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Intervention Space and Practical Challenges of Medical Social Workers in Discharge Planning: Postprint

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Abstract

Background Discharge preparation facilitates patients' smooth transition between care settings. In foreign healthcare institutions, discharge preparation represents a primary responsibility of medical social workers, whereas in mainland China, social worker involvement in this domain remains comparatively limited. **Objective** To understand the intervention scope and practical challenges confronting medical social workers in discharge preparation, thereby providing reference for improving discharge preparation social work services. **Methods** Based on a multidisciplinary perspective, purposive sampling was employed to conduct in-depth interviews with 20 medical personnel (including physicians, nurses, medical social workers, and healthcare administrators) from March to June 2023. The interview data were organized and analyzed using Nvivo12.0 software and Colaizzi' s seven-step analysis method. **Results** In the discharge preparation service domain, medical social workers primarily conduct psychosocial assessments, develop professional service plans, provide social work interventions, and perform follow-up tracking. While accumulating localized practical experience, they confront numerous challenges, including insufficient social resource accessibility, multiple barriers to hospital-social work collaboration, absence of normalized institutional mechanisms, inadequate multidisciplinary cooperation, shortage of social work personnel, and the need for enhanced comprehensive competencies. **Conclusion** Advancing the development of discharge preparation social work services in China through advocating for social policy and systemic mechanism construction, establishing hospital multidisciplinary collaboration platforms, and promoting comprehensive capacity building for medical social workers.

Full Text

Preamble

Special Issue on Social Work

Intervention Space and Realistic Challenges of Medical Social Workers in Discharge Preparation

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Abstract

Background: Discharge preparation helps patients transition smoothly from one care environment to another. In foreign medical institutions, discharge preparation is one of the primary responsibilities of medical social workers. However, in mainland China, social workers are currently relatively less involved in discharge preparation work. **Objective:** To understand the intervention space and realistic challenges faced by medical social workers in the field of discharge preparation, and to provide a reference basis for improving social work in discharge preparation. **Methods:** From March to June 2023, based on a multidisciplinary perspective, purposive sampling was used to conduct in-depth interviews with 20 medical personnel (including doctors, nurses, medical social workers, and medical administrators). The interview data were organized and analyzed using Nvivo 12.0 software and the Colaizzi seven-step analysis method. **Results:** Medical social workers mainly carry out psychosocial assessments, develop professional service plans, provide social work interventions, and conduct follow-up visits in the field of discharge preparation services. While accumulating some local practical experience, they also face many realistic challenges, including insufficient access to social resources, multiple obstacles to hospital-community linkage, lack of normalized mechanisms in hospitals, inadequate multidisciplinary collaboration, shortage of social work human resources, and the need to improve comprehensive capabilities. **Conclusion:** The development of discharge preparation social work services in China should be promoted through advocating for the construction of social policy systems and mechanisms, building hospital multidisciplinary cooperation platforms, and promoting the comprehensive capacity building of medical social workers.

Keywords: Social workers; Discharge preparation; Multidisciplinary cooperation; Intervention space; Realistic challenge

Discharge preparation, also known as discharge planning, is a concentrated, coordinated, and multidisciplinary integrated process [1]. It refers to the use of a bio-psycho-social approach by interdisciplinary teams [2] to guide patients through a smooth transition from one care environment to another, such as from hospital to community. This process includes comprehensive patient assessment, collaborative decision-making with patients and families to determine the most appropriate discharge plan, coordination and communication between the patient's family and the medical team, and linking families to social support resources [3]. Research indicates that when patients' needs at discharge are not addressed, they often experience poor outcomes, including complications, psychological distress, and readmission risks [4]. Discharge preparation services bring positive benefits to both patients and hospitals. Patients can receive continuous care and support between hospital and community services, increasing satisfaction, reducing readmission rates [5], and promoting recovery and community reintegration. For hospitals, it can reduce length of stay, promote bed turnover, and assist in controlling cost budgets. Discharge preparation increasingly requires collaboration across different professions and fields, with medical social workers playing an important role as part of the team. What intervention spaces are available to medical social workers in discharge preparation services? What realistic challenges do they face in professional practice? This study conducts qualitative interviews from a multidisciplinary perspective to provide effective reference for improving discharge preparation social work services.

