

# Social Work Assessment Notes: A Comprehensive Outcomes-Based Hospice Documentation System

Angela Gregory Hansen, Ellen Martin, Barbara L. Jones, and Elizabeth C. Pomeroy

This article describes the development of an integrated psychosocial patient and caregiver assessment and plan of care for hospice social work documentation. A team of hospice social workers developed the Social Work Assessment Notes as a quality improvement project in collaboration with the information technology department. Using the Social Work Assessment Tool as an organizing framework, this comprehensive hospice social work documentation system is designed to integrate assessment, planning, and outcomes measurement. The system was developed to guide the assessment of patients' and caregivers' needs related to end-of-life psychosocial issues, to facilitate collaborative care plan development, and to measure patient- and family-centered outcomes. Goals established with the patient and the caregiver are documented in the plan of care and become the foundation for patient-centered, strengths-based interventions. Likert scales are used to assign numerical severity levels for identified issues and progress made toward goals and to track the outcome of social work interventions across nine psychosocial constructs. The documentation system was developed for use in an electronic health record but can be used for paper charting. Future plans include automated aggregate outcomes measurement to identify the most effective interventions and best practices in end-of-life care.

KEY WORDS: *hospice; outcome measures; psychosocial assessment*

The hospice industry changed significantly when, in 2008, the Centers for Medicare and Medicaid Services (CMS) published the first major revision to hospice regulations since 1983 (CMS, 2008). One purpose of the updated legislation was to improve the quality of care for patients and families through an outcome-oriented approach to hospice care. These regulations describe a cycle of care in which assessment data about patient and family needs are incorporated into an individualized, patient-centered plan of care. Further, hospices were called on to gather assessment data in a systematic way that is retrievable to facilitate outcomes measurement and quality improvement (CMS, 2008). Growth in the hospice industry, accompanied by increased regulatory scrutiny and a focus on value-based purchasing, has prompted a "call to action" to incorporate evidence-based practices into hospice work and outcomes measurement (Ivanko, 2011). The purpose of this article is to describe a quality improvement project to develop a comprehensive social work assessment and plan of care that allows for ratings of patient and caregiver outcomes in the electronic health record (EHR).

This project, conducted at Hospice Austin, a non-profit agency in central Texas, represents not only a change in usual practice patterns but a paradigm shift toward quantifying the unique contribution of social work interventions in hospice care. Although comprehensive assessment as required by hospice regulations to assess patient comfort and satisfaction with care already existed at this agency, there were no outcome measurement tools specific to social work practice in use when this project began. Because of the increased focus on hospice outcomes, the project team was highly motivated to measure patient and caregiver outcomes related to social work interventions by using a standardized assessment tool that could be incorporated into the agency's EHR. Assessment documentation and the plan of care are located separately in the agency's EHR, and a further goal of this project was to ensure alignment of the two. According to a government survey, 65 percent of hospices do not have an EHR (Bercovitz, Park-Lee, & Jansoon, 2013). Although this article describes development and integration of an outcome-based assessment and plan of care into an EHR, the

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## **Table of Contents Hospice Social Work Documentation Examples**

1. Understanding the eBook Hospice Social Work Documentation Examples
  - The Rise of Digital Reading Hospice Social Work Documentation Examples
  - Advantages of eBooks Over Traditional Books
2. Identifying Hospice Social Work Documentation Examples
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Hospice Social Work Documentation Examples
  - User-Friendly Interface
4. Exploring eBook Recommendations from Hospice Social Work Documentation Examples
  - Personalized Recommendations
  - Hospice Social Work Documentation Examples User Reviews and Ratings
  - Hospice Social Work Documentation Examples and Bestseller Lists
5. Accessing Hospice Social Work Documentation Examples Free and Paid eBooks
  - Hospice Social Work Documentation Examples Public Domain eBooks
  - Hospice Social Work Documentation Examples eBook Subscription Services
  - Hospice Social Work Documentation Examples Budget-Friendly Options

6. Navigating Hospice Social Work Documentation Examples eBook Formats
  - ePub, PDF, MOBI, and More
  - Hospice Social Work Documentation Examples Compatibility with Devices
  - Hospice Social Work Documentation Examples Enhanced eBook Features
7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Hospice Social Work Documentation Examples
  - Highlighting and Note-Taking Hospice Social Work Documentation Examples
  - Interactive Elements Hospice Social Work Documentation Examples
8. Staying Engaged with Hospice Social Work Documentation Examples
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Hospice Social Work Documentation Examples
9. Balancing eBooks and Physical Books Hospice Social Work Documentation Examples
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Hospice Social Work Documentation Examples
10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
11. Cultivating a Reading Routine Hospice Social Work Documentation Examples
  - Setting Reading Goals Hospice Social Work Documentation Examples
  - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Hospice Social Work Documentation Examples
  - Fact-Checking eBook Content of Hospice Social Work Documentation Examples
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
14. Embracing eBook Trends
  - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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