

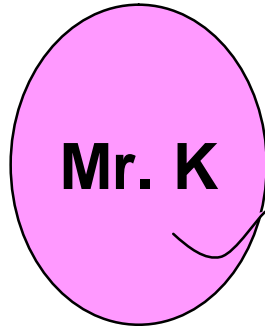


# Service Planning: Whose Needs are We Meeting?

**Healthcare Transformation:  
Primary Care Focus  
9 May 08**

Tan Ching Yee  
Manager  
Medical Social Service  
Alexandra Hospital

# Case Example 1



Male, 65 years old, married with 2 daughters, unemployed

- Admitted for non-adherence to diabetes medication
- Diagnosed: renal failure, diabetes, visual impairment, physical weakness, left below knee amputation, needs to start dialysis

Treatment proposed and discussed with him by doctor and diabetes nurse educator:

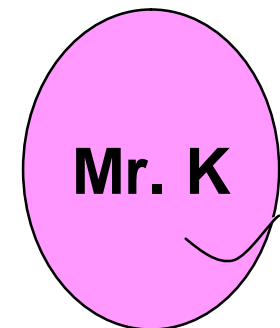
- Dialysis plan
- Need to adhere to diabetes medication

What  tells the social worker:

- He wants to know what is the treatment plan
- He wants to get better
- He wants to go home
- His wife and daughters don't care
- He is waiting for GOD to take him 'home'

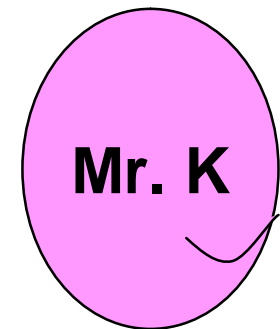
# What doctor wants?

- Plan for dialysis
- Expedite application
- Plan for discharge
- Financial Support



# What wife & daughter said:

- Will not bring him home if he decides to go for dialysis
- Wants social worker to put him in a nursing home
- Angry with him for having extra-marital affair
- Quite certain that he does not want dialysis



# MSW's Assessment

- Disengaged family relationship
- Family unwilling to render support which affects access to care he needs
- Inadequate financial resources
- Signs of depression, helplessness, resignation
- Potential for reconciliation low
- Need to establish common goal between Mr. K and family

# What it tells us?

- What systems is in place to help us identify bio-psychosocial risk factors early?
- Who identifies?
- What service, programmes are available to manage
- Do we have the resources?
- What is the feedback system that promote

# What does this case illustrates?

- Identification of barriers to health promoting behaviours
  - Acceptance
  - Access
  - Affordability
  - Relationship/support
- Integration of Care
  - Making sense of information presented
  - Anticipatory Care based on evidence