1.1 Research Subjects

From March to June 2023, purposive sampling was used to select 20 medical personnel as research subjects, including 6 nurses, 5 doctors, 7 medical social workers, and 2 medical administrators (see). Inclusion criteria: working in the relevant professional field for ≥ 3 years. Exclusion criteria: non-employed personnel. The sample size was determined based on data saturation principle. Among the 20 respondents, 6 were male and 14 were female; professional work experience ranged from 3 to 28 years; 4 held senior professional titles, 13 held intermediate titles, and 3 held junior titles; 15 were from tertiary hospitals, 3 from secondary hospitals, and 2 from primary hospitals.

1.2 Development of Interview Outline

Based on literature review, expert consultation, and group discussion, the researchers developed an interview outline. Before formal interviews, 2 medical personnel were selected for pilot interviews, and the outline was adjusted based on the results to form the final interview questions (see).

1.3 Data Collection Methods

Semi-structured interviews were conducted via Tencent Meeting or in-person in conference rooms, with each interview lasting approximately 40-60 minutes and being audio-recorded with consent. During interviews, researchers listened attentively and showed empathy, avoiding interruption and only asking follow-up questions during pauses. At the end of each interview, participants were asked if they needed to add or clarify anything. Recruitment stopped when interview information reached saturation.

1.4 Data Analysis Methods

After transcription, interview recordings were imported into Nvivo 12.0 software and analyzed using the Colaizzi method from phenomenology. Two researchers systematically organized, compared, and analyzed the textual information, extracting and refining themes through group discussions.

2.1 Intervention Space

In China's discharge preparation work, doctors and nurses play the primary roles. Doctors mainly provide disease diagnosis and treatment, assess patients' post-discharge physiological rehabilitation needs, and recommend follow-up schedules and related precautions. Nurses serve as the main coordinators of discharge preparation, managing the development of discharge plans, overseeing service quality, coordinating multidisciplinary teams, providing care knowledge and skills to patients and families (such as pressure sore and skin care, nasogastric tube management), and organizing discharge preparation meetings. However, with the emergence of holistic health concepts and the transformation of medical models, people have recognized that factors affecting health and disease are multidimensional, including physiological, psychological, and social dimensions. In addition to physiological indicators, factors affecting patient discharge include psychosocial needs such as family care requirements, social support systems, economic burden, and psychological adaptation. Due to the demanding nature of clinical work, medical staff have limited time to focus on patients' psychosocial needs, creating development space for medical social workers to join the multidisciplinary team. Medical social workers adhere to a "person in environment" perspective and can undertake the following activities in discharge preparation services.

2.1.1 Conducting Psychosocial Assessments of Emotional, Cognitive, Family Care, and Community Support Needs

Medical social workers use discharge preparation questionnaires or scales for high-risk screening. For potential service recipients, they learn about their condition recovery and subsequent care needs from the medical team, particularly regarding daily living functions, mental status, and medication management capabilities. Using professional skills such as listening, empathy, and clarification,

social workers establish professional relationships with patients, assess family and community support systems (such as family relationships and care support systems, available economic, human, and environmental resources), and identify patients' psychosocial needs, available resources, and coping mechanisms to provide a basis for developing service goals and delivering professional services. Social workers evaluate patients' anxiety status throughout their hospitalization, tracking from admission.

2.1.2 Collaborating with Medical Teams and Developing Professional Service Plans with Patients and Families

Medical social workers consult and communicate with medical teams to develop personalized discharge preparation plans for patients returning home or being referred to other institutions. Service plan goals must meet the following principles: direct relevance to patient problems and needs; operability; compatibility with multidisciplinary team capabilities; and inclusion of patients and families in the development process. When developing plans, social workers assist patients in prioritizing problems based on urgency, difficulty, and actual conditions.

Social workers can conduct pre-discharge education, particularly for patients with difficult social adaptation, assisting with postoperative social adjustment and helping families develop correct understanding of postoperative changes. In psychiatry departments with many patients and few doctors and nurses, social workers take on this education role at discharge, focusing on medication adherence and discussing with patients how symptoms have improved through medication to help them recognize their progress.

Based on this assessment, social workers evaluate family support conditions, living situations, and self-management motivation. They assess whether service recipients need institutional referral resources, family economic conditions, and willingness to spend on rehabilitation care. For elderly patients, social workers understand their needs and, after communicating with families, identify suitable nursing homes together to improve end-of-life quality while ensuring convenience for family visits. Since most discharge placement targets are patients in poor condition with weak self-determination capacity, families often make final decisions, requiring social workers to help balance decision-making among multiple children if applicable.

Organizing discharge preparation meetings allows medical staff and social workers to jointly develop discharge plans. During this process, patients can organize questions in advance, and social workers assist in structuring these inquiries and responding through group discussions.

