Social Work Services PC.S20

Regulatory Citation(s):	42 CFR 418.64(c); 418.100(c); 418.114(b)(3)
L-Tag(s):	594, 652, 787

POLICY: Social work services are provided in accordance with recognized standards of practice and the patient's plan of care, based on the initial and comprehensive assessments of patient/family needs.

PROCEDURE:

1. Lifesong Hospice and Palliative Care ensures there are an adequate number of qualified social workers to meet the needs of patients and their families.

2. A Social Worker is assigned to each patient/family and participates as a member of the hospice IDG in the development and implementation of the patient's plan of care.

3. The comprehensive assessment of the patient includes a psychosocial assessment conducted by the Social Worker to evaluate the patient's/family's emotional, social, financial, and environmental resources and identify appropriate psychosocial problems, interventions and goals for the patient's plan of care. Every attempt should be made to complete the initial social work assessment in person within the first 5 days of patient's admission to hospice. If the social worker is unable to complete the assessment, the reason for this lapse should be documented in the clinical record.

4. The Social Worker provides services to the patient/family in accordance with the patient's plan of care. Visit frequencies, specified in the plan of care, are determined based on the individualized, assessed needs of the patient/family.

5. Social work services and interventions may include but are not limited to:
    a. identifying the patient's/family's psychosocial needs;
    b. assisting the patient/family with advance directives, and ensuring completion,
    c. following up with ongoing advanced directives needs
    d. assessing and strengthening the patient's/family's coping skills;
    e. assessing and enhancing the responsiveness of the environment and connecting the patient/family with community resources as needed;
    f. providing interventions for specific symptom relief (such as fear, grief, depression, anger, etc.)
    g. screening for psychopathology and providing education and interventions accordingly;
    h. enhancing the strengths of the family system;

Created:	Reviewed:	Revised:	Effective:
6/18	2/19		4/2019
Reviewed:	**Reviewed:**	**Reviewed:**	**Reviewed:**

i. assessing anticipatory grief and referring for bereavement services as needed.
j. providing assistance with housing, welfare and safety issues as needed;
k. helping the patient/family to access financial, legal or other services as needed;
l. documenting problems, assessment findings, goals, care provided, interventions and patient/family response to care;
m. maintaining the dignity of the dying patient;
n. supporting the patient's/family's spiritual and cultural beliefs in collaboration with the Spiritual Care Coordinator
o. providing holistic, family-centered care across treatment settings;
p. consulting and collaborating with the IDG;
q. reporting suspected cases of abuse or neglect., misappropriation of property or exploitation;
r. conducting family conferences as needed; and
s. assisting with funeral planning as needed.

6. The Social Worker, in collaboration with the nurse case manager, reassesses the patient/family needs at least every 15 days or more often as necessary. Along with the IDG, the social worker updates the patient's plan of care as needed.

7. The Social Worker documents all care provided in the patient's clinical record in accordance with the hospice's documentation requirements.

8. If the patient/family declines social work services, no visits are required, and the refusal is documented in the patient's clinical record. The assigned Social Worker continues to offer support to the IDG in its care of the patient and to monitor the patient's/family's evolving needs.

Created:	**Reviewed:**	**Revised:**	**Effective:**
6/18	2/19		4/2019
Reviewed:	**Reviewed:**	**Reviewed:**	**Reviewed:**