**Poster Descriptions for 2022 SSWLHC Conference**

**Poster 1 - Michael Landeck, MSW, CISSP**

**Title: Unwitting Betrayal: How Social Workers are Inadvertently Leaking Data on their Help Seekers and Clients**

**Description:** This poster shares how a former Social Worker and MSW ended up becoming a world-recognized expert on web security and privacy. The genesis of the research comes from an actual experience while helping an old friend seek mental health resources during a crisis. A large, national referral site sent my name, social media IDs, as well as the city I was seeking help in and even the psychiatric symptoms I was seeking help with to several major social media sites who at that point could fully de-identify me. In other words, a major social media site knew that <my name> was seeking help for panic attacks in <city, State>. This led to a research project identifying 45,000 U.S. websites that provide mental health referrals, and then cataloging who they send users’ data to and how. This data was then made available to advertisers, and from recent lawsuits even to political campaigns hoping to sway my vote.

The research project then led to an education effort to train providers on how to identify the data their web sites send, as well as how to advocate for their clients and users.

This poster provides details on how web sites track help seekers, how Social Workers can identify tracking technologies in their organizations’ sites, advocate for their clients, and finally protect themselves and their clients online while doing sensitive transactions.

**Poster 2 – Delia Cortez, LCSW and Rabbi Dena Trugman, MA, BCC**

**Title: Initiating Interdisciplinary Leadership: A Model of Social Work and Spiritual Care Collaboration**

**Description:** While Social Work and Spiritual Care traditionally work in silos, this standard may not be the best way of providing comprehensive, patient-centered care. Through the use of a case narrative, this presentation explores a model of integrated psychosocial care highlighting the positive impact of collaboration between Social Work and Spiritual Care. This model demonstrates non-pharmacological interventions for pain and symptom management, which may be preferred as first-line interventions for palliative care patients and their families.

**Poster 3 – Paige Falcon, LCSW**

**Title**: **Remembering to Take Care of Our Caregivers**

**Description**: The term caregiver is commonly used in healthcare settings. The word Caregiver is defined by Merriam Webster as “… a person who provides direct care (as for children, elderly people, or the chronically ill)” (Merriam Webster, 2020). Health providers will always consider the availability of caregiver in a medical setting. In certain circumstances, the availability of a caregiver could directly affect the treatment plan of a given person. According to the CDC, 6 in 10 adults are currently experiencing a chronic illness (National Center for Chronic Disease Control and Prevention, 2019). Though the demands of caregivers vary depending on the person and illness, caregiving can cause a burden on families. Caregiving for a family member could interfere with their ability to work, personal relationships, and mental and physical health (Talley R., and Crews J., 2007). It is typically the medical social worker’s position in an interdisciplinary team to help take care of both the patient and family’s mental health, in addition to any other psychosocial needs. In a meta-analysis that looked at heart failure patients and their caregivers it was found that the higher the caregiver strain, the worse the patient’s symptoms (Bidwell J., Lyons K., and Lee C., 2018). If we can help take care of the caregiver to address their needs, then in turn are we not also helping the patient? As a social worker in a cancer hospital, I have provided extra support to caregivers during COVID 19 in many forms, including the facilitation of virtual support groups. This poster will discuss some of the responsibilities that fall on caregivers, and some of the typical presentations of those caregivers. The presenter will discuss ways in which medical social workers can assist their caregivers.

**Poster 4 – John Abenojar, BS, MSW, PhD**

**Title: Directors of Social Services: Overlooked Leadership Needs at Skilled Nursing Facilities**

**Description**: Skilled Nursing Facilities (SNFs) provide ongoing care to the elderly and chronically ill. To maximize the quality of this care, SNF staff must be trained to respond to patient care crises and communicate across departments. Although researchers have studied the leadership styles, strategies, and interactions of facility administrators and nursing directors, little was known about the leadership styles and strategies employed by the directors of social services (DSSs). The aim of this phenomenological study was to explore how DSSs influenced leadership policies, prepared subordinates for crisis intervention and management, perceived that social workers influenced patient care decisions, and believed that communication amongst SNF staff about patient care could be improved. The conceptual framework was based on the multilevel leadership model construct, the situational leadership model construct, and the complex adaptive leadership model construct. Participants included a purposive sample of 10 DSSs working in a large, corporate SNFs in Virginia. Data were collected via in-person, semi structured interviews consisting of open-ended questions. Data were analyzed via Hycner's phenomenological approach.

