



**SSWLHC**  
Society for Social Work  
Leadership in Health Care

# SSWLHC 2018 Annual Meeting & Conference

*Transforming Health Care Through  
Social Work Leadership and Advocacy*

**October 3-6, 2018**

**Portland Marriott Downtown Waterfront Hotel  
Portland, OR**



Images courtesy of TravelPortland





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# 2018 Conference Program Committee

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**Wilma Wheeler, MSW, LCSW**

Manager, Social Work  
Children's Health Care of Atlanta  
Atlanta, GA

**Vicki Wolff**

Social Work Supervisor  
Kaiser Permanente  
Portland, OR

## Conference Learning Objectives

At the conclusion of 53rd Annual Meeting & Conference, participants will have:

- Identify a range of innovative social work practice concepts, techniques, and skills that can be applied in their organizations.
- Demonstrate leadership skills for all levels of practitioners across the health care continuum in the areas of program development, managing change, conflict management, administration and executive leadership.
- Distinguish emerging healthcare trends and their impact on policy and practice.
- Learned and compared "best practices" regarding clinical, managerial skills, and programming.

# Conference Highlights

## CONFERENCE ORIENTATION

Wednesday, October 3, 2018

4:45 – 5:30 p.m.

New to the Conference? SSWLHC invites all members and first-time attendees to kick off the conference by attending this informal session to meet and network with the SSWLHC leadership and first-time attendees on a more personal level. Learn about the Society and how to make the most of your first conference.

## WELCOME RECEPTION WITH EXHIBITORS AND PREMIER OF POSTERS & SWLHF SILENT AUCTION

Wednesday, October 3, 2018

5:30 – 6:15 p.m.

Reconnect with old friends or strike up a conversation with a new face in the crowd while enjoying a drink (cash bar) and light hors d'oeuvres. The relaxed, informal, atmosphere will also provide an opportunity to visit with our poster presenters, sponsors, and exhibitors. If you would like to bring a guest, you can purchase a ticket for \$70 which can be paid for during registration or on-site. Attendees will be given an "Exhibit Hall Passport" in their registration packets. Stop by to chat with our exhibitors to learn about their latest products and services and get entered into a raffle to win a complimentary registration to the 2019 Annual Meeting & Conference. In addition, attendees will get to cast their votes for the best posters. Certificates will be awarded for posters which promote social work excellence in clinical expertise, leadership, and working with specific populations. Winners will be announced at the Closing Raffle in the Exhibit Hall on Friday, October 5th at 2:00 p.m.

## PRESENTATION OF THE IDA M. CANNON AWARD AND KERMIT B. NASH LECTURE

Wednesday, October 3, 2018

6:15 – 7:30 p.m.

After starting our 53rd Annual Conference at the Welcome Reception, join us for the presentation of the Ida M. Cannon Award, followed by an intriguing presentation from our Kermit B. Nash Lecture Presenters from Central City Concern. Central City Concern (CCC) is a nonprofit agency serving single adults and families in the Portland metro area who are impacted by homelessness, poverty and addictions. Founded in 1979, the agency has developed a comprehensive continuum of affordable housing options integrated with direct social services including health-care, recovery and employment.

## KEYNOTE PRESENTATION, WELCOME, AND PRESENTATION OF AWARDS

Thursday, October 4, 2018

8:00 – 9:15 a.m.

We will begin the session with our Keynote Speaker, Susan Hedlund, MSW, presenting "Oregon's Death With Dignity Law: Twenty one years and Lesson's Learned". This valuable presentation will be followed by the presentation of the Eleanor Clark Award for Innovative Programs in Patient Care, and the Hyman J. Weiner Award.

## MEMBERSHIP MEETING

Thursday, October 4, 2018

10:45-11:45 a.m.

Join us for this interactive forum of feedback and open dialogue between the Board of Directors and the members. At this informative session, you will receive an update on the Society's activities, strategic initiatives, fiscal health, policies and bylaws. You will have an opportunity to share your voice and offer input into the Society's activities and priorities. All attendees are encouraged to attend, even those who are not current members of the Society but are interested in learning more about the organization. Be present to receive a discount for CEU's from Career Smart Learning. The 2019 conference location will also be revealed!

## NETWORKING LUNCH WITH EXHIBITORS & POSTERS

Thursday, October 4, 2018

11:45 a.m. – 1:15 p.m.

Grab a light lunch and take this opportunity to unwind a bit as well as meet new colleagues and share concerns, ideas, and potential solutions or lessons learned. It also gives you a chance to meet people and possibly connect to make plans for sightseeing or dinner to continue your discussions. We also want to make sure that you get your Exhibit Hall passport out and signed by the exhibitors to be eligible to win a complimentary registration to our next Annual Conference and cast your vote for the Best Posters. The lunch is included in your registration fee. Please make sure to check off the appropriate box on your registration form so we have the correct number of meals available.

## GENERAL SESSION SPEAKER

Thursday, October 4, 2018

1:15 – 2:15 p.m.

June Simmons, President/CEO, Partners in Care Foundation will present "A Regional System of Community Care Management: Keeping our patients safe at home"

## PLENARY SPEAKER

Friday, October 5, 2018

8:00 – 9:00 a.m.

Kimberly Joseph, MD, FACS, FCCM will present "Post Intensive Care Syndrome: What Social Workers Need to Know". The Plenary presentation will be followed by the presentation of the Joan Upshaw Award and the Health Care Social Work Leader of the Year Award

## GENERAL SESSION SPEAKER

Friday, October 5, 2018

1:00 – 2:00 p.m.

MARIA CHI, DSW, MSSW, LCSW-R (NY), ACS will present "The Double Burden of Illness & Financial Stress: Making Meaning to Survive"

## SOCIAL WORK HEALTH LEADERSHIP FOUNDATION FUNDRAISING RECEPTION

Friday, October 5, 2018

5:30 – 7:00 p.m.

(\$60 tax deductible donation required to attend)

Before heading out to dinner on Friday night, please plan to join the SWHL Foundation for a special happy hour reception where guests will enjoy hors d'oeuvres, and a wine or beer tasting of local Oregon products. Every Society member is a direct beneficiary of the activities of the Foundation which provides educational scholarships, financial support to specialized programs like the Leadership Institute, and the awarding of grants to the Society.

Your tax-deductible donation will help us continue this work and expand our commitment to all social work leaders in health care. The Foundation Board looks forward to seeing our old friends, meeting new ones and providing a time for celebration and fellowship.

To purchase tickets for the Foundation Reception please check the box on the registration form.



# General Sessions



## Kermit B. Nash Lecture

*Keeping the Client at the Center: How Social Determinants of Health Have Driven One Organization's Growth and Innovation*

**Eowyn Rieke, MD MPH; Associate Medical Director of Primary Care, Old Town Clinic, Central City Concern, Portland, OR and Services Lead, Blackburn Campus Project, Central City Concern, Portland, OR**



**Sean Hubert, Chief Housing and Strategy Officer, Central City Concern, Portland, OR**

### Session Description:

Learn more about the award-winning nonprofit organization, Central City Concern (CCC), based in Portland, Oregon. This nearly 40-year old organization has changed the lives of vulnerable people in the community by bringing unique blends of affordable housing, health care (including primary care, substance use disorder treatment and behavioral health services) and employment together to help people achieve lasting change and stability. In 2015, CCC earned national headlines with the announcement of the Housing is Health project – a collective donation of \$21.5 million from six local health systems to build 379 units of housing across three buildings and add a clinic in the Southeast Portland. All projects will be completed by July 2019. The Blackburn Building, with 175 units of housing and home to the clinic, will include transitional housing for individuals in need of

respite care, employing a model of housing and services that CCC has used since 2005. At all of CCC's buildings and programs, each resident/patient utilizes a specialized set of services to match his or her needs.

### Objectives

At the conclusion of this presentation, participants will be able to:

- Learn how embedding services into housing improves outcomes.
- Learn more about the Recuperative Care Program and how it improves health and housing outcomes while reducing return visits to emergency rooms.
- Learn how CCC designs programs to address social determinants of health and how the impact health and well-being.
- Learn about the opportunities and challenges of integrating care between primary care, substance use treatment and mental health services.

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Eowyn Rieke, MD MPH, has been working in health care for underserved people since medical school. She has focused on homeless health for the last 15 years of her career, currently serving as associate medical director at Old Town Clinic, the primary care arm of Central City Concern. In this position she works to provide comprehensive, patient-centered care to people experiencing homelessness, with an emphasis on trauma-informed mental health care and substance use treatment. Her team has developed several low-barrier access points for health care, including a shelter-based clinic and outreach services. More recently she has been working across CCC programs to develop a service model for the new Blackburn Campus, slated to open in July, 2019. In 2017-2018 she served as chair of the Clinician Steering Committee for the National Health Care for the Homeless Council, as well as on the National Association of Community Health Center's Diabetes Advisory Committee. She loves to garden, cook, and spend time with family.

Sean Hubert is Central City Concern's (CCC) chief housing and strategy officer. CCC's real estate portfolio consists of approximately 1,800 units of affordable housing and several clinical and commercial facilities; Sean has overseen over \$200 million in real estate development at CCC. As strategy officer, he is responsible for collaboratively developing, communicating, executing and sustaining CCC's strategic initiatives. Sean is active in a number of community and industry efforts. He holds a Bachelor of Arts in English and communications from Shippensburg University and is a licensed property manager in Oregon.



# General Sessions



## Keynote Presentation

### ***Oregon's Death With Dignity Law: Twenty one years and Lesson's Learned*** **Susan Hedlund, MSW**

*Manager of Patient and Family Support Services and Associate Professor Division of Hematology Oncology, Knight Cancer Institute, Oregon Health & Sciences University; Professor, School of Social Work at Portland State University*

#### **Presentation Description**

Twenty one years ago, Oregon made history by passing an unprecedented and controversial law allowing terminally ill Oregonian's to pursue medication to end their lives. Seven other States and the District of Columbia have since passed similar legislation. Oregon is often looked to by lawmakers and health care professionals in those States to help guide them through the process of implementation.

This presentation will provide an overview of Oregon's history with the Death With Dignity Law, our experience, legal challenges, and lessons learned since that time. It will include consideration of ethical principles, legal principles, and clinical implications.

#### **Objectives**

At the conclusion of this presentation, participants will be able to:

- To understand the history of Oregon's Death with Dignity Law
- To consider legal and ethical principles and death with dignity legislation
- To understand the clinical implications for social workers in health care when patients inquire about death with dignity

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Susan Hedlund, LCSW, has been a social worker in the health care field for thirty years and has extensive experience working with individuals and families facing life threatening illness and loss. She is currently the Manager of Patient and Family Support Services at the Knight Cancer Institute at OHSU. She was previously the Director of Social Services and Palliative Care for Hospice and Palliative Care of Washington County in Portland Oregon, and is an associate professor at the School of Medicine at Oregon Health & Sciences University, as well as the Graduate School of Social Work at Portland State University. She was previously the Director of Counseling at Cancer Care Resources, and the Clinical Manager of Social Work at OHSU, and continues to work with people with cancer in a variety of settings.

She is a past president of the National Association of Oncology Social Work, and received their Leadership Award in 1999, and the national American Cancer Society Quality of Life Award in 2009. She also received the Cambia Health Foundations' Sojourn's Award for Excellence in Palliative Care in 2013. She speaks nationally and internationally, and publishes on topics related to coping with illness, end of life issues, and loss, most recently in the Oxford University's Handbook of Oncology Practice and Textbook on Social Work in Palliative Care. She was a member of the State Task Force to Improve Care of Terminally Ill Oregonian's – the group charged with developing the guidelines for the Death with Dignity Legislation in 1994.





# General Sessions



## General Session

### *A Regional System of Community Care Management: Keeping our Patients Safe at Home*

**June Simmons, MSW**

*President/CEO, Partners in Care Foundation*

#### **Presentation Description**

Strategies to reduce readmissions and inappropriate or avoidable uses of ER and nursing home are increasingly essential in the transforming health care quality measurement and reimbursement environment. Social determinants of health and self-management of health conditions are emerging as an essential target for expanded support and attention. Building integration of health care providers and home and community based organizations requires the new regional integrated community systems of care highlighted in this workshop.

#### **Objectives**

At the conclusion of this presentation, participants will be able to:

- Understand causes of over-utilization of institutional care
- Identify key evidence-based and sustainable solutions and new delivery models
- Be able to summarize recognized patient outcomes and cost benefit of the new solutions

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June Simmons, President and CEO, has enjoyed a long career as a health care executive in hospital and home health settings. Since founding Partners in Care in 1997, June has pioneered the development and scaling of evidence-based innovative interventions for management of medications at home, self-management of chronic conditions, coordinated care to improve health outcomes, and care transitions.

Throughout her distinguished career, she has been instrumental in envisioning, creating, funding, and operating forward-looking health and social service programs that meet the mutual needs of patient populations, health care delivery networks and health plans. Her priority is sustainable patient-driven integration of care across settings, from primary care and hospital to home and community in the 21st century.

Partners continues to serve as a catalyst for shaping a new vision of health care by partnering with organizations, families, and community leaders in the work of changing health care systems, communities and lives. Partners in Care is now building prototype regional community delivery systems for the new health environment, developing strong partnerships between medicine, home and community based services and those who draw on the health and community systems of care. Partners also works to scale these innovations through shared learning systems at the national level.

For details on the scope of Partners' work, please visit: [www.picf.org](http://www.picf.org).



# General Sessions



## Plenary Presentation

### *Post Intensive care Syndrome: What Social Workers Need to Know*

**Kimberly Joseph, MD, FACS, FCCM**

*Society for Critical Care Medicine*

#### **Presentation Description**

Post-Intensive Care Syndrome (PICS) and Post-Intensive Care Syndrome-Family (PICS-F) affect roughly a third of patients in the Intensive Care Unit (ICU). The incidence is believed to be at least 50% in those who have sepsis, Adult Respiratory Distress Syndrome, and/or who have been on mechanical ventilation more than 5 days. At least half of those patients with PICS still require some form of care one year after their ICU stay. Families of those patients also have significant needs, including problems with depression and anxiety, financial issues, and Post-Traumatic Stress Disorder (PTSD). These patients may go to Rehabilitation facilities or may go home but have significant home care needs after discharge. Along the entire spectrum of care, Social Workers have a vital role in both recognizing and facilitating a comprehensive approach to treatment for these patients and their families. This session will review the key elements of the syndrome and outline how the knowledge and expertise of Social Workers can lead to positive outcomes.

#### **Objectives**

At the conclusion of this presentation, participants will be able to:

- Describe the elements of Post-Intensive Care Syndrome (PICS) and Post-Intensive Care Syndrome-Family (PICS-F)
- Describe the strategies that Social Workers and other members of the health care team can employ to try to prevent PICS/PICS-F in the hospital
- Discuss how Social Workers can recognize, treat, and facilitate appropriate referrals for individuals and families with PICS after discharge from the hospital

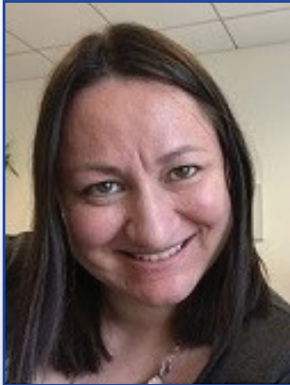
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Dr. Kimberly Joseph, MD, FACS, FCCM is the Co-Chair of the Education Subcommittee of the THRIVE Task force of the Society of Critical Care Medicine (SCCM). THRIVE's purpose is to educate patients, families, providers, and communities about Post-Intensive Care Syndrome (PICS). She is a past Chair of the Patient and Family Support Committee of SCCM. She is also the current National Chair of the Advanced Trauma Life Support (ATLS®) Committee of the Committee on Trauma of the American College of Surgeons. She is the former Division Chair of Trauma Critical Care and Prevention in the Department of Trauma and Burns at the John H Stroger Hospital of Cook County (Cook County Hospital). Prior to her retirement from this position, Dr. Joseph helped initiate programs in the Trauma ICU to implement best practices in Spiritual Care, Palliative Care, and Patient/Family Support; she was the medical director of the Healing Hurt People-Chicago program, a Hospital-based Violence Intervention Program which utilizes Social Workers to provide Intensive Case Management and counseling to adolescent victims of violent injury. Dr. Joseph graduated from the University of Maryland Baltimore County (UMBC) with a dual degree in Social Work and Biological Sciences. She is an advocate for multidisciplinary approaches to healthcare for individuals, families, and communities.





# General Sessions



## General Session

### *The Double Burden of Illness & Financial Stress: Making Meaning to Survive* Maria Chi, DSW, MSSW, ACS

#### **Presentation Description**

The double burden of illness and financial hardship may provoke an existential crisis for many people. There is ample evidence for the harmful impact of illness-related financial stress as well as the positive effects of meaning-focused coping on quality of life in people with chronic illness. The presenter will review qualitative findings from a pilot study whose purpose was to explore possible connections between financial stress and meaning-making. A typology of coping emerged that underscored the persistence of meaning-making in the face of illness and participants' use of meaning-making as a strategy to cope with both illness and financial strain.

