



The Shift in the View of Medical Social Work: Building an Outpatient Program in Neurosurgery

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Speaker's Background

- Key Roles prior to working at Northwestern Medicine (NM):
 - Community Mental Health
 - Inpatient D/C Planner
 - Internships in Public Health/Health Promotion and D/C Planning at a VA Hospital
- Working at NM:
 - Worked as a Clinical Social Worker in Internal Medicine.
 - Instrumental in laying the foundation of SW & RN care coordination Program in primary care, which led to 7 Social workers in the program.
 - Hired in January of 2022 as the first outpatient social worker in Neurosurgery focused within the Center for Spine Health. I support both Ortho/Neurosurgery Spine Surgeons

SW Models used at Northwestern Memorial Hospital (NMH)

- **Inpatient Social Work Department**
 - Centralized
 - Over 100 social worker under the department
- **Outpatient medical departments**
 - Funded by the specific department
 - Report often to a manager or director of that department
 - Departments are beginning to recognize the value of SW and more departments have sought adding a position.



Medical Outpatient Departments with Social Workers

Departments with OP Social Workers

- Orthopedics
- Spine/Neurosurgery
- Neurology
- GI
- Urology
- Cardiology
- Geriatrics
- Primary Care
- Oncology/Psych



Social Work's Role In the Center for Spine Health



Trailblazers in the Outpatient Social Work Community



Innovative Social Work Leaders:

- Anna Blackburn, LCSW-
Department of Orthopedics
- Amanda Vlcek, LCSW-
Department of Cardiology

Data's Role in Starting Social Work Programs



Data from the beginning of building the program is imperative

Even within the clinic domain, knowing how referrals and what type can be useful.



Data Shows:

Trends

Can verify a claim about your program.

Can show the success of your program or areas that can be adjusted

Can see when a patient is medically clear and how many days after do they D/C

It can be a tool to help Leadership and the Surgeons, see the work that is being done.



The success of your program at NMH is driven by hard data

Our leadership wants to know how your work is impacting patients, their recovery and the bottom line.

Stories about patients only go so far.

Building Blocks to Social Work in Outpatient Clinics



- Know the climate of the clinic and adjust accordingly.
- Know every type of staff on the spectrum from the cleaning people onward, that all are critical parts of the team and can likely help you.
- Keep working on getting Epic to work for you.
- Know what others have done and don't be afraid to deviate.
- Use your SW lenses to see the problems but know the hx before thinking you know the solution.
- Know the stakeholders.
- Know that your role is to take the burden away from staff & MDs.
- Never say NO!!

Missing Blocks

What building blocks are missing that were helpful in a role or program you have been in?

