



Keycase

Stewarding the Resources of Patients and Residents: The Funding Support Assistant Role at West Park Healthcare Centre

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Healthcare institutions, like other organizations, give careful attention to the stewardship of their resources. They recruit and train financial managers, who become in-house sources of considerable expertise. Yet a comparable body of expertise is generally not concentrated at the individual level – the world of funding for patients. This knowledge tends to be dispersed; social workers may help patients access income support, and therapists may help them acquire prosthetics, wheelchairs, and other equipment. As funding becomes more constrained, accessing it becomes increasingly complicated; remaining current on ever-changing (and often inconsistent) funding policies can be daunting. In addition, time spent by clinical staff in accessing resources takes away from time spent in direct care – an ineffective use of clinical resources in a period of fiscal constraint.

West Park Healthcare Centre has created the Funding Support Assistant role to provide expertise on funding and to work with our patients and residents, family members, medical staff and clinicians to see that patients and residents receive the maximum to which they are entitled. Receiving this support – whether in the form of equipment or income – can make a significant contribution to their quality of life.

West Park is the western regional adult rehabilitation centre for the Greater Toronto Area, a local provider of complex

continuing care, and a new provider of long-term care. The Funding Support Assistant role arose from our organizational transformation process. In 1996, having realized significant savings from structural and operational changes, West Park set about transforming its core process – patient and resident care. The goal was to improve efficiency while maintaining and, where possible, enhancing care. An organization-wide design team developed a vision, or ideal, for the care process, and the possibility of a role devoted to funding expertise emerged. Subsequent job analysis confirmed the need for such a role.

DEVELOPING THE ROLE

Although sometimes considered inflexible and legalistic (Drucker 1987), job analysis has been recognized as a “cornerstone of all personnel and human resource development” (Mirabile 1990) and a worthwhile investment of time (Sunoo 1996). After reviewing literature (Denis and Austin 1992; Horney and Koonce 1996; Levine et al. 1997; Nelson 1997; Urbanek 1997), West Park’s Organizational Transformation Implementation Team adapted the DACUM (an acronym for Developing a Curriculum) method and added an emphasis on behavioural competencies. DACUM’s key premises are: (1) experts (the people performing a job) can describe and define that job better than anyone else; (2) any job can be effectively

described in terms of the tasks successful workers perform; and (3) all tasks have direct implications for the knowledge, skills, and attitudes workers must have to perform them correctly (Kosidlak 1987).

The job analysis process included facilitated discussions with key stakeholders to identify all tasks for each current role and then tasks that could be shifted from some clinicians to others (to reduce duplication of work) or to non-clinical staff. Specifically, clinicians were asked what they did during the day that fell outside their core scope of practice as a clinical professional, did not add value, or was inefficient. The next questions were whether those activities were necessary and, if so, whether they could be done differently or by someone else equally well. The answers revealed that clinical staff – particularly social workers but to a lesser extent occupational therapists and physiotherapists – were spending a significant amount of time accessing financial support. The need for a new role – the Funding Support Assistant (FSA) – was clear.

The job analysis for social workers became the foundation for developing a set of key technical and behavioural competencies for the FSA role; these competencies are the objectives or goals a person occupying a position must achieve to be considered successful. West Park then recruited and was delighted to fill the two positions with current clerical staff members with complementary skills and experience; one had worked in Financial Services and the other in the clinical services. The Implementation Team used data from the job analysis to develop a comprehensive three-week orientation, and key stakeholders – social workers, occupational therapists, physiotherapists and staff in Financial Services and Clinical Records – provided specialized content expertise. Topics included ethics; dealing with patients, residents and family members about funding; insurance coverage; federal, provincial and local programs; documentation and communication tools; and process design. The two FSAs, with an Implementation Team facilitator, then designed processes for referring patients and residents to them and ensuring information was conveyed to and from the clinical teams. These new processes were piloted on the Amputee Rehabilitation Service, revised according to stakeholder feedback, and then implemented throughout West Park.

After the initial orientation, all further training was on-the-job. The FSAs adopted their new roles gradually, with support from the Implementation Team and a manager in Financial Services. Both FSAs showed a great deal of initiative. Within the first few months, in addition to assisting patients and residents, they had worked with other staff on referral procedures and forms, coordinated a resource centre, developed their own workload tracking system and formed a network of contacts. As one of the FSAs later remarked, “Before, our learning curve was huge – but now I feel it’s all there.”

Shifting work inevitably involves some disjunction as staff members adapt to new and changed roles. Perhaps most affected were some of the social workers. Accessing funding had been a way to provide practical help to patients and residents and build trust before undertaking counselling – sometimes perceived as threatening by patients and family members. For rehabilitation patients, whose length of stay has decreased markedly over the past few years, the opportunity to establish trust quickly can be particularly important. Also, some additional activities performed by social workers (for example, discharge planning) had been shifted to the care coordinators (another new role created during organizational transformation). Social workers now function as consultants to the clinical service teams with a primary emphasis on counselling – a fundamental part of their scope of practice. After an initial transition period, eliminating non-clinical activities has enabled them to take on more challenging work at the highest level of their scope of practice – a goal of organizational transformation for all clinical disciplines.

