

2014 Social Work Report for Abundant Life Victoria Hospital

Introduction

2014 was yet another productive year for Abundant Life on many fronts. . In the past Abundant Life was considered a separate entity to the hospital. In 2013 it was clear that the program had started to integrate into the everyday hospital functioning, and in 2014 this was even more evident. In 2014 there was an enthusiastic drive from the Abundant Life team for quality palliative care to be acknowledged and practiced through-out the hospital and amongst all multi-disciplinary team members.

The role of the social worker in 2014 was to continue to be a part of the multidisciplinary team; to address psycho-social concerns of patients, as well as to support team members in delivering quality palliative care in the hospital setting and in the community. Social work referrals relating to palliative care patients were mainly for homelessness, long term nursing / frail care, and for social work assessments for the renal replacement program. Although still some, there were fewer referrals for respite care, palliative care, and terminal care, as these cases were generally dealt with by the palliative care sister.

Evaluation of palliative care goals set out by the Social Work Department for 2014

At the beginning of 2014 goals were set out with the intention to better service delivery in palliative care. The Social Work Department listed three goals relating to palliative care.

The first goal was to ***seek further training in grief and loss counselling*** in order to improve the quality of counselling provided in the social work department. In order to achieve this goal, the Social Workers planned to attend specific training in palliative care. The two social workers in the hospital completed the Introduction to Palliative Care course offered by Hospice Palliative Care South Africa over the months of April and May 2014, and therefore achieved this goal.

The second goal was to ***build partnerships and identify more resources*** that can benefit the patients and their families. In order to achieve this goal, the social workers planned to attend palliative care workshops / lectures / conferences relating to palliative care. One of the two social workers attended the 2014 Hospice Palliative Care Conference. This conference provided the opportunity for learning (presentations and workshops) and networking, suggesting that this goal was achieved.

The third goal was to ***reduce the amount of inappropriate referrals*** that takes time away from cases of a higher priority by educating patients/carers/family members as well as health care practitioners. The palliative care sister compiled an information letter and the social worker compiled a resource list for patients, in the hope to raise awareness of services offered and service limitations. The Social Work Department distributed hard copy guidelines on the social work function to all the new interns. Although statistics have not

been captured to show evidence of this, there appears to be fewer inappropriate referrals than in 2013. However, it is still evident that with new interns starting every year and learning the system, the beginning of the year still holds its challenges regarding the influx of inappropriate referrals.

Challenges faced by the Social Work Department in 2014

Although a very positive year, 2014 was not without its challenges. At a structural level, the Social Work Department struggled with staff shortages due to the social auxiliary worker resigning and the post not being filled. This meant that the Social Work Department had to reduce services; mainly relating out-patient services. This meant that more referrals were made to community resources for social work or counselling intervention.

Specifically relating to palliative care, the biggest challenge for the Social Work Department in 2014 was the same as 2012 and 2013; assisting patients under the age of sixty years old to find long term accommodation with the necessary care facilities. Although more families appeared to be coping better, there were still some incidents where patients had too little community support and were also too young to apply for any long term placement. This indicates that there is still a gap in service delivery in South Africa with regards to long term placement for terminally ill patients.

Other challenges included duplication of referrals (cases being referred to Abundant Life and the Social Work Department for the same reasons), placement for homeless patients that need greater care than they can receive on the streets or in a shelter, and challenges regarding long-term placement into old age / nursing care homes due to patients or families not planning ahead.

Palliative goals set out by the Social Work Department for 2015

In light of the challenges in 2014 as discussed above, the Social Work Department has identified

Goal 1: To ***seek further training in Palliative Care*** in order to provide a better service as well as to raise awareness amongst patients and health care professionals.

Method of attaining goal: Enrol in training that builds onto the palliative care training completed in 2014.

Goal 2: To ***reduce duplication of referrals*** or inappropriate referrals.

Method of attaining goal: Define and differentiate Abundant Life and Social Work services related to palliative care and raise awareness in the hospital by recording in Abundant Life meeting minutes and sending a notice to all first year interns via email.

Goal 3: To ***reduce referrals for long-term placement into old age / nursing care homes*** due to patients or families not planning ahead.

Method of attaining goal: Educate patients/carers/families on planning ahead for care needs and encouraging health care professionals to do the same. This can be done in one-on-one counselling sessions, group sessions, meetings and lectures.

Conclusion

It is clear that the Abundant Life Program has made progress in becoming more integrated and that service delivery from a micro, mezzo and macro perspective has impacted on patients positively, especially in relation to awareness raising. Although improved services, it is clear that challenges relating to long term placement for those who do not have community support still exist.

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