



Institutional Handbook of Operating Procedures 09.13.49	
Section: Clinical/Patient Care Policies	Responsible Vice President: SVP, Chief Medical & Clinical Innovation Officer
Subject: Social Work	Responsible Entity: Care Management

**I. Title** *Social Work Consult*

**II. Policy**

Social work consultations are an essential part of patient care, addressing psychosocial, emotional, and environmental needs to enhance patient outcomes. Inpatient hospital social workers provide crisis intervention, support for patients and families navigating complex healthcare decisions, emotional distress, and communication with the healthcare team. Social work consults are particularly crucial for vulnerable populations, including children, elderly, or those with mental health concerns. Additionally, they play a key role in addressing safety issues such as abuse or neglect. Ultimately, social workers contribute to a well-rounded approach to care by supporting both the emotional and Social Determinants of Health needs of patients and families.

**III. Procedure**

**A. Criteria for Social Work Consult**

1. Required: A social work consult is required for the items listed below:

- a. Suspected Abuse: Child, Elder, Disabled, Human & Sex Trafficking, and Domestic Violence

Texas Law (261.101 of the Texas Family Code) states that all healthcare providers are mandated reporters. Texas Law requires that any healthcare provider suspecting that a child has been abused or neglected must immediately make a report.

“Healthcare Providers (teachers, nurses, doctors, day-care employees, and others who are either licensed by the state or work in a facility licensed or operated by the state and have direct contact with children in the course of their job) who have a reasonable cause to believe a child, or person 65 years or older, or an adult with disabilities is being abused, neglected, or exploited must report it to The Department of Family and Protective Services (DFPS) Texas Abuse Hotline at 1-800-252-5400 according to Texas laws. **Duty to report cannot be delegated** and the professional cannot rely on another person to make the report (TDFPS, 2021).”

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- b. Maternal/Child Health: History of maternal drug abuse within the last 12 months, positive screening for drug withdrawal symptoms in the newborn, teen pregnancy, foster care, adoption, no prenatal care, when a meconium lab is ordered, and/or fetal demise
2. Consider: A social work consult may be needed for items listed below, however, is not all inclusive.
- a. Family Support for Hospice/Palliative/ Grief/Bereavement/General Inpatient Care
  - b. Acute needs to elderly patients and families
  - c. Assistance with community-based resources
  - d. Indigent Patients – prescription assistance and identifying potential medical home options
  - e. Patient/Family support with adjusting to illness and treatment adherence
  - f. Referral and coordination to long term care facilities
  - g. Advanced Directives, Medical Power of Attorney, and Medical Decision Maker
  - h. Referral to Financial Counselors
  - i. Assistance and/or resources for Psychiatric patient transfers
  - j. Substance Abuse Resources
  - k. Agitated/altered mental status of mother
  - l. Unexplained placental abruption
  - m. Unexplained central nervous system complications in the newborn (seizures, intracranial hemorrhage)
  - n. Changes in behavioral state of the newborn (jittery, fussy, lethargic)

### **B. Process to Request a Social Work Consult:**

1. Initiation: A social work consult can be requested by any member of the healthcare team (nurses, physicians, case managers) or by the patient/family directly.
2. Consult: An electronic order via the electronic medical record should be completed with details of the patient's needs and the urgency of the situation. For emergent situations during normal business hours, contact the assigned Social Worker via the Care Management daily staffing. For emergent situations after-hours, contact the on-call care management leader via Amcom.
3. Response Time: Social workers will aim to respond to consults within 24 hours for non-urgent cases and within 2 hours for urgent situations (e.g., suspected abuse with imminent discharge).

### **C. Social Worker's Role and Responsibilities**

1. Assessment: Upon receiving the consult, the social worker will conduct a thorough psychosocial assessment to understand the patient's needs, including emotional, social, and environmental factors.

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2. Intervention: Based on the assessment, the social worker will provide direct interventions such as crisis intervention, resource referral, safety planning, or coordination with external agencies.
3. Collaboration: The social worker will collaborate with the healthcare team to ensure that the patient's care plan is comprehensive and incorporates psychosocial factors, offering recommendations as necessary.
4. Documentation: All actions, assessments, and interventions will be documented in the patient's electronic medical record to ensure continuity of care and compliance with legal and ethical standards.

#### **D. Reassessment and Follow-Up:**

1. Reassessment: For ongoing or complex cases, a social worker will perform regular reassessments to monitor changes in the patient's psychosocial situation, ensuring that the care plan continues to meet the patient's evolving needs.
2. Follow-Up: Follow-up consultations will be scheduled as needed to track progress, address new or unresolved concerns, and ensure continuity of support after discharge. Social workers will ensure that any necessary referrals or resources are provided, including community services, substance abuse, or mental health support.
3. Discharge Follow-Up: For patients with complex discharge needs, social workers in collaboration with Care Coordinators (as assigned) will follow up on discharge plan to ensure that services are in place, and any issues are promptly addressed.
4. Communication with Care Team: Social workers will communicate regularly with the healthcare team about the status of ongoing consultations, reassessments, and follow-up plans to ensure coordination of care.

#### **E. Exclusions:**

Social work consultations are not typically required for routine social concerns or when no significant psychosocial or discharge planning issues are identified. They also do not cover issues related to routine administrative concerns or non-healthcare related issues.

#### **F. Confidentiality:**

All social work consults, interventions, and related documentation are confidential and must comply with the Health Insurance Portability and Accountability Act (HIPAA) and all other applicable privacy regulations.

**G. Quality Assurance and Evaluation:**

To ensure the quality and effectiveness of social work consults, the Care Management department will periodically review cases, outcomes, and feedback from patients and healthcare providers. Adjustments to the process will be made based on this evaluation to enhance service delivery and ensure alignment with patient needs.

**IV. Relevant Federal and State Statutes**

[Family Code, Chapter 261, Investigation of Report of Child Abuse or Neglect](#)

**V. Related UTMB Policies and Procedures**

[IHOP – 09.01.14 – Patient Discharge](#)

**VI. Dates Approved or Amended**

<i>Originated: 04/04/25</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>

**VII. Contact Information**

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