</td>
</tr>
<tr>
<td>SSI</td>
<td>Family Dispute</td>
<td>SSI</td>
<td>SSI</td>
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<tr>
<td>Medicaid</td>
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<tr>
<td>Indigent Care</td>
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<tr>
<td>DHS</td>
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</tbody>
</table>
Information Needs

   Case Management Needs
   • Ongoing, easy to access records from previous social workers
   • Easy to access histories of repeat patients - medical records
   • Increased communication between social workers

   Administration Needs
   • Increased productivity regarding successful outcomes
   • Cost containment

   Patient’s Needs
   • Need for knowledge of and access to community resources
   • Quick and efficient assistance
   • Continuity of care

Strengths/Capacities

   Case Management Strengths
   • Willing to embrace a change
   • Manpower
   • Computers and printers at each social worker’s desk
Administration Strengths
• Willing to do anything to insure cost containment
• Open to change that will assist in the upcoming JAHCO survey

Non-Technology Options
Assessment Form

Advantages
• Low cost to no cost
• Can be expanded on by different social workers in differing units
• Enhances communication between social workers
• Ongoing record of services
• Eliminates some duplication of services

Disadvantages
• Is only helpful for patients who have a continued stay at the hospital
• Is not useful for reoccurring patients with discharges and quick readmits
• Only provides basic information-no details
• Probable to be sent to medical records and not travel with patient

Already Existing Technology
Microsoft Outlook
**Inter-office Email**

**Advantages**
- Patient information can quickly and easily be communicated
- Low cost to no cost solution

**Disadvantages**
- Confidentiality not always insured
- Would not assist with repeat patients
- Would require double documentation

**Journaling and Notes**

**Advantages**
- Allows important information to be stored and easily accessed
- Low cost to no cost solution

**Disadvantages**
- Confidentiality not guaranteed
- Would require double documentation
- Time consuming
- Would not increase communication between social workers

Information Technology Options
MedSWIS
Advantages
• Ongoing, easy to access records
• Ability to access past interactions with patients
• Outcome measurements and productivity measurements obtainable
• Increase time management of social workers
• Software is easy to use, requires little training
• Eventual cost containment
• Increased continuity of care

Disadvantages
• Immediate high cost of software and maintenance ($2000.00-$39,000.00)