#### **Learning objectives:**

At the conclusion of the presentation, participants will be able to:

1. Literature review
  - a. Identify effects of financial strain on quality of life in people with chronic illness
  - b. Summarize effects of meaning-making on quality of life
  - c. Highlight gap in literature on potential relationship between financial stress and meaning-making
2. Theoretical underpinnings & clinical wisdom
  - a. Present a theoretical framework for understanding financial stress as possible obstacle to deeper coping and meaning-making
  - b. Introduce relevant clinical examples
3. Pilot study
  - a. Summarize qualitative findings from pilot study and highlight clinical, research and policy implications

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Maria Chi, DSW, MSSW, ACS, has 15 years of post-MSW experience in the field of health and mental health. After earning her MSSW at Columbia University School of Social Work in 2003, she worked in a community mental health center, followed by a methadone maintenance treatment program. For the next nine and half years, she worked at CancerCare, a nonprofit organization dedicated to providing psychosocial support to anyone affected by cancer. Maria was a Clinical Supervisor and the Social Work Internship Program Director at CancerCare until December 2017. She is an Approved Clinical Supervisor (ACS) and recently completed her DSW degree at NYU Silver School of Social Work. Starting in July, she will take a Senior Social Work position in the Perlmutter Cancer Center of NYU Langone Medical Center.



# Pre-Conference Intensives

## LEADERSHIP INSTITUTE

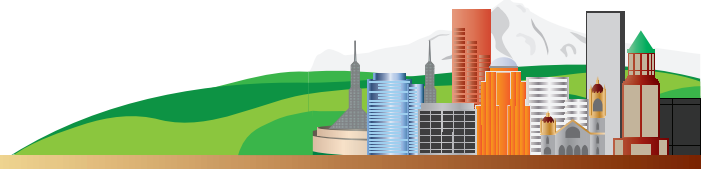
Tuesday, October 2, 2018 from 2:00 – 6:00 p.m. (Part I) and  
Wednesday, October 3, 2018 from 7:30 a.m. – 4:30 p.m. (Part II)

The Society for Social Work Leadership in Health Care is proud to welcome members to the Fifteen Leadership Institute (LI) to be held in conjunction with our annual meeting in Portland, Oregon. The 2018 Leadership Institute includes a day and a half intensive beginning on Tuesday and continuing on Wednesday. The registration fee is \$195. LI attendees will return to their organization with a certificate of completion and 11 CEU's. The Leadership Institute brings together an excellent faculty of experienced social work leaders and educators for an intensive interactive program designed to develop and enhance the leadership knowledge and skills of participants. The class of 2017 described this unique learning experience in very positive terms and highly recommends the program to colleagues. The program is not just for directors or those with formal leadership titles. The target audience includes professionals who lead in their organizations whether or not they hold a formal title. Social work clinicians, supervisors, managers, directors, teachers or researchers who wish to enhance and leverage their leadership skills, will benefit greatly from this program. The learning methods utilized include core leadership content and experiential exercises.

## PEDIATRIC HEALTH CARE SOCIAL WORK INTENSIVE

Wednesday, October 3 from 7:30 a.m. – 4:30 p.m.

- 7:15 - 7:45 a.m. Breakfast/registration/sign in
- 7:45 - 8:00 a.m. Welcome, SSWLHC President- Thomas Sedgwick
- 8:00 - 8:15 a.m. Introductions
- 8:15 - 9:15 a.m. Caitlin Van Sant Manager, Federal Affairs, Children's Hospital Association - Updates on Healthcare Policy
- 9:15 - 9:30 a.m. Break
- 9:30 - 10:30 a.m. Improving Adherence to AAP Treatment Guidelines for ADHD in the Pediatric Primary Care Setting - Nationwide Children's
- 10:30 - 11:30 a.m. Let's Do the Numbers! Innovative platforms to demonstrate value in the data driven age of health care - Children's Mercy
- 11:30 a.m. - Lunch (12:00 p.m. updates on National
- 12:15 p.m. Academies of Science, Engineering and Medicine Study by Heather Brungardt Sr. Administrative Director Children's Mercy)
- 12:15 - 1:15 p.m. Hot Topics - What is your Organization doing on Social Determinants of Health? (Jeanette Foster/Meredith Brink), Telemedicine (Sabra Boyd) and Innovation in Genetics (Soo Shim)
- 1:15 - 2:15 p.m. From Bedside to Risk Mitigation: The Secret Sauce Hungry Ghost Part 2-Brooke Goodwin, Robin Stone and Lauren Obidi (Children's National)
- 2:15 - 2:30 p.m. Break
- 2:30 - 4:15 p.m. Visitor Management lecture and multi-site discussion -Carol Maxwell (Arkansas Children's)
- 4:15 - 4:30 p.m. Wrap up and closing



# Pre-Conference Intensives

## EPIC HALF DAY INTENSIVE

Wednesday, October 3 from 8:00 a.m. – 12:00 p.m.  
*Sponsored by NYU Langone Health*

“From Documentation Comes Data: Developing Your Social Work Department Using Epic” Benjamin Clemens and Michael Ferry will be presenting this half-day pre-conference intensive that will provide participants with a wealth of knowledge about customizing Epic for social work practice. While social work has long used narratives to record case interventions, structuring assessments & notes to include a series of question and answer responses allows for insights into an entire population of cases. Data allows us to showcase our services, inform decisions, support regulatory compliance, validate effectiveness, and illustrate savings.

## HOSPICE AND PALLIATIVE CARE HALF-DAY INTENSIVE

Wednesday, October 3 from 12:30 – 4:30 p.m.  
*Sponsored by AARP*

“The Tri-Dimensional Competency Model of Supervision for Hospice and Palliative Care Social Workers: Theory and Application” (two hours) followed by viewing of the Film “End Game” with a moderated panel discussion afterwards with Bridget Sumser who is featured in the film.

Mark de St. Aubin will give the presentation about the Tri-Dimensional Competency Model of Supervision and how it focuses on three specific dimensions critical to the supervision of hospice social workers. These include Administrative/Professional, Clinical, Self-Informed/Personal competency dimensions. Supervisors are guided by the model to focus not only on these dimensions but also on the areas of intersection between these dimensions. This is where critical learning occurs during supervision. Social workers faced with issues related to death and dying present for supervision with a variety of needs. That presentation will be followed by viewing of the film “End Game” and the panel discussion.

FROM ACADEMY AWARD WINNING FILMMAKERS **ROB EPSTEIN** AND **JEFFREY FRIEDMAN**

OFFICIAL SELECTION  
SFFILM FESTIVAL

OFFICIAL SELECTION 2014  
sundance  
film festival

SOMETIMES THE ONLY CHOICE IS HOW YOU FACE IT.



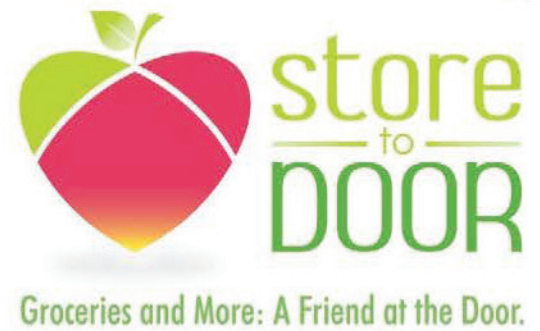


# Volunteer Service Activities

## **Store to Door – Wednesday, October 3 from 8:00 – 11:30 a.m. – *please pre-register***

SSWLHC Volunteers will be grocery shopping for seniors who are homebound. Volunteers will meet in the hotel lobby at 8:00 a.m.

Store to Door supports independent living for Portland area seniors and people with disabilities by providing an affordable, personal, volunteer-based grocery shopping and delivery service. The vision of Store to Door is they envision the Portland area to be a community where all seniors and people with disabilities are nourished, included, and can age with dignity in the setting of their own choice. It was founded in 1989 when a handful of people living in low-income senior housing and unable to shop on their own requested assistance from the community. In 2018 Store to Door will serve 737 clients and by 202 they plan to reach 1,000 unduplicated clients.



## **DIY! Love Letters – Bring your personal creativity to the conference!**

### **Love Letters**

SSWLHC Conference attendees will have the opportunity to create personalized greeting cards to brighten someone's day! The Meals on Wheels People and Lift Urban Portland deliver meals to seniors and homebound individuals, and the cards we make will be added as a personal touch to the package.



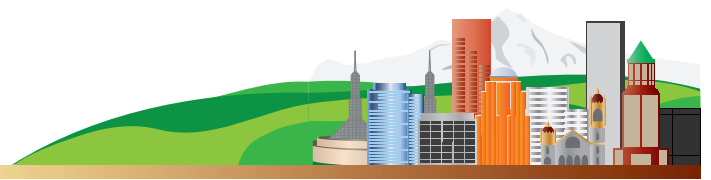
*Meals on Wheels People provide Meals-On-Wheels to homebound seniors and group dining at 36 Loaves & Fishes Center locations in Multnomah, Washington and Clark counties. Lift Urban Portland currently delivers 100 food boxes per month to vulnerable individuals who cannot travel to their pantry.*

### **Instructions**

There will be a Love Letter station at the conference where attendees can make cards at their convenience on Thursday and Friday. When our batch of cards is completed (we are welcome to make as many as we like) they will be delivered to the location that is in need of cards at that time.

### **Remember**

In a world where communication has become heavily computer-based a handmade/hand written card is especially meaningful, and this will help SSWLHC have a positive impact on our host city of Portland.



# Conference Schedule of Events\*

\* Schedule is preliminary and subject to change

## Tuesday, October 2, 2018

9:00 a.m. – 5:00 p.m. SSWLHC Board of Directors Meeting

1:00 – 5:00 p.m. Registration

2:00 – 6:00 p.m. I-1: Leadership Institute, Part I

## Wednesday, October 3, 2018

7:00 a.m. – 6:30 p.m. Registration

7:30 a.m. – 4:30 p.m. I-1: Leadership Institute, Part II

7:30 a.m. – 4:30 p.m. I-2: Pediatric Health Care Social Work Intensive

8:00 a.m. – 12:00 p.m. I-3: Epic Half-Day Intensive – From Documentation Comes Data: Developing Your Social Work Department Using Epic  
*Sponsored by NYU Langone*

8:00 a.m. – 11:30 p.m. Volunteer Service Activity: Store-to-Door – we will be grocery shopping for seniors who are home-bound. Volunteers will meet in the hotel lobby at 8:00 a.m.

12:00 – 5:00 p.m. HEALS (by invitation only)

12:30 – 4:30 p.m. 1-4: Hospice and Palliative Care Half-Day Intensive – The Tri-Dimensional Competency Model of Supervision for Hospice and Palliative Care Social Workers: Theory and Application (two hours) followed by viewing of the Film “End Game” with a moderated panel discussion afterwards with Bridget Sumser who is featured in the film.  
*Sponsored by AARP*

4:45 – 5:30 p.m. Conference Orientation

5:30 – 6:15 p.m. Welcome Reception with Exhibitors and Premier of Posters

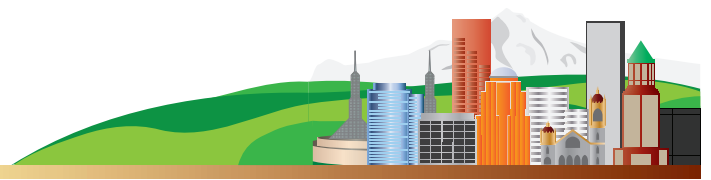
6:15 – 7:30 p.m. Opening Session; presentation of the Ida M. Cannon Award followed immediately by the Kermit B. Nash Lecture “Keeping the Client at the Center: How Social Determinants of Health Have Driven One Organization’s Growth and Innovation” presented by Eowyn Rieke and Sean Hubert with Central City Concern.

## Thursday, October 4, 2018

7:00 a.m. – 4:00 p.m. Registration

7:00 a.m. – 5:00 p.m. Service Project: DIY Love Letters – create a personalized greeting card for Seniors who are receiving Meals On Wheels

7:00 – 8:00 a.m. Continental Breakfast with Exhibitors and Posters



# Conference Schedule of Events\*

\* Schedule is preliminary and subject to change

8:00 – 9:00 a.m. Keynote Speaker: Susan Hedlund, MSW, Manager of Patient and Family Support Services, OHSU Knight Cancer Institute presenting “Oregon’s Death With Dignity Law: Twenty one years and Lesson’s Learned”

9:00 – 9:15 a.m. Welcome, announcements and presentation of the Eleanor Clark Award for Innovative Programs in Patient Care, and the Hyman J. Weiner Award

9:15 – 9:30 a.m. Transition Break

9:30 – 10:30 a.m. Concurrent Session 1

<b>W-01</b>	<b>W-02</b>	<b>W-03</b>	<b>W-04</b>	<b>W-05</b>
Interrupting Racism in the Medical Center <i>Tracy Hirai-Seaton, Tracy Ng &amp; Norma Alicia Pino</i>  Offered again on 10/5	Transforming Mental Health Care in the Emergency Room <i>Ashley Hartoch &amp; Amal Elanouari</i>	The Secret Sauce: Management Techniques of the Hungry Ghost <i>Lauren Obidi, Brooke Goodwin &amp; Robin Stone</i>	Adolescents & Young Adults - A Unique Healthcare Population <i>Erika Jewell</i>	Social Work’s Role in Medicaid Reform: A Qualitative Study <i>Sara Bachman, Madeline Wachman, Leticia Manning, Alexander Cohen, Robert Seifert, David Jones, Therese Fitzgerald, Rachel Nuzum &amp; Patricia Riley</i>

10:30 – 10:45 a.m. Transition Break

10:45 – 11:45 a.m. Membership Meeting – Learn what your Society is planning and be first to find out the location of the 2019 Conference. A discount for CEU’s from Career Smart Learning will be provided to those present at the membership meeting.

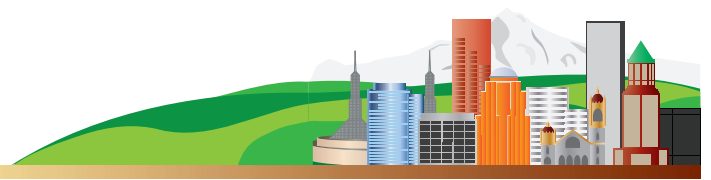
11:45 a.m. – 1:15 p.m. Lunch with Networking, Exhibitors and Poster Viewing (Lunch is included in your registration)

12:00 – 1:15 p.m. Chapter President’s Meeting (By invitation only)

1:15 – 2:15 p.m. General Session: June Simmons, President/CEO, Partners in Care Foundation: “A Regional System of Community Care Management: Keeping our patients safe at home”

2:15 – 2:30 p.m. Transition Break





# Conference Schedule of Events\*

\* Schedule is preliminary and subject to change

2:30 – 3:30 p.m. Concurrent Session 2

<p><b>W-06</b> MSW Student Mentorship program by SSWLHC – Washington Chapter <i>Sima Kulshreshtha &amp; Linda Brandeis</i></p>	<p><b>W-07</b> Implementing a Complex Discharge and Transition Team for the Hardest to Discharge Patients: Using a Centralized Model to Efficiently Manage Resource Intensive Cases to Reduce Length of Stay <i>Ashley McLoud</i> Offered again on 10/5</p>	<p><b>W-08</b> The Upper West Side Hub: A Hospital-Community Partnership to Improve Population Health <i>Scott Ferguson, Carol DeJesus</i></p>	<p><b>W-09</b> Engaging Social Work in a Social Determinants of Health Screening Initiative <i>Jennifer Morack, Millie Harris, Jeanette Foster &amp; Deena Chisolm</i></p>	<p><b>W-10</b> Still Not Bored with Borders: How Boston Children’s Hospital Psychiatry Consultation Social Workers are Addressing the Border Crisis <i>Sara Golden</i></p>
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3:30 – 4:00 p.m. Refreshment Break in Exhibit Hall

4:00 – 5:00 p.m. Concurrent Session 3

<p><b>W-11</b> Infusing Cultural Humility into Advance Care Planning <i>Allison Whittington</i></p>	<p><b>W-12</b> Encouraging Social Work Students to Enter the Geriatric Field Through Community Project <i>Kimber Wickersham</i></p>	<p><b>W-13</b> The Value of Safe Home Care <i>Cameron Svendsen, Phil Bongiorno</i></p>	<p><b>W-14</b> Weathering the Storm: A Pediatric Hospital Social Work Department’s Response to a Natural Disaster <i>Claire Crawford</i></p>	<p><b>W-15</b> Advocating with Referral Data: Transforming the Value of Ambulatory Social Work <i>Renee Cisco</i></p>
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## Friday, October 5, 2018

7:00 a.m. – 4:00 p.m. Registration

7:00 a.m. – 4:45 p.m. Service Project: DIY Love Letters – create a personalized greeting card for Seniors who are receiving Meals on Wheels

7:00 – 8:00 a.m. Continental Breakfast with Exhibitors and Poster Viewing

8:00 – 9:00 a.m. Plenary Speaker: Kimberly Joseph, MD, FACS, FCCM, Society for Critical Care Medicine presenting “Post Intensive Care Syndrome: What Social Workers Need to Know”