**Poster 5 – Brooke Griffiths, MBA, MSW, LSW and Victoria Chestnut, DNP, MBA**

**Title**: **Integrated Care Coordination: A 10 Year Journey of Care Management Across a Health System**

**Description**: In 2012, LVHN launched its first ambulatory care management program with the multidisciplinary Community Care Teams (CCTs), comprised of RN Care Managers, Clinical Pharmacists, Behavioral Health Specialists, and Social Workers. By 2014, the CCTs supported high-risk patients in 24 primary care practices and had some measurable outcomes to support the model.

In 2015, the program expanded with the formation of a centralized Transition of Care (TOC) Call Center. This team of RN Care Managers and Pre-Engagement Specialists call patients who are leaving the hospital and returning home. TOC outreach reviews the patients’ clinical status, reconciles their medications, and schedules follow-up care to reduce their likelihood of being readmitted.

LVHN continues to focus on the role of social determinants of health (SDOH) in the quality and cost of care. Utilizing a standardized screener, primary care practices assess patient risk for SDOH domains. For patients who are at risk for a SDOH, community-based resources are provided utilizing FindHelp. For patients at high risk for a SDOH, referral to CCTs is made for further assessment and intervention. LVHN is also partnering with payers and community-based organizations to address and fund SDOH resources through value-based reimbursement (VBR) arrangements. In the future, LVHN is actively working to incorporate SDOH data into their predictive analytics and risk models to better improve targeted outreach efforts.

**Poster 6 – Chenita Rountree, LCSW, LCAS**

**Title:** **Protecting Our Hospital Entry Points During COVID: A Needs Assessment for Case Management in the Emergency Department**

**Description:** Like many hospitals, COVID-19 challenged the throughput plan at UNC REX Healthcare. Bed shortages increased the length of stays, and sicker patients disrupted the door-to-discharge algorithms. As a result, the hospital was in a state of crisis. Case Management redesigned its Emergency Department program to include more staff and increased collaboration with all medical providers to protect the entry points better. In addition, it extended coverage up to 7 days per week, including holidays.

From January 2019 to June 2020, the Emergency Department (ED) saw over 5300 encounters per month, a 3.7% increase. This increased volume held constant in 2021, with over 5500 encounters or 250 additional visits per month. With the impending COVID surge, the hospital projected a 40-70 bed shortfall per day.

Hospital leadership supported the out-of-budget proposal for three-and-a-half additional social workers and three dedicated utilization managers to extend the emergency department coverage to 7-days per week. Using a rotating schedule of the social workers and the utilization managers, the Emergency Department has coverage until at least 8 pm Monday to Friday.

**Poster 7 – Haley Andrews, LMSW and Kristin Santa, LMSW**

**Title:** **Addressing Food Insecurity in Healthcare through Advocacy and Intervention**

**Description:** Our health system is uniquely situated in that many of our patients and families must travel a significant distance to seek specialty care at this institution. Many of these individuals utilize insurance transportation benefits to obtain care here and are unable to get to local food pantries due to a lack of transportation. For patients in more rural areas, public transportation including bus access can be limited or non-existent. In a 2017 research study by the National Institute for Transportation and Communities, 60% of meal providers reported clients frequently complain about inability to access transportation.

A group of pediatric social workers developed the Coalition on Advocacy, Resources, Empowerment, and Supports (CARES) in October 2019 to better address the specific needs of the pediatric and obstetric specialty populations across the institution. Through these efforts, CARES identified this pervasive need to address food insecurity following the distribution of a two-question, validated Hunger Vital Sign Screening (HVS) in several specialty clinics across the institution which provides patient-centered data to demonstrate the need to higher level leadership.

This poster describes efforts made to date to document and address patient and family needs, identifies the potential diverse impacts of the proposed food pantry on the broader health system, and suggests steps that social workers within health systems may take moving forward to provide advocacy and leadership on this issue.

