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DEPARTMENT OF SOCIAL WORK
MOUNT SINAI MEDICAL CENTER

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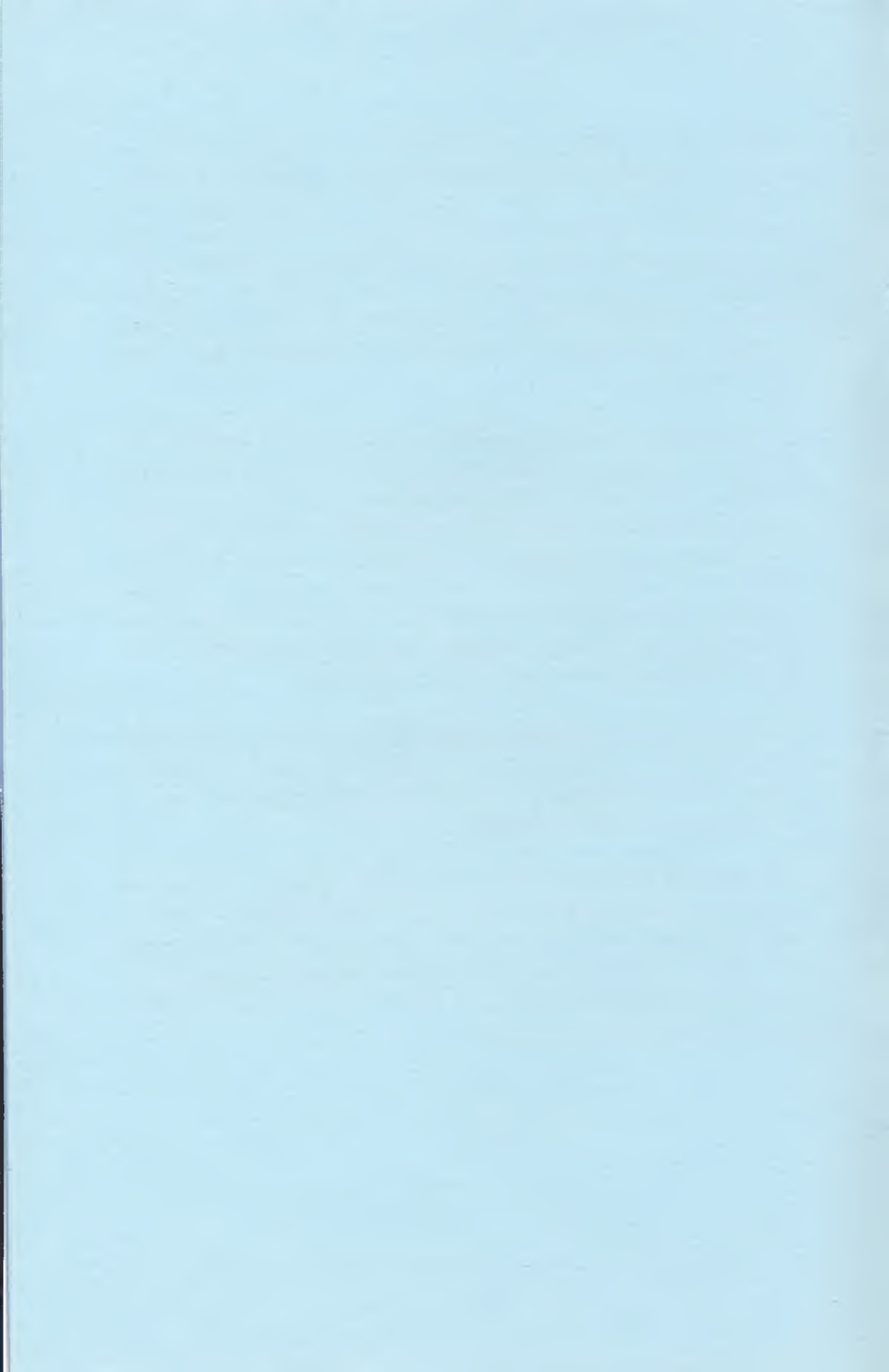


Medical social work is one aspect of the social work profession - the position requires minimally a Bachelor's degree (in social work) and more frequently a Master's degree. The Mount Sinai Medical Center Department of Social Work presently has both the Master's and Bachelor's degree social workers on the staff. The MSW social worker has had two years of graduate training in the areas of behavior and psychology, can evaluate psychological functioning and treat dysfunctioning.