9:00 – 9:15 a.m. Presentation of the Joan Upshaw Award and the Health Care Social Work Leader of the Year Award

9:15 – 9:30 a.m. Transition Break



# Conference Schedule of Events\*

\* Schedule is preliminary and subject to change

9:30 – 10:30 a.m. Concurrent Session 4

<p><b>W-16</b> Capturing Meaningful Productivity for Social Work and Implications for Success <i>Clare Larsen &amp; Lorena Nimke</i></p>	<p><b>W-17</b> Social Work Case Management in the Emergency Department: One Hospital's Approach to Reducing Frequent Emergency Department Visits <i>Sallie Selfridge</i></p>	<p><b>W-18</b> Developing a New Model of Integrated, Trauma-Informed Mental Health Services for Deaf Patients <i>Leslie Pertz</i></p>	<p><b>W-19</b> Putting the 'Medical' in Medical Social Work <i>Rachel Union</i></p>	<p><b>W-20</b> Lost in Translation: How to Translate and Apply Oversight Standards and Guidelines to Achieve Successful Programs <i>Erin Butler</i></p>
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10:30 – 10:45 a.m. Transition Break

10:45 – 11:45 a.m. Concurrent Session 5

<p><b>W-21</b> REPEAT: Interrupting Racism in the Medical Center <i>Tracy Hirai-Seaton, Tracy Ng &amp; Norma Alicia Pino</i></p>	<p><b>W-22</b> Care of Psychiatric Patients in the Emergency Department: A Plan to Minimize Length of Stay and Maximize Safety <i>Erin Perry</i></p>	<p><b>W-23</b> What Do You Mean, "What Do We Do"? <i>Kelli White &amp; Gina Minot</i></p>	<p><b>W-24</b> A Patient Centered Approach to Pediatric Diabetes Care <i>Mina Monroe, Kay Pasquesi &amp; Jennifer Horner</i></p>	<p><b>W-25</b> Developing a Competency Program for Social Workers <i>Sarah Myer, Alissa Mallow, Jordana Rutigliano, Erika Jewell &amp; Mara Larkin</i></p>
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11:45 a.m. – 1:00 p.m. Lunch on your own

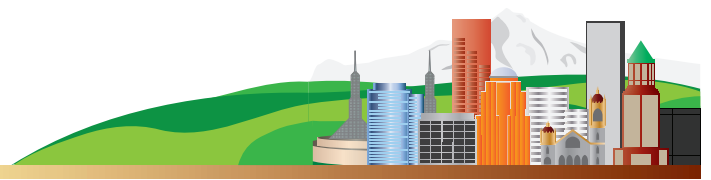
12:00 – 1:00 p.m. Joint Meeting of the SSWLHC & SWHL Foundation Board of Directors

1:00 – 2:00 p.m. General Session: Maria Chi, DSW, MSSW, ACS presenting "The Double Burden of Illness & Financial Stress: Making Meaning to Survive"

2:00 – 2:30 p.m. Refreshment Break, Final Poster Viewing and Closing Raffle

2:30 – 3:30 p.m. Concurrent Session 6

<p><b>W-26</b> Institutionalizing Equity into the Social Work Practice at Children's Minnesota <i>Lisa Skjefte, Carolyn Serie &amp; Joy Johnson-Lind</i></p>	<p><b>W-27</b> Piloting a Hospital Social Work Liaison to a Community Medical Home to Address ER "Super-Users": A Stanford Health Care - Ravenswood Family Health Center Collaboration <i>Loretta Sun</i></p>	<p><b>W-28</b> Let's Do the Numbers! Innovative Platforms to Demonstrate Value in the Data Driven Age of Health Care <i>Sabra Boyd, Jodi Pecora, Heather Brungardt, Michelle Camerer &amp; Debby Brookstein</i></p>	<p><b>W-29</b> Training Clinicians to Assess for Suicide Risk in an Oncology Setting <i>Mark Anderson &amp; Amy Lyon</i></p>	<p><b>W-30</b> Building Quality Practice Initiatives in a Large Urban Hospital Setting <i>Pamela Chamorro</i></p>
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# Conference Schedule of Events\*

\* Schedule is preliminary and subject to change

3:30 – 3:45 p.m. Transition Break

3:45 – 4:45 p.m. Concurrent Session 7

<p><b>W-31</b> Social Work in Value-Based Health Care <i>Walter Rosenberg</i></p>	<p><b>W-32</b> REPEAT: Implementing a Complex Discharge and Transition Team for the Hardest to Discharge Patients: Using a Centralized Model to Efficiently Manage Resource Intensive Cases to Reduce Length of Stay <i>Ashley McLoud</i></p>	<p><b>W-33</b> A Comprehensive Overview of Social Work Partnership in Merging Healthcare Institutions <i>Rachel Potter &amp; Elizabeth Langhoff</i></p>	<p><b>W-34</b> Taking the Initiative: How you can Create Wellness in your Workplace <i>Tabeen Urbach &amp; Onyinye Orij-Dor</i></p>	<p><b>W-35</b> Fake News: Exploring the Myths Surrounding Single Payer Healthcare <i>Karen Nelson</i></p>
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5:30 – 7:00 p.m. Happy Hour- Social Work Health Leadership Foundation Fundraiser (Ticket Required)

## Saturday, October 6, 2018

7:00 – 11:00 a.m. Registration

7:00 – 8:00 a.m. Continental Breakfast

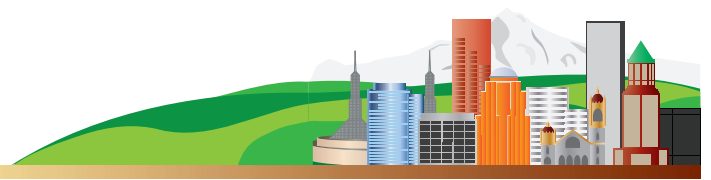
7:00 – 8:00 a.m. Leadership Institute Regroup & Breakfast

8:00 – 9:00 a.m. Concurrent Session 8

<p><b>W-36</b> Demonstrating the Value of Social Work in the Changing Landscape of Healthcare <i>JoAnn Duffy</i></p>	<p><b>W-37</b> Reducing Mental Health Readmissions- Hospital, Post Hospital and Collaborative Community Interventions <i>Janis Seiders &amp; Karen Sandnes</i></p>	<p><b>W-38</b> Training Medical Team Members on Effective Use of Interdisciplinary Team <i>Linda Brandeis</i></p>	<p><b>W-39</b> Psychosocial Distress Screening in a General Medical Population <i>Schuyler Cunningham &amp; Lisa Felber</i></p>	<p><b>W-40</b> Behavioral Health Integration in Primary Care: Building a Sustainable Model; Part 1 <i>Ellen Goodman, Jonas Bromberg &amp; Jessica Barton</i></p>
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9:00 – 9:15 a.m. Transition Break





# Conference Schedule of Events\*

\* Schedule is preliminary and subject to change

9:15 – 10:15 a.m. Concurrent Session 9

<p><b>W-41</b> Behavioral Health Integration in Primary Care: Building a Sustainable Model; Part 2 <i>Ellen Goodman, Jonas Bromberg &amp; Jessica Barton</i></p>	<p><b>W-42</b> Development of an Innovative Primary Palliative Care Program <i>Keisha Berglund</i></p>	<p><b>W-43</b> Social Work's Impact on the Healthcare Delivery System <i>Jonathan Howland &amp; Lori Graham</i></p>	<p><b>W-44</b> Best Practices for the Assessment and Disposition of Pediatric Psychiatric ED Patients <i>Connie Nicolosi</i></p>	<p><b>W-45</b> Developing a Post-Acute Care Preferred Provider Network to Improve Patient Care <i>Jon Chapman, Yasin Patel &amp; Krista Curell</i></p>
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10:15 – 10:45 a.m. Check-Out Break

10:45 – 11:45 a.m. Concurrent Session 10

<p><b>W-46</b> Leading Systemic Change in Healthcare: An Interactive Journey <i>LeAnn Bruce</i></p>	<p><b>W-47</b> From Code-A-Pillar to Butterfly: Developing Your Transformative Approach to Social Work Leadership in Healthcare <i>Elizabeth Wierman Rubin &amp; Charlie Blotner</i></p>	<p><b>W-48</b> Data, Statistics, and Social Work, Oh My! Leverage your EMR to Create A Data Collection Tool that Drives Best Practice, Supports Social Workers, and Satisfies Regulators <i>Rachel Dieleman, Dawn StAubyn, John Delfeld &amp; Lauren Dickinson</i></p>	<p><b>W-49</b> Increasing Social Work's Role in Chronic Pain Care <i>Katie Levy</i></p>	<p><b>W-50</b> Development of an Integrated Behavioral Health Workforce: A Community-University Partnership <i>Mark de St. Aubin &amp; Troy Andersen</i></p>
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11:45 a.m. Conference Adjournment



# General Information

## Continuing Education

SSWLHC has partnered with Amedco to certify up to 27 contact hours of Continuing Education. Amedco will certify continuing education contact hours as follows:

- Leadership Institute (1.5 days): 11 hours
- Full Day Intensives (Pediatric Intensive): 7.5 hours
- Half Day Intensives (Epic or Hospice & Palliative Care Intensive): 3.5 hours
- Main Conference (Starting with the Kermit B. Nash Lecture on Wednesday night through adjournment on Saturday): 14 hours

Continuing education certificates will be available through Amedco immediately following the conference.

### Satisfactory Completion

Learners must complete an evaluation form to receive a certificate of completion. Your chosen sessions must be attended in their entirety. Partial credit of individual sessions is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

### Social Workers

Amedco, #1346, is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB) [www.aswb.org](http://www.aswb.org), through the Approved Continuing Education (ACE) program. Amedco maintains responsibility for the program. ASWB Approval Period: 6/24/2016 to 6/24/2019. Social workers should contact their regulatory board to determine course approval for continuing education credits.

Social workers participating in this course may receive up to 27 clinical continuing education clock hours.

### New York Board for Social Workers

Amedco SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0115. 27 hours.

### Nevada Board of Examiners for Social Workers

This course has been submitted for review

### Commission for Case Manager Certification

This course has been submitted for review

### New Jersey Social Work Board

This course has been submitted for review

## Exhibits

We invite you to view and experience the latest products and services exclusively suited for the buying needs of social workers. A vendor raffle will be held at the close of the exhibit hall on Friday, October 5. The prize is a free registration to the 2019 54th Annual Meeting & Conference. In order to participate, registrants will be given an Exhibit Hall Passport. The form must be signed by participating exhibitors as you visit their booths. You must be present to win.

## Exhibit Hall Hours

### Wednesday, October 3, 2018:

1:00 – 5:00 p.m.	Exhibitor Set Up
5:30 – 6:15 p.m.	Welcome Reception

### Thursday, October 4, 2018:

7:00 – 8:00 a.m.	Continental breakfast
11:45 a.m. – 1:15 p.m.	Lunch
3:30 – 4:00 p.m.	Afternoon break

### Friday, October 5, 2018:

7:00 – 8:00 a.m.	Continental breakfast
11:45 a.m. – 1:00 p.m.	Lunch (not provided by conference)
2:00 – 2:30 p.m.	Afternoon break with closing raffle*
2:30 – 5:00 p.m.	Exhibitor Move-Out

## Poster Schedule

### Wednesday, October 3, 2018:

Setup	1:00 – 5:00 p.m.
Viewing	5:45 – 6:30 p.m. (Welcome Reception)

### Thursday, October 4, 2018:

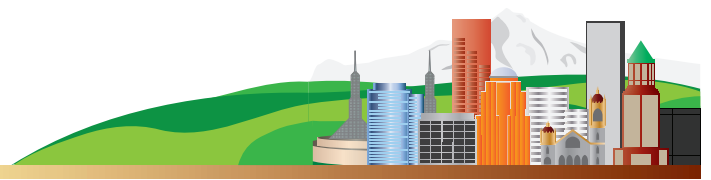
Viewing	7:00 – 8:00 a.m. (Breakfast)
	11:45 a.m. – 1:15 p.m. (Lunch)

### Friday, October 5, 2018:

Viewing	7:00 – 8:00 a.m. (Breakfast);
	2:00 – 2:30 p.m. (Announcement of Best Poster Awards)
Dismantle	2:30 – 4:00 p.m.

## Best Poster Awards

Attendees will get to cast their votes for the best posters. Certificates will be awarded for posters which promote social work excellence in clinical expertise, leadership, and working with specific populations. Winners will be announced at the Closing Raffle in the Exhibit Hall on Friday, October 5, 2018 at 2:00 p.m.



# General Information

## Activities and Pricing

### What is included in the conference fee?

- Welcome Reception with Kermit B. Nash Lecture
- Admittance to Exhibit Hall
- Unlimited course selection beginning with the New Member & First Time Attendee Welcome on Wednesday, October 3 continuing through conference adjournment on Saturday, October 6
- Daily Continental Breakfasts & Refreshment Breaks
- Lunch on Thursday, October 4
- Membership Meeting
- CEs
- Access to password protected website where handouts from concurrent sessions will be available for downloading prior to the conference

### Guest Fees

Admittance to the Welcome Dinner is included in your registration fee. A guest pass to the dinner is \$120. The guest fee offsets the Society's food and beverage costs. You may reserve a guest pass by checking the box on the registration form. Guest tickets may also be purchased onsite on a space available basis.

### Pre-Conference Intensive Workshops

An additional fee is required to attend the pre-conference intensive workshops. Attendees who cannot stay for the main conference are welcome to attend an intensive only. Handouts will be made available only to those attendees who register for these optional sessions.

- Leadership Institute (1.5 Days): \$195 until September 5. \$225 after September 5.
- Pediatric Social Work Intensive (Full Day): \$155 until September 5. \$175 after September 5.
- Epic Intensive (Half Day): \$85 until September 5. \$99 after September 5.
- Hospice and Palliative Care Intensive (Half Day): \$85 until September 5. \$99 after September 5.

## Registration Information

- Online registration with a credit card is strongly encouraged. Visa, MasterCard and American Express are accepted.
- Check payments can be mailed to: SSWLHC Meeting Registration, 100 North 20th Street, Suite 400, Philadelphia, PA 19103. All payments must be made in US Dollars. **A \$5.00 check processing fee will apply for all check payments or the processing of any hard copy registration form.**
- **The Tax** Identification Number for the Society for Social Work Leadership in Health Care is 23-3100897. The DUNS number is 962585829.
- Faxed registrations are not accepted. Registrations by phone are not accepted.
- Early bird registration fees must be submitted online or postmarked by 12:00 Midnight Eastern Time on Wednesday, September 5, 2018.
- All registrations received or postmarked after September 5 will be processed at the regular registration fee with any balance due onsite prior to receiving registration materials.

### Questions Regarding Registration

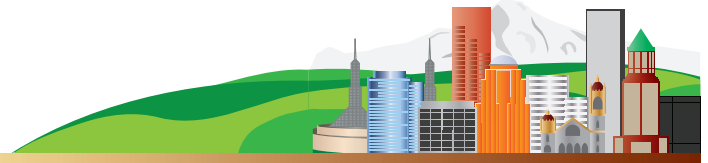
For questions regarding the program or registration, please contact SSWLHC Headquarters by toll-free phone at 866-237-9542 or e-mail at [info@sswlhc.org](mailto:info@sswlhc.org).

### Substitution/Cancellation Policy

We all have unforeseen emergencies that may occur. In order to accommodate these possibilities, we will accept notification of cancellations up to 7 business days prior to the start conference (by the close of business on Monday, September 24, 2018). Cancellations must be sent in writing via email to SSWLHC Headquarters at [info@sswlhc.org](mailto:info@sswlhc.org). Refunds will be issued less a \$50 processing fee. You may send a substitute at any time. If the alternate is not a member, the non-member fee will be required.

### Important Dates

- |                           |   |
|---------------------------|---|
| <b>September 5, 2018</b>  | Deadline for securing early registration discounts  |
| <b>September 10, 2018</b> | Hotel Reservation cut-off   |
| <b>September 24, 2018</b> | Cancellations must be submitted in writing by this date to receive a refund less a \$50 processing fee. |



# General Information

## Registration/Information Desk

Please pick up all tickets, badges, and onsite registration materials at the SSWLHC Registration Desk located at the Portland Marriott Downtown Waterfront. Registration hours are as follows:

- Tuesday, October 2: 1:00 – 5:00 p.m.
- Wednesday, October 3: 7:00 a.m. – 6:30 p.m.
- Thursday, October 4: 7:00 a.m. – 4:00 p.m.
- Friday, October 5: 7:00 a.m. – 4:00 p.m.
- Saturday, October 6: 7:00 – 11:00 a.m.

## Hotel & Travel Information

### Hotel Accommodations

Beautifully redesigned, Portland Marriott Downtown Waterfront boasts upscale event venues and redesigned Marriott guest rooms. This hotel features restaurants relying on locally-sourced ingredients, including Bistro by Truss which pairs its unique menu with fine bourbons and whiskies. Set along the Willamette River, our hotel is near the city's unique neighborhoods and top city attractions like the Keller Auditorium, Riverplace Marina, Portland State University, the Moda Center, the International Rose Test Garden, Pearl District, and Portland Zoo.