# Embarking on Service Planning/Evaluation

# Guiding Principles in Social Work Practice

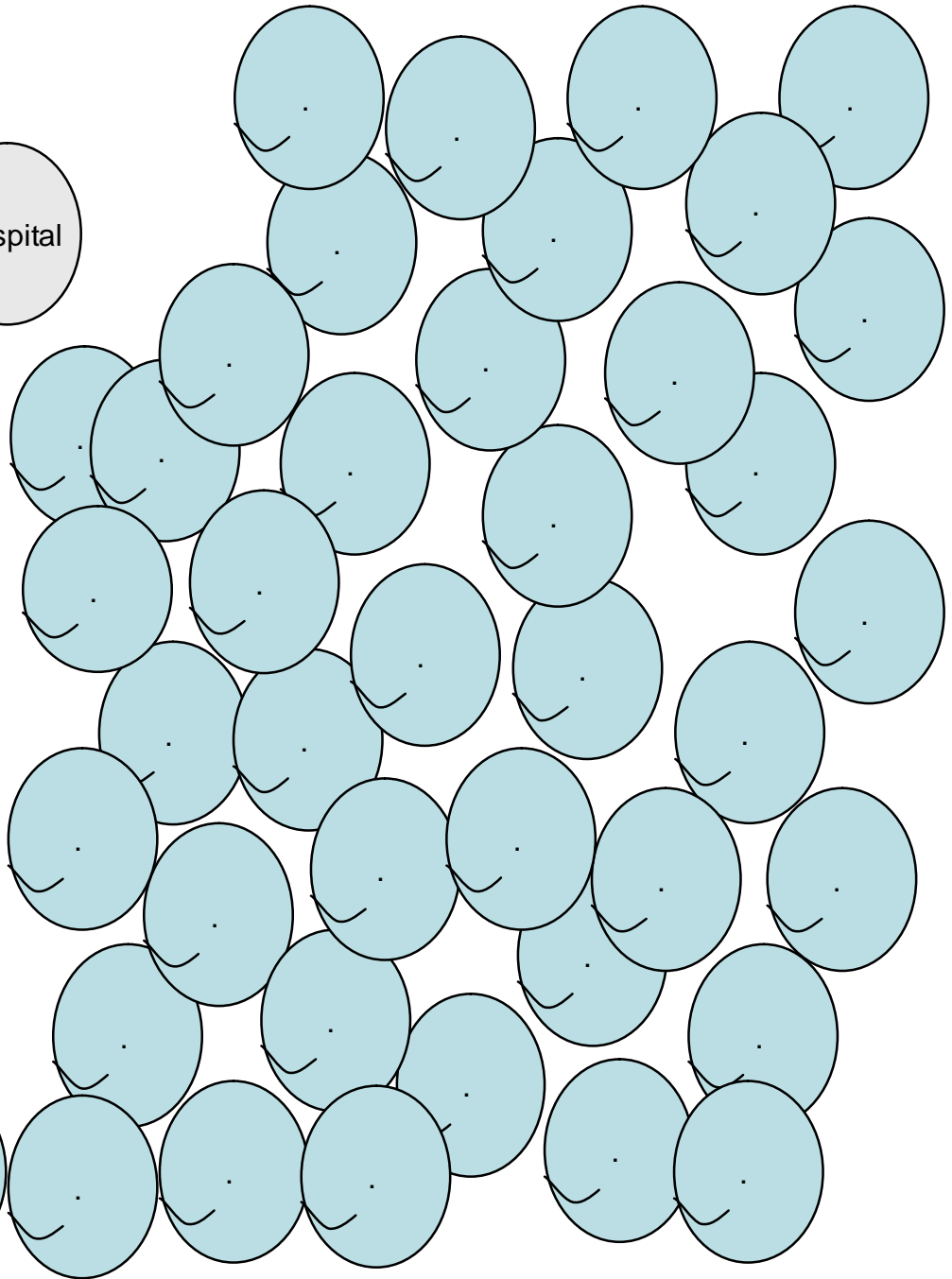
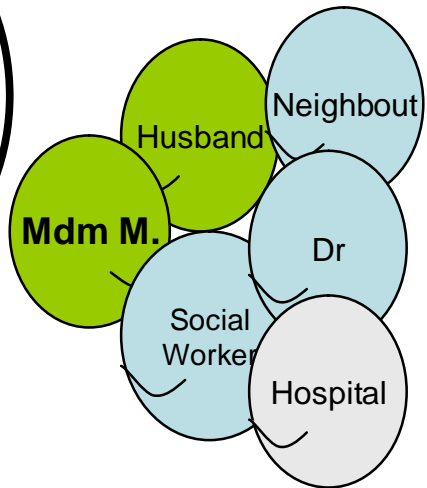
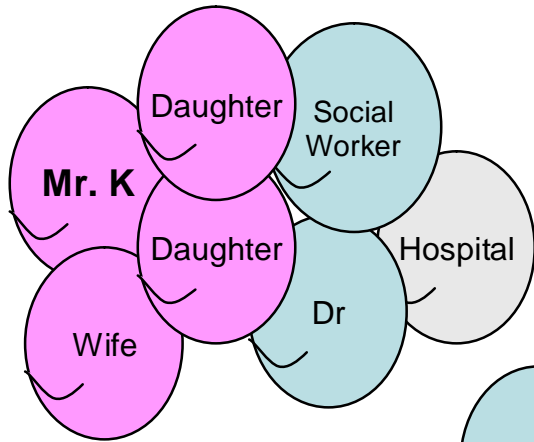
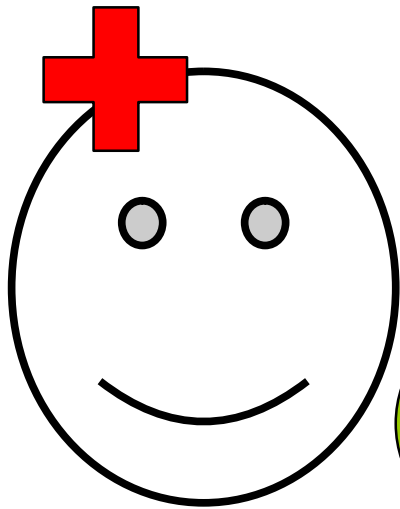
- Person-Centred Approach
  - Congruence (genuine)
  - Unconditional Positive Regard
  - Empathy
- Strengths perspectives
- Bio-psychosocial, spiritual perspective
- Systems Approach

# Conceptualizing Interventions

at 3 different levels

- **Micro (Individual)**
  - Treatment
  - Counselling, Mediation
  - Education
- **Mezzo (Group)**
  - Family work
  - Support Group
  - Committees
- **Macro (Society/Community)**
  - Advocacy
  - Negotiation
  - Organisational Change

Kirst-Ashman, Karen K. and Hull, Grafton H.  
Jr. Understanding Generalist Practice, Nelson Hall  
Publishers: Chicago, 1993. Chapter 4.



