



DIVISION SCOPE OF SERVICE

Division: MOUNTAIN
Classification: NON-LICENSED SOCIAL WORKER
Applicant Name:

<p>Non-Licensed Social Worker: The Non-Licensed Social Worker must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p>Definition of Care or Service: The Non-Licensed Social Worker collaborates with hospital’s case management and interdisciplinary healthcare team in an effort to meet facility resource management expectations and enhance patient outcomes. Utilizes professional social work knowledge, relationship skills and interdisciplinary collaboration to assess and intervene in psychosocial issues significant to patient/families and the healthcare team’s management of illness, injury and disability. They will work on counseling and helping their clients with whatever issues they may be having. This can range from working with individuals to secure a new job, to coordinating rehabilitation programs, and more. This typically will have you working with clients on more of a consulting basis. Scope of service may include:</p> <ul style="list-style-type: none"> • Discharge planning-arranging transfers for individuals, either home with services or to other hospitals or rehab facilities • Psychosocial assessments, crisis intervention and supportive counseling • Advocacy and protective work-whenver there are issues of abuse, neglect, or violence • Community outreach-referral and coordinating services • Consulting physicians-general practitioners and specialists • Demonstrates Clinical and Service excellence behaviors to include HCA Healthcare code of conduct core fundamentals in daily interactions with patients, families, co-workers and physicians
<p>Setting(s):</p> <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals or outpatient treatment facilities
<p>Supervision:</p> <ul style="list-style-type: none"> • Indirect supervision by either: the Director of Case Management or Director of Oncology Services or Director of an appropriate outpatient department/service <p>Evaluator: Director of Case Management or Director of Oncology Services or Director of an appropriate outpatient department/service</p> <p>Tier Level: 2</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Bachelor’s Degree or higher in Social Work, Human Relations, Psychology, or Sociology <p>NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p>State Requirements:</p> <ul style="list-style-type: none"> • N/A



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Experience:

- N/A

Preferred Experience:

- Minimum of two years or three thousand hours of supervised clinical experience

Competencies:

The Non-Licensed Social Worker will demonstrate:

- Accurate patient information review and evaluation
 - Uses at least two ways to identify patients
 - Verifies that the requested services correlates with the patient’s clinical history, presentation and physician order
 - accesses patient’s medical record appropriately
- Job Specific Competencies:
 - Timely completion of discharge planning in accordance with hospital specific guidelines
 - Demonstrates ability to perform psychosocial assessments, crisis intervention and supportive counseling
- Maintains a safe environment
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE) when required
 - Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

- [National Association of Social Workers \(NASW\)](#)

Document Control:

- Document Update 3/27/2024

Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

Applicant Printed Name: _____

Signature: _____

Date: _____