### Portland Marriott Downtown Waterfront

1401 SW Naito Parkway  
Portland, OR 97201  
Hotel Phone: 503-226-7600

Web: <http://www.marriott.com/hotels/travel/pdxor-portland-marriott-downtown-waterfront/?scid=bb1a189a-fec3-4d19-a255-54ba596febe2>

Check-in: 4:00 p.m. /Check-out: 12:00 p.m.  
SSWLHC Group Rate: \$215.00 per night plus tax for single or double occupancy per night

## Reservations

The discounted \$215.00 SSWLHC group rate will be honored through Monday, September 10, 2018 or until the block of rooms has sold out, whichever comes first. Please be sure to secure your reservations as early as possible to guarantee rate availability and your preferred room type.

### Reservations by Phone\*\*: 877-901-6632

**\*\*Be sure to refer to the Society for Social Work leadership in Health Care at the Portland Marriott Downtown Waterfront on 10/3/18 to take advantage of the discounted rate.**

### Online Reservations:

<https://aws.passkey.com/go/socialwork2018>

**Confirmation/Cancellation:** All reservations must be accompanied by a first night room deposit or guaranteed with a major credit card. If you need to cancel your reservation, you may cancel up to 48 hours prior to arrival date without penalty. If you cancel after this time one night Room & Tax will be charged.

### Air Transportation

The Portland Marriott Downtown waterfront is located ten miles from Portland International Airport (PDX).

### Ground Transportation and Directions

Please visit the Airport's website to get information on ground transportation from PDX.

<https://www.pdx.com/PDX/GroundTransportation>

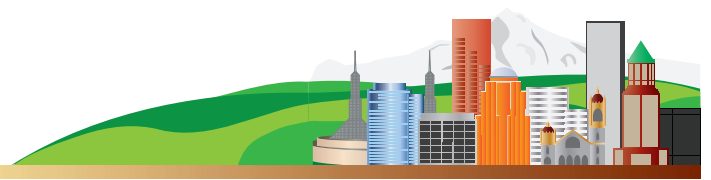
Please visit the hotel website for driving directions.

<http://www.marriott.com/hotels/local-things-to-do/pdxor-portland-marriott-downtown-waterfront/>

### Parking

Valet parking for overnight guests is \$42.00 per day. Rates include in/out privileges.





# Course Descriptions

## Tuesday, October 2, 2018

9:00 a.m. – 5:00 p.m. SSWLHC Board of Directors Meeting

1:00 – 5:00 p.m. Registration

2:00 – 6:00 p.m. I-1: Leadership Institute, Part I

### **I-1: Leadership Institute of the Society for Social Work Leadership in Health Care – Part 1**

*Presenters: Lee Lucas, Bridgette Baker & Andrea Bailey*

The Society for Social Work Leadership in Health Care is proud to welcome members to the Fifteenth Leadership Institute (LI) to be held in conjunction with our annual meeting in Portland, Oregon. LI attendees will return to their organization with a certificate of completion. The Leadership Institute brings together an excellent faculty of experienced social work leaders and educators for an intensive interactive program designed to develop and enhance the leadership knowledge and skills of participants. The class of 2017 described this unique learning experience in very positive terms and highly recommends the program to colleagues. The program is not just for directors or those with formal leadership titles. The target audience includes professionals who lead in their organizations whether or not they hold a formal title. Social work clinicians, supervisors, managers, directors, teachers or researchers who wish to enhance and leverage their leadership skills, will benefit greatly from this program. The learning methods utilized include core leadership content and experiential exercises.

#### **Learning Objectives:**

After review of this presentation, participants will be able to:

- Appreciate, demonstrate and communicate the unique role of social work leaders and leadership in health care
- Explore their assumptions about leadership and understand their personal leadership styles and competencies, including strengths and weaknesses
- Develop core leadership competencies and leverage them to achieve specific goals within their institutions

## Wednesday, October 3, 2018

7:00 a.m. – 6:30 p.m. Registration

7:30 a.m. – 4:30 p.m. Full Day Intensives

### **I-1: Leadership Institute of the Society for Social Work Leadership in Health Care – Part 2**

See Part 1 for course description

### **I-2: Pediatric Health Care Social Work Intensive**

#### **Improving Adherence to AAP Treatment Guidelines for ADHD in the Pediatric Primary Care Setting: The Social Worker as Health Coach**

*Pamela Moss-Samuelson, Jennifer Erickson & Lori McCullough*

At Nationwide Children's Hospital, social workers trained as ADHD health coaches are facilitating adherence to the AAP treatment guidelines to provide comprehensive, evidence-based interventions for ADHD in the pediatric primary care setting. We blend a social work psychosocial approach with a health coach model to provide behavior management, parent training, and advocacy for school accommodations to supplement medication therapy provided by medical staff.

#### **Learning Objectives**

After review of this presentation, participants will be able to:

- Better understand the diagnosis, prevalence and health impact of ADHD.
- Summarize AAP ADHD treatment guidelines and understand the importance of meeting those guidelines in the pediatric primary care setting.
- Describe the coaching model used by advanced generalist social workers to enhance ADHD treatment in the pediatric primary care setting.

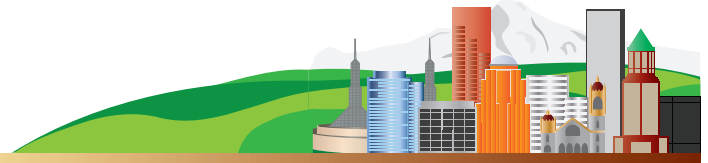
#### **The Secret Sauce: Management Techniques of the Hungry Ghost**

*Lauren Obidi, Brooke Goodwin & Robin Stone*

Social workers, from leadership to bedside, will indefinitely experience challenging families. Children's National acknowledges the time consuming nature of these families and has moved to understand the value of a consistent strategy that incorporate our Core Values: Compassion, Commitment and Connection while moving the patient along the care continuum. The Ombudsman program has partnered with social work to create a common definition and action plan for supporting these families and medical teams to promote and provide best care.

#### **Learning Objectives**

After review of this presentation, participants will be able to:



# Course Descriptions

- Define and describe the concept of the parent/guardian Hungry Ghost in the pediatric hospital setting.
- Identify and define the role of Ombudsman and how they collaborate with their social work colleagues to manage Hungry Ghosts.
- Learn strategies and techniques to manage Hungry Ghosts in their healthcare environments.

## Let's Do the Numbers! Innovative Platforms to Demonstrate Value in the Data Driven Age of Health Care

*Sabra Boyd, Jodi Pecora, Heather Brungardt, Michelle Camerer & Debby Brookstein*

No one would argue the practice of social work in health care is centered on the patient and family and the therapeutic relationship. While those paradigms remain true, the current health care environment is heavily reliant on data and outcomes. Leaders from a large pediatric hospital will share details of key projects that demonstrate how to translate clinical practice and interventions into metrics and data.

### Learning Objectives

After review of this presentation, participants will be able to:

- Understand how the use of technology impacts social work practice and is essential to demonstrating value and outcomes.
- Review specific examples of technology tools and platforms including a custom component with logic to highlight psychosocial information, high level departmental data dashboard and a productivity report.
- Analyze and discuss the challenges and barriers social work leaders encounter as they develop, create and collaborate with others in their institutions to bring these innovations to fruition.

8:00 – 11:30 a.m. Volunteer Service Activity: Store-to-Door - we will be grocery shopping for seniors who are homebound. Volunteers will meet in the hotel lobby at 8:00 a.m.

8:00 a.m. – 12:00 p.m. Epic Half-Day Intensive  
*Sponsored by NYU Langone Health*

## I-3: From Documentation Comes Data: Developing Your Social Work Department Using Epic

*Benjamin Clemens & Michael Ferry*

This half-day pre-conference intensive will provide participants with a wealth of knowledge about customizing Epic for social work practice. While social work has long used narratives to record case interventions, structuring assessments & notes to include a series of question and answer responses allows for insights into an entire population of cases. Data allows us to

showcase our services, inform decisions, support regulatory compliance, validate effectiveness, and illustrate savings.

### Learning Objectives

After review of this presentation, participants will be able to:

- Appreciate how Epic can be customized to gather data
- Learn the steps to develop reports providing insightful and actionable information
- Appreciate how the information provided can be used to showcase social work services, inform decisions, support regulatory compliance, validate effectiveness, and illustrate savings

12:00 – 5:00 p.m. HEALS (by invitation only)

12:30 – 4:30 p.m. Hospice and Palliative Care Half-Day Intensive  
*Sponsored by AARP*

## I-4: The Tri-Dimensional Competency Model of Supervision for Hospice and Palliative Care Social Workers: Theory and Application (two hours) followed by viewing of the Film "End Game" with a moderated panel discussion afterwards with Bridget Sumser who is featured in the film.

### The Tri-Dimensional Competency Model of Supervision for Hospice and Palliative Care Social Workers: Theory and Application

*Mark de St. Aubin*

The Tri-Dimensional Competency Model of Supervision focuses on three specific dimensions critical to the supervision of hospice social workers. These include Administrative/Professional, Clinical, Self-Informed/Personal competency dimensions. Supervisors are guided by the model to focus not only on these dimensions but also on the areas of intersection between these dimensions. This is where critical learning occurs during supervision. Social workers faced with issues related to death and dying present for supervision with a variety of needs.

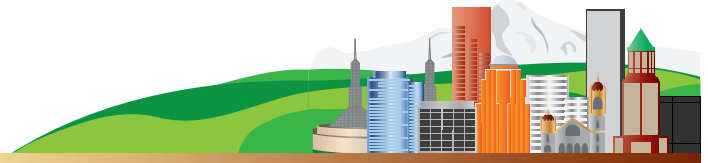
### Learning Objectives

After review of this presentation, participants will be able to:

- Identify the three competency dimensions and their areas of intersection.
- Explore the supervisor's multiple roles of teacher/mentor/consultant/gatekeeper dependent on the developmental needs of each social worker supervisee.
- Utilize activities in supervision to stimulate learning in hospice and palliative care social workers

### "End Game"

**Viewing of the film End Game which documents 'the compassionate work done by those who help terminally**



# Course Descriptions

ill patients cope with dying'. The film will be followed by a panel discussion.

## Learning Objectives

After review of this presentation, participants will be able to:

- Identify two similarities and two differences between hospice and palliative care
- Discuss the role of social workers in supporting patients and families living with serious illnesses and at the end of life
- Identify how the family narrative affects how goals of care are discussed
- Understand the role of surrogate decision making

4:45 – 5:30 p.m.	Conference Orientation
5:30 – 6:15 p.m.	Welcome Reception with Exhibitors and Premier of Posters
6:15 – 7:30 p.m.	Opening Session; presentation of the Ida M. Cannon Award followed immediately by the Kermit B. Nash Lecture with Eowyn Rieke, MD MPH and Sean Hubert of Central City Concern presenting "Keeping the Client at the Center: How Social Determinants of Health Have Driven One Organization's Growth and Innovation"

## Thursday, October 4, 2018

7:00 a.m. – 4:00 p.m.	Registration
7:00 a.m. – 5:00 p.m.	Service Project: DIY Love Letters – create a personalized greeting card for Seniors who are receiving Meals On Wheels
7:00 – 8:00 a.m.	Continental Breakfast with Exhibitors and Posters
8:00 – 9:00 a.m.	Keynote Speaker: Susan Hedlund, MSW, Manager of Patient and Family Support Services, OHSU Knight Cancer Institute presenting "Oregon's Death With Dignity Law: Twenty one years and Lesson's Learned"
9:00 – 9:15 a.m.	Welcome, announcements and presentation of the Eleanor Clark Award for Innovative Programs in Patient Care, and the Hyman J. Weiner Award

9:15 – 9:30 a.m. Transition Break

9:30 – 10:30 a.m. Concurrent Session 1

## W-01: Interrupting Racism in the Medical Center

*Tracy Hirai-Seaton, Tracy Ng & Norma Alicia Pino*

Working in an inherently racist framework leads to individual and systemic acts of racism that damage patients, staff, and society. Social workers have a responsibility to shed light on how racism is being perpetuated within our institutions and to work with invested parties to address inequity and instigate an institutional response and change. We will review the literature on racism in healthcare, talk about the work we have begun to address racism at our institution, and offer tools that can be used to interrupt racism in daily practice.

## Learning Objectives

After review of this presentation, participants will be able to:

- Summarize the history and current state of the healthcare system as a perpetrator of racism
- Analyze the challenges and opportunities in beginning this work and discuss ideas for how to overcome the challenges and harness the opportunities
- Review educational tools to develop an anti-racist practice
- Identify possible strategies for addressing racism in their healthcare institution

## W-02: Transforming Mental Health Care in the Emergency Room

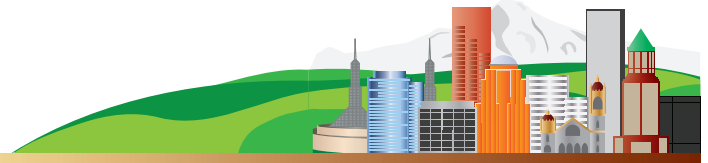
*Ashley Hartoch & Amal Elanouari*

The complexities of treating patients with mental health conditions in the Emergency Department often leads to prolonged lengths of stay. This workshop will introduce the Psychiatric Complex Care Case Manager as an innovative solution to better serve these patients. We will review what this role entails, how this role was implemented in Stanford's ED, as well as challenges faced, and lessons learned in the first three years.

## Learning Objectives

After review of this presentation, participants will be able to:

- Learn about the multidisciplinary psychosomatic medicine consultation team collaboration and leadership in driving effective mental health treatment and better outcomes in the emergency room.
- Comprehend the dynamic role of the Mental Health Complex Care Manager (CCM) and types of treatment interventions utilized in providing care to psychiatric patients in the Emergency Room (ER)
- Discuss the impact of the introduction of this role within psychosomatic consultation services with respect to reducing LOS in the Emergency Room, preventing inappropriate readmissions and improving patients' experiences and discharge outcomes



# Course Descriptions

- Understand the systemic changes, ongoing challenges that were encountered as well as solutions and future directions that were implemented to improve services to psychiatric patients in the Emergency Room.

## **W-03: The Secret Sauce: Management Techniques of the Hungry Ghost**

*Lauren Obidi, Brooke Goodwin & Robin Stone*

Social workers, from leadership to bedside, will indefinitely experience challenging families. Children’s National acknowledges the time consuming nature of these families and has moved to understand the value of a consistent strategy that incorporate our Core Values: Compassion, Commitment and Connection while moving the patient along the care continuum. The Ombudsman program has partnered with social work to create a common definition and action plan for supporting these families and medical teams to promote and provide best care.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Define and describe the concept of the parent/guardian Hungry Ghost in the pediatric hospital setting.
- Identify and define the role of Ombudsman and how they collaborate with their social work colleagues to manage Hungry Ghosts.
- Learn strategies and techniques to manage Hungry Ghosts in their healthcare environments.

## **W-04: Adolescents & Young Adults - a Unique Healthcare Population**

*Erika Jewell*

This presentation will provide guidance for working with adolescents and young adults (AYA). This population is typically not served well by pediatrics, which is geared towards younger children and families, and adult care, where typical patients are much older. The presenter will discuss the unique health and social needs of AYAs, clinical tools to assist in the assessment process, guidance for transition planning, and clinical interventions that are effective with this population.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Name the top five AYA health issues.
- Understand the unique assessment and transition planning questions to better meet the needs of AYA patients.
- Describe at least two clinical interventions that are effective with AYA patients.

## **W-05: Social Work’s Role in Medicaid Reform: A Qualitative Study**

*Sara Bachman, Madeline Wachman, Leticia Manning, Alexander Cohen, Robert Seifert, David Jones, Therese Fitzgerald, Rachel Nuzum & Patricia Riley*

The objective of this study is to critically analyze social work’s role in Medicaid reform. We conducted semi-structured interviews with 46 stakeholders from 10 US states that use a range of Medicaid reform approaches. Multiple themes emerged around social workers’ unique skills for building health systems that promote population health and reduce health inequities. To our knowledge, this study is the first to systematically analyze the connection between social work and Medicaid reform.

