



Non-Management Job Description

Hospice Social Worker

Agency:	MJHS Hospice & Palliative Care	Date Approved:	10/29/2020
Department:	Social Worker	Document Owner:	Jordan Zoltowsky
Supervisor:	Social Work Manager	FLSA Status:	☒ Exempt ☐ Non-Exempt

Position Overview:

Provides psychosocial support counseling and other social work- related services to Hospice and Palliative Care patients and their families in the community homecare setting and refers to hospice whenever appropriate.

Qualifications:

Education	Graduate from an accredited School of Social Work
Experience	Minimum of 3 years' experience in Social Work in a healthcare setting Community health, Hospice and Palliative Care or hospice experience preferred
Specialized Knowledge and Skills, License/Certification	A current New York State LCSW and NYS Registration. Valid NYS Drivers' license preferred.
Age Specific Competencies: (Applicable to patient care roles only)	☒ Not Applicable ☐ Neonate/Infant ☐ Toddler ☐ Pre-School Age ☐ School Age ☐ Adolescent ☐ Adult ☐ Individuals aged 60+
Professional Competencies	- Customer Service - Strives to provide the best customer service at all times to internal and external customers. - Communication - Utilizes appropriate communication methods and style to ensure information is efficiently and effectively delivered and received. - Collaboration/Cooperation - Works well with others and takes actions that are most appropriate for achieving departmental and organization goals - Dependability/Accountability - Meets productivity, attendance and punctuality standards - Professionalism - Demonstrates MJHS core values, adheres to the MJHS Code of Conduct and Standards of Conduct

Responsibilities:

1.	Responsibility: Serves as the social work member of the Hospice and Palliative Care Interdisciplinary Team (IDT) and provides counseling and case management services to patients and families. Provides comprehensive psychosocial report to the team in IDT. Performance Standards: - Completes the biopsychosocial/spiritual assessment within 5 business days of referral. - The role of the palliative care social worker is to reduce emotional or physical suffering - Management of pre-existing or co-occurring mental health problems - Provide interventions that will help decrease family conflicts - Utilizes interventions that decrease anxiety, depression and fears related to disease progression
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	• Completes 20- 25 visits a week and documents all work in the electronic medical record • Formulates a social work plan of care related to the assessment including goals and interventions and makes appropriate community referrals. • Maintains a regular schedule of weekly visits to patients and families based on the plan of care. Prioritizes his or her work when crisis situations arise • Provides supportive counseling and behavioral interventions for patients and families. • Shows sensitivity and competence in dealing with diverse cultural, spiritual/religious, and socioeconomic backgrounds (including the use of interpreters) • Attends all meetings, including comprehensive care planning, discharge planning and departmental and prepares all necessary material for such meetings
2.	Responsibility: Develops palliative social work plan of care, goals and makes recommendations based on patient/family needs for active caseload. Performance Standards: • Discusses patient/family plan of care at IDT meetings; alerts involved team members of issues in a timely fashion makes community linkages for pastoral care or bereavement needs. • Documents social work plan of care within 24 hours of assessment visit. • Assesses for the risk of suicidal ideation and follows the policy for appropriate interventions • Completes M11Q and Medicaid applications with/for patients and families follows up in collaboration with MD and RNCM • Facilitates skilled nursing home placement, completes the DOH screen, develops list of facilities for PRI and Screen to be faxed to for review • Addresses concrete and financial needs using Access NY website to initiated referrals for services.
3.	Responsibility: Maintains accurate and current documentation reflecting palliative social work assessments and interventions. Performance Standards: • Complies with all required documentation policies and procedures. • Documents goals and intervention in the plan of care with specific end dates and outcomes of those interventions • Transitional planning to include community linkages with community provider of services or identification and screening for hospice eligibility. Discharge planning activities will begin once the patient does not require any additional palliative care case management services. • Documents discussions about advance care planning and assists with the completion go the advance directive forms (HCP, MOLST and Living Will).
4.	Responsibility: Complies with all standards and regulations related to care and models social work interventions for interns/staff. Performance Standards: • Provides clinical services as suggested by the NHPCO, SWPHN and the NASW. • Demonstrates good critical thinking skills and problem-solving interventions • Complies with CMS requirements. • Understands how to use CPT codes for billing when appropriate. • Able to utilize evidence-based practice assessment tools and modalities • Knowledge about current Medicaid, Medicaid MMLTC and Medicare benefits. And Veteran benefits knowledge about funeral resources and financial assistance • Maintains current in education related to social work and palliative care.



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	• Seeks clinical supervision as needed • Supervises social work interns as assigned. • Provides peer clinical supervision as assigned.
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ADA Standards:

Physical Demands:	• Ability to stand, walk, climb stairs and sit. • Ability to kneel or crouch. • Ability to lift < 15 lbs. For anything over 15 lbs. assistance may be requested. • Ability to distinguish between shades of color and withstand close vision or prolonged reading. • Ability to communicate to others in person and via the telephone and computer. • Ability to write notes in patients charts proficiently, and/or document in Netsmart.
Mental Demands:	• Remains composed in times of stress which may be occasional or frequent. • Constantly expresses oneself with good written and oral communication skills. • Travels via own vehicle or public transportation to other locations. • Ability to perform and prioritize various functions and tasks simultaneously • Ability to effectively, compassionately assist families/patients through the dying process. • Ability to cope with frequent death. • Ability to request support from other team members with emotionally difficult cases.
Working Conditions:	• Exposure to infectious or contagious diseases. • Work environment may include: Office, Facility, or Patient Home

The above list encompasses the essential functions of the job. It is not all-inclusive and employees may be asked to do different tasks from time to time. Simply because something is not written in a job description does not give any employee a reason to decline to perform a task at the direction or request of a supervisor. All staff is expected to perform their jobs in compliance with MJHS policies and all legal and regulatory requirements that affect their job.