

Testimony of Amy Sagen

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Good afternoon, I am Amy Sagen; I hold a Master degree in Social Work, a Master of Science degree in Gerontology, and I am a Licensed Social Worker. For the past ten years I have been working within the aging field; with Alzheimer's disease and other cognitive impairments, hospice, and in a specialized dementia unit within a skilled nursing facility. My plea to you, today, is to stress the importance of having true social workers employed in the social services department of nursing facilities, whom are educated and trained to work with residents, families, staff, and the community.

As a nursing home social worker, I was charged with addressing the psychosocial needs of residents and within the cognitively impaired unit, the resident's family members. Psychosocial concerns include recognition and treatment of mental health issues including depression, anxiety, dementia, and delirium. Another aspect of a social worker's role is to monitor the delivery of mental health services including ineffective diagnosis, lack of follow through with pre-determined services, and over-reliance on pharmacological interventions instead of psychosocial interventions. Social dimensions of our role relates to potential loss of relationship, loss of independence, adjustment to the facility, continuity of care, and end-of-life care issues.

Many of the families I came into contact with were unaware of scope of services a social worker could provide to them. They were unaware that I would educate and support them as they too were on a psychosocial journey with the resident. Walking through the unit, I would take a moment to listen and educate family members on how to interact with the resident to either diffuse heated situations or encourage participation in previously enjoyed hobbies or activities, without relying solely on medications to affect a resident's behavior.

The skilled nursing facility in which I worked renovated about one-third of our rooms as step down units from hospitals, also known as rehabilitation units, where patients are entering the facility in a more fragile state. Residents were entering the facility with lower cognitive levels and increased confusion, mostly as a result from medications. These residents require more extensive psychosocial interventions to determine rehabilitation potential, short term interventions to maximize recovery, and discharge planning coordination as the person nears the end of their rehabilitation stay at the nursing facility.

Once these units opened up, I saw an increase of internal referrals of residents in need of the quiet, calm, and secure cognitive impaired units. These residents required extensive rehabilitation interventions and most had symptoms of delirium not dementia; therefore these residents were not appropriate for my unit.

Thus, a large part of my job was controlling resident admissions into the special care unit. This was both an enjoyable task of meeting potential new residents and their families, but also extremely frustrating. The frustrations surrounded potential admissions of previously labeled disruptive patients. For each potential admission, I would visit patients in their current environment to assess the level of cognitive impairment, physical care requirements, and mental health diagnoses. After an assessment, I had to firmly stand my ground if a person did not meet our unit's requirements. Social service personnel were not pleased when I refused a person as several times the person was labeled as being difficult or disruptive. Upon interacting with some of these residents, I learned that turning off a light, turning the volume down on a roommate's tv or stereo, or asking the nursing staff permission to give the person fluids drastically reduced the attention seeking behaviors of this individual. An educated social worker, many times, can diffuse situations and reduce negative behavior in a resident by interacting with them to determine the underlying cause of these behaviors.

My most frustrating moment at the nursing facility was an interaction I had with my administrator. Census had dipped; a handful of residents were discharged to assisted living facilities or home, while a few residents had passed away. My administrator informed me of a potential admission who was in need of our secured unit. Upon reading the history of the person, red flags went up. Currently, the potential resident was on the secured psychiatric unit at a nearby hospital with a diagnosis of schizophrenia. My unit was a dementia unit and clearly stated in our policies & procedures that a person must have cognitive impairment not due to mental illness. Upon addressing this concern with my administrator, I had to visit the potential resident to make a full assessment. The assessment I wrote declined the person as a resident for our secured dementia unit. My administrator was furious and told me to "get heads in beds." My ethical dilemma was to follow instructions, knowing full well we would get cited at our next Department of Health Inspection for failing to follow our policies and procedures and incorporating a young schizophrenic diagnosed person with aggressive tendencies onto a unit of older cognitively impaired adults or do I stand up against my administration and refuse to admit this person onto the unit? Ethically, I had to account the wellbeing of all of my residents, staff, and the needs

of the potential resident. I stood my ground and refused this admission and am no longer working in the nursing home.

As an educated social worker, I have gained skills to interact with residents and families to recognize and intervene on psychosocial issues from admissions to discussing end-of-life issues. Using social work theories, I see the person as a part of their environment which can be changed to alter a person's behavior. Working with educated social workers made many of the transitions for families relatively seamless. Again, I urge you to recognize social work as a profession that entails schooling and hours of hands on experience. It is this education and experience residents and families should come to expect when entering skilled nursing facilities, if it is not we are providing a great psychosocial disservice to our residents and families. Thank you for allowing me to address you on this issue that is close to my heart.