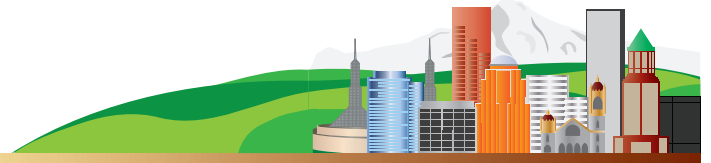
### **Learning Objectives**

After review of this presentation, participants will be able to:

- Explore the role of social work leadership in innovative payment Medicaid reform models in states
- Identify opportunities for social work to increase leadership and involvement in population health and health equity efforts
- Increase understanding of how social workers can be engaged more effectively in Medicaid reform and other population health efforts

10:30 – 10:45 a.m.	Transition Break
10:45 – 11:45 a.m.	Membership Meeting – Learn what your Society is planning and be first to find out the location of the 2019 Conference. A discount for CEU’s from Career Smart Learning will be provided to those present at the membership meeting
11:45 a.m. – 1:15 p.m.	Lunch with Networking, Exhibitors and Poster Viewing (lunch is included in your registration)
12:00 – 1:15 p.m.	Chapter President’s Meeting (By invitation only)
1:15 – 2:15 p.m.	General Session: June Simmons, President/CEO, Partners in Care Foundation presenting “A Regional System of Community Care Management: Keeping our patients safe at home”
2:15 – 2:30 p.m.	Transition Break





# Course Descriptions

2:30 – 3:30 p.m. Concurrent Session 2

## **W-06: MSW Student Mentorship Program by SSWLHC – Washington Chapter**

*Sima Kulshreshtha & Linda Brandeis*

Presentation on a new leadership development initiative by the SSWLHC-WA Chapter supporting MSW students with a Mentorship program. We will discuss need for program, structure, benefits to the Society, results from pilot project, and plans for expansion for next year.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Define the mentorship group model
- Develop a plan and structure for their own groups
- Evaluate the effectiveness of their model by participation and future membership in their chapter.

## **W-07: Implementing a Complex Discharge and Transition Team for the Hardest to Discharge Patients: Using a Centralized Model to Efficiently Manage Resource Intensive Cases to Reduce Length of Stay**

*Ashley McCloud*

University of Washington Medical Center received grant funding for a six month pilot of a Complex Discharge and Transition Team (CDTT) with the goal of reducing length of stay for the hospital's most resource intensive patients. This session will describe key aspects of starting and implementing this program. The information will include the methods to gather data and show outcomes, including LACE +, a tool used to predict re-admission risk. Attendees will be given tools and resources for implementing a similar care model in their own settings.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Understand the need and function of a Complex Discharge and Transitions Team (CDTT)
- Discuss metrics and outcomes that help justify starting a CDTT program and keep its funding
- Describe key components and challenges of a successful CDTT through a case example
- Consider strategies of implementation in participant's care facilities, and discuss existing models at the participant's facilities.

## **W-08: The Upper West Side Hub: A Hospital-Community Partnership to Improve Population Health**

*Scott Ferguson & Carol DeJesus*

Mount Sinai St. Luke's Hospital in New York City has taken bold steps to ensure the health and self-sufficiency of its patient population and surrounding community. The social worker and physician-led leadership team developed a robust community

partnership network focused on ensuring strong care transitions and continuous improvement of care. The hospital's social workers adopted a social determinants screening tool that has informed practice, and identified program development opportunities.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Discuss the importance of social determinants on health outcomes and hospital resource utilization.
- Identify key partnerships in their own communities for collaborative population health efforts.
- Strategize regarding implementing social determinants screening tools and resulting intervention workflows.

## **W-09: Engaging Social Work in a Social Determinants of Health Screening Initiative**

*Jennifer Morack, Millie Harris, Jeanette Foster & Deena Chisolm*

Screening for and addressing patients' social determinants of health (SDH) is vital because SDH influence roughly 80% of health outcomes. We will discuss why social workers are in a unique position to take leadership roles in healthcare SDH initiatives. In addition, we will describe a case example of a SDH initiative at a large, urban, Midwestern Children's Hospital where social work leadership played a vital role in the roll-out of a universal SDH screen.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Describe why screening for SDH in patients is important
- Discuss the unique contributions that the social work profession can make to SDH screenings in healthcare settings
- Identify key roles that social workers can play key in healthcare SDH initiatives

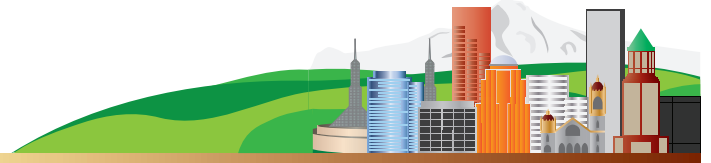
## **W-10: Still Not Bored with Boarders: How Boston Children's Hospital Psychiatry Consultation Social Workers are Addressing the Boarder Crisis**

*Sara Golden*

Over the last decade, children have sought acute psychiatric care in larger numbers. However, there have also been dramatic reductions in the number of available psychiatric beds. The practice of holding any patient in a temporary location after providers have decided that the patient requires placement for which a bed is not available is defined as boarding. At Boston Children's Hospital, we are redefining the boarding period beyond a "waiting period" and utilizing it as a time of intervention.

### **Learning Objectives**

After review of this presentation, participants will be able to:



# Course Descriptions

- Understand the extent of the “boarder” phenomenon across the country and how one major hospital institution is addressing the issue
- Describe psychiatric interventions that can be initiated on the medical floor while a patient is “boarding”
- Explore the greater systemic issues as it relates to the broken mental health system and discuss ways that social work can be integral to addressing this crisis, including advocacy, brief treatment, research, and increase in community resources

3:30 – 4:00 p.m. Refreshment Break in Exhibit Hall

4:00 – 5:00 p.m. Concurrent Session 3

## **W-11: Infusing Cultural Humility into Advance Care Planning**

*Jennifer Hopping-Winn*

The activity of advance care planning (ACP) often occurs in medical settings by completing a document such as an Advance Health Care Directive or Physician’s Order for Life-Sustaining Treatment (POLST) form. Social workers in health care have a unique role of advocacy on this topic: we must promote ACP among our medical colleagues as a voluntary activity, creating space for patients to opt-out if they wish. The best way to achieve this is to infuse ACP with cultural humility.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Define advance care planning (ACP) and name the two common documents associated with ACP activities.
- Define ‘cultural humility’ and at least one way in which it is distinct from ‘cultural competence.’
- Name three ways in which they can infuse cultural humility into ACP at their health care organization.

## **W-12: Encouraging Social Work Students to Enter the Geriatric Field Through Community Project**

*Kimberly Wickersham*

When designing this project the instructors wanted an experiential service learning project that could increase critical thinking skills, give students practical experience in an area of social work that they might not normally choose for themselves, and provide a service that would benefit the school, university and community. At the completion of the project many responded that they would now consider geriatric health care social work as an area of future practice.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Gain knowledge about developing a community partnership to foster practice skills across the levels of practice.
- Engage MSW level working students in community activities

that will allow them to explore practice areas that might not be their current primary interest area

- Gain knowledge of how to reach out and connect their agency to a university to increase student engagement in community outreach and increase student interest in geriatric health care social work.

## **W-13: The Value of Safe Home Care**

*Cameron Svendsen, Phil Bongiorno*

This presentation illustrates the benefits and exposes the dangers when referring in-home personal care agencies for seniors. Hospital, post-acute social workers and other referral sources will appreciate the distinction between an ‘employer based’ model and a ‘caregiver placement agency’. In an industry that honors the value-based philosophy, the lowest price choice is not always the best option, especially in today’s health care environment.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Illustrate the challenges patients and families face without sufficient vetting of home care agencies
- Describe the steps to help determine quality and value of home care agencies for patients and families
- Identify new practices for healthcare professionals when referring patients to home care agencies
- Define the variation in service models for in-home personal care

## **W-14: Weathering the Storm: A Pediatric Hospital Social Work Department’s Response to a Natural Disaster**

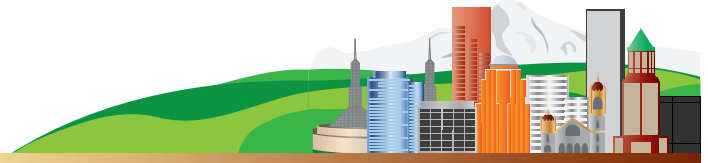
*Claire Crawford*

Two social work managers and a social work practitioner who participated in the Emergency Disaster Response process at Texas Children’s Hospital during Hurricane Harvey will share their personal experiences of working during the storm. Additionally, the presenters will discuss findings of a qualitative study of all members of Texas Children’s social work ride-out staff and management (n=20) with implications for future natural disaster planning and implementation at children’s hospitals.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Describe the role of members of social work management in coordinating and implementing disaster ride-out efforts in a hospital setting.
- Identify the roles and responsibilities of social worker practitioners in hospital disaster relief efforts.
- List opportunities to streamline planning and implementation strategies for enhancing patient care at hospitals during major natural disasters.



# Course Descriptions

## **W-15: Advocating with Referral Data: Transforming the Value of Ambulatory Social Work**

*Renee Cisco*

The sole ambulatory social worker in an internationally recognized academic medical center strives to improve provider understanding of how to appropriately refer to this role. Our poster presentation examines 2016-2018 referral data from 30 outpatient specialty clinic settings who referred for acute clinical intervention and non-clinical basic resource needs, with marked variability between them. These originated from standardized EPIC referrals while tracked using basic Excel methods that can be easily implemented in any social work setting.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Identify the ambulatory specialty clinic settings who are high utilizers of social work services based on referral volume
- Identify variance in acuity and differentiate clinically appropriate versus inappropriate referrals using comprehensive EPIC chart review and case preparation
- Leverage non-clinical staff (i.e. Support Liaisons, Administrative Assistant) to offload non-clinical tasks, increasing social work capacity to engage in a full range of appropriate clinical interventions

## **Friday, October 5, 2018**

7:00 a.m. – 4:00 p.m. Registration

7:00 a.m. – 4:45 p.m. Service Project: DIY Love Letters – create a personalized greeting card for Seniors who are receiving Meals on Wheels

7:00 – 8:00 a.m. Continental Breakfast with Exhibitors and Poster Viewing

8:00 – 9:00 a.m. Plenary Speaker: Kimberly Joseph, MD, FACS, FCCM, Society for Critical Care Medicine presenting “Post Intensive Care Syndrome: What Social Workers Need to Know”

9:00 – 9:15 a.m. Presentation of the Joan Upshaw Award and the Health Care Social Work Leader of the Year Award

9:15 – 9:30 a.m. Transition Break

9:30 – 10:30 a.m. Concurrent Session 4

## **W-16: Capturing Meaningful Productivity for Social Work and Implications for Success**

*Clare Larsen & Lorena Nimke*

The MedSoc productivity tool was developed to provide data about social work productivity at Mayo Clinic. In the current health care environment, it is important to demonstrate an ability to gather workload data and allocate FTE resources efficiently. The tool has also been valuable in supporting the need for additional FTE and was recently revised to enhance ease of use and transparency of data. It has additional functions to aid in workflow, communication and allocation of charity funds.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Summarize the background and development of the MedSoc workload productivity tool.
- Understand the benefits of the MedSoc tool in staffing to workload and FTE allocation efforts.
- Identify the limitations of the tool.

## **W-17: Social Work Case Management in the Emergency Department: One Hospital’s Approach to Reducing Frequent Emergency Department Visits**

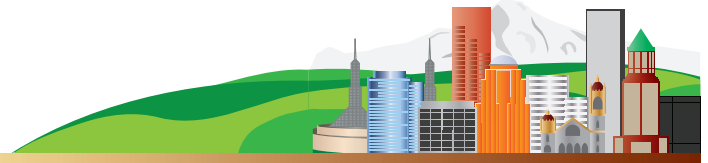
*Sallie Selfridge*

To assist patients in utilizing the appropriate level of care and reduce Emergency Department (ED) visits, social workers, physicians, and nurses at a regional hospital in Iowa developed the ED Consistent Care Program (EDCCP). Through an electronic tracking system, care plans, and a social work case management approach, Emergency Department visits by frequent utilizers continue to decrease after six years of implementation.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Review the process used in developing an Emergency Department Consistent Care Program that supports patients in utilizing appropriate levels of care, subsequently reducing the number of frequent visits to the Emergency Department.
- Discuss the implications of an Emergency Department Consistent Care Program for frequent users of the ED and ED staff.
- Analyze quantitative and qualitative outcomes of an Emergency Department Consistent Care Program conducted at a Midwest Regional Emergency Department.



# Course Descriptions

## **W-18: Developing a New Model of Integrated, Trauma-Informed Mental Health Services for Deaf Patients (part I & II)**

*Leslie Pertz*

Language barriers frequently isolate Deaf people from mental health care programs and outreach. Consequently, they often struggle with significant mental health inequities. Deaf patients with mental health needs (often with high social determinants of health needs) have opportunity to engage in an integrated, trauma-informed health clinic staffed by ASL fluent providers in Michigan. An overview of this center of excellence, the integrated clinical model, successes, challenges, and efforts to widely-scale this program will be presented.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Identify the sources of mental health inequities for Deaf, ASL users, and describe the importance of having culturally and linguistically appropriate health care to improve behavioral health outcomes for Deaf people.
- Discuss how this model can be expanded to provide behavioral health care for Deaf people across the US, within states.
- Describe challenges that continue to exist for equal access to all levels of healthcare for Deaf people.

## **W-19: Putting the ‘Medical’ in Medical Social Work**

*Rachel Union*

A review of literature reveals that many behavioral changes may have medical etiologies that are often overlooked by medical providers and mistakenly diagnosed as psychiatric disorders. Medical social workers are in the unique position to assess patients holistically and rule out possible medical conditions that may otherwise be missed. This presentation will provide attendees with training and materials on how to enhance the medical piece of a “bio-psycho-social-spiritual assessment.”

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Comprehend multiple medical illnesses that can manifest through psychological symptoms such as anxiety, speech irregularity, and hallucinations.
- Learn how to improve the physiologic/biological section of a full biopsychosocial-spiritual assessment.
- Develop culturally appropriate assessment questions that can be embedded into any biopsychosocial-spiritual assessment leading medical teams and patients to improved outcomes.
- Understand the differences in social work expectations across medical settings and how to implement the information provided in this presentation in their work regardless of the setting.

## **W-20: Lost in Translation: How to Translate and Apply Oversight Standards and Guidelines to Achieve Successful Programs**

*Erin Butler*

It is easy to get lost in how to translate required standards and guidelines (CARF, the Joint Commission, policies, performance measures) into daily practices and services. Incorporating critical thinking to target the intent of the standards can result in success. Applying standards, that sometimes seem extraneous or even daunting, can be accomplished in a few steps. Identifying what to do when there are differences with surveyor’s interpretation of the standard is also essential.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- List and access required standards from oversight organizations in healthcare.
- Understand how to interpret/translate the intent of healthcare standards.
- Understand how to apply standards in program development and improvement.

10:30 – 10:45 a.m. Transition Break

10:45 – 11:45 a.m. Concurrent Session 5

## **W-21: REPEAT of W-01: Interrupting Racism in the Medical Center**

## **W-22: Care of Psychiatric Patients in the Emergency Department: A Plan to Minimize Length of Stay and Maximize Safety**

*Erin Perry*

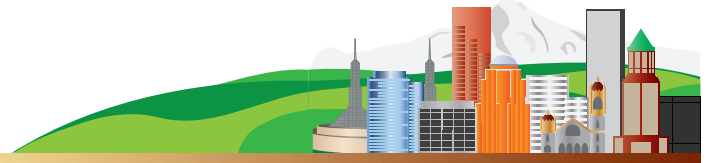
This session addresses the issue of psychiatric patients in Emergency Departments and is a review of work done at CHOP to address these concerns. In 2017, the only Children’s Crisis Center in Philadelphia closed, leaving CHOP to fill the gap for 5 months. Over a 3 month period, a plan was developed to manage the influx of behavioral health patients. An overview of this work includes: movement to a joint SW/Psychiatry assessment model, establishing a standard of care for “boarders”, and maximizing the efficiency of the patient placement process.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Identify ways to optimize ED length of stay for behavioral health patients through Social Work intervention.
- Understand considerations and interventions to keep patients safe while boarding awaiting psychiatric inpatient placement.
- Learn strategies for maximizing relationships with area psychiatric facilities to expedite patient placement.





# Course Descriptions

## **W-23: What Do You Mean, “What Do We Do”?**

*Kelli White & Gina Minot*

“What do you do” is a question that social workers hear all the time. How do we create documentation that is meaningful, data-driven and purposeful which tells the story of the unique role we play? Our presentation focuses on discussing our department’s shift from an open-ended documentation system to a templated version. Included will be a discussion of the benefits of data collection, a review of the preliminary data we have collected and a review of the barriers and challenges to implementing this system.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Discuss the need for improved documentation practices and outline the value of using templates in documentation
- Explore barriers when implementing a new documentation system
- Discuss the ways in which our new system has allowed us to collect data that mitigates risk
- Learn new ways of telling the story of “What we Do”

## **W-24: A Patient Centered Approach to Pediatric Diabetes Care**

*Mina Monroe, Kay Pasquesi & Jennifer Horner*

In the North-West Region of Kaiser Permanente (KPNW), we use a multidisciplinary treatment approach to care for Pediatric Patients with Diabetes. The Licensed Clinical Social Workers (LCSWs) on the team contribute a unique perspective, incorporate important mental health screenings, and connect patients with invaluable resources. This patient centered care approach helps meet the complex medical and psychosocial needs of this population and improve health outcomes and quality of life.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Understand the unique needs of pediatric patients with diabetes and other chronic illnesses
- Describe the set-up and high-light features of a pediatric multi-disciplinary team in a regional medical care system
- Share the benefits of a multi-disciplinary treatment approach to pediatric diabetes care
- Explain the Pediatric Diabetes Group Visit Model approach

## **W-25: Developing a Competency Program for Social Workers**

*Sarah Myer, Alissa Mallow, Jordana Rutigliano, Erika Jewell & Mara Larkin*

A group of Society for Social Work Leadership in Health Care leaders has been developing a Certification program for social workers in healthcare settings over the past year. The primary

goal of this workshop is to review critical elements of social work practice in healthcare settings, showcase efforts on this project to date, review various evidence-based practice criteria being used to develop this program, sample program content and seek input from the social work leadership community.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Review the core social work competencies in health care social work.
- Report progress on the development of a health care social work certification program.
- Discuss the components of a successful model of program development involving social workers from various health-care settings.