Social workers also help patients develop life plans, guiding them to coordinate work and life, think about what they can do within their capacity, and better integrate into society, while helping families support patients' community reintegration.

2.1.3 Providing Psychosocial Professional Services and Empowering Patient Families

Medical social workers provide necessary support and referrals. During plan implementation, they play roles as supporters, coordinators, educators, and policy advocates.

(1) Emotional and Cognitive Intervention: Social workers provide emotional support to patients and families, assist with disease adaptation and understanding, alleviate patients' anxiety, promote family communication and relationships, and coordinate doctor-patient relationships.

(2) Linking Social Resources: For patients recovering at home after discharge, social workers organize volunteers to assist with smooth discharge, link families to alternative care or respite services, and empower families. Additionally, social workers collaborate with medical staff to provide training on post-discharge self-care knowledge and skills through educational groups and health manuals, helping families become competent caregivers.

In situations where medical staff cannot help, such as when patients need assistance from hospital to hotel, social workers can integrate volunteer resources to provide support. Care arrangement is crucial work. When communicating with families, social workers recommend seeking alternative care such as hiring caregivers, accessing long-term care insurance, or entering institutions. They provide stress relief for caregivers in hospitals and help connect them to community care resources or respite services outside the hospital.

Social workers can compile a support manual informing patients about psychological support resources, including hotlines to call and people to seek help from when families cannot provide counseling. They also introduce resources such as popular science platforms for home care of cancer patients and legal aid information for issues like end-of-life estate planning or how to use commercial insurance.

For patients referred to other care institutions after discharge, social workers collaborate with medical staff to establish connections with care facilities, transferring patient information, health status, psychosocial needs, and proposed discharge plans to relevant institutions.

(3) Building Post-Discharge Peer Mutual Aid Platforms: Social workers establish mutual aid and exchange platforms for discharged patients and families. From the patient perspective, these platforms (such as "Concentric Circle Clubs") allow them to meet peers with similar experiences, learn from each other, receive emotional support, and obtain information about national policies or economic support for diseases that patients might not otherwise know.

2.1.4 Conducting Follow-up Visits and Evaluating Discharge Preparation Work

Medical social workers conduct regular follow-ups via phone or WeChat to understand implementation of discharge plans and physical recovery, monitor patients' self-management ability and quality of life, comprehensively evaluate the discharge preparation service process and patient improvement, and provide necessary support and guidance.

Social workers contact community health service center staff responsible for resource services to jointly visit patients at home during festivals like Lantern Festival, understanding blood glucose monitoring and life issues. They call service recipients more than a week after discharge or ask them to proactively contact social workers to report stability in institutions or at home and whether further service coordination is needed. Services are terminated when no further issues are identified.

2.2 Realistic Challenges

In recent years, China's medical social workers have explored discharge preparation services for elderly chronic disease patients [7], stroke patients [8-9], and work-related disability patients [10], accumulating some local practical experience while facing many realistic challenges. Based on social ecological systems theory, these challenges manifest primarily at the macro social policy level, meso hospital level, and micro medical social worker level.

2.2.1 Macro Level: Insufficient Access to Social Resources and Multiple Obstacles to Hospital-Community Linkage

Discharge preparation services require effective connection between hospitals and communities to provide continuous care. In 2009, the CPC Central Committee and State Council proposed in the "Opinions on Deepening Medical and Health System Reform" [11] to gradually implement community first diagnosis, tiered medical care, and two-way referral, which would help establish a collaborative medical service system among different medical institutions. In 2023, the "Opinions on Further Improving the Medical and Health Service System" [12] provided more detailed guidance, emphasizing the need for medical institutions, nursing homes, professional rehabilitation institutions, elderly care institutions, and hospice care institutions to strengthen division of labor and cooperation, promote tiered diagnosis and treatment, advance system integration, and form a health service network with resource sharing, mechanism linkage, and optimized functions. This high-level government attention provides policy support for positive interaction between different medical institutions, particularly for tiered diagnosis and treatment system construction.

However, in reality, China's social welfare security system is not sufficiently developed, regional development is unbalanced, community medical service capacity is inadequate, and community resources are scarce, affecting patients' and

families' willingness to be referred and their trust levels. Additionally, hospital-community linkage mechanisms remain immature, resource sharing platforms have not been established, and competitive relationships with conflicting interests exist between different levels of medical institutions [13], resulting in obstacles in information communication and resource utilization.