Hospitalization often represents a crisis for a patient and family. The physical discomfort, lack of familiar emotional supports, enforced dependency and isolation and the fear and anxiety associated with illness and disability tend to threaten or weaken existing adaptive mechanisms or the ability to cope with stress. Early social work intervention can do much to relieve the stress that a patient and his family experience as well as help the patient master fears of unaccustomed medical procedures and unknown future problems.

The meaning of the same illness differs for each individual. His definition of illness and his reaction to it are dependent upon the interaction of the disease, the prescribed course of therapy and social factors.

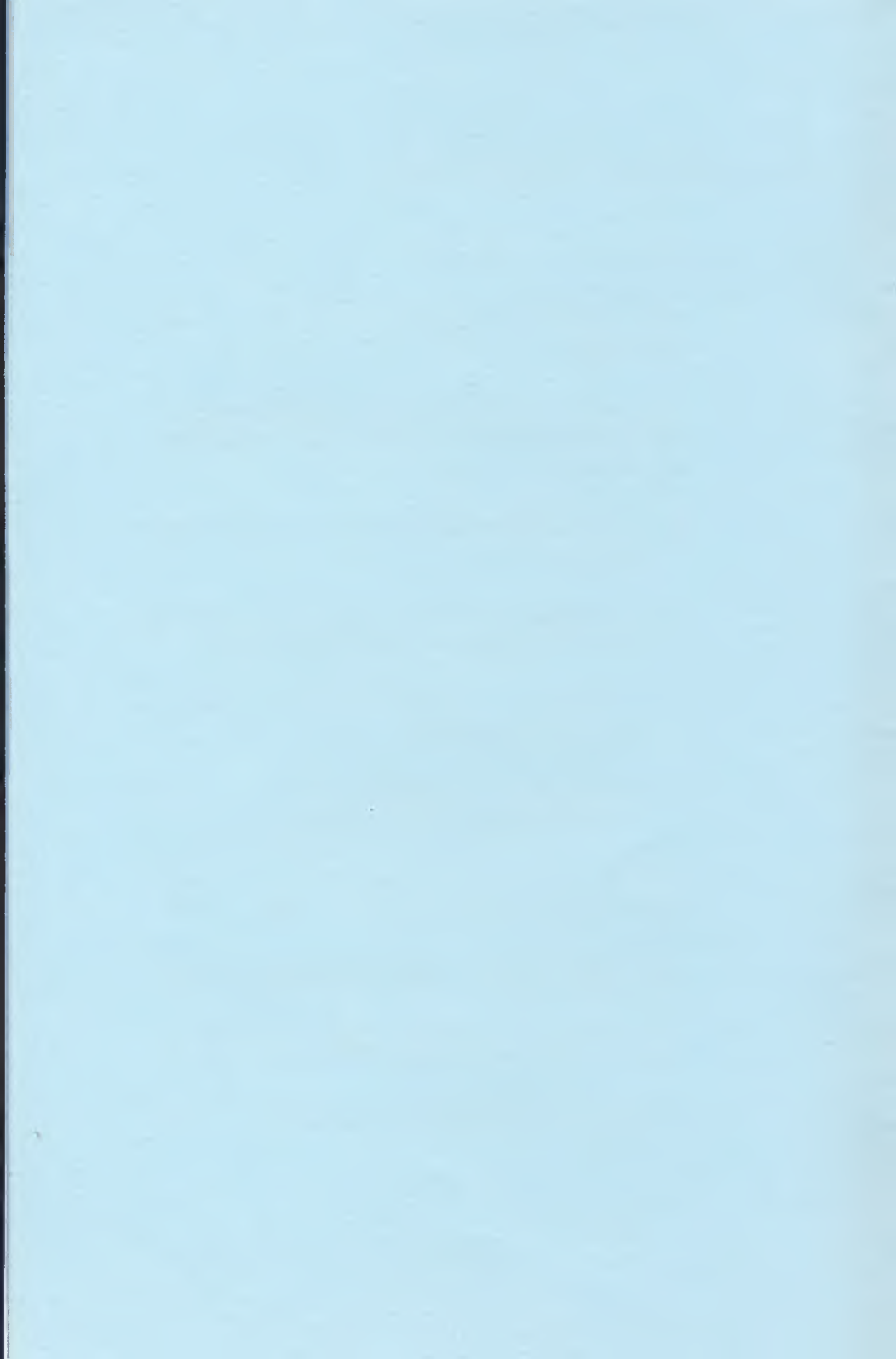
The medical social worker is a member of the professional medical team concerned with the emotional welfare of the patient. The social worker is able to increase the effectiveness of care by helping the patient solve social problems which may be factors contributing to the cause of illness or which may interfere with treatment.