11:45 a.m. – 1:00 p.m. Lunch on your own

12:00 – 1:00 p.m. Joint Meeting of the SSWLHC & SWHL Foundation Board of Directors

1:00 – 2:00 p.m. General Session: Maria Chi DSW, MSSW, LCSW-R (NY), ACS presenting “The Double Burden of Illness & Financial Stress: Making Meaning to Survive”

2:00 – 2:30 p.m. Refreshment Break, Final Poster Viewing and Closing Raffle

2:30 – 3:30 p.m. Concurrent Session 6

## **W-26: Institutionalizing Equity into the Social Work Practice at Children’s Minnesota**

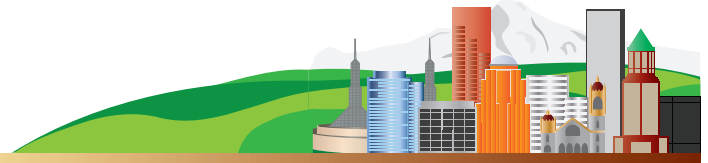
*Lisa Skjefte, Carolyn Serie & Joy Johnson-Lind*

Children’s Minnesota’s strategic plan currently incorporates equity and community as two key elements of the “Improve the Health of All Kids” and “Grow in Partnership” pillars respectively. Our Equity Initiative is in partnership with the Advocacy and Policy, Social Work Departments, and with American Indian social work practitioners, we seek to operationalize equity into practice. We will demonstrate how tracking data will help us to understand and uncover where inequities are currently maintained and perpetuated with policy and procedures.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Learn how to develop a structure that will institutionalize equity into practice.
- Learn about potential health care benefits to implementing a health equity lens into the social work practice in pediatrics.



# Course Descriptions

- Understand how the use of data is important to uncovering policies and procedures in practice that perpetuates health inequities.

## **W-27: Piloting a Hospital Social Work Liaison to a Community Medical Home to Address ER “Super-Users”: A Stanford Health Care - Ravenswood Family Health Center Collaboration.**

*Loretta Sun*

This pilot study between Stanford Health Care (SHC) and community partner, Ravenswood Family Health Center (RFHC), employs a SHC social worker in a bridging role. This responds to the phenomenon that 21 mutual highest utilizers of the SHC Emergency Department, during June-November 2016, were assigned to RFHC for primary care and rely on SHC specialty care. Goals include care coordination, ensure patients’ engagement with RFHC and support in health outcomes. Study goal is reducing over-usage of the ED, avoiding unnecessary readmissions.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Better understand patient experiences through this study and presentation.
- Promote patient and family engagement and empowerment.
- Improve patient outcomes with active intervention in care coordination between providers, healthcare systems and community agencies.

## **W-28: Let’s Do the Numbers! Innovative Platforms to Demonstrate Value in the Data Driven Age of Health Care**

*Sabra Boyd, Jodi Pecora, Heather Brungardt, Michelle Camerer & Debby Brookstein*

No one would argue the practice of social work in health care is centered on the patient and family and the therapeutic relationship. While those paradigms remain true, the current health care environment is heavily reliant on data and outcomes. Leaders from a large pediatric hospital will share details of key projects that demonstrate how to translate clinical practice and interventions into metrics and data.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Understand how the use of technology impacts social work practice and is essential to demonstrating value and outcomes.

- Review specific examples of technology tools and platforms including a custom component with logic to highlight psychosocial information, high level departmental data dashboard and a productivity report.
- Analyze and discuss the challenges and barriers social work leaders encounter as they develop, create and collaborate with others in their institutions to bring these innovations to fruition.

## **W-29: Training Clinicians to Assess for Suicide Risk in an Oncology Setting**

*Mark Anderson & Amy Lyon*

A cancer diagnosis increases the risk that a person will die by suicide. Paradoxically, cancer institutions have historically been poor at assessing for suicide risk. Given these facts it is vital that clinicians in an oncology setting be properly trained to both assess for suicide risk and intervene in a crisis. This talk will outline a day long training developed to increase awareness of suicide risk and promote appropriate assessment and intervention.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Increase knowledge around suicide risk, assessment and intervention.
- Improve awareness of our own influences and assumptions in evaluating for suicide risk.
- Explore how to design a program to better train professionals to assess for suicide risk.

## **W-30: Building Quality Practice Initiatives in a Large Urban Hospital Setting**

*Pamela Chamorro*

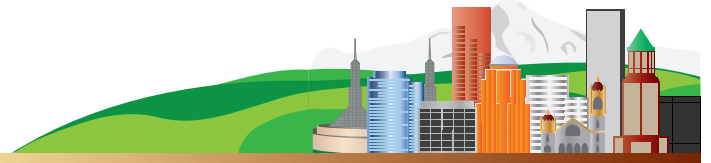
In a large social work department, quality assurance and improvement practice initiatives are essential to maintaining consistent social work practice. This workshop will examine the opportunities and challenges in building consistency across social work practice domains in a large urban hospital.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Identify key challenges in designing initiatives that address social work practice in varying domains;
- Describe the unique challenges of creating quality initiatives for a department of over 200 social workers;
- More fully understand the implications of ensuring quality practice oversight initiatives while partnering with current.

3:30 – 3:45 p.m.      Transition Break



# Course Descriptions

3:45 – 4:45 p.m.

Concurrent Session 7

## **W-31: Social Work in Value-Based Health Care**

*Walter Rosenberg*

U.S. health care has finally recognized the importance of psychosocial and community-level factors that impact patient outcomes. At the same time, our health care system is slowly transitioning from a fee-for-service to a value-based model. While these developments are providing more opportunities than ever for social work integration into health systems, the discipline remains faced with significant operational and sustainability challenges. This presentation will discuss strategies for success.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Understand the evolution of health care from volume to value and its impact on opportunities for social work integration
- Describe key operational challenges and strategies for integrating social work into health system care management
- Discuss key sustainability challenges for social work in health system care management, including the use of chronic care management and transitional care management codes

## **W-32: REPEAT of W-07: Implementing a Complex Discharge and Transition Team for the Hardest to Discharge Patients: Using a Centralized Model to Efficiently Manage Resource Intensive Cases to Reduce Length of Stay**

## **W-33: A Comprehensive Overview of Social Work Partnership in Merging Healthcare Institutions**

*Rachel Potter & Elizabeth Langhoff*

In the current healthcare environment, it has become increasingly common for healthcare institutions to join together. Through a recent collaboration, best practices from an existing social work model, within a specialized hospital catering to respiratory patients, were translated into an outpatient pulmonary clinic within a major metropolitan hospital. This presentation will compare and contrast social work models in both of these settings.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Provide insight on translating an existing social work model of psychosocial support to a demographically different patient population
- Understand commonalities and differences in supporting patients with pulmonary illness across state lines and within different organizational systems

- Identify continued avenues for collaboration and innovative social work interventions

## **W-34: Taking the Initiative: How You Can Create Wellness in Your Workplace**

*Tabeen Urbach, LCSW & Onyinye Orijid-Dor, LCSW*

Social workers provide an invaluable service to chronic and terminally ill patients within a healthcare setting; however, the multifaceted demands of this population place the social worker at risk of experiencing compassion fatigue and burn out which can lead to high employee turnover and low morale. This presentation will explore the ways in which social workers can advocate for wellness programs and initiatives to act as protective factors for their mental health and job satisfaction.

### **Learning Objectives**

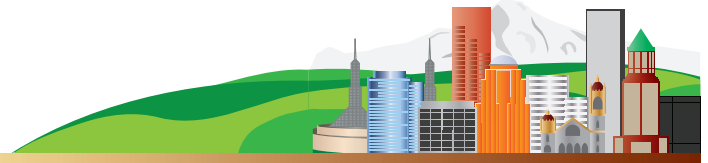
After review of this presentation, participants will be able to:

- Examine the unique role of social workers working with chronic and terminally ill patients in a healthcare setting.
- Explore the factors that contribute to burn out and compassion fatigue and how they correlate to decreased job satisfaction and low morale for medical social workers.
- Learn how to use self-advocacy to create positive change in the workplace, including the implementation of wellness programs and initiatives that prioritize the emotional and mental health of social workers in this setting.

## **W-35: Fake News: Exploring the Myths Surrounding Single Payer Healthcare**

*Karen Nelson*

The United States currently spends \$9237 per person on healthcare, the highest among OECD countries<sup>1</sup>. Despite its high costs, the US enjoys some of the worst health outcomes and ranks last on the basis of life expectancy among the 12 wealthiest industrialized countries<sup>2</sup>. Given that there exist many healthcare delivery models in other countries which are cheaper and provide better outcomes, it is curious that single payer and alternative systems have not been more widely embraced in America. Forays by Bernie Sanders and the State of California to consider single payer healthcare as an option have not gained the momentum expected. In this presentation the current for-profit US healthcare system will be compared to models in other developed countries on the basis of cost, outcomes, life expectancy, etc. Many of the myths and urban legends which have made the American public suspicious of single payer healthcare will be debunked and explored. The relationship between the social determinants of health and the various healthcare funding models will be considered. Using evidence and education, social workers can use their advocacy skills on a public policy level to work towards the goal of making healthcare a right for all Americans. <sup>1</sup>OECD 2013; <sup>2</sup>Kaiser Family Foundation



# Course Descriptions

## Learning Objectives

After review of this presentation, participants will be able to:

5:30 – 7:00 p.m. Happy Hour- Social Work Health Leadership Foundation Fundraiser (Ticket Required)

## Saturday, October 6, 2018

7:00 – 11:00 a.m. Registration

7:00 – 8:00 a.m. Continental Breakfast

7:00 – 8:00 a.m. Leadership Institute Regroup & Breakfast

8:00 – 9:00 a.m. Concurrent Session 8

### W-36: Demonstrating the Value of Social Work in the Changing Landscape of Healthcare

*JoAnn Duffy*

Social workers struggle with maintaining professional integrity and demonstrating their value in healthcare organizations. Given the current state of healthcare in our country and the financial impact it is having on hospitals and other medical providers, social workers need to define their role in value based care. We need to meet this challenge while upholding the professional identity of social work and the desire to stay true to our core values and standards.

## Learning Objectives

After review of this presentation, participants will be able to:

- Identify strategies to keep social work a vital resource in healthcare organizations
- Understand the importance of demonstrating the benefits of social work in value based care.
- Discuss opportunities for maintaining the best practices of the social work profession while adapting to changes in healthcare.

### W-37: Reducing Mental Health Readmissions - Hospital, Post Hospital and Collaborative Community Interventions

*Janis Seiders & Karen Sandnes*

Hospital readmissions are a growing focus of insurances, regulators and quality oversight. Those who have Psychiatric and Co- occurring diagnoses present challenges for medical and psychiatric settings. The presenters adapted evidence based processes used with medical patients to a psychiatric population and added enhancements. Program successes were published on AHRQ. Discharge READY materials, project data and readmission reduction strategies will be shared.

## Learning Objectives

After review of this presentation, participants will be able to:

- Identify at least 3 diagnostic groups who are high risk for acute behavioral health readmission.
- Describe to at least 2 interventions that can be used to reduce readmissions.
- Understand how process changes trialed with medical diagnoses can be adapted for use with mental illness diagnoses.
- Learn national recognized quality measures that can be correlated with readmission reduction.

### W-38: Training Medical Team Members on Effective Use of Interdisciplinary Team

*Linda Brandeis*

Working in the VA we have all level of medical trainees. SW in the VA is able to teach other disciplines how we use our skills to help medical teams function and insure continuity and quality care to their Veterans. SW is a critical member of the interdisciplinary team in the geriatrics arena. We insure that Veterans and families understand the treatment and follow up plans and are able to access the resources and information they need for their health care. We are the voice of the Veteran and family to the team.

## Learning Objectives

After review of this presentation, participants will be able to:

- Learn how to demonstrate to others the importance of having SW on the multidisciplinary team.
- Learn the components of interdisciplinary collaboration.
- Develop a beginning template to develop your own description of the SW role on multidisciplinary team you work on.

### W-39: Psychosocial Distress Screening in a General Medical Population

*Schuyler Cunningham & Lisa Felber*

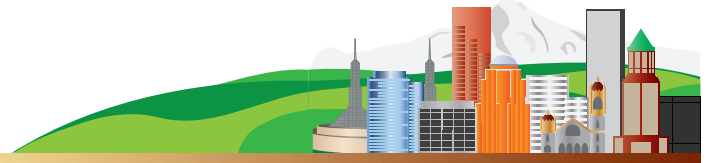
This presentation describes a self-reported psychosocial distress screening tool in a non-cancer adult in-patient population and criterion to predict the need for psychosocial intervention. The outcomes have bearing on reducing screening workload for medical social workers in high volume medical settings. Also, a criterion for scoring the tool can predict which patients need further social work intervention. These criteria identified 36% (446/1228) of patients in need of in-person screening, representing a significant workload reduction.

## Learning Objectives

After review of this presentation, participants will be able to:

- Demonstrate leadership through innovative program design with an interdisciplinary team
- Understand the importance of utilizing a patient-reported distress screening tool in a high-volume medicine unit
- Summarize distress screening tools, methods, procedures,





# Course Descriptions

and limitations

- Describe a process for screening patients and determining needs in order to provide psychosocial interventions

## **W-40: Behavioral Health Integration in Primary Care: Building a Sustainable Model; Part I**

*Ellen Goodman, Jonas Bromberg & Jessica Barton*

Integrating clinical social workers in primary care offers an opportunity to improve a practice's capacity to respond effectively to patient's behavioral health needs, improve the quality of care and health outcomes, and effectively manage cost. This session will introduce a comprehensive approach to addressing the behavioral health and substance use needs of children and adolescents in a statewide, pediatric primary care network. The first part of this presentation will describe the clinical, educational, and operational components of the BHIP program model in detail.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Identify four critical elements for providing effective integrated behavioral health care within the pediatric medical home;
- Describe four ways to measure system-level outcomes of behavioral health integration
- Identify the unique skills clinical social workers bring to this work

9:00 – 9:15 a.m.      Transition Break

9:15 – 10:15 a.m.      Concurrent Session 9

## **W-41: Behavioral Health Integration in Primary Care: Building a Sustainable Model; Part II**

*Ellen Goodman, Jonas Bromberg & Jessica Barton*

See Part I for additional course description.

The second part of the presentation will address the development of a primary care mental health workforce, and the challenges and opportunities faced in building an integrated practice model. We will also discuss program evaluation and data-driven performance improvement. Social workers at all career levels are central to the development and ongoing success of BHIP. The variety of roles for social work and their unique skill sets will be highlighted.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Identify four critical elements for providing effective integrated behavioral health care within the pediatric medical home;

- Describe four ways to measure system-level outcomes of behavioral health integration
- Identify the unique skills clinical social workers bring to this work

## **W-42: Development of an Innovative Primary Palliative Care Program**

*Keisha Berglund*

Palliative care is a growing and crucial field of medicine that benefits patients during every stage of an illness. As the field grows, there is a shortage of clinicians available to meet the palliative care needs of our patients. An innovative primary palliative care model has been implemented within our hospitalist department of inpatient medicine. Data, outcomes, and ways of adapting this primary palliative care model to other settings will be explored. Resources for ongoing education will also be provided.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Detail the process of primary palliative care program development so that participants will be able to implement a similar program in their setting.
- Learn how to initiate advanced care planning and goals of care discussions throughout the chronic illness trajectory.
- Discuss how this model can be modified and adapted to meet the particular needs of other care settings, such as long term care, case management, primary care, and home health.
- Gain a deeper understanding of palliative care and will be provided with resources for ongoing education and support.

## **W-43: Social Work's Impact on the Healthcare Delivery System**

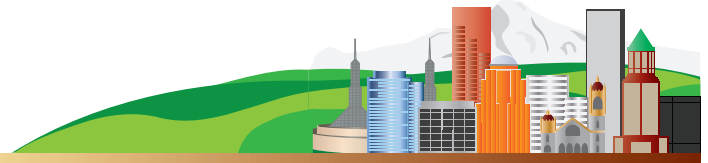
*Jonathan Howland & Lori Graham*

To reduce costs and improve patient outcomes, private and government payers are shifting from fee-for-service payment models toward reimbursing providers who focus on quality and outcomes. Implementing value-based programs poses multiple challenges for the healthcare industry and potential ethical concerns about their impact on vulnerable populations. Healthcare social workers should remain active promoting healthcare policy and practice that rewards financial and health outcomes without adversely affecting patients with complex medical needs.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Better understand the role of social work in the health insurance field.