Our hospital primarily serves Shanghai local patients, so available resources are within Shanghai, making it relatively easy to find resources and policies and connect with relevant institutions. However, contacting out-of-province psychological counseling institutions is more difficult. Although current national policy calls for discharge referral from tertiary hospitals to lower-level medical institutions, actual connection is seriously disconnected, with few direct connections between tertiary hospitals and community hospitals. Both upward and downward referral paths are difficult to open, which cannot be solved at the hospital level. We cannot influence secondary hospitals, primary hospitals, or nursing homes, as their beds are also tight. Community hospitals have some severely ill patients who cannot be directly transferred to our hospital because our beds are also tight. Current medical alliances and tertiary hospital groups are relatively loose.

2.2.2 Meso Level: Hospitals Have Not Established Normalized Mechanisms, and Multidisciplinary Collaboration Is Inadequate

Hospitals lack unified, systematic, and clear definitions of discharge preparation services, with understanding limited to vague perceptions and experimental attempts [14], and have not established institutionalized discharge preparation mechanisms or complete discharge planning procedures or guidelines, affecting patients' access to continuous and comprehensive health care. Discharge preparation services require joint efforts from multidisciplinary teams. Multidisciplinary collaboration emphasizes patient-centeredness, effectively integrating professional advantages of doctors, nurses, medical social workers, and other technical personnel to improve medical service quality and patient satisfaction. While multidisciplinary diagnosis and treatment is mature abroad, it started late in China and still faces many problems in implementation. Cross-team collaboration mechanisms have not been established, team division of labor is unclear, and professional boundaries are ambiguous. Currently, some Chinese hospitals and doctors have unclear understanding of multidisciplinary collaboration, limiting it to specialized diagnosis and treatment. Disciplines lack effective communication, with poor communication including team members lacking communication skills, unclear role positioning, inability to share common goals, and improper handling of disagreements [15]. Additionally, insufficient organizational incentives and unbalanced performance distribution lead to low participation enthusiasm. Although research indicates that involving patients in treatment plan discussions can incorporate more information into decision-making, the reality is opposite, with one study showing that 95% of multidisciplinary discussions have no patient participation [16].

In hospitals, discharge placement is not highly valued as a work task and is not normalized in implementation. It is more reactive—if referred, we do it; if not referred, it is difficult to proactively identify cases, resulting in failure to form a normalized, more professional, and more influential service. Multidisciplinary team collaboration also has some unsmooth aspects. Some medical staff have strong awareness and feel the need for closed-loop, full-cycle care services, providing detailed information to social workers about patients' post-discharge conditions, enabling more precise identification of institutions. Some doctors are relatively indifferent, lacking professional medical advice when social workers advance discharge preparation work, which is not conducive to helping patients find suitable institutions.

From the perspective of hospital leadership or medical staff, they feel social workers are not needed or are optional, which involves the issue of social workers' recognition in hospitals. Social work currently blooms inside the wall but smells outside—social workers do discharge preparation work in hospitals, but when attending external meetings or social work exchanges, they feel they are doing well, while hospital departments may not know of their existence, understand their significance, or know what social workers do.

The positioning of social workers' roles by medical teams is unclear. A nursing department teacher recently contacted us about a disabled patient needing a wheelchair push. This incident reveals that nursing staff and medical teams have inaccurate or biased understanding of social workers, which greatly affects multidisciplinary team cooperation because the most basic premise of cooperation is mutual understanding. I know what doctors do, but do doctors know what we do?

As an important member of the discharge preparation service team, the number of social workers is seriously insufficient. In 2006, the Sixth Plenary Session of the 16th CPC Central Committee proposed building a large social work talent team. Although subsequent national and local departments issued relevant documents to promote social work talent team construction, the reality is not optimistic. There are too few social workers currently. If I provide social prescriptions, social rehabilitation, and admission-discharge services for patients, how do I decide whom to serve and whom not to serve? Our hospital has only 2 social workers, but 3,000-4,000 patients are discharged monthly—how can we manage? This is a systemic issue.

Social worker staffing is insufficient relative to medical staff and patients, and participation in clinical work is inadequate. We hope hospitals will attach importance to this and provide human resources support in recruiting new staff to ensure adequate social worker personnel.

