

EMR Training - Condolence Call/Visit for Social Workers

Who?

All Social Workers

What?

New visits have been created for social workers (MS72H & MS72HP) to ensure condolence calls are made within certain timeframes according to Standard Work, Standard Work Calendar, SOP & Bereavement Follow-up Process.

This process is meant for primary caregivers; however staff still need to follow normal guidelines for follow up with the other bereaved.

When?

Live & Active!

Why?

To ensure we follow up with our primary caregivers post death as it impacts our CAHPS survey scores.

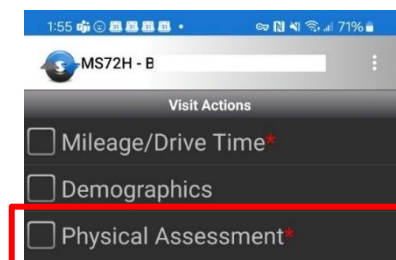
How?

Complete a condolence call (MS72HP) within 1-4 days after death. Review Bereavement Risk Assessments and identify which bereaved contact(s) need an MS72H visit scheduled; any contact that has a high risk will have a bereavement referral submitted instead of the condolence visit.

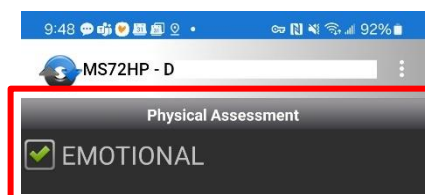
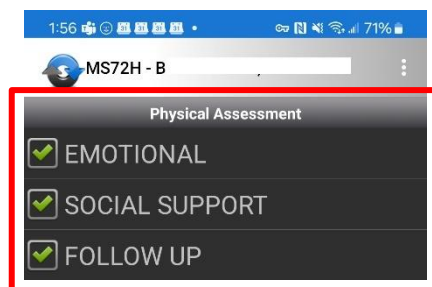
If an in-person visit is **not** needed, notify chaplain who will complete a phone call.

If an in-person visit is needed, complete in-person visit (MS72H) at 15-21 days for caregiver(s) at home. Provide hard copy of Healing Journey and bereavement calendar. Make bereavement referral if identified as high risk (flip to MS72HP if in-person visit refused).

For both visit types, from the Visit Actions Screen, click **Physical Assessment**.

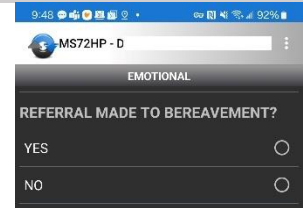
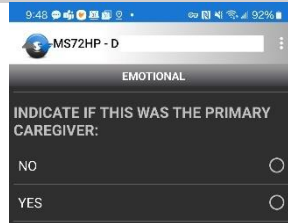
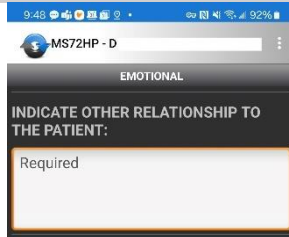
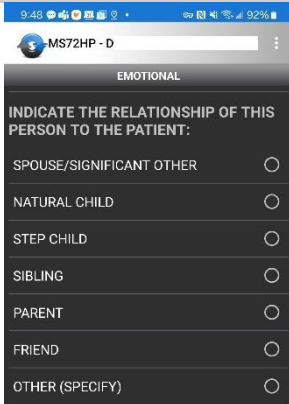


For the MS72H, complete **all** sections; EMOTIONAL, SOCIAL SUPPORT, FOLLOW UP. For the MS72HP, complete **EMOTIONAL** section. Answer all the remaining questions as appropriate (see end of document for question breakdown)



MS72HP

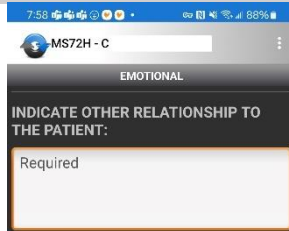
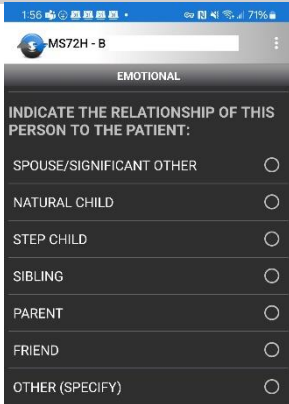
Emotional



If OTHER (SPECIFY) is selected, you will be asked to indicate the relationship to the patient (see next screenshots)

MS72H

Emotional



If Other (Specify) is selected, you will be asked to indicate the relationship to the patient (see next screenshots)

3

If Other (Specify) is selected, you will be asked to indicate the specific frequency of bereaved's contact/communication with family & friends

If Comments regarding frequency of bereaved contact/communication with others is selected, you will be asked to document your comments (see next screenshots)