# Course Descriptions

- Analyze the various roles that social workers should be filling in the health care field using a classical social work systems framework.
- Learn about various tools and applications which help impact healthcare service delivery at all system levels.

## **W-44: Best Practices for the Assessment and Disposition of Pediatric Psychiatric ED Patients**

*Connie Nicolosi*

This presentation is targeted for those who are interested in best practices for the assessment and disposition of the pediatric psychiatric ED patients. Licensed clinical social workers at Yale New Haven Hospital (YNHH) complete psychiatric assessments for all pediatric psychiatric patients presenting to the pediatric ED. Since this model began 5 years ago, very few youth with psychiatric presentations remain in the ED for more than 8 hours. This session will provide insight into a collaborative psychiatric model currently in place at YNHH.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Identify acute inpatient hospitalization criteria
- Review need for consistent social work staffing to reduce length of stay and deal with recidivism
- Discuss options for funding social work positions
- Review the creation of community partnerships with outpatient programs to facilitate timely discharges

## **W-45: Developing a Post-Acute Care Preferred Provider Network to Improve Patient Care**

*Jon Chapman, Yasin Patel & Krista Curell*

As health care continues to transition from volume to value, hospitals need to manage and coordinate care beyond the index hospital stay to improve quality, lower cost, and improve population health. At the University of Chicago Medicine we developed a post-acute care (PAC) preferred partner network (PPN) to improve hospital throughput, optimize patient care, and develop processes and protocols to reduce complications and avoidable readmissions.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Describe process and methods to establishing effective partnerships between hospitals and post-acute care facilities to achieve the triple aim of improving quality, reducing cost, and improving population health beyond the hospital stay.
- Outline the role social work leadership and quality improvement can play in facilitating partnership development and collaboration between post-acute care providers and hospital service line leaders.
- Discuss how to evolve post-acute care partnerships to develop robust quality improvement collaborations between hospitals and post-acute care facilities.

10:15 – 10:45 a.m. Check-Out Break

10:45 – 11:45 a.m. Concurrent Session 10

## **W-46: Leading Systemic Change in Healthcare: An Interactive Journey.**

*LeAnn Bruce*

This interactive presentation will walk participants through the cycle of change as it applies to effecting systemic change in a large healthcare system. Using the VA Intimate Partner Violence Assistance Program as an example, participants will gain and apply knowledge, skills and insights to leading change within their own sphere of influence and beyond.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Identify 3 ways to roll with resistance when seeking change.
- Identify 2 ways to engage in self care and self awareness when engaging in systems change.
- Explain how application of Change Theory can lead to achieving real results.

## **W-47: From Code-A-Pillar to Butterfly: Developing Your Transformative Approach to Social Work Leadership in Healthcare**

*Elizabeth Wierman Rubin & Charlie Blotner*

Leadership is an emerging area of application of Motivational Interviewing. In this highly interactive session, participants will be inspired to transform their leadership style, through the lens of leadership as the work of change and by integrating a Motivational Interviewing consistent guiding approach into their work. Participants will have the opportunity to engage in a variety of activities helpful in developing a guiding approach to leadership, culminating in a leadership hack-a-thon game of leadership code-a-pillar.

### **Learning Objectives**

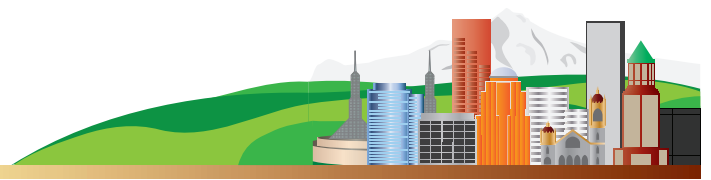
After review of this presentation, participants will be able to:

- Identify 3 benefits of utilizing Motivational Interviewing in social work practice and healthcare leadership.
- Apply the guiding approach to leadership activities.
- Demonstrate the spirit of Motivational Interviewing in social work leadership.

## **W-48: Data, Statistics, and Social Work, Oh My! Leverage Your EMR to Create a Data Collection Tool That Drives Best Practice, Supports Social Workers, and Satisfies Regulators.**

*Rachel Dieleman, Dawn StAubyn, John Delfeld & Lauren Dickinson*

This workshop outlines our journey in leveraging the EMR to



# Course Descriptions

create a data collection tool flexible enough to address needs across multiple levels within our medical center. We will cover the tool's development; strategies we employed to engage and educate our social workers on its use; results derived; and positive effects on staffing, education, and compliance. We will also discuss lessons learned and implications for future use.

## Learning Objectives

After review of this presentation, participants will be able to:

- Identify how the use of an EMR Flowsheet as a data collection tool can aid leadership in healthcare on the macro, mezzo and micro levels corresponding with benefits to patients, social work providers, and the organization.
- Discuss lessons learned in building, maintaining, and expanding a data management tool such as an EMR flowsheet.
- Explore how a data collection tool such as an EMR Flowsheet can be adapted to the needs of your organization.

## W-49: Increasing Social Work's Role in Chronic Pain Care

*Katie Levy*

Pain medicine is undergoing rapid changes impacting many people living with chronic pain. Social workers possess important assessment and intervention skills to treat this vulnerable patient population. Explaining the neurobiology of pain, adding pain-specific assessment questions, and sharing evidence-based interventions and tools to monitor patient outcomes with regard pain and mood, this presentation will equip social workers with the knowledge they need to confidently assess and either treat or refer patients living with chronic pain.

## Learning Objectives

After review of this presentation, participants will be able to:

- Understand the neurobiology of chronic pain & importance of biopsychosocial approach
- Be familiar with evidence-based treatment for chronic pain
- Increase assessment and treatment skills to address pain problems
- Gain monitoring tools to track pain-specific patient outcomes

## W-50: Development of an Integrated Behavioral Health Workforce: A Community-University Partnership

*Mark St. Aubin & Troy Andersen*

The development of our community's University of Utah's Integrated Behavioral Health Care system over a 3 year period is outlined in this presentation. Starting from a part-time social work intern 3 years ago, the clinic system now supports 20 full-time clinical social workers embedded in over 9 clinics serving both urban and rural areas of Utah. The challenges faced, successes and mistakes, leadership/management approaches,

ongoing collaboration with College of Social Work, revenue generating streams, and future vision will be presented.

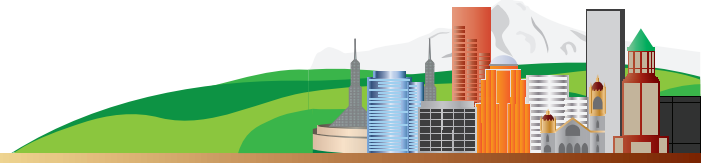
## Learning Objectives

After review of this presentation, participants will be able to:

- Identify opportunities in one's own community where social work's contributions to integrated care can be developed;
- Leverage partnerships which can mobilize resources to address community needs in primary care;
- Design protocols which support social work's financial viability in primary care settings.
- Utilize clinical information systems to address the management of a population's health and behavioral health needs.

11:45 a.m.

Conference Adjournment



# Poster Presentations

## **Poster 01: The Effects of Child Maltreatment on the Developing Brain - An Interprofessional Approach**

*Elizabeth Wilson, Eric Roseman & Karen Kay Imagawa*

Child abuse is a significant public health problem that may lead to lifelong consequences and is the leading cause of traumatic morbidity and mortality in children under the age of 2 years. In addition, exposure to adverse childhood experiences can have a profound impact on the developing brain. This presentation will identify the effects of early exposure to trauma and discuss therapeutic techniques and interventions supported in a forensic child abuse clinic at an academic Children's Hospital that may help optimize healthy development.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Review the correlation between trauma and its impact on the developing brain
- Summarize the psychological and cognitive attributes of children who are victims of child maltreatment
- Discuss interprofessional interventions that can assist with children who are victims of child maltreatment

## **Poster 03: The Complex Discharge Team: A Social Work Intervention in an Urban Hospital**

*Ali Balay, Ashley Kappmeyer & Krystal Hawkins*

The Complex Discharge Team (CDT) is a team of two clinical social workers at Northwestern Memorial Hospital. The two social workers are part of the interdisciplinary care team and are consulted when a patient has psychosocial barriers preventing a timely and successful discharge. The two main data sets examined are avoidable days and length of stay. The purpose of the CDT is to decrease avoidable days and the overall length of stay in this complex patient population.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Review and analyze complex patient populations.
- Discuss the effectiveness of the Complex Discharge Team.
- Understand what makes a discharge complicated and what efforts were made to successfully discharge the patient through the use of patient case examples.
- Evaluate the outcomes and data presented by the Complex Discharge Team.

## **Poster 04: Destressing the Staff: Initiation of Debriefing Sessions After Difficult ICU Cases, A Quality Initiative**

*Laura Walther-Broussard & Annabelle Bitter*

All levels of ICU staff deal with stressful patient situations. In addition, about 20% are more stressful due to cultural disparity, conflicting expectations of outcomes and need for continuous high level of care. This can lead to fatigue, burnout and

lack of collegiality among various medical teams. Multi-disciplinary debriefing sessions led by social workers were used to encourage staff to discuss rewarding and challenging aspects of these patients. These were evaluated by participating staff with questions as well as Likert scale responses.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Recognize that the stresses of ICU patient care are pervasive in all members of the multi-disciplinary staff.
- Understand debriefing as a method of recognizing specific emotional, social and cultural factors which impact patient care and assist with targeted interventions.
- Provide structure for conducting brief, effective debriefing sessions for staff.

## **Poster 05: Trauma-Informed Case Management Across the Continuum**

*Allison Whisenhunt*

Navigating transitions from one point of care to the next can be incredibly challenging, and typically a patient will work with different care teams across the continuum, creating opportunities for missed information, emotional distress and traumatizing experiences. This poster discusses the core concepts of a trauma informed approach to case management across the continuum, as well as the benefits, challenges and innovative approaches that have occurred to implement this model in one rural healthcare setting.

### **Learning Objectives**

After review of this presentation, participants will be able to:

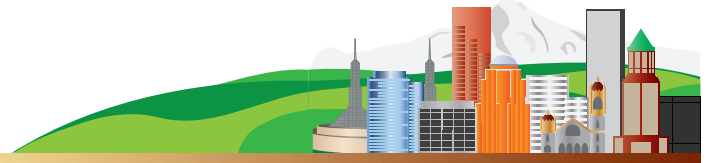
- Identify benefits of integrating trauma informed care with case management in health care.
- Review principles of trauma informed care as they related to case management.
- Describe challenges, innovative strategies and successes with implementing trauma informed case management.

## **Poster 06: The Patient and Family Meeting Program: a Pilot of a Social Work Led Family Meeting Model in the Outpatient Oncology Clinic**

*Michele Ochoa, Stefanie Mooney & Kathy Burns*

Evidence supports the use of family meetings in the ICU but less evidence exists for the benefit of earlier, values-based discussions in outpatient settings. At City of Hope, the Patient and Family Meeting Program (FMP) utilizes a social work-led, interdisciplinary approach to family meetings. The FMP was piloted in the genitourinary oncology clinic to patients with a prognosis of under two years. Results showed beneficial outcomes including efficiency of physician time and increases in hospice and supportive medicine referrals.





# Poster Presentations

## Learning Objectives

After review of this presentation, participants will be able to:

- Identify clinical and leadership skills needed to effectively implement a Social Work Led Family Meeting.
- Summarize the steps of the Social Work Led Family Meeting.
- Discuss the impact of outpatient family meetings on patient care and outcomes.
- Review the effectiveness of the Patient and Family Meeting Program in the outpatient oncology setting.

## Poster 07: Benefits of Implementing a Social Work Driven Medical Legal Partnership (MLP) Program in a Pediatric Hospital Cerebral Palsy (CP) and Complex Health Care Outpatient Setting:

*Teresa Clark & Christine DeChicco*

Partnering with local legal aid agencies to create a medical legal partnership (MLP) program has proven to be an effective tool in addressing social determinants of health. This presentation will highlight the success of a social work care coordination MLP model in reducing barriers to health and wellness for children and adults with chronic health conditions.

## Learning Objectives

After review of this presentation, participants will be able to:

- Demonstrate an understanding of the foundation of a Medical Legal Partnership (MLP) and structure of the program
- Describe the potential long term positive health outcomes for the patient and caregiver after participating in an MLP, along with the economic benefit to society.
- Recognize the impact of social determinants of health on an individual's access to care and wellness outcomes
- Identify implementation strategies for providers to use within their own practice to address identified barriers with denials of care

## Poster 08: Ethical Implications and Psychosocial Considerations for International Patients: The Role of the International Social Worker

*Amanda Kennedy*

International families traveling for pediatric treatment face a number of biopsychosocial challenges, including language barriers and keeping their families in tact while staying in the United States for long periods of time. Social workers play a pivotal role in helping these families explore and address psychosocial concerns when contemplating an indefinite stay for treatment. Ethical implications for providing care, conducting psychosocial assessments and receiving informed consent from international families will be addressed.

## Learning Objectives

After review of this presentation, participants will be able to:

- Increase provider knowledge regarding psychosocial considerations for international patients and their families
- Discuss ethical implications for providing care to international families and their potential effects on familial preservation, employment, and immigration
- Discuss ethical considerations when performing international psychosocial assessments over the phone, including social desirability bias and informed consent concerns

## Poster 09: How the Internet is Changing the Way We Think, Read, and Remember

*Roddy Young*

The information provided will inform social workers how the Internet and other electronic technologies are affecting our way of thinking and our ability to be reflective. Social workers will learn how these changes affect the subtlest and human forms of empathy, compassion, and other emotions. Identify methods to help lessen the effects the internet has on our way of thinking while still being able to take advantage of the ways it makes our lives easier.

## Learning Objectives

After review of this presentation, participants will be able to:

- Know how the Internet and other electronic technologies are affecting our way of thinking and our ability to be reflective.
- Understand how the changes affect empathy, compassion, and other emotions.
- Learn how to lessen the effects of the Internet has on our way of thinking and still take advantage of it makes our lives easier.

## Poster 10: Implementing Mental Health Screening Tools in Patients with Cystic Fibrosis

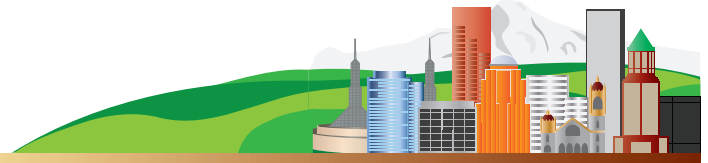
*Jodi Duncan, Abby Orkis & Carmen Jackson*

The purpose of this project was to implement screening for depression and anxiety symptoms in patients with cystic fibrosis, ages 12 and older, using the PHQ-9 & GAD-7. Screens were rolled out into a multidisciplinary clinic with no previous routine screening tools; They were monitored in a dedicated QI process. A score greater than or equal to 10 reflected a positive screen. Resources, follow-up, and brief interventions were offered to patients based on their screening results. A total of 299 patients were successfully screened within a year.

## Learning Objectives

After review of this presentation, participants will be able to:

- Understand the mental health screening process for patients with CF.
- Identify a positive score using the PHQ-9/GAD 7 survey and evaluate the need for further intervention.
- Discuss available resources within multidisciplinary team.



# Poster Presentations

## **Poster 11: Leading Advance Care Planning Discussions One Patient at a Time**

*Lorie Cabitac & Christine Durlam*

Social workers are seen as leaders in Advance Care Planning (ACP) education and counseling. In a major comprehensive cancer hospital, social workers play a vital role in an ACP Initiative. The ACP partnership includes training the medical teams and presenting to various patient audiences through workshops and other events. The Social Work Department created comprehensive ACP material to address the emotional aspects, financial planning, legacy work, and end-of-life preferences. Overall, patient and staff feedback was positive and well received.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Identify deficits in initiating Advance Care Planning discussions and form completion.
- Learn how to educate and increase the comfort level of the medical team when addressing Advance Care Planning with their patients.
- Learn how to utilize the specific Advance Care Planning tools to better engage with patients and guide them through end of life planning.

## **Poster 12: Couples Coping with Cancer Together. Integrating an Interdisciplinary Psychosocial Program into Standard Medical Care: Practical Strategies and Lessons Learned.**

*Jenny Rodriguez*

Couples Coping with Cancer Together (CCCT) is an evidence-based interdisciplinary model of whole patient care which is successfully integrated into standard of care for newly diagnosed cancer patients and their partners. Vulnerable populations currently served include Spanish speaking, advanced cancer, and sexual minority couples. Key strategies used to develop CCCT include: identifying values, benefits, and outcomes for key stakeholders. CCCT has prospectively screened over 600 breast cancer patients/partners simultaneously.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Learn an innovative program development model for integrating psychosocial programs into standard medical care.
- Learn practical strategies for successfully implementing a psychosocial program into standard medical care.
- Learn, with the use of examples, to apply this program development model to their institution or clinical setting.

