**Evaluation of Social Services Impact on Hospital and Patient Financial Saving**

1. There is no human subject use. The data will be collected with Social Workers in qualitative and quantitative form-intervention method and hours/days saved by using the intervention method to discharge patient is ready and not waiting.
2. There is no human subject use. Therefore, no procedure for recruitment of subjects or consent identified.
3. The project consists of a survey that is given to each social worker. The survey includes the common intervention used in the past to assist discharging patient from the hospital. The survey has a section that the social worker would mark indentifying the saved time (hours/days). Each social worker was educated on the survey and how to identify which intervention method was used and how saved times were calculated. The data is turn in by noon the following Monday. The data would then be converted onto a weekly and monthly chart for easier presentation. The saved times would be converted into monetary amount. The average cost per hospital day is $800 per accounting department. By tracking the saved times that social worker affected, social worker roles in assisting hospital and patient to be financially sound would be evident.
4. There are not potential risks known at this time. Originally, the project would request each social worker to track each patient and each discharge method. After carefully consideration, this would not b feasible and importance to the purpose of the evaluation. Not all case call social worker be aggressive regarding using an intervention method to discharge patient rather then held them unnecessarily.
5. No human subject used. No risks known at this time. Therefore no procedure identified to minimize risks.
6. The potential benefits this evaluation can generate is decrease healthcare cost to patients, decrease cost to the county hospital making resources more available when needed, and defining social services adaption to changes in healthcare from coordinating care to assisting hospital wide financial savings.
7. No human subject used. No compensation to be offered/provided to participants (social worker).
8. No risks in relating to the anticipated benefits to the subjects identified at this time after extensive review.
9. The project’s site is University Medical Center in Lubbock Texas. UMC is the county hospital. The Director of Social Services-Sylvia Stice gave approval verbally for the project as well as Director of Case Management-Joyce Timmons verbally. No formal written approval was given due to project does not include human subject and did not need to be presented in front of the committee for review.
10. I am the social work intern completing my field practicum at UMC. My field supervisor was Heather Green for the spring semester. My field liaison for the summer semester is Dave Henton. My program instructor is Dave Henton.
11. N/A-Director of Social Services: Sylvia Stice provided verbal consent on the evaluation.
12. The study was not approved by another IRB.
13. University Medical Center‘s Social Services Department will have access to the results of the evaluation.