3b

4

You will be asked to document group information for all items selected (see next screenshots)

4b

5

MS72H - B

EMOTIONAL

INDICATE ADDITIONAL SOURCES OF STRESS/GRIEF FOR THE BEREAVED SINCE THE DEATH OF THE PATIENT (MARK ALL THAT APPLY):

- NONE VERBALIZED OR OBSERVED
- BILLS/DEBT
- CAREER/JOB CHANGE
- CHILD CARE (SHORT TERM)
- CHILD CARE (LONG TERM)
- DEATH OF CHILD
- DEATH OF PARENT
- DEATH OF SPOUSE
- EMPLOYMENT STATUS CHANGED
- FAMILY DISCORD
- FINANCIAL GAIN (SIGNIFICANT)
- FINANCIAL LOSS/INADEQUATE INCOME
- JOB LOSS
- LEGAL ISSUES UNRESOLVED
- LIFESTYLE CHANGE
- MARITAL DISCORD
- MARRIAGE WITHIN THE LAST YEAR
- PAPERWORK (INSURANCE/LEGAL/ETC) OVERWHELMING
- PERSONAL ILLNESS/INJURY
- SEPARATION/DIVORCE
- OTHER (SPECIFY)
- COMMENTS REGARDING ADDITIONAL SOURCES OF STRESS/GRIEF FOR THE BEREAVED

If Other (Specify) is selected, you will be asked to indicate the other sources of stress/grief

If Comments regarding additional sources of stress/grief is selected, you will be asked to document your comments (see next screenshots)

5b

MS72H - C

EMOTIONAL

INDICATE OTHER SOURCE OF STRESS/GRIEF:

Required

MS72H - C

EMOTIONAL

DOCUMENT COMMENTS REGARDING ADDITIONAL SOURCES OF STRESS/GRIEF FOR THE BEREAVED:

Required

6

MS72H - B

EMOTIONAL

INDICATE PHYSICAL RESPONSE(S) OF THE BEREAVED OBSERVED OR REPORTED (MARK ALL THAT APPLY):

- NONE OBSERVED OR REPORTED
- ALCOHOL INTAKE INCREASED (ABUSE?)
- CAFFEINE INTAKE INCREASED
- DRUG USE INCREASED (ABUSE?)
- EATING DISTURBANCES
- FATIGUE INCREASED
- GASTROINTESTINAL SYMPTOMS (NAUSEA/DIARRHEA)
- SLEEP DISTURBANCES
- TOBACCO USE INCREASED
- OTHER (SPECIFY)
- COMMENTS REGARDING PHYSICAL RESPONSES OF THE BEREAVED

If Other (Specify) is selected, you will be asked to indicate the other physical response(s) observed or reported

If Comments regarding physical responses of the bereaved is selected, you will be asked to document your comments (see next screenshots)

6b

MS72H - C

EMOTIONAL

INDICATE OTHER PHYSICAL RESPONSE OBSERVED OR REPORTED:

Required

MS72H - C

EMOTIONAL

DOCUMENT COMMENTS REGARDING PHYSICAL RESPONSES OF THE BEREAVED:

Required

7

MS72H - B

EMOTIONAL

INDICATE THE OBSERVED/REPORTED EMOTIONAL STATUS OF THE BEREAVED (MARK ALL THAT APPLY):

- NO PROBLEMS IDENTIFIED
- ANGRY
- ANXIOUS
- APPREHENSIVE
- AVOIDANT
- CLINGING
- DEPRESSED
- DISTRAUGHT
- ELATED
- EUPHORIC
- FEARFUL
- FLAT AFFECT
- HELPLESS
- HOSTILE
- IMPULSIVE
- IRRITABLE
- LABILE
- MANIC
- RESTLESS
- SAD
- SUSPICIOUS
- TEARFUL
- WITHDRAWN
- COMMENTS RELATED TO THE EMOTIONAL STATUS OF THE BEREAVED

If Comments related to the emotional status of the bereaved is selected, you will be asked to document your comments (see next screenshots)

7b

MS72H - C

EMOTIONAL

DOCUMENT COMMENTS REGARDING THE EMOTIONAL STATUS OF THE BEREAVED:

Required

8

MS72H - B

EMOTIONAL

INDICATE SIGNIFICANT BEHAVIOR CHANGES/ABNORMALITIES OF THE BEREAVED OBSERVED/REPORTED (MARK ALL THAT APPLY):

