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EMERGENCY
MEDICINE

Recommendation and justification for dedicated Medical Social Worker services for Emergency Departments and Injury Units

Introduction

The Medical Social Work (MSW) profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Concepts of human rights and social justice are fundamental to MSW.^{1,2} MSW has developed in response to this holistic concept of health and Medical Social Workers assess the psychosocial functioning of patients and others, intervening where necessary to strive for improved outcomes.

MSW is a well-established service throughout EDs in urban Ireland.³ However Injury Units (IUs) which are either in Model 2 hospitals or standalone services often do not have access to on-site MSW services. The MSW service in an ED can improve hospital efficiency in various ways: facilitating early discharge to home or respite care, reducing re-attendances, decreasing medical/nursing time spent on psychosocial issues and most importantly enhancing the patient's quality of life.^{4,5} MSW referral is included among the recommendations of the HSE Emergency Department Taskforce Report.⁶ The provision of MSW in an ED assists the hospital in meeting its statutory obligations and meeting best practice standards for the immediate management of vulnerable and at risk patients. This multidisciplinary support reduces medical/nursing time spent on psychosocial issues and most importantly enhancing the patient's quality of life. MSWs' are registered professionals with particular legislative knowledge and skills including:

- Child protection
- Elder protection
- Homelessness
- Domestic (intimate partner) violence
- Deliberate self-harm
- Alcohol and substance misuse
- Frail older patients
- Trauma work
- Bereavement work
- Vulnerable adults
- Case management
- Supportive counselling
- Material aid
- Major emergencies
- Training and research
- Paediatric Emergency Medical Social Work

Recommendations

- Medical Social Work services should be established throughout ECNs, staffed by a senior Medical Social Worker or highly experienced (minimum of three years of medical social practice) main grade staff member with access to immediate senior support.
- Medical Social Worker staffing levels should facilitate extended hours of service and at a minimum an emergency on call MSW service should be available to ED patients. A facility for non-urgent out-of-hours referrals should be in place, ensuring that all patients receive a social work service regardless of the time of their presentation.
- Medical Social Worker expertise should be utilised within ED policy development and review, where appropriate. This includes future policy development in order to establish consistent policies across ECNs in areas such as elder protection, domestic violence identification and intervention and homelessness etc.

Purpose of the post

To provide a MSW service within the ED with a focus on the immediate management of vulnerable and at risk patients including:

- The assessment of the safety and welfare of a child in cases of suspected physical, sexual, emotional abuse or neglect which may arise from the presentation of a child at risk or the concerning presentation of an adult carer of young children.
- Assessing and safeguarding older persons and vulnerable adults, at risk of or experiencing abuse.
- Responding to victims of domestic, sexual or gender based violence.
- Bereavement support – The MSW will provide bereavement support to families following the death of a patient in the ED with a particular focus on supporting the families or carers of children who die in the ED.
- Assessing homeless persons who present to the ED and liaising with community services with a view to improving health outcomes and accessing immediate accommodation.
- In Emergency Departments without Alcohol and Drug Liaison Nurses, GP/Community Liaison Nurses and Crisis Nurses the MSW can provide assessment and intervention services in cases of deliberate self-harm and problem alcohol and substance misuse.
- Frequent non-emergent attendees – To be assessed by the MSW to establish appropriate care pathways and support.
- Trauma work – the effect of a traumatic event is dependent on an individual's existing supports and coping mechanisms and in some instances patients may require MSW assessment and intervention.

The MSW should ensure that they are competent, skilled and professional members of the multidisciplinary team and in addition to patient assessments provide relevant training to other staff in the ED and contribute to research in the area of Emergency Medicine. It is essential that the MSW also has knowledge of, and strong links with the relevant community agencies and services to ensure that patients experience a continuum of care. The MSW shall also have a significant role to play in major emergency plan activations, providing emotional and practical support to patients and family members.

Risk incurred in absence of MSW directly accessible to ED staff:

- Prolonged 'social'/preventable admissions - increased PET (Impact: High Probability: High)
- Loss of nursing/physician time managing psychosocial issues (Impact: High Probability: High)
- Lack of appropriate intervention for repeat/frequent attenders (Impact: High Probability: Medium)

- Poor compliance with mandatory obligations under Children First (Impact: High Probability: High)
- Inadequate early intervention in cases of abuse (Impact: Medium Probability: High)
- Less integrated support systems (Impact: Medium Probability: High)

Current situation

Currently, only one Model 4 adult only ED has the required MSW staffing. The Injury Units in some Model 2 hospitals have no access to on-site MSW services and many EDs in Model 3 hospitals only have on-call access to a non-ED dedicated MSW.

ED and IU minimum staffing requirement:

Hospital Model	Requirement (minimum)	Qualification
Injury Unit	Access to on-site MSW	3yrs post registration
Mixed ED (35,000 attendances)	1.5 WTE dedicated MSW	3yrs post registration
Adult only ED (35,000 attendances)	1 WTE dedicated MSW	3yrs post registration
Mixed ED (55,000 attendances)	2.5 WTE dedicated MSW	1 WTE Senior MSW 1 of whom should be 3yrs post registration
Adult only ED (55,000 attendances)	2 WTE dedicated MSW	1 WTE Senior MSW 1 of whom should be 3yrs post registration
Paediatric only ED	1.5 WTE dedicated MSW	1 WTE Senior MSW 1 of whom should be 3yrs post registration
Paediatric Urgent Care Centre	1 WTE dedicated MSW	1 WTE Senior MSW

Cost based on HSE consolidated pay scales 1st October 2020

In sites where more than Medical Social Worker position is required the one post must be graded as a Senior Medical Social worker. Both pay scales are noted below.

Grade	Grade Code	Salary	Salary point	PRSI 10.75%	Pension 4%	Total
Senior Medical Social Worker	3019	€66,579	4th	€7,157	€2,949	€76,685
Medical Social Worker	3557	€54,499	6th	€5,859	€2,	€62,772

SMSW scale €61,331 - €70,745

MSW scale €43,083 - €62,520

References

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4. Hardy C, Whitwell D, Sarsfield B, Maimaris C. Admission avoidance and early discharge of acute hospital admissions: an accident and emergency based scheme. *Emerg Med J* 2001; 18:435-441.
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