**Poster 8 – Jeff Thornborrow, PhD (ABD), MSW**

**Title:** **“What does that mean?” Informing Young Children of Service.**

**Description:** Children have the right to be informed participants in any practice they are engaged in. This poster presentation will offer a unique example of using comics as a means of empowering children to be informed in the services they are involved in. Content will also include exploring other innovative ways social workers can give voice to children in expressing themselves, asking questions, and understanding the services they are engaging in.

**Poster 9 – Diana Ramirez, MSW**

**Title: Barriers to the Use of Palliative and Hospice Care among the Latino population**

**Description**: Patients suffering from irreversible and terminal illnesses benefit from the services provided by Palliative and Hospice Care to manage any symptom burden and assist in navigating complex medical decisions. Many patients may express hesitation in accepting and enrolling to these services due to misconceptions. Racial and ethnic disparities are observed when accessing health care and at the end of life (EOL) as well. Language barriers may add an additional layer of complexity. Some EOL concepts may not translate easily and this may add more communication challenges between patient and provider. This study explored the challenges Palliative Care providers encounter when introducing concept of hospice to Spanish-speaking patients their families for the first time.

**Poster 10 – Christy Claiborne, LCSW**

**Title: Reducing Acute Care Utilization: One Program's Interdisciplinary Approach**

**Description**: The Vanderbilt Familiar Faces (VFF) Program compared patients’ Vanderbilt University Medical Center (VUMC) emergency department (ED) and acute care utilization from the six months prior to patients’ enrollment in the VFF Program to the six months after enrollment. The data demonstrated a decrease in ED and acute care utilization in the six-month period post-enrollment.

The VFF Program utilizes a true interdisciplinary approach to address contributors to ED presentations/admissions. The team includes a medical director, a team of hospitalist physicians and advanced practice practitioners, a dedicated pharmacist, an inpatient and an outpatient social worker, a nurse case manager, a clinic nurse, and a program coordinator/clinical staff leader. Recently, a psychiatric nurse practitioners was added to the team. Decisions about interventions are made as a team through short daily meetings for staff on service that day and weekly program meetings.

**Poster 11 – ClaireTreacy, MSW, LCSW and Kelly Adams, MSW, LCSW, OSW-C**

**Title: Psychosocial Impacts on Hospital Length of Stay and the Role of Social Workers in Effective Discharge Planning**

**Description**: Long hospital admissions have well-documented, deleterious effects on patients, including but not limited to, those with a cancer diagnosis. Prolonged hospital admissions increase infection risk, malnutrition, deconditioning, and are emotionally taxing on patients and their families (Barba et al., 2015). Furthermore, there may be a crucial window of opportunity in which a patient can safely be transferred from an acute hospital to a home setting or alternate care facility; if this window is missed, patients often decline further, making a safe discharge even more complex and burdensome for all involved.

In light of these concerns, there is increasing emphasis on proactive discharge planning at oncology and other specialty hospitals. While social workers at our institution are not directly responsible for all traditional discharge needs, we routinely join forces with multidisciplinary team members when there are complex psychosocial issues present. This collaborative effort was formalized in 2019 when our institution piloted a task force within the Department of Hospital Medicine (thoracic, head and neck, gastrointestinal, and unestablished/non-cancer patients) to address prolonged Length of Stay (LOS) in an acute hospital setting. Members of this task force meet weekly to review patient admissions exceeding 10 days with the goal of reducing overall length of stay by learning from each complex case. Our social workers play a vital role in this effort, as cancer patients often have thorny social concerns and intricate family dynamics that drive prolonged LOS (Doctoroff & Herzig, 2020).

While innovative thinking and practice, such as aforementioned LOS task force, is warranted in many complex cases, this poster will also highlight the health policy landscape in Texas that limits what can be done on a micro level by even the best interdisciplinary healthcare teams (Commonwealth Fund, 2020). In 2014, Texas chose not to expand Medicaid eligibility to all adults whose annual income is at or below 138% of the Federal Poverty Level ($17,774 annual income for individuals). This decision exacerbated Texas’ uninsured population (currently one in five adults), which has a direct trickle-down impact on utilization of care in hospitals (Mizan, 2022). As a result, uninsured or unfunded patients are faced with many challenges related to discharge, as they have limitations in post-acute care available to them.

