

Project Title

Enhance, Expand, Empower – Transformation of Financial Assistance Workforce in
MSW Department, IMH

Organisation(s) Involved

Institute of Mental Health (IMH)

Lessons Learnt

- Set clear goals to help make meaning of work to be done
- Pace the change
- Improvement communication

Project Category

Workforce Redesign

Keywords

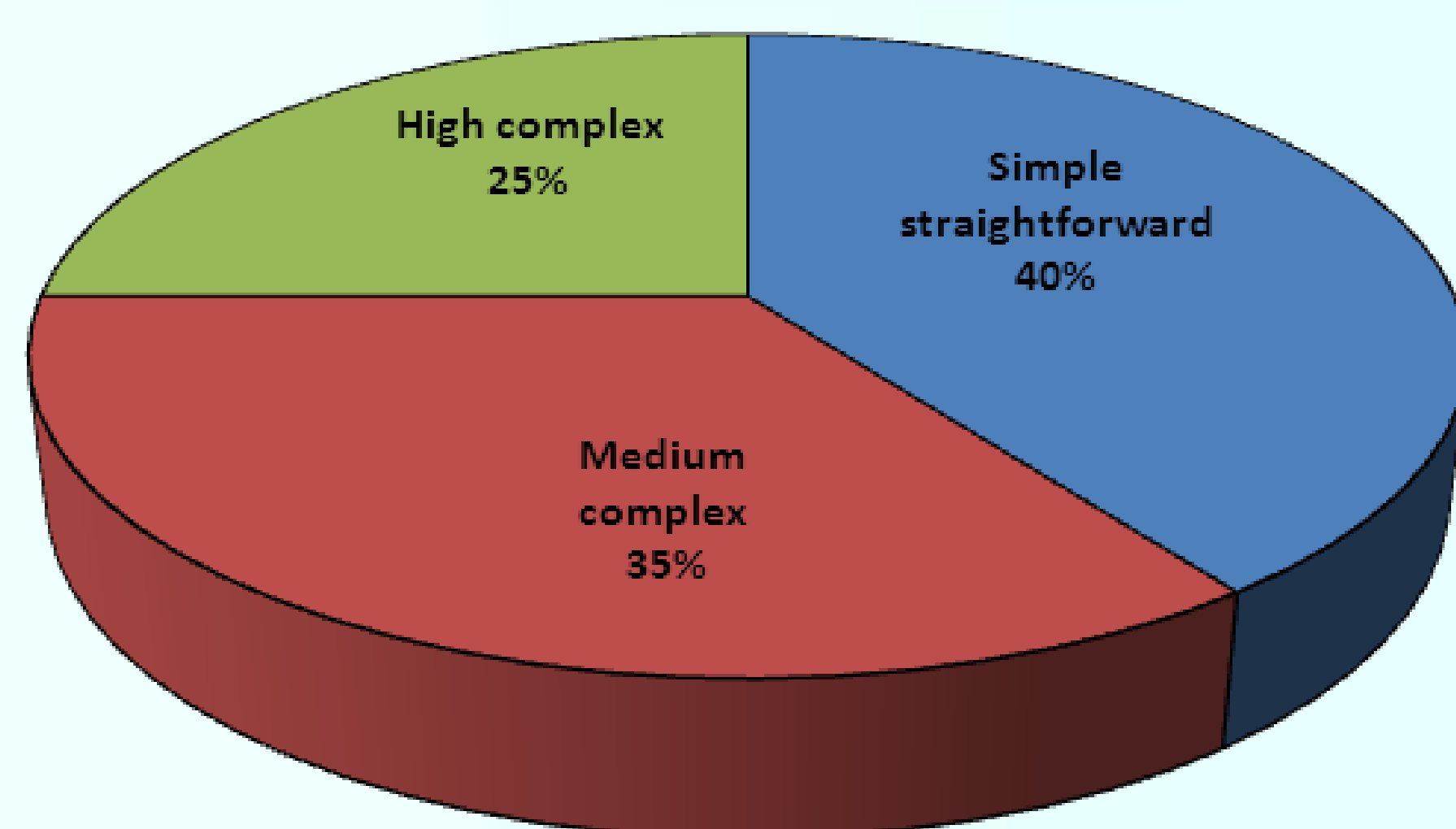
Workforce Redesign, Workforce Transformation, Job Redesign, Staff Empowerment, Roles Expansion, Job Satisfaction, Process Improvement, Streamline Process, Quality Improvement, Medical Social Worker, Psycho-social Care, Timely Intervention, Quality Intervention, Holistic Care, Patient Management, Financial Assistance, Institute of Mental Health, Means Testing, Medifund Assistance, Staff Upskilling, Staff Training, Medifund Administration, Social Care Assessment, Value Stream Mapping, Social Work Assistants, Allied Health

Submission by the Medical Social Work Department, Institute of Mental Health (IMH)

Background

The MSW department comprises a team of Medical Social Workers (MSWs) and Social Work Assistants (SWAs) who provide a comprehensive range of psychosocial services to patients and their caregivers, which include providing financial and practical assistance to patients. MSWs are Allied Health Professionals who have been trained to handle complex psychosocial issues raised by patients and caregivers. SWAs provide administrative support to facilitate the work of the MSWs. The case mix for MSWs typically comprise of:

% MSW Case Mix - Complexity



**Simple straight forward cases – Involves non-complicated psychosocial and/or financial assessment, administration of IMH financial assistance schemes such as:*

- Medifund applications - Pass and/or failed marginally means test cases
- Assistance for transport and meals from IMH Patient Welfare Fund
- Non-complicated referrals to Social Service Offices (SSOs) and Family Service Centres (FSCs) for additional financial assistance and follow-up on emotional support etc
- Patients/caregivers could present high emotional expression and expectations needing careful attending and management but risk is likely to be low not requiring active intervention

** Medium complex cases - Involves assessment and active intervention at medium risk level. Cases are likely to be complicated and may have legalistic implications. Examples include:*

- Referrals to step-down care including nursing home applications needing coordination with several parties
- Challenging discharge placement issues such as for patients with forensics and/or addiction history, ID traits, dementia, diagnosed with infectious disease such as HIV, patients who suffer from abuse needing urgent shelter etc
- 'Revolving door' readmission cases
- Cases involving cross cultural care and communication issues needing translation service and link up with embassy
- Cases requiring court mandated orders for follow up and case management

** High complex cases – Involves a combination of multiple and complex social issues necessitating crisis intervention, close and intensive case management with several internal IMH services as well as external social services.*

Cases may include those with:

- Cases at high risk of harm to self and others
- Risks to children and vulnerable adults
- Vulnerable families with more than one family member having mental illnesses
- Acrimonious court cases

This initiative arose following a Value Stream Mapping (VSM) workshop to streamline processes within the MSW department to deliver timely and quality intervention and financial assistance to patients and caregivers, in order to enhance productivity and improve job satisfaction of staff.

As part of the VSM, there was a review of the financial assistance application process as such cases were previously managed by MSWs. Due to the large number of financial assistance cases that required processing, MSW resources had to be channeled to process and administer the financial-related cases, instead of addressing medium-high complex psychosocial cases that require in-depth MSW intervention.

Problems Identified in the Process

When a patient requires Medifund assistance, they need to be assessed by a MSW on whether they qualify, and at what level via means testing. Medifund is a safety net for patients who face financial difficulties with their remaining bills after receiving Government subsidies and drawing on other means of payments.

Previously, all Medifund applications in IMH had to be processed by MSWs. SWAs assisted only with some parts of the Medifund application process such as preliminary information gathering, explanation and collection of supporting documents relating to patients' and caregivers' income and financial challenges.

Strategy for Improvement

As 40% of financial assistance cases were identified to be straightforward cases that did not require a MSW to process, it was recommended for SWAs to be empowered and up-skilled to manage such financial assistance cases, thus freeing up time for MSWs to handle complex psychosocial cases.

The work scope of SWAs in Medifund administration was reviewed and redesigned to include casework management of:

- Straightforward Medifund financial assistance cases
- Failed Medifund means testing cases

Measures taken for change were as follows:

Measures taken		Period/date
VSM Action Plan Group Preliminary Discussion	<ul style="list-style-type: none"> • Re-organise new structure and work processes on Medifund administration for SWAs and SWA coordinator • Identify training needs and scope training curriculum and programme to prepare SWAs and SWA coordinator with the necessary competency to perform the expanded job scope. 	Jan - Mar 2016
Briefing SWA team for Understanding and Acceptance	<ul style="list-style-type: none"> • Sharing on rationale, revision of work scope of SWAs in Medifund administration, timeline for training and address staff concerns. 	May 2016
Training of SWAs - Social Care Assessment - Medifund Administration	<ul style="list-style-type: none"> • Conducted Social Care Assessment tool training • Conducted Medifund Administration training 	Jun- Aug 2016
Trial run of work improvement	<ul style="list-style-type: none"> • SWAs shadowed MSWs on the new scope and work processes 	Sep 2016
Launch of SWAs new scope in Medifund administration	<ul style="list-style-type: none"> • Weekly team discussions to work out implementation challenges 	Oct 2016
On-going support and process enhancement	<ul style="list-style-type: none"> • Monthly meeting to gather feedback • Continuous review and streamlining of Medifund application process 	On-going

Results

ENHANCEMENT in Patient's Holistic Care

- As a result of SWAs taking on the administration of the majority of Medifund applications, MSWs are now able to better focus in providing in-depth interventions to the 60% of medium to high complex cases.
- With the expansion of SWA's roles, patients' needs for financial assistance are now met "under one roof" instead of being re-referred to a MSW. Patients with high psychosocial needs are also aptly assessed with timely interventions by MSWs.
- With the up-skilling of SWAs to undertake financial assistance cases, the department managed to save one MSW full-time equivalent (FTE), for redeployment to manage more urgent and complex cases in IMH MSW Emergency Services.

EXPANSION and EMPOWERMENT of SWAs' Social Care Roles

- The workforce transformation seeks to tap on the capabilities of SWAs who are well-educated and passionate to take on expanded roles. With this, SWAs now have a more holistic view of their scope of work.

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