



Prince Sultan Military Medical City

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Departmental Policy	Dept.: Intensive Care Services	Policy No: 1-2-9451-01-022 Version No: 03
Title: Social Worker Interventions in Intensive Care Services (ICS)		JCI Code: COP
Supersedes: 1-2-9451-01-022 Version No. 02; 22 February 2018	Issue Date:	Effective Date: 26 OCT 2023
		Revision Date: 25 OCT 2026
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1. INTRODUCTION

Intensive Care Services (ICS) are intimidating places to visit. With the knowledge that a significant other is seriously ill, coming into an ICS may be overwhelming. It can result in a time of crisis for families as well as bring up past issues or experiences in relation to serious illness or death.

The process of clarifying medical goals for these patients is often facilitated by addressing psychosocial factors. Social workers in the ICS are uniquely qualified to assess and address many of the complex psychosocial circumstances and can clarify potential misperceptions, enhancing communication among patients (if capacitated), their families, and the medical team members.

2. APPLICABILITY

- 2.1 Patients and their Families
- 2.2 Members of the Medical Team
- 2.3 Social Workers in ICS

3. PURPOSE

- 3.1 Provide support to enable family and patient to help them.
- 3.2 Serve as advocate for the family.
- 3.3 Encourage family's participation with the patients care
- 3.4 Improve quality of life for very sick and dying patients in the ICU and their families,
- 3.5 Reduce the likelihood of arising decision-making conflicts.
- 3.6 Enhance communications among patients, their families and the medical team members.
- 3.7 Provide financial assistance by issuing travelling tickets for those in need after comprehensive evaluation to determine his/her eligibility.

4. PROCEDURE

- 4.1 Social workers are expected to:
 - 4.1.1 Adhere with institution policies and procedures.



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- 4.1.2 Conduct undertaking and writing up assessments (often with medical staff), which meet specified standards and timescales.
- 4.1.3 Conduct interviews with patients if applicable and their families to assess and review their situation. E.g. home environment, family relationship, health history which will be recorded in the patients file by the Social Worker.
- 4.1.4 Offering information and counselling support to patients if applicable and their families.
- 4.1.5 Arrange family conference for family with critical patient in the ICS.
- 4.1.6 Organizing and managing packages of support to enable patients if applicable to lead the fullest lives possible.
- 4.1.7 Recommend and sometimes making decisions about the best course of action for a particular patient if applicable or family.
- 4.1.8 Liaising with, and making referrals to, other agencies.
- 4.1.9 Maintain accurate records and preparing reports for legal action
- 4.1.10 Arrange for discharge and post-operative care at home.
- 4.2 Team/Primary physician will do the referral for ICU patients and families who need social worker assistance.
- 4.3 Primary Nurse on the other hand will assess the family situation if it warrants Social Worker Intervention. It should be reported to the Charge Nurse.
- 4.4 Charge Nurse will further evaluate the situation, then make necessary recommendations to the physician so proper referral can be done for social worker interventions. The following situations are the most common reasons why family or significant others of the ICU patients' needs assistance from the Social Worker:
 - 4.4.1 Family conflicts and misperceptions about patient's care that needs clarification.
 - 4.4.2 Family in conflicts with the medical team.
 - 4.4.3 End of Life situation of the patient/ patient for DNR
 - 4.4.4 Patient in DNR status
 - 4.4.5 Withdrawal of Care Issues



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- 4.4.6 Pain and symptom management
- 4.4.7 Spiritual care and bereavement support
- 4.4.8 Financial Support such as housing and tickets for families outside Riyadh.
- 4.5 24-48 hours of admission during weekdays, the Social Worker must have had the initial contact with the patient's family, if it falls on weekends it will be catered on the nearest Social Worker's duty days.
- 4.6 CN will be the one to determine and inform the social worker if whose patient's family needs a conference with the medical team. Charge Nurse will relay the information to Consultant on Duty; the medical team should utilize the VALUE: 5-Step approach in improving communication in ICS with Families (Appendix 1).
- 4.7 Social worker must report to the Head Nurse of the Unit, Bp. 2523 or Clinical Director, Bp 0313 (if Head Nurse is not available) on a daily basis from 8:00-9:00a.m.
- 4.8 Social Worker will be the one to arrange the family conference.
Schedule for the family conference will be from 1:00-3:00p.m daily.
- 4.9 Urgent conference³ can be done in situations which are very critical or circumstances that requires vital attention.
- 4.10 Daily report will be submitted to the Clinical Director of Nursing by the social worker about social worker evaluation of the whole unit; which includes the patients and family assessment, their plans, interventions and evaluations.
- 4.11 A regular follow up will be done by the Social Worker on the specific patient's family until she determines the need to discontinue his/her services to the family.
- 4.12 In the event that the family whose social worker's assistance was discontinued needs additional support, the Social Worker can be contacted via her Bleep. **1129, Extension Number: 24540** for further assistance that he/she can offer to the said family.

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5. APPENDICES

VALUE 5- Step Approach to Improve Communication in ICS with Families

VALUE: 5-step Approach to Improving Communication in ICU with Families

- V... Value family statements
- A... Acknowledge family emotions
- L... Listen to the family
- U... Understand the patient as a person
- E... Elicit family questions

Curtis and White, 2008.

6. REFERENCES

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- 6.3 PSMC. Social Worker and His Role with Patients, 2013.
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7. CONTRIBUTING DEPARTMENT/S

Intensive Care Services

Prepared & Compiled by: • Dr. Muhammad Kashif Malik Consultant & Head, CQI&PS Division, ICS	Signature: 	Date: 17/10/2023
Reviewed by: Major Khalid Al Mohaidly Director of Social Services	Signature: 	Date: 22/10/2023
Reviewed by: Brig. Gen. Dr. Abdulelah Mohammed Hummadi Director, Continuous Quality Improvement & Patient Safety (CQI&PS)	Signature: 	Date: 24/10/2023
Authorized by: Brig. Gen. Dr. Adnan Al Ghamdi Director, Intensive Care Services	Signature: 	Date: 17/10/2023
Authorized by: Brig. Gen. Dr. Abdulrahman Al Robayyan Director of Medical Administration	Signature: 	Date: 25/10/2023
Approved by: Maj. Gen. Khalid Abdullah Al Hudaithi General Executive Director of Prince Sultan Military Medical City	Signature: 	Date: 26/10/2023