FOCUS OF MEDICAL SOCIAL WORK

A. EMOTIONAL AND SUPPORTIVE SERVICES

1. Help patients and families understand and cope with illness
2. Help resolve problems and anxieties related to hospitalization, illness, recovery and adjustment post discharge.
 - a) Counseling the terminal or dying patient (and family)
 - b) Evaluating underlying emotional conflicts as related to illness or somatic complaints
 - c) Treatment of any patient rendered disfigured or disabled by illness
 - d) Working with a patient in terms of his sexual identity when threatened by illness.
3. Relating social history and functioning to patient's illness and how one may affect the other
4. Crisis intervention; threatening AMA or suicide
5. Psychiatric or psychological evaluation - overdose, dialysis, psychopathological affect or behavior
6. Rehabilitative counseling - educational, sexual, vocational



B. CONCRETE SERVICES

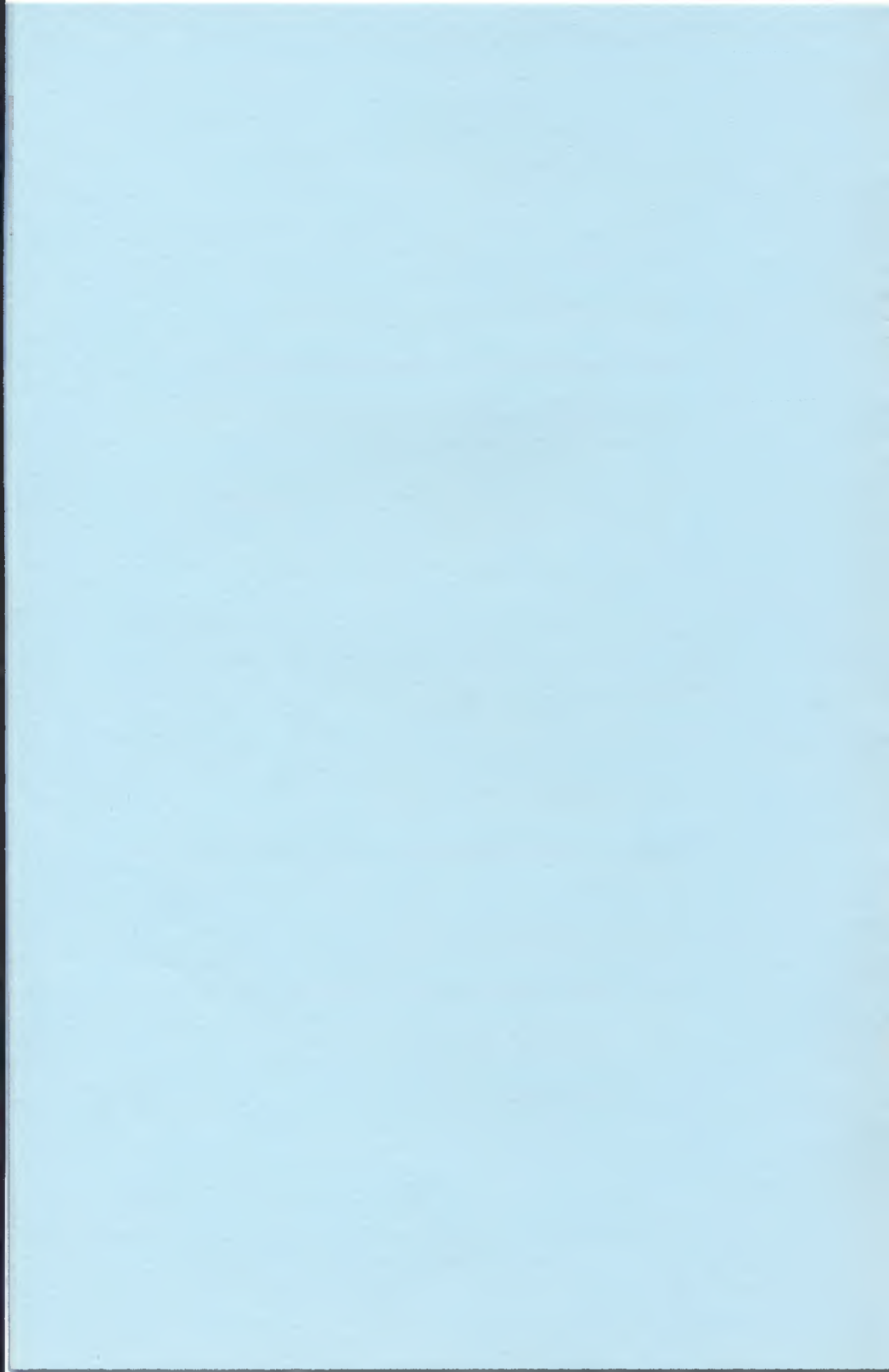
1. Assist with transfers to other facilities, i.e., nursing homes
2. Assist with home health care services
3. Assist with obtaining equipment, prosthesis
4. Refer to community resources for financial, social and emotional needs of patient
5. Coordinate transportation where problems may arise, i.e., out-of-state

REFERRAL TO SOCIAL WORK DEPARTMENT

Anyone can refer a patient to the Social Work Department - all hospital personnel, community agencies, the patient himself or his family

HOW TO REFER A PATIENT

1. Call the Department directly
2. Verbal communication with the Social Worker on the floor
3. All referrals should include:
 - a) Patient's name, room number
 - b) Primary physician, service
 - c) Primary diagnosis



HOW TO REFER A PATIENT (CONTINUED)

3. d) Specific reason for referral, i.e.,
 - 1) Supportive therapy (patient crying, depressed)
 - 2) Nursing home (patient bedridden)
 - 3) Home care (patient lives alone, elderly)
 - 4) STAT call (patient threatening AMA or suicide)

WHEN TO REFER TO SOCIAL WORK DEPARTMENT

1. As soon as any potential problem is apparent
2. When long-term post-hospitalization care is anticipated
3. When any discharge problem is anticipated refer as soon as possible
 - a) Discharge planning may take several days or weeks

REASONS FOR REFERRAL TO SOCIAL WORK DEPARTMENT

1. Severe or debilitating surgery
2. Where evidence of social breakdown, i.e., drugs, alcoholism, abandoned infant, psychiatric history, marital problems, financial problems



