

SUBJECT: SOCIAL WORKER ROLE DURING PATIENT REHAB/TRANSITIONAL CARE HOSPITALIZATION	REFERENCE #6003 PAGE: 1 OF: 1
DEPARTMENT: SOCIAL SERVICE AND DISCHARGE PLANNING	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

Each patient admitted to the transitional care unit shall be assigned a social worker to ensure the individualized program proceeds in a systematic, purposeful and goal-directed manner.

PROCEDURE:

- A social worker shall be assigned to each patient admitted to the transitional care unit within 24 hours by the program director and/or appointed designee.
- The social worker or designee from Nursing Department shall orient the patient, family and/or significant other to the transitional care unit program.
- The social worker shall encourage patient, family and/or significant other to give feedback on personal concerns and/or problems.
- The social worker and/or designee shall assist the patient, family and/or significant other with completion of the Personal Plan of Independence (PPI) within three (3) working days of admission. The social worker shall present the PPI to the team at the team conference.
- The social worker shall review and/or revise the PPI with patient, family and/or significant other following the team conference and obtain full patient/family signature at that time (refer to the Personal Plan of Independence policy).
- The social worker and/or designee shall present each patient, family and/or significant other's personal concerns, discussion of plans, goals, etc., at the team conference on a weekly basis.
- The social worker shall review the revised treatment plan with the patient/family after each team conference and obtain signatures at that time.
- All patient/family contacts are recorded in the Social Service notes.
- The social worker shall act as the liaison between the team and the funding source as related to discharge planning.
- The social worker shall advocate for the patient's individual needs, preferences and rights. He/she shall ensure that all events are provided by the team (training, home evaluation, therapeutic pass), as needed.

SUBJECT: RECOGNIZING AND REPORTING ELDER ABUSE/NEGLECT	REFERENCE #3002 PAGE: 1 OF: 3
DEPARTMENT: SOCIAL SERVICE AND DISCHARGE PLANNING	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

- To provide hospital staff with criteria for recognition of suspected elder abuse and/or neglect, delineate responsibility for reporting and provide the reporting methods and forms.
- All licensed hospital personnel may be responsible for recognition and reporting.

POLICY:

_____ Hospital provides for the protection of the elderly and/or dependent adult and acts in conjunction with the State of _____ and county of _____ elder abuse reporting laws.

PROCEDURE:

- Recognizing and Reporting Elder Abuse and/or Neglect:
 - The law specifies that all licensed nursed, physicians, non-medical practitioners, psychiatrists, psychologists, social workers, residents, interns and any other person currently licensed under the Business and Professions Code must report suspected elder abuse or neglect when acting in his/her professional capacity or within the scope of his/her employment.
 - None of the above-mentioned licensed personnel will incur any civil or criminal liability as a result of making this report.
 - “Dependent Adult” is defined as any person residing in this state, over the age of 18, who has physical or mental limitations which restrict his/her ability to carry out normal activities or to protect his/her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
 - Elder abuse should be reported if an observation is made that an elder or dependent adult has had a physical injury or injuries which appear to have been inflicted upon him/her by other than accidental means by any person.

REPORT OF INJURIES BY ASSAULTIVE OR ABUSIVE CONDUCT

(Pursuant to Penal Code Section _____ et seq.)

CONFIDENTIAL

Patient's Name: _____

Patient's Whereabouts: (Specify where and when patient can be safely contacted. Specify any special instructions for contacting patient):

Describe nature and extent of injury:

Date of injury, if known: _____

Relationship of suspected perpetrator to patient:

Domestic/intimate partner

Other; please specify: _____

Name of person(s) patient alleges inflicted the wound or injury: _____

Was patient informed that he/she may be contacted by law enforcement? Yes No

Other comments (Include any special needs of patient, i.e., interpreter)

Was patient referred to support services? Yes No

Date:
Health Practitioner's Name:
Health Practitioner's Title:
Health Practitioner's Medical Facility:
Health Practitioner's Phone Number:
Law Enforcement Agency Contacted:
Name and Serial Number of Official Contacted:
Date/Time of Telephone Report

Return to Local Law Enforcement Agency: _____

_____ () _____

Note to Law Enforcement: Patient's whereabouts must be deleted from any report required to be disclosed to suspect or suspect's attorney.

SOCIAL SERVICE DEPARTMENT PSYCHOSOCIAL ASSESSMENT

Patient Name: _____

Age: _____ DOB: _____ Marital Status: _____

Address: _____ Patient Phone: (____) _____

Emergency Contact: _____ Relationship: _____

Phone: (____) _____

Financial Status: _____ Work Status: _____

Cultural/Ethnic Background: _____

Physician Name: _____ Phone: (____) _____

Admit Date: _____ Admitting Diagnosis: _____

Living Situation: Own Home Rent Apt. Hotel Family Friend Homeless

Social Support System: _____

Children: (Names) _____ Ages: _____ Contact Numbers: _____

_____ (____) _____

_____ (____) _____

_____ (____) _____

Religious Preferences: _____

Reason for Referral: Abuse Suicidal OB Issues Multiple Admissions Psychosocial Issues

Mental Health Issues Living Situation Other: _____

Need Assessment: Drug/ETOH Medical Concerns Psychiatric Eval/TX Legal Child Care

Home Care Financial Employment Relationship Problems

Education Advanced Directive Living Arrangements

Other: _____

Patient/Family Concerns: _____

Treatment Plan for Addressing Needs: _____

Referrals To: _____

Clinical Impressions: _____

Education/Family Training Referral: _____ Community: _____

Social Worker Signature: _____ Date/Time: _____

SUBJECT: NEONATE WITH SUSPECTED DRUG WITHDRAWAL OR EXPOSURE TO MATERNAL CHEMICAL ABUSE	REFERENCE #3002
DEPARTMENT: SOCIAL SERVICE AND DISCHARGE PLANNING	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

- To provide a home environment for the newborn and ensure that appropriate caretaking will be provided.
- Social Service and OB nursing staff may perform and may be responsible.

POLICY:

_____ Hospital will intervene for the protection of any neonate who is born exposed to maternal drug or alcohol abuse.

PROCEDURE:

- Health care providers should be alert to the signs and symptoms of maternal drug/alcohol abuse:
 - Previous positive toxicology screen(s) in the prenatal period.
 - Skin lesions such as abscesses or track marks consistent with IV drug abuse.
 - Withdrawal symptoms.
 - Current enrollment in a drug/alcohol treatment program.
 - Presence of drug paraphernalia in the mother's belongings or hospital room.
 - Previous history of delivery of prenatally substance-exposed infant.
 - Altered mental status consistent with drug/alcohol intoxication.
- In addition, the presence of other factors may indicate substance abuse and should lead to further assessment:
 - Inconsistent or inadequate prenatal care (less than 3 visits).
 - Precipitous delivery.
 - Poor maternal weight gain.