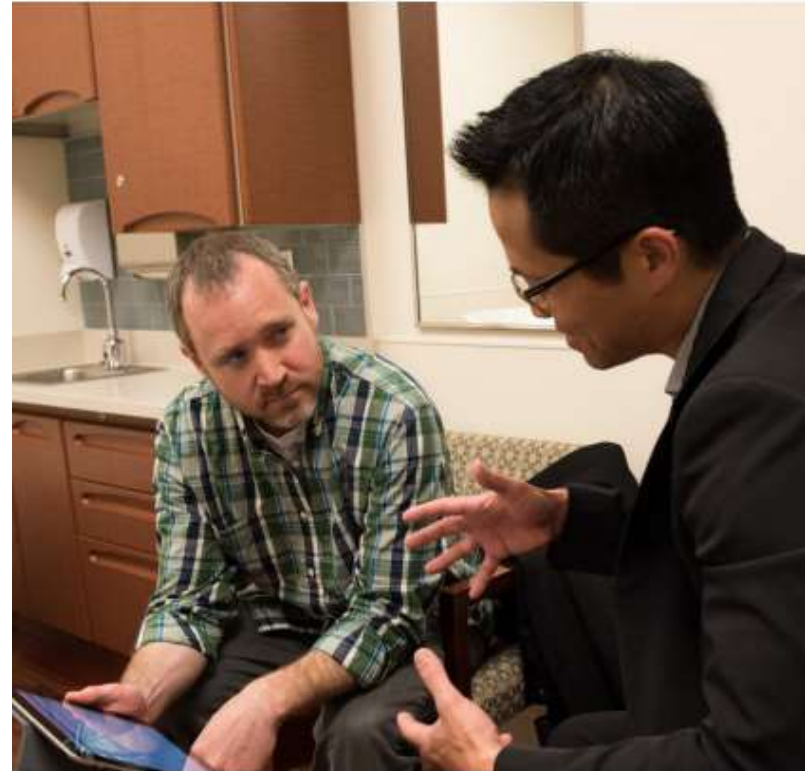


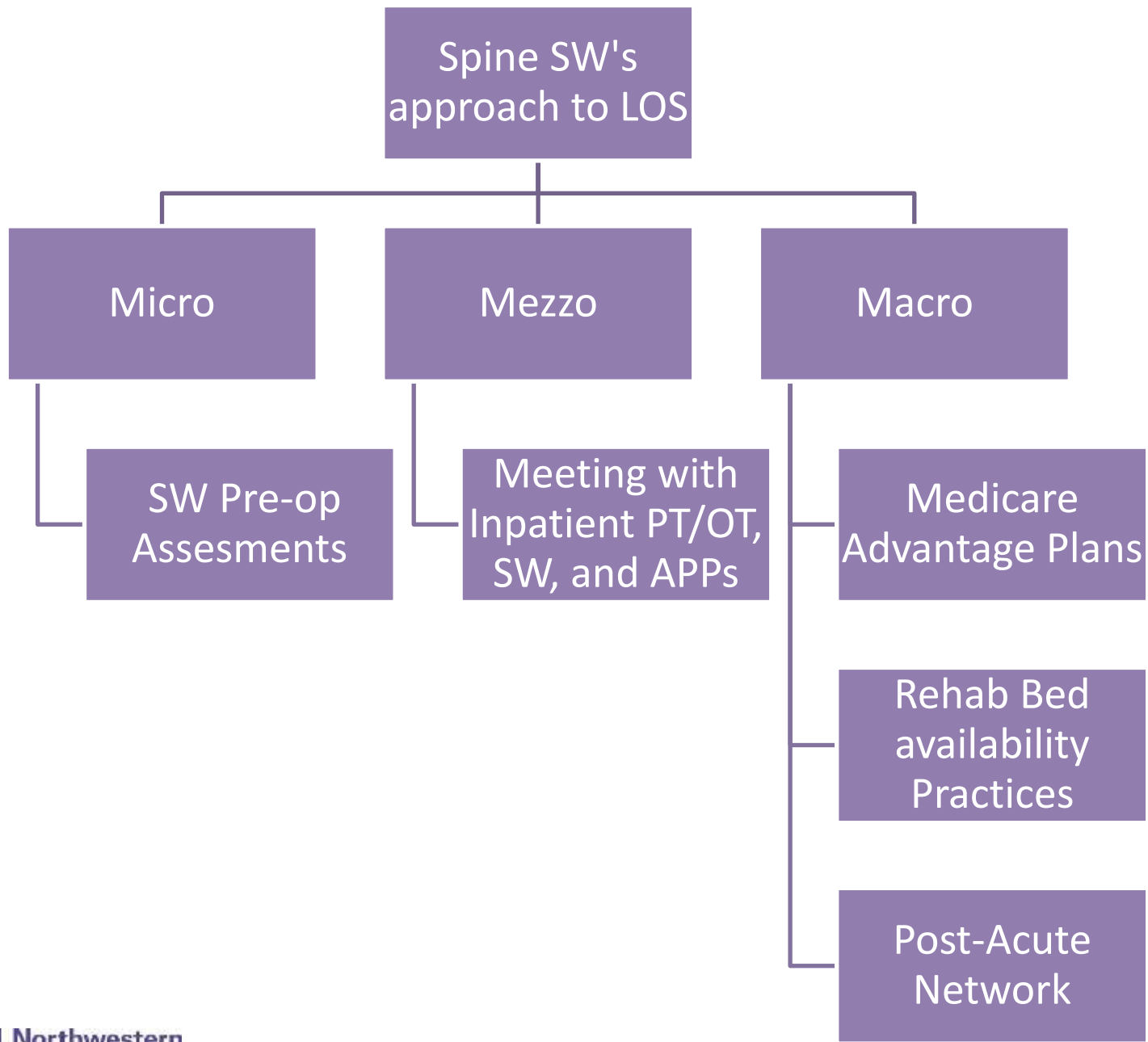
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Supporting Clinic Needs