REASONS FOR REFERRAL TO SOCIAL WORK DEPARTMENT (CONTINUED):

3. Where patient's behavior indicates emotional conflict either overtly or covertly, i.e., hostile or abusive behavior, withdrawn, depressed, mood swings, crying spells, threatened AMA, suicide
4. Some patients with "high risk" illness (in terms of discharge and/or emotional adjustment) should be referred:
 - a) CVA
 - b) Fractured hip, femur
 - c) Metastatic Cancer
 1. Mastectomy
 - d) Gangrene of foot or leg; Amputees
 - e) Termination of pregnancy; Family Planning
 - f) Renal dialysis
 - g) Severe cardiacs, heart surgery
 - h) Hemi- or paraplegia, quadraplegia
 - i) Drug overdose
 - j) New diabetics

HOW MEDICAL STAFF CAN ASSIST THE PATIENT WITH SOCIAL PROBLEMS

- A. Be alert to social and emotional factors in treatment and recovery, i.e., changes in behavior, mood
- B. Refer patients immediately when any discharge problem is anticipated
 - 1) When referring include your thoughts and plans for the patient - can the patient return home, is 24 hour care (custodial or nursing) needed. When recommending nursing home placement to a patient, please be certain that patient would qualify for skilled care under the Medicare regulations (unless he can afford to pay privately).
 - 2) Also when refer, include some time limit, i.e., how soon may patient be ready for discharge.
 - 3) Complete all transfer forms, medical orders, discharge summary promptly.
 - 4) When referring any patient with terminal or poor recovery prognosis, relate how you have explained the condition to your patient. It is very helpful to the Social Worker to know what a patient has been told medically.

HOW THE NURSING STAFF CAN ASSIST THE PATIENT WITH SOCIAL PROBLEMS

- A. Be alert to social and emotional factors in treatment and recovery, i.e., changes in behavior, mood
- B. Refer patients immediately when any discharge problem is anticipated
 - 1) Include your assessment of the patient's condition, i.e., is patient fully ambulatory, can he return home, is 24 hour care needed (custodial or skilled nursing), etc.
- C. Share your assessment of coping ability of patient and/or family with Social Worker
 - 1) How do they interact, is family concerned, available
- D. Whenever possible it is helpful to arrange routine kardex rounds with Social Worker.
- E. Refer management problems, i.e., hostile, demanding behavior which may be altered if the underlying causes can be determined.

WHEN NOT TO REFER PATIENT TO SOCIAL WORK

- A. Routine problems related to hospital bills, insurance coverage. The Business Office is the appropriate referral; they will refer to the Social Worker if patient needs further financial referral to an outside agency.

WHEN NOT TO REFER PATIENT TO SOCIAL WORK
(CONTINUED):

- B. Lost articles, clothing, dentures. Safety and Security should be called.
- C. Acquiring personal possessions from home - refer to Safety and Security.
- D. Questions re: diet - the Dietary Staff is available and will counsel the patient.
- E. Gift shop items, cigarette purchasing, writing letters - refer to Auxiliaries.
- F. Clothing - patients may need to leave wearing hospital gowns as we do not collect used clothing for distribution.
- G. Locating living accommodations with the exception of our file listing retirement homes. We can place patients unable to return home but are not equipped to find housing.
- H. Screening Clinic Patients
 - 1) Financial evaluation is handled by the OPD personnel
- I. Routine questions dealing with Social Security
 - 1) Patients can be referred by any department to the Social Security Administration

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WHEN NOT TO REFER PATIENT TO SOCIAL WORK
(CONTINUED):

- J. Transportation - where there is available family to make these arrangements. Floor staff can also assist the patient by phoning for an ambulance if patient or family are unable to do so.
- K. CARE (2273) can be used by patients who may wish to commend our center or need help with a special problem. Social Workers should not be called re: patient complaints about service or care unless the patient is repeatedly upset which may indicate other underlying problems.