Taking Shanghai as an example, in 2012, the former Shanghai Municipal Health Bureau proposed normative requirements for medical social worker staffing in the "Implementation Opinions on Promoting the Construction of Medical Social Work Talent Teams (Trial)" [17]: comprehensive hospitals should employ

1 full-time medical social worker per 300-500 beds, and specialized hospitals such as pediatrics, mental health, oncology, and rehabilitation should employ 1 per 100-300 beds. By 2020, Shanghai Municipal Health Commission statistics showed that 123 hospitals in the city employed 350 medical social workers [18]. Additionally, in 2021, Beijing had 265 medical social workers in 89 medical and health institutions conducting medical social work [19]. The average staffing ratio in pilot hospitals in Hubei Province was 2.7 social workers per hospital, and in Guangdong Province it was 3.2 [20]. As provinces and cities with relatively fast medical social work development in China, the staffing issues in Shanghai, Beijing, Hubei, and Guangdong highlight the overall shortage of medical social workers in China, affecting the completeness of multidisciplinary teams.

Furthermore, discharge preparation work places high demands on medical social workers' professional capabilities, requiring them to conduct psychosocial assessments and high-risk screening, provide psychosocial support using crisis intervention, family therapy, and group counseling methods, connect community resources, coordinate community rehabilitation institutions, and support caregivers. The complexity of high-risk patients in physiological, psychological, and social functions poses greater challenges to discharge preparation work.

This work involves extensive communication and coordination, requiring accurate prediction of family needs, including which resources are most suitable, what plans families can accept, etc., posing comprehensive challenges to social workers. In this process, social workers need to coordinate comprehensive communication among patients, families, and doctors to identify needs and establish plans. Are our skills adequate? Doctors provide personalized discharge summaries for each patient. Do social workers have the capacity to provide social prescriptions? Are the things social workers provide targeted and scientific? How do we evaluate them? There are no industry standards either.

3 Summary and Discussion

Combining the realistic dilemmas faced by China's medical social workers in discharge preparation services and drawing on experiences from other countries and China's Hong Kong and Taiwan regions, the authors attempt to propose intervention pathways for medical social workers in discharge preparation services.

3.1 Advocating for Social Policy System and Mechanism Construction

Medical social workers use research investigations, policy proposals, and social advocacy to call for policy improvements and strengthen the construction of grassroots medical service systems. Simultaneously, they promote medical social work team construction through supervision, education, and multi-party employment. Medical social workers need to have organizational and advocacy awareness, a social ecological systems perspective, and the ability to build strategic community partnerships, participate in optimizing medical service processes

and policy recommendations, and actively promote positive interaction between hospitals, communities, and social organizations.

3.2 Building Hospital Multidisciplinary Cooperation Platforms

Discharge preparation services are a coordinated, concentrated, and multidisciplinary integrated process. Research shows that using systematic methods to integrate health care and social work professional resources can improve discharge preparation service quality [21]. To promote patients' smooth transition from hospital to community, multidisciplinary cooperation and referral mechanisms need to be established, and formal, comprehensive communication platforms between disciplines need to be built using information systems. Multidisciplinary teams require dynamic collaboration and effective communication. Different disciplines need not only clear responsibilities and roles but also role flexibility, reaching consensus on team norms, values, responsibilities, and goals, maintaining mutual respect and trust, recognizing connections and interdependencies between disciplines, and maintaining open communication and sharing [22].

3.3 Promoting Comprehensive Capacity Building of Medical Social Workers

Discharge preparation services are one of the core businesses of medical social work and an important step for patients to be discharged smoothly, continue rehabilitation treatment, and recover physical and mental health. Medical social workers need to enhance their practical capabilities, particularly comprehensive assessment and intervention abilities for patients with discharge difficulties, and promote early intervention in discharge preparation services through regular ward rounds and high-risk screening. They should organize and integrate community resources, cooperate with social organizations, and strengthen active connection between hospital social workers and community social workers.

Discharge preparation services respond to patients' diverse needs at the discharge stage by integrating medical and community care resources, ensuring patients transition safely and smoothly from hospital to home or to appropriate health care institutions to guarantee continuity of care. Medical social workers need to actively leverage professional advantages, establish good professional relationships with patients and families, explore patients' and families' own capacities and resources, and use professional methods to support patients and families in disease adaptation, emotional regulation, policy awareness, and access to welfare resources, inviting patients and families to participate in discharge plan development and implementation. Currently, in China, nursing dominates discharge preparation-related research, with research from a social work perspective being relatively scarce, leaving considerable room for development compared to abroad. Future medical social work in China needs breakthroughs in areas such as discharge preparation practice model summarization, cooperation and support in interdisciplinary teams, and social work evidence-based research.

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