



# Social Work Response to COVID

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## Introduction/Problem

- How did inpatient social work team respond to needs presented by pandemic beginning March 2020
- Initial concerns regarding safety, ability to meet needs of patients, families and staff.
- A whole new focus in our work in collaborating with teams to facilitate end of life visitation, working with on line meetings, discussions of end of life decision making via ipads.
- Readjusting to new world of resource needs, transportation, shelter limits, dialysis unit limitation, court closures.
- Providing support to staff, informal and formal support modalities, in person vs remote, groups/individuals, bringing in resources.

## Aim/Goal

- To respond to needs of patients, families, and staff during differing stages of COVID pandemic
- To adjust staffing to meet needs of patients, families, and staff.

## The Team

- Medical Surgical Social Work Team
- Collaboration throughout the medical center, often standing with spiritual care colleagues.

## The Interventions

- Staffing
- Work on units
- Support to pts and families
- Staff support

## Results/Progress to Date

- **Immediate response**
  - Safety concerns
  - Remote vs onsite work
  - Working in teams to provide response to inpatient units
  - Requirement daily “pod” check ins to make sure that patient needs addressed
- **What worked**
  - Pulling team together immediately, 3/13 met w/ whole team in person, didn't have tools yet for zoom, etc.
  - Decision made to work 50/50 onsite/remote
- **What didn't work**
  - Unclear message to patient care units,
  - Interpreted as we “went home” altho more than half the staff and both leaders were here on site 100%
- **Eventually developed on site requirement, but created more flexible schedules with 10 hour days to allow for some social distancing and address staff exhaustion. Still evaluating effectiveness**

*For more information, contact:*

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## More Results/Progress to Date

### WORK ON UNITS

- Quickly became almost all COVID patients
- ICU's expanded beds to RB6, RB7
- Primary role in end of life care
  - **Strengths:**
    - Formal and informal leadership within social work group
    - MICU/SICU Social Worker and RB 7 Social Worker became interchangeable
  - **Challenges:**
    - Some staff unprepared for end of life work
    - Staff were not sufficiently cross trained to work in other units

### STAFF SUPPORT

- Responding to the needs of the responders
- Formal and informal support
  - Inpatient support groups, led by social workers (inpatient and outpatient) and chaplaincy
  - Inconsistent participation but some very powerful moments and times on patient care units
- Social Work drop in time
  - Mostly effective with/from social workers well known to units
- Outpatient staff want to be helpful but hard to do by Zoom and hard to predict time that worked
- Informal support most often what worked, staying late after a hard shift, debriefs after a hard death
- Lots of tears, few hugs

### SUPPORT TO PATIENTS AND FAMILIES

- Became proficient in zoom, facetime, and other technologies
- Coordinated arrival of IPADS on patient care units
- Coordinated end of life visitation in collaboration with medical, nursing leadership, hospitality staff, public safety, and Spiritual Care
- Prepared families for visits, escorted families from lobbies
  - **Strengths:**
    - Great collaboration to meet needs of families, everyone just picked up whatever they needed to get it done
  - **Challenges:**
    - Guidelines kept changing, weekly meetings addressed outpatient and clinic visits, cafeteria visits but not very clear about managing inpatient visits
    - Weekend staffing, late evening staffing

## Lessons Learned

- Working in crisis mode, not best decision making
- Changing guidelines really hard to keep up with
- More cross training needed, internal shadowing
- Need to evaluate effectiveness of changed schedules
- Turn over of staff, pulled manager away from staff to cover for almost a year,

## Next Steps

- Reevaluate pros and cons of 4 day work weeks
- Survivor mentality, grown in closeness, 9 new hires since beginning of pandemic, 30% turnover of staff, redeveloping identity of group

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