Needs that SW can help with in a clinic setting:

- Caregivers/ Homemakers, Home Health Care, Hospice, Outpatient Therapies
- Durable Medical Equipment (DME)
- SNF/ AIR Placement
- Mental Health Support and Referrals
- Medication Affordability Issues
- Transportation
- Insurance Questions
- Disability Questions
- Advanced Directives
- Housing Resources
- Domestic Violence/ Abuse/ Neglect





Prepping patients for surgery

- Identifying SDOH Barriers.
- Making sure they have support at home post-surgery.
- Providing knowledge about surgery and HHC/Rehab.
- Setting Expectations.
- Setting up the HHC and finding out where they would like to go prior to surgery.
- "T"s up the IP SW team with HHC already set up or patient's prepared for rehab and the Length of stay is reduced and better patient satisfaction/outcomes.
- The Surgeon's respond well, if they understand the efforts that SW is giving to their patients.





How does Outpatient Social Work enhance the view of all the medical social workers across NMH



Access



- Close proximity to surgeons and other MDs.
- have a different Lense on discharge issues and many pieces of SW.
- The Surgeons welcome updates and presentations and put Social Work in high regard as other trailblazers have been so key in many areas.
- I am accountable to the department, which is different than an inpatient social work
- My role puts me in a leadership role as the only Social Work, but how does that really translate?
- The IP Social Workers often say they struggle connecting with the attendings because they arrive with a big entourage. Due to my access, I can sometimes advocate for IP

Utility



Education

Do social workers have a magic wand?



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Question

Have you ever been in a role, where you were unable to have a voice, so you could not show your utility, educate others, and have access to others in power?

What did you do?



Has the perspective on SW been changing ?

Collaborating with the inpatient Social Worker on advocating for better policy with leadership from many departments.

An Inpatient Social Worker asked if I could talk with a Surgeon about a discharge issue and encouraging the surgeon to get to know the Inpatient Social Worker.

Educating the Surgeons about length of stay delays, so it shifts the blame from Social Work as the true barriers are hard to see.

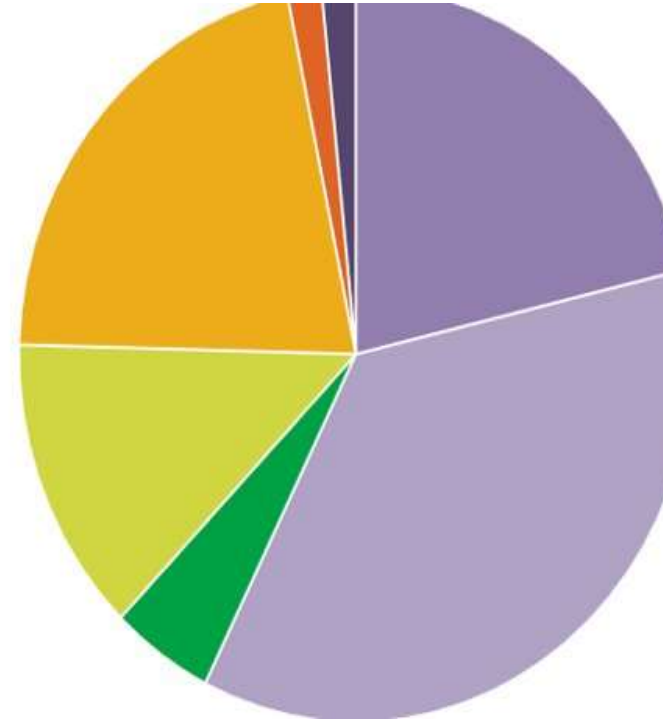
Seeing Inpatient and outpatient SW, teaming up to work on difficult cases. The Surgeons see the utility of both entities.

