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

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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, & Jansoom, 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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