

## **A & D HOME HEALTH CARE**

### **JOB DESCRIPTION**

### **MEDICAL SOCIAL WORKER**

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**REPORTS TO:           DIRECTOR OF NURSES**

**DEPARTMENT:       NURSING**

#### **QUALIFICATIONS:**

- Must have a Masters Degree from a Social Work accredited by the Council on Social Work Education.
- One (1) year of Social Work experience in a health care setting. Must be able to function in an independent fashion and have considerable maturity of judgment.

#### **DUTIES:**

- Communicates significant information regarding patients with other members of a health care team and makes necessary recommendations and suggestions to improve the Plan of Care.
- Collaborates with the physician and other members of the health team to develop a Plan of Care.
- Assessment of psychological, emotional and/or economical factors affecting patient's limitations and potential for and/or lack of improvement
- Initial evaluation visit, interim evaluations (as deemed necessary) and discharge evaluation from Social Services are required documentation
- Assessment of patients needs for long term care including home and family situation, exploring alternatives to in home care arrangement for placement
- Counsel patient, caregiver regarding long term planning and decision making.
- Clinical notes should be written each visit and include progress, or lack of, specific plans, goals, anticipated length of service, referrals made and follow up on referrals
- Identify, high risk indicators potentially endangering patients and provide intervention reports situation to Case Managers and proper authorities
- Provide brief therapy to facilitate improved coping, adjustment, management, and compliance to medical regimen
- Attends staff meetings, participates in in-services, case conferences and Quality Assurance Performance Improvement activity as required
- Prepares clerical and progress notes and submits them in a timely manner to the office

#### **Acknowledgement:**

**\*I have reviewed my job description and agree to perform all duties mentioned to the best of my ability; I understand that my job duties may change as the needs of the agency change. I further agree to notify my immediate supervisor if I am unable to complete any of my job duties in a timely manner.**

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Employee's Signature

Date