Data and its Power

Ways to use Data

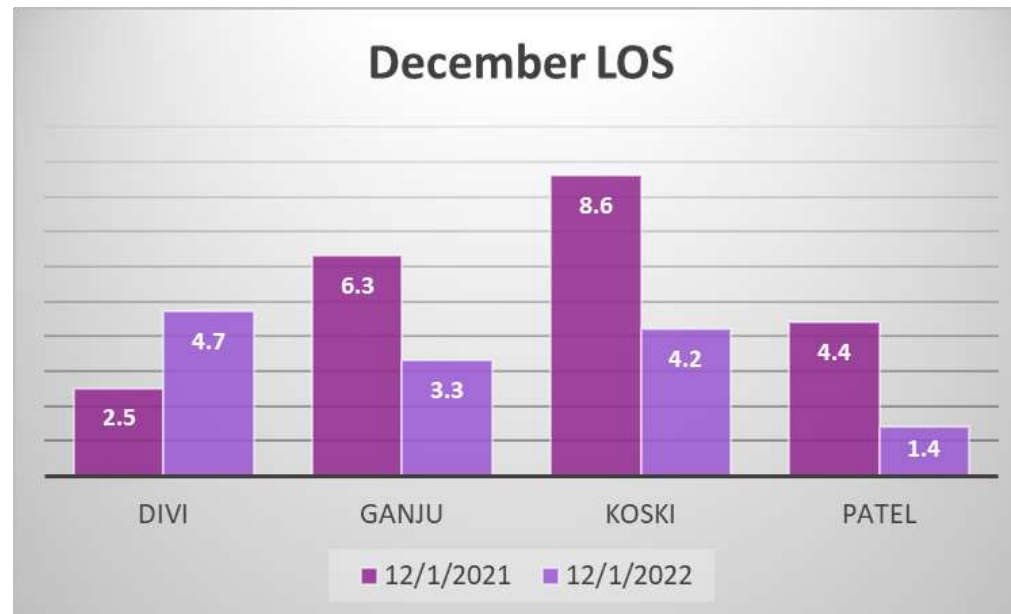
- Refuting a claim
- See if the program is successful
- See what areas need fixed
- Know the volume of work you are doing, so you can advocate for another social work help.
- Translate your work into dollar signs
- Use data to locate systemic problems
- Illuminate the need to act
- Plead your case
- Show utility

- Insurance
- Medical
- Transportation
- Bed Availability
- Discharge Planning
- Mental Health
- Patient Preference



Examples of Data's Role

- **Examples of critical times that Data was crucial**
- Getting approval for my position
- Knowing that 20% of the surgical cases were being canceled
- Seeing that an assessment tool was not accurate in the Spine population
- Presenting that each provider Length stay had significantly been reduced
- Finding out that a Surgeon's concern about a spine surgery, didn't affect him.



Barriers

- Having to respond to pressure to start the program. I would like to have more concrete meetings with SW, PT/OT, Residents, etc
- The RAPT score
- Epic and finding a way to get the correct reports from our quality department.
- Existing culture of the Unit.
- Being compared to other social workers in a similar role.
- My Spine knowledge.



Why does this matter?

- The success of outpatient programs lays the ground work for more social workers.
- Shifts the narrative with the continuum of care from having an appointment with your surgeon, having surgery, and having follow-up appointments. It changes how the tx team treats each patient.
- It is a way to highlight each social work team's strength by making our work visible to leadership and the MDs.
- Ultimately, it's a good way to care for patients and eliminate discharge barriers to strengthen the team.
- It's easy to think that you can jump into an existing system, and it can be easy to make changes. There are reasons, that the culture and process are the way they are. When you start any process or program it starts with relationships and believing that what you are implementing matters.
- But unless your work doesn't speak through the data and your ability to shift postively with all social work teams, you won't succeed.

Questions?

Thank You