Measuring Social Work Outcomes in Palliative Care

Jeffrey Stoneberg, MD & Lucia Tanassi, LCSW PhD

Inpatient Palliative Care, Alta Bates Summit Medical Center
350 Hawthorne Avenue # 2304, Oakland CA 94609
Objectives

• Explore PCSW models & intervention

• Think about outcomes and outcomes strategy

• PCSW as avenue to increase team interdisciplinarity and secure growth for PCSW within palliative care teams

• Strategies for PCSW expansion? PCQN?

• No commercial disclosures
Primary Palliative Care Skills

1. Communication
2. Decision making
3. Management of disease-related complications
4. Symptom control
5. Psychosocial and spiritual care
6. Care of the dying
7. Coordination of care or continuity

Kathleen Neuendorf, MD & Mellar Davis, MD.
– Inpatient population (limited outpatient)
– Consultation per PCMD
– Working towards coverage of all PC inpatients
– Not blended with CM role because patients are usually too complex, cover 2 hospitals
– More involved in case management when complex transitions of care, complex discharge to hospice (vent, etc), or unique situation.
1. Typical patient: psychosocially complex, family misalignment/stress

2. Typical issues/diagnoses: mental health, substance use, homelessness, if left unaddressed will increase disease progression, young patient/children


4. Community partners: transition RNs, outpatient palliative care (currently not available)
Communication-Coordination
family meeting/care conference, goals of care conversations, POLST-ED, disease process education, decision-making/surrogacy, care transitions (GIP).

Counseling, Psycho-Education, Mental Health
Pre-meeting, care conference (mediation), QOL & non pharmaceutical symptom control (guided imagery, mindfulness, life enrichment strategies), mental health (depression, anxiety), substance use (history or current), Grief group, GoWish cards.

Skills
Active listening, harm reduction, motivational interviewing, mediation, problem finding/solving.
What about outcomes?

Operationalizing/ROI implications
• What can we measure?
• What do we want to measure?
• What is meaningful?
  Patients, encounters, intervention...

Evaluating interventions > Tools
• Anxiety ☑, well tracked,... PCSW could help with GAD5
• Depression ☑, inconsistently tracked, PHQ9
• Quality of Life • which tool?
WHO (Five) Well-Being Index (WHO-5)

Five items rated on 6-point Likert scale

- **Subjective QOL based on positive mood** (good spirits, relaxation)
- **Vitality** (being active and waking up fresh and rested),
- **General interest** (being interested in things)

Available in many languages

For depression:
- Sensitivity: 93%
- Specificity: 83%
Toronto Quality of Life in Late-Stage Dementia (QUALID)

- Developed to survey family/professional caregivers with one week caregiving experience
- Score 11 to 55
- Lower scores indicate higher QOL
- Assessing: .... smiles, appears sad, cries, facial discomfort, enjoys touching/being touched, appears calm/comfortable, appears physically uncomfortable, makes statements/sounds of discontent, irritable/aggressive, enjoys eating, enjoys being with others
- Community Palliative Care Champions Collaborative
QUALID

Can be used with patients who are not verbal or minimally verbal (similar to PAINAD)

smiles, appears sad, cries, facial discomfort, enjoys touching/being touched appears calm/comfortable, appears physically uncomfortable, makes statements/sounds of discontent, irritable/aggressive, enjoys eating, enjoys being with others
PCSW as avenue to increase team interdisciplinarity

• PCSW can be an effective bridge and navigator for patients, families and treatment team members
  – Improve communication, warm hand-off, inpatient and outpatient continuity
  – Team-play, offloading, different perspective

• How do we secure a pathway for SW growth within palliative care teams?
  – Maybe different where transdisciplinary support is adequate
  – Important where specific needs, high acuity population
Strategies for PCSW expansion?

• How do we help?
  – Capture activities, capture change (GOC conversations)
  – Operationalize

• If you want to join an email list of social workers in palliative care please call/email Lucia Tanassi, LCSW PhD
  – Desk: 510-869-8374, Cell: 510-406-1400,
  – TanassL@sutterhealth.org

• Questions
Resources


Kathleen Neuendorf, MD & Mellar Davis, MD. Palliative Care. Cleveland Clinic, Center for Continuing Education, June 2014.
http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/hematology-oncology/palliative-medicine

WHO-5

https://www.ncbi.nlm.nih.gov/pubmed/12818023#

QUALID TOOL