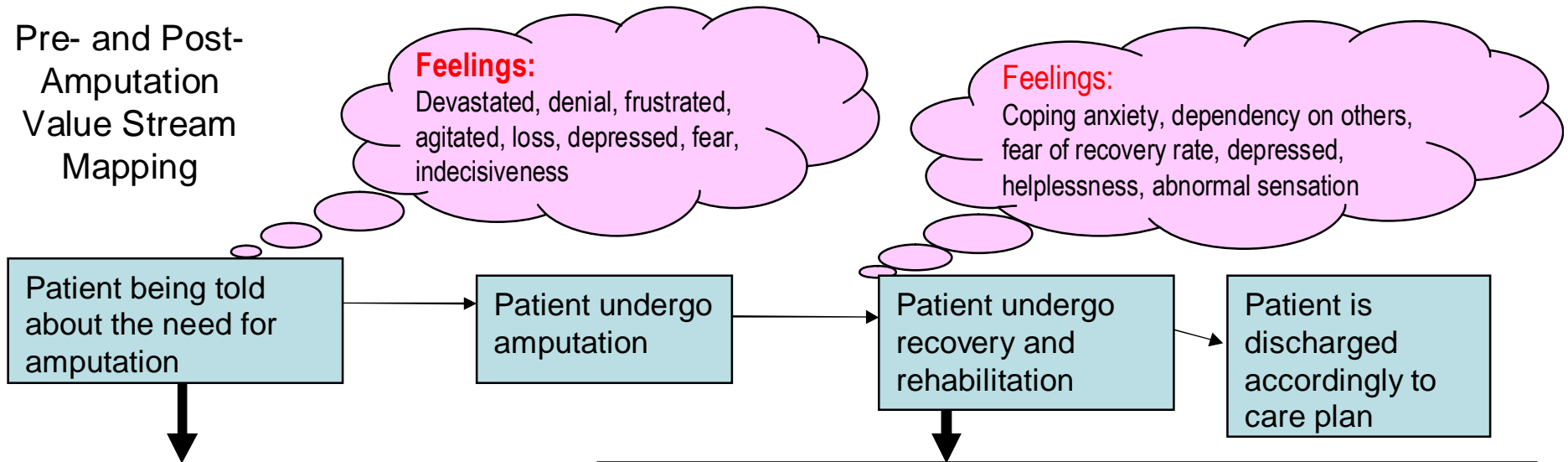
# Guided by Hassle-Free Approach

- Begin with the patient's needs
- Determine process, systems and methods needed to meet the needs
- Simplify it for the patients and family to understand
- Know where and when things don't go right
- Consistency and standardisation

# Example

## Pre- and Post Amputation Intervention

# Pre- and Post-Amputation Value Stream Mapping



**Feelings:**  
 Devastated, denial, frustrated, agitated, loss, depressed, fear, indecisiveness

**Feelings:**  
 Coping anxiety, dependency on others, fear of recovery rate, depressed, helplessness, abnormal sensation

- Needs to be addressed by respective professionals:**
1. Why do I need to undergo amputation?
  2. Educate patient on the Pros and Cons. [Doctor]
  3. Operation cost / future medical expenses [Doctor to explain to patient about the operation cost and to refer MSW for financial assistance if patient is unable to afford.]
  4. Likely pain experienced after operation [Pain management to be addressed by doctor/ nurse]
  5. Reinforcement of pain management to better prepare patient so as to reduce his/her anxiety level as well as to normalize pain being experienced. [Pain Management Team/ MSW]
  6. Faciliate Care upon discharge [MSW]