## **Poster 13: Chronic Care Management: Developing Telephonic Care Management Services to the Elderly and Disabled in Urban Community Health Centers**

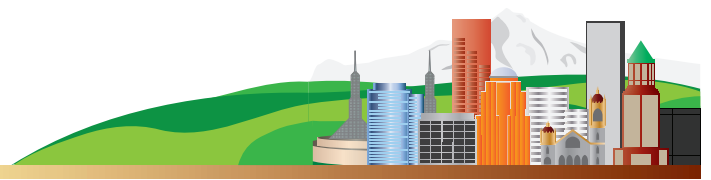
*Katie Bierlein*

Chronic Care Management (CCM) is a telephonic support service provided to elderly and disabled patients struggling to manage chronic conditions. The Institute for Family Health (IFH) is a Federally Qualified Health Center comprising a network of safety net clinics in New York City and Upstate New York. Building on a strong foundation of in-clinic care management services, IFH developed telephonic CCM beginning in December 2017. Lessons learned in developing our program strategy will be the focus of this presentation.

### **Learning Objectives**

After review of this presentation, participants will be able to:

- Identify two strategies that improve telephonic outreach and engagement efforts to the elderly and disabled.
- Describe two unique challenges of telephonic engagement.
- Explain how Chronic Care Management aligns with the shift toward values based payments.



# Faculty

**Troy Andersen, LCSW, PhD**

College of Social Work, University of Utah  
Salt Lake City, UT  
W-50

**Mark Anderson, JD, LMSW**

MD Anderson Cancer Center  
Houston, TX  
W-29

**Sara Bachman, PhD**

Boston University Center for Innovation in Social Work & Health  
Boston, MA  
W-05

**Ali Balay, LCSW**

Northwestern Medicine  
Chicago, IL  
P-03

**Jessica Barton, MSW, LICSW**

Boston Children's Hospital  
Brookline, MA  
W-40

**Keisha Berglund, LCSW**

Mount Sinai Hospital  
New York, NY  
W-42

**Katie Bierlein, LMSW, MPH**

The Institute for Family Health  
New York, NY  
P-13

**Annabelle Bitter, LCSW**

MD Anderson Cancer Center  
Houston, TX  
P-04

**Charlie Blotner, MSWc**

Swedish Health Services  
Seattle, WA  
W-47

**Phil Bongiorno**

Home Care Association of America  
Washington, DC  
W-13

**Sabra Boyd, LCSW, LSCSW**

Children's Mercy Kansas City  
Kansas City, MO  
Peds Intensive & W-28

**Linda Brandeis, ACSW, LICSW**

VA Puget Sound Health Care System  
Seattle, WA  
W-06 & W-38

**Jonas Bromberg, PsyD**

Boston Children's Hospital  
Brookline, MA  
W-40

**Debby Brookstein, LCSW, LSCSW**

Children's Mercy Kansas City  
Kansas City, MO  
Peds Intensive & W-28

**LeAnn Bruce, PhD, LCSW**

Dept of Veterans Affairs  
Washington, DC  
W-46

**Heather Brungardt, LCSW, LMSW**

Children's Mercy Kansas City  
Kansas City, MO  
Peds Intensive & W-28

**Kathy Burns, MSN, AGACNP-BC**

City of Hope  
Duarte, CA  
P-06

**Erin Butler, LCSW**

VA Office of Inspector General (OIG)  
80246, CO  
W-20

**Lorie Cabitac, LCSW**

UT M.D. Anderson Cancer Center  
Houston, TX  
P-11

**Michelle Camerer, LCSW, LMSW**

Children's Mercy Kansas City  
Kansas City, MO  
Peds Intensive & W-28

**Melissa Challman, MPH, CCRP**

Texas Children's Hospital  
Houston, TX  
P-02

**Pamela Chamorro, MSW, LICSW**

Boston Children's Hospital  
Boston, MA  
W-30

**Jon Chapman, LCSW**

University of Chicago Medicine  
Chicago, IL  
W-45

**Deena Chisolm, PhD**

Nationwide Children's Hospital  
Columbus, OH  
W-09

**Renee Cisco, MSW, ACM-SW**

Stanford Health Care  
Stanford, CA  
W-15

**Teresa Clark, MSW/LISW-S**

Nationwide Children's Hospital  
Columbus, OH  
P-07

**Benjamin Clemens, LCSW**

The Institute for Family Health  
New Paltz, NY  
Epic Half Day Intensive

**Alexander Cohen, MSW, MPH**

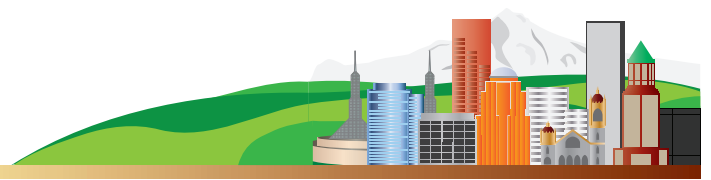
Cambridge Health Alliance  
Cambridge, MA  
W-05

**Trent Coots, MBA**

Texas Children's Hospital  
Houston, TX  
P-02

**Schuyler Cunningham, LICSW, BCD**

National Institutes of Health Clinical Center  
Bethesda, MD  
W-39



# Faculty

**Krista Curell, Esq., RN**  
University of Chicago Medicine  
Chicago, IL  
W-45

**Christine DeChicco, MSW, LSW**  
Nationwide Children's Hospital  
Columbus, OH  
P-07

**Carol DeJesus**  
President for the NY Metro Chapter of  
SSWLHC  
New York NY  
W-08

**John Delfeld, MSW, LICSW**  
Swedish Medical Center  
Seattle, WA  
W-48

**Lauren Dickinson, MSW, LICSW**  
Swedish Medical Center  
Seattle, WA  
W-48

**Rachel Dieleman, LICSW, ACM-MSW**  
Swedish Medical Center  
Seattle, WA  
W-48

**JoAnn Duffy, MSW, LSW**  
Children's Hospital of Philadelphia  
Philadelphia, PA  
W-36

**Jodi Duncan, MSW, LISW-S**  
Nationwide Children's Hospital  
Columbus, OH  
P-10

**Christine Durlam, LCSW**  
UT M.D. Anderson Cancer Center  
Houston, TX  
P-11

**Amal Elanouari, LCSW**  
Stanford Health Care  
Stanford, CA  
W-02

**Jennifer Erickson, MSW, LSW**  
Nationwide Children's Hospital  
Columbus, OH  
Pediatric Intensive

**Lisa Felber, MSW, LICSW**  
National Institutes of Health Clinical  
Center  
Bethesda, MD  
W-39

**Scott Ferguson, LCSW, ACM**  
Mount Sinai St. Luke's Hospital  
New York, NY  
W-08

**Michael Ferry, LCSW**  
Yale New Haven Hospital  
New Haven, CT  
Epic Half Day Intensive

**Therese Fitzgerald, PhD, MSW**  
Massachusetts Medical Society  
Waltham, MA  
W-05

**Jeanette Foster, MSW, LISW-S**  
Nationwide Children's Hospital  
Columbus, OH  
W-09

**Sara Golden, MSW, LICSW**  
Boston Children's Hospital  
Boston, MA  
W-10

**Nicole Goodly, LMSW**  
Texas Children's Hospital  
Houston, TX  
P-02

**Ellen Goodman, MSW, LICSW**  
Boston Children's Hospital  
Brookline, MA  
W-40

**Brooke Goodwin, LICSW**  
Children's National Medical Center  
Washington, DC  
Peds Intensive & W-03

**Lori Graham, LCSW, CCM**  
Arkansas Blue Cross and Blue Shield  
Little Rock, AR  
W-43

**Millie Harris, PhD, MSW, LSW**  
Nationwide Children's Hospital  
Columbus, OH  
W-09

**Ashley Hartoch, LCSW**  
Stanford Health Care  
Stanford, CA  
W-02

**Krystal Hawkins, LCSW, ACM-SW**  
Northwestern Medicine  
Chicago, IL  
P-03

**Tracy Hirai-Seaton, LICSW**  
University of Washington Medical Center  
Seattle, WA  
W-01 & W-21

**Jennifer Hopping-Winn, MSW, LCSW**  
Kaiser Permanente Northwest  
Portland, OR  
W-11

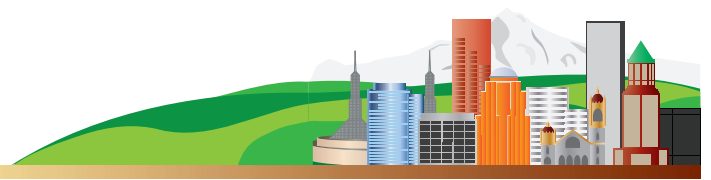
**Jennifer Horner, MSW, LCSW**  
Kaiser Permanente  
Portland, OR  
W-24

**Jonathan Howland, LCSW, CCM**  
Arkansas Blue Cross and Blue Shield  
Little Rock, AR  
W-43

**Karen Kay Imagawa, MD**  
Children's Hospital Los Angeles  
Los Angeles, CA  
P-01

**Carmen Jackson, MSW, LSW**  
Nationwide Children's Hospital  
Columbus, OH  
P-10





# Faculty

**Erika Jewell, LCSW, ACM**

CHOC Children's  
Orange, CA  
W-04 & W-25

**Joy Johnson-Lind, MSW, LICSW**

Children's Minnesota  
Minneapolis, MN  
W-26

**David Jones, PhD**

Boston University School of Public  
Health  
Boston, MA  
W-05

**Ashley Kappmeyer, LCSW, ACM-SW**

Northwestern Medicine  
Chicago, IL  
P-03

**Amanda Kennedy, MSW, LSW**

Nationwide Children's Hospital  
Columbus, OH  
P-08

**Sima Kulshreshtha, LMSW**

VA Puget Sound Health Care System  
Seattle, WA  
W-06

**Elizabeth Langhoff, LCSW**

National Jewish Health  
Denver, CO  
W-33

**Mara Larkin, MSW**

Maine Medical Center  
South Portland, ME  
W-25

**Clare Larsen, MSW, LICSW**

Mayo Clinic  
Rochester, MN  
W-16

**Katie Levy, MSW, LICSW**

University of Washington Medical Center  
Seattle, WA  
W-49

**Keila Lopez, MD, MPH**

Texas Children's Hospital  
Houston, TX  
P-02

**Dk Lovick, RN**

Texas Children's Hospital  
Houston, TX  
P-02

**Amy Lyon, LCSW**

MD Anderson Cancer Center  
Houston, TX  
W-29

**Alissa Mallow, DSW**

Montefiore Medical Group/Mntefiore  
Medical Center  
Bronx, NY  
W-25

**Leticia Manning, MPH**

US Public Health Service, Maternal and  
Child Health Bureau, Division of Services  
for Children with Special Needs  
Rockville, MD  
W-05

**Lori McCullough, MSW, LISW-S**

Nationwide Children's Hospital  
Columbus, OH  
Pediatric Intensive

**Ashley McCloud, MSW, LSWAIC**

University of Washington Medical Center  
Seattle, WA  
W-07 & W-32

**Gina Minot, MSW, LISW**

Nationwide Children's Hospital  
Columbus, OH  
W-23

**Mina Monroe, LCSW, MPH**

Kaiser Permanente  
Portland, OR  
W-24

**Stefanie Mooney, MD**

City of Hope  
Duarte, CA  
P-06

**Jennifer Morack, MS, MSW, LSW**

Nationwide Children's Hospital  
Columbus, OH  
W-09

**Pamela Moss-Samuelson, MSW, LISW-S**

Nationwide Children's Hospital  
Columbus, OH  
Pediatric Intensive

**Courtney Mulligan, BA, MA**

Texas Children's Hospital  
Houston, TX  
P-02

**Sarah Myer, MSW**

Magee Rehabilitation Hospital  
Philadelphia, PA  
W-25

**Tracy Ng, LASW**

University of Washington Medical Center  
Seattle, WA  
W-01 & W-21

**Connie Nicolosi, LCSW**

Yale New Haven Hospital  
New Haven, CT  
W-44

**Lorena Nimke, MSW, LICSW**

Mayo Clinic  
Rochester, MN  
W-16

**Rachel Nuzum, MPH**

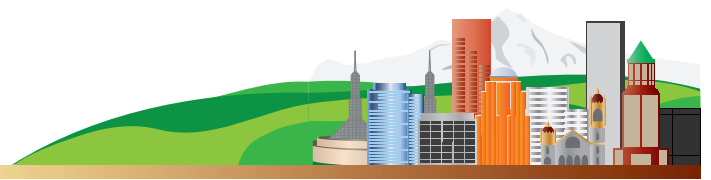
The Commonwealth Fund  
Washington, DC  
W-05

**Lauren Obidi, LICSW**

Children's National Medical Center  
Washington, DC  
Peds Intensive & W-03

**Michele Ochoa, LCSW, ACHP-SW**

City of Hope  
Duarte, CA  
P-06



# Faculty

**Onyinye Orij-Dor, LCSW, LMSW**

University of Texas MD Anderson  
Cancer Center  
Houston, TX  
W-34

**Abby Orkis, MSW, LSW**

Nationwide Children's Hospital  
Columbus, OH  
P-10

**Kay Pasquesi, MSW, LCSW**

Kaiser Permanente  
Portland, OR  
W-24

**Yasin Patel, MPH**

University of Chicago Medicine  
Chicago, IL  
W-45

**Jodi Pecora, LCSW, LSCSW**

Children's Mercy Kansas City  
Kansas City, MO  
Peds Intensive & W-28

**Erin Perry, LCSW**

Children's Hospital of Philadelphia  
Philadelphia, PA  
W-22

**Leslie Pertz, LSMW, NIC**

Michigan Medicine  
Ann Arbor, MI  
W-18

**NormaAlicia Pino, MA**

University of Washington School of  
Medicine  
Seattle, WA  
W-01 & W-21

**Rachel Potter, LMSW**

Mount Sinai National Jewish Health  
Respiratory Institute  
New York, NY  
W-33

**Patricia Riley, MS**

National Academy for State Health  
Policy  
Portland, ME  
W-05

**Jenny Rodriguez, MSW**

City of Hope Medical Center  
Duarte, CA  
P-12

**Eric Roseman, LCSW**

Children's Hospital Los Angeles  
Los Angeles, CA  
P-01

**Walter Rosenberg, LCSW, MHSM**

Rush University Medical Center  
Chicago, IL  
W-31

**Jordana Rutigliano, LMSW**

Beacon Health Options  
New York, NY  
W-25

**Karen Sandnes, MSW, LCSW**

PA Psychiatric Institute  
Harrisburg, PA  
W-37

**Janis Seiders, RN**

PA Psychiatric Institute  
Harrisburg, PA  
W-37

**Robert Seifert, MPA**

Center for Health Law and Economics,  
University of Massachusetts Medical  
School  
Charlestown, MA  
W-05

**Sallie Selfridge, LBSW**

UnityPoint St Luke's Methodist Hospital  
Cedar Rapids, IA  
W-17

**Carolyn Serie, MSW, LICSW**

Children's Minnesota  
Minneapolis, MN  
W-26

**Lisa Skjefte, BA**

Children's Minnesota  
Minneapolis, MN  
W-26

**Mark St. Aubin, LCSW, FT**

College of Social Work, University of Utah  
Salt Lake City, UT  
Hospice & Palliative Care Half Day  
Intensive & W-50

**Dawn StAubyn, MSW, LICSW**

Swedish Medical Center  
Seattle, WA  
W-48

**Robin Stone, LICSW**

Children's National Medical Center  
Washington, DC  
Peds Intensive & W-03

**Loretta Sun, LCSW**

Stanford Health Care  
Stanford, CA  
W-27

**Cameron Svendsen, MSW, LCSW**

Palliative Care Alliance  
Phoenix, AZ  
W-13

**Rachel Union, LCSW**

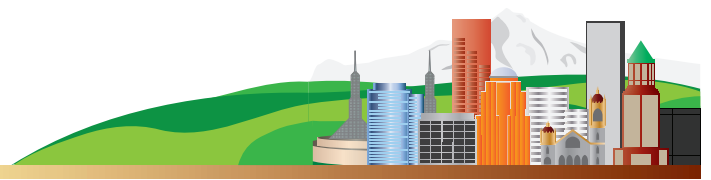
Seton/Ascension Healthcare Family  
Austin, TX  
W-19

**Tabeen Urbach, LCSW, LMSW**

University of Texas MD Anderson  
Cancer Center  
Houston, TX  
W-34

**Madeline Wachman, MSW, MPH**

Boston University Center for Innovation  
in Social Work & Health  
Boston, MA  
W-05



# Faculty

**Laura Walther-Broussard, LCSW,  
OSW-C**

MD Anderson Cancer Center  
Houston, TX  
P-04

**Allison Whisenhunt, MSW, LCSW**

Providence Seaside Hospital  
Seaside, OR  
P-05

**Kelli White, MSW, LISW-S**

Nationwide Children's Hospital  
Columbus, OH  
W-23

**Kimberly Wickersham, PhD, LICSW**

Jacksonville State University  
Jacksonville, AL  
W-12

**Elizabeth Wierman Rubin, LICSW,  
CDP**

Swedish Health Services  
Seattle, WA  
W-47

**Elizabeth Wilson, MSW**

Children's Hospital Los Angeles  
Los Angeles, CA  
P-01

**Roddy Young, LMSW**

M. D. Anderson Cancer Center  
Houston, TX  
P-09