- NO BEHAVIOR ABNORMALITIES OBSERVED/REPORTED
- ALCOHOL USE/ABUSE
- ARREST OR PROBLEMS WITH LAW ENFORCEMENT
- EMOTIONAL LABILITY
- INCREASED INCIDENCE OF PHYSICAL ILLNESS/SYMPTOMS
- LOSS OF INTEREST IN ACTIVITIES
- SCHOOL PERFORMANCE AFFECTED (DECLINING GRADES)
- SLEEPING PATTERNS/HABITS ALTERED
- SUBSTANCE/DRUG USE AND/OR ABUSE
- SMOKING (UNDERAGE OR EXCESSIVE)
- TRUANCY
- OTHER (SPECIFY)
- COMMENTS RELATED TO BEHAVIOR CHANGES/ABNORMALITIES OF THE BEREAVED

If Other (Specify) is selected, you will be asked to indicate the other significant behavior changes

If Comments related to behavior changes/abnormalities of the bereaved is selected, you will be asked to document your comments (see next screenshots)

8b

MS72H - C

EMOTIONAL

INDICATE OTHER SIGNIFICANT BEHAVIOR CHANGES:

Required

MS72H - C

EMOTIONAL

DOCUMENT COMMENTS REGARDING BEHAVIOR CHANGES OF THE BEREAVED:

Required

9	9b	10	10b

If yes is selected, you will be asked to specify hobbies/leisure activities the bereaved would like to pursue (see next screenshots)

If Other (Specify) is selected, you will be asked to indicate the other leisure time management/hobbies/interests

If Comments related to leisure time management/hobbies/interests of the bereaved is selected, you will be asked to document your comments (see next screenshots)

11	12	12b

If yes is selected, you will be asked to describe the spiritual disruption (see next screenshots)

13

If Other is selected, you will be asked to indicate the other employment status of the bereaved (see next screenshots)

13b

14

If Comments regarding the bereaved's handling of finances is selected, you will be asked to document your comments (see next screenshots)

14b

15

If Other (Specify) is selected, you will be asked to indicate the other actual or potential risks to the bereavement process

If Comments regarding risks to the bereavement process for this person is selected, you will be asked to document your comments (see next screenshots)

15b

Social Support

1

MS72H - B

SOCIAL SUPPORT

INDICATE SUPPORT SERVICES NEEDED/ REFERRALS REQUIRED FOR THIS BEREAVED PERSON (MARK ALL THAT APPLY):

- NONE AT THIS TIME
- CHILD CARE
- FINANCIAL MANAGEMENT/ COUNSELING
- FINAL ARRANGEMENTS/FUNERAL PLANNING
- FOOD/NUTRITIONAL RESOURCES
- HOME MAINTENANCE/REPAIRS/ HANDYMAN SERVICES
- LEGAL ASSISTANCE
- MENTAL HEALTH REFERRAL
- PROTECTIVE SERVICES
- RELOCATION TO DIFFERENT CARE SETTING
- TRANSPORTATION
- OTHER (SPECIFY)
- COMMENTS REGARDING SUPPORT SERVICES NEEDED/REFERRALS REQUIRED FOR THIS PERSON

You will be asked to document suggested resources for each items selected (see next screenshots)

1b

MS72H - B

SOCIAL SUPPORT

INDICATE SUGGESTED RESOURCE FOR CHILD CARE:

INDICATE SUGGESTED RESOURCE FOR FINANCIAL MANAGEMENT/ COUNSELING:

INDICATE SUGGESTED RESOURCE FOR FINAL ARRANGEMENTS/FUNERAL PLANNING:

INDICATE SUGGESTED RESOURCE FOR FOOD/NUTRITIONAL RESOURCES:

INDICATE SUGGESTED RESOURCE FOR LEGAL ASSISTANCE:

INDICATE SUGGESTED RESOURCE FOR MENTAL HEALTH REFERRAL:

INDICATE SUGGESTED RESOURCE FOR PROTECTIVE SERVICES:

INDICATE SUGGESTED RESOURCE FOR RELOCATION TO DIFFERENT CARE SETTING:

INDICATE SUGGESTED RESOURCE FOR TRANSPORTATION:

INDICATE SUGGESTED RESOURCE FOR OTHER SUPPORT SERVICES NEEDED:

8:04 MS72H - C

SOCIAL SUPPORT

DOCUMENT COMMENTS REGARDING SUPPORT SERVICES NEEDED/ REFERRALS REQUIRED FOR THIS PERSON:

Required

2

MS72H - B

SOCIAL SUPPORT

IS THERE AN URGENT MENTAL HEALTH INTERVENTION REQUIRED DUE TO SUICIDAL/HOMICIDAL IDEATION?

NO

YES

If yes is selected, you will be asked to enter comments regarding urgent mental health intervention required (see next screenshots)

2b

MS72H - B

SOCIAL SUPPORT

COMMENTS REGARDING URGENT MENTAL HEALTH INTERVENTION REQUIRED:

Required

3

MS72H - B

SOCIAL SUPPORT

REFERRAL TO BEREAVEMENT?

YES

NO

Follow Up

1

MS72H - B

FOLLOW UP

FOLLOW UP COMMENTS:

Required