- Needs to be addressed by respective professionals:**
- Can I be independent again? [Rehabilitation by PT/OT, Counselling by MSW]
1. How am I going to ambulate without 1 leg/ both legs? [Rehabilitation by PT/OT]
  2. De-sensitization [PT]
  3. Loss of self-worth (What can I do as an amputee? Can I continue to work as before? Am I useless?), Loss of self-image/ adjustment issue [Counselling by MSW]
  4. Who will support me now that I cannot work for at least 6 months? Outpatient Medical charges and other financial issues [Counselling/ Casework by MSW]
  5. Preventive measure for diabetic patient on proper care of the other leg/ foot [Doctor/ DNE Nurse/ Podiatrist]
  6. When can I get my prosthesis? [Doctor to assess suitability for prosthetic fitting? If yes, when and how? If no, what will I do- wheelchair mobilization?]
  7. How much does it cost for a prosthesis? [Financial-prosthesis]

# Other Considerations

- Knowledge and Information
  - All health service professionals
  - Consistency and Standardisation
  - Mode of delivery and exchange
- Referral Process
  - Who triggers
  - How
- Manpower and Cost

# Our Learning

- Start from the patient
- Intensive Process
- Scrutinise every factor that affects outcome
- Backed by evidence
- Support from all levels and disciplines

Thank You

### Models of adjustment to chronic illness

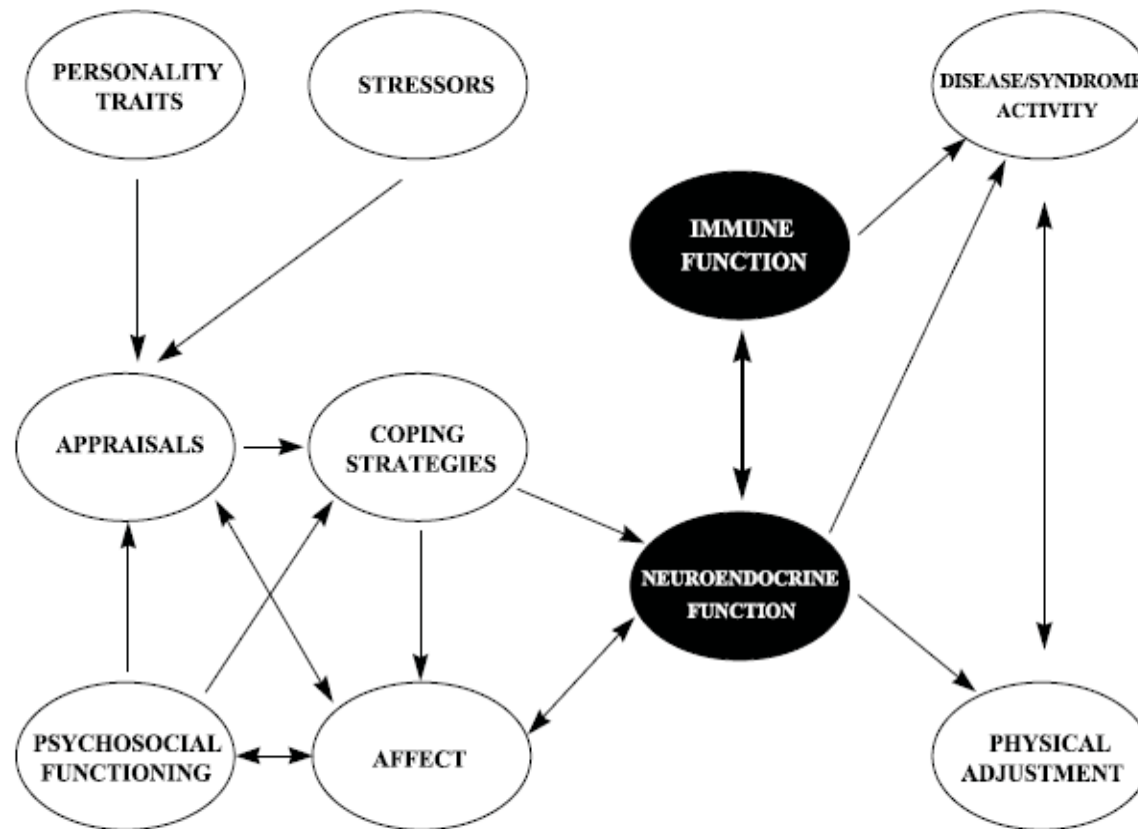


Fig. 3. A proposed biopsychosocial model of adjustment to rheumatic conditions in which stressors ultimately impact on disease/syndrome activity, which in turn influences physical adjustment outcomes, via interactions between psychosocial variables that influence neuroendocrine and immune mechanisms.

**Walker, J.G., Jackson, H.J. & Littlejohn, G.O. (2004). Models of adjustment to chronic illness: Using the example of rheumatoid arthritis. *Clinical Psychology Review*, 24, 461–488.**