
EMERGENCY DEPARTMENT POLICIES

SUBJECT: Social Work Services in the Emergency
Department

NO. 26

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Patient Population

Neonate	√
Pediatric	√
Adolescent	√
Adult	√
Geriatric	√

POLICY:

Social Work Services are available to all Emergency Department patients who require them. Social Work Services are available to the Emergency Department 24 hours per day, seven days a week. During the week, social workers are available on-site Monday through Friday, from 0900 - 1700.

On evenings, nights, weekends and holidays, social workers are available on site at designated hours and by beeper when off-site. They will return to site as needed.

PROCEDURE:

During weekday hours, between 0900 - 1500, the Adult Emergency Department social worker can be contacted by beeper and/or telephone (2803 / 46852). The Pediatric Emergency Department social worker can be contacted by beeper and/or telephone (917-729-7782 / 47129). The Psychiatric social worker is available at extension 45637. The on-call social worker can be reached by beeper. The beeper number is available through the Telephone Room at ext. 47707.

The following circumstances require Social Work intervention:

- TEAM 7000 AND TRAUMA VICTIMS from Monday - Friday, 0900 - 1700.
During evening and weekends, all cases referred by the Nursing Administrator.
- DOMESTIC VIOLENCE - INCLUDING BATTERED SPOUSE, ELDER ABUSE AND NEGLECT, AND ALL CASES OF CHILDREN UNDER 18 YEARS OF AGE.
- ALL CASES

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- **PATIENT MEDICALLY CLEARED BUT MAY BE AT RISK IF RETURNS HOME:** (i.e. patient unable to complete ADL's or unsafe at home due to other environmental factors).
- **SOCIAL PROBLEMS THAT IMPEDE ADMISSION TO THE INPATIENT SERVICE:** (i.e., dependent of patient unable to care for self and is in need of having supervision arranged.)
- **SOCIAL PROBLEMS** that impede discharge when admission is not medically justified.
- **CRIME VICTIMS**

The following circumstances **MAY** require Social Work intervention:

- **HOMELESS** (lack of basic life essentials: shelter, food, clothing, etc.)
- **SUBSTANCE ABUSERS** (alcohol and/or drugs; prescription and/or illicit)
- **EMERGENCY DEPARTMENT REPEATERS**
- **PATIENTS THREATENING TO LEAVE AMA**
- **PATIENT/FAMILY HAVING AN ADJUSTMENT REACTION TO ILLNESS**
- **PATIENT IN NEED OF CONCRETE SUPPORTIVE SERVICES** (housing, transportation, home care, medical equipment, etc.)
- **EMERGENCY DEPARTMENT MEDICAL OR SUPPORT STAFF IN NEED OF HELP WITH COPING WITH RECENT EMERGENCY CRISIS** (i.e., unsuccessful teams or multiple traumas)
- **PATIENTS/FAMILY MEMBER HAVING DIFFICULTY WITH UNEXPECTED TREATMENT, DISCHARGE OR ADMISSION**
- **ARRANGEMENT FOR CHILDCARE OF A MINOR ACCOMPANYING A PATIENT WHO IS UNABLE TO ARRANGE CARE IN A REASONABLE AMOUNT OF TIME.**

ADDITIONAL REASONS FOR REFERRAL:

Referrals may come from physicians, nurses and other personnel involved in the patient's care; requests by a patient or family for assistance with specific problems or crises; referrals from community agencies or other interested parties; recommendations from conferences, meetings, and chart reviews conducted by the social work staff; direct observation by the social worker participating in medical or social diagnostic sessions; and screening questionnaires identifying medical, emotional, and social needs.

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1. Patients requiring counseling for psycho-social problems, such as:
 - Scheduled to be admitted from Emergency Department into the hospital, but has family problems or obligations which require attention in order form admission to be affected.
 - Acute/chronic illness.
 - Needs help in making adjustment in life style or work pattern due to illness.
 - Exhibits anxiety about medical procedures.
 - Needs help in carrying out medical instructions.
 - Has familiar/interpersonal problems.
 - Where patient is referred by another health care facility, community agency, school, church, etc.
 - As part of a full psychiatric evaluation.

2. Patients requiring specific services or referrals to other agencies relating to:
 - Home Care.
 - Transportation - the level of transportation (i.e. taxi, ambulette, ambulance) must be medically justified for payment by Medicare/Medicaid.
 - Housing problems.
 - Entitlement/benefits.
 - Extended care facilities.
 - Long-term rehabilitation facilities.
 - Referrals to community health and social agencies.
 - Problems with abilities to pay for care or meds.

ADDITIONAL INFORMATION:

During evenings and weekends/the on-call social worker can be reached by beeper. The Nursing Administrator and Telephone Room are notified monthly in writing of the evening/weekend social work on-call coverage schedule and the beeper number of the social workers on-call during this period. In addition, the schedule includes a list of social work social work management back-up staff to provide consultation to (a) the on-site worker or (b) hospital personnel directly, if the on-site worker cannot be reached. This management group is available on weekday evenings by telephone. On Saturdays, Sundays, and Holidays, one management staff member carries a beeper as well.