INITIAL RESULTS

As of December 2000, almost all West Park’s clinical services were referring patients and residents to the funding support assistants; only the Ambulatory Services had not yet gone through organizational transformation and implemented work and role changes. From May 1999 to September 2000, the FSAs had had 487 referrals (some patients and residents required multiple interventions). Figure 1 (next page) shows the sources of these referrals.

The types and proportions of referrals paralleled the sources from which they came, with 237 (48.7%) for equipment needs (more common in the rehabilitation services), 180 (37.0%) for income maintenance (more common in the complex continuing care services), and 70 (14.4%) for miscellaneous services (for example, health card and insurance verification, income tax, continuing education funding, and community supports).

Total funding accessed from May 1999 to September 2000 was \$588,800. Amounts for individual patients and residents varied from under \$100 to over \$20,000, with \$2,500 to \$3,000 being the most common range. It took from one day to over 10 months to close a case, with an average time of three to four weeks.

REVIEWING THE ROLE

The FSA role was reviewed both six months and 14 months post implementation. Both reviews included feedback from stakeholders – care coordinators, occupational therapists, physiotherapists, service managers, and social workers – and reactions were positive. Results confirmed the verbal feedback the FSAs had been receiving from patients, residents and

| Referrals to Funding Support Assistants: May 1999 – September 2000 | |
|---|----------------------------|
| Rehabilitation Services | Number of Referrals |
| Amputee Rehabilitation | 126 |
| Geriatric Rehabilitation | 24 |
| Neurological Rehabilitation | 71 |
| Respiratory Rehabilitation | 23 |
| Tuberculosis | 46 |
| Rehabilitation Referrals | 290 |
| Percentage of total referrals | 59.5% |
| Complex Continuing Care Services | Number of Referrals |
| Adult Physically Disabled | 33 |
| Chronic Assisted Ventilatory Care | 46 |
| General Complex Continuing Care/Palliative Care | 15 |
| Multiple Sclerosis | 10 |
| Respiratory Continuing Care | 7 |
| Sensory Stimulation | 9 |
| Special Care | 3 |
| Complex Continuing Care Referrals | 123 |
| Percentage of total referrals | 25.3% |
| Other Sources | Number of Referrals |
| Clinics | 8 |
| Day Hospital | 32 |
| Post-Polio | 3 |
| Prosthetics and Orthotics | 17 |
| Community | 4 |
| Other Sources Referrals | 14 |
| Percentage of total referrals | 15.2% |
| OVERALL TOTAL | 487 |

family members. The role was seen as a huge success and an essential service that was highly valued by key customers – primarily care coordinators and social work staff. Stakeholders reported a positive effect on clinicians’ workload and saw the FSAs as “knowledge brokers.” In their words:

- “Reduces my workload and my time is freed up to address other client needs.”
- “The clients particularly appreciate the expertise of the FSAs in assisting them with application procedures, as they find them overwhelming and confusing.”

They also expressed appreciation that the patients and residents were “assured of getting the most up-to-date appropriate funding information.”

The FSAs themselves saw the new positions as opportunities for serving patients and residents and also for personal development:


- “I get satisfaction knowing that I’m doing what is actually needed by clients, family and staff.”
- “The amount of independence is great. I feel free to make my own decisions.”

- “You learn something new every day.”

The reviews recommended further organizational education about the FSAs and the assistance they could provide. Since then, with some marketing efforts, both internal and external awareness have increased. The FSAs have made presentations to all West Park’s care teams to explain their services. They have also taken the initiative to meet with care coordinators, and they introduce themselves to new clinical staff to explain their role. Therapy staff invite FSAs to in-services provided by equipment vendors, and vendors and government agencies now contact the FSAs directly about new products or policies. The FSAs have also been constants during organizational transformation. When some staff moved to different services or left West Park, they provided needed continuity and could connect external agencies with the appropriate therapists.

LOOKING AHEAD

The Funding Support Assistant role is now part of West Park and has rapidly become indispensable. Patients, residents and staff throughout the centre rely on the FSAs, and the possibility of cross-training other staff to ensure that coverage is continuous is being examined. As for all roles, there will be periodic review and modification as necessary to meet evolving needs. In addition, the FSAs, like other West Park groups, have a designated clinical service manager to act as their liaison with the services and with senior management so that issues and concerns can be brought forward and acted upon. The FSAs continue to be part of the Financial Services Department to maintain the clear link between West Park’s clinical and support services.

“Transformation” and “re-engineering” are fearsome words. Too often, they carry the connotation of cost-cutting and downsizing, and too often this perception is accurate. The creation of the Funding Support Assistant role at West Park added to rather than subtracted from our work force and gave staff members a new opportunity to be of direct benefit to the people we serve. In addition to helping patients and residents, it enables the organization to put its clinical and financial resources to the best use. 

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