**Poster 12 – Lisa McNerney, MSW, LCSW, OSW-C**

**Title: Systematic Social Risk Identification to Improve Health Equity**

**Description**: Although non-medical, social behavioral drivers of health (SBDoH) contribute greatly to health outcomes, improvement in health equity will depend on whether we as a society and a health system can impact these social factors. Value-based care and an emphasis on health outcomes of populations means that healthcare must focus on upstream factors that impact health in order to truly impact and improve health outcomes and inequities. This poster describes the implementation of Social Risk Identification Using Maestro Care Tools and Flexible Workflows in Specialty, Primary Care, Adult, and Pediatric Clinics.

**Poster 13 – Christine Vyshedsky, PhD, LCSW**

**Title: Anatomy of a Social Work in Health Care Class - Preparing MSW Students to Be Leaders in Social Work Health Care**

**Description**: Social work education, while holistic in nature, has a history of emphasizing the clinical versus the macro (Alam, 2019). However, within micro practice there is often a lack of focus on leadership. The Council of Social Work Education (CSWE) lists nine core competencies as a framework for its Educational Policy and Accreditation Standards (EPAS) for master’s level social work programs in the United States; however, none of the competencies stipulates a requirement for leadership preparedness.

Many social workers practice in host settings in which social work is not the prevailing field present, and they function as part of an interdisciplinary team (Dane and Simon, 1991). The health care field is an example of this type of setting; social workers frequently participate as part of a team in various multidisciplinary, medical settings. However, social workers carry with them an important expertise in patient and family interaction and care, using a person-in-environment approach to understanding the individual, identifying strengths and areas of risk, and identifying supports in different milieus (Siporin, 1980; Ungar, 2002). Social workers also empower the patient in their role as advocates, and encourage individuals to share their concerns.

With this knowledge and potential to be leaders, it is important to build a Health Care Social Work course at the graduate level that not only conveys the skills to perform in this role, but provides theory to understanding their interaction with others, and the skill set to participate in an interdisciplinary meeting as a leader and expert.

**Poster 14 - Dr. Kelley K Reinsmith-Jones PhD, MSW**

**Leading Tomorrow's Discussions Today: The Legal, Ethical, Social, (and Spiritual) Consequences of Advanced Genomics and Gene Editing from a Social Work Perspective**

**Description**: Since completion of the 2003 Human Genome Project, genomic advances have progressed rapidly, often avoiding adequate regulation. One advancement is a DNA editing technique, CRISP-R, replacing defective parts of human DNA sequencing with healthy ones. International debate flares as *heritable* genome editing, affecting generations, could be used for non-disease related applications, like enhancing personal traits (Brokowski & Adli, 2019). From here arises the introduction of *designer babies* (Lerner, 2012). The military is perceived as favoring enhancement that can assist soldiers to require less sleep, go longer without food, run faster and longer, and be impervious to an enemy’s biological weapons (Lavazza, 2018; JASON, 2010). Hence, moral issues abound, including the definition of being human, the source of the soul, and the preservation of human dignity. Yet little international public or classroom discourse is heard about these concerns. Further, genetics education for social workers and other social service providers is typically from a basic biology class. With undeniable potential of modern genomics to assist in eradicating many diseases and improving global population health, the potential for its abuses should not go overlooked. From how test results are shared with patients, to information dissemination at a community level, to accessibility at a global level, the need for social workers’ participation in this conversation and patient-centered action is clear. Not preparing social workers adequately to represent clients’ rights, participate in policy and regulation creation, and debate effectively, would mean the voiceless remain so while opportunity for technology abuses grow largely unchallenged by the social work profession.

Some may conclude that it is not the social worker’s place to deal with these issues however, if not the social worker then who? Compared to the more than 176,110 health care social workers in the United States for 2019 (USBLS, 2021), there were only 2,600 U.S. genetic counselor jobs in 2019 with a projected growth rate of 21% for 2019–2029 (BLS, 2021). This indicates that while genetic counselors are in high demand, all healthcare professions, including social workers, need to be genome educated to perform interdisciplinary work and assist in filling the needs gap. While ethicists, doctors, and nurses are competent practitioners to have at a patient ethics conference, only the social worker is trained to view, understand, and interface at every patient and patient’s family level about what is in the patient’s best interest and to maintain patient self-determination. Having the courage to have discussions today while looking ahead to tomorrow’s ever-advancing genomic technologies is a crucial act of leadership and leadership development that should not be postponed.