



THE ROLE OF THE SOCIAL WORKER IN THE EMERGENCY DEPARTMENT: THE SANT'ORSOLA EXPERIENCE IN OPTIMIZING PATIENT CARE PATHWAYS

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Introduction. In the Emergency Department (ED) of the Sant'Orsola University Hospital in Bologna, the patient's clinical conditions and social needs are systematically considered as closely interconnected to ensure appropriate discharge pathways through early multidimensional assessment.

Objectives. To evaluate the role of the Social Worker in the ED in planning the most proper care pathway for frail older patients.

Materials and Methods. Since 2024, at the ED of the Sant'Orsola University Hospital in Bologna, 10 beds have been dedicated to frail older adults. Patients aged ≥ 65 years with a Triage Risk Screening Tool (TRST) score ≥ 2 and clinical frailty and/or social needs are eligible, in the absence of indications for intensive or surgical treatment. Care is managed by the Continuity of Care Team, including a Geriatrician, a Nurse, and a Social Worker, who perform a multidimensional assessment and define the most appropriate pathway within 72 hours. Options include: supported discharge

home through the Simple Multidimensional Evaluation Unit (UVMs); institutionalization pathways via the Complex Multidimensional Evaluation Unit (UVMc) for permanent admission to nursing homes, including emergency placements; short-term residential care in ED-dedicated nursing home beds; waiting list placement for respite admissions.

Results. Between 01/01/2025 and 31/12/2025, 657 patients were assessed. Care pathways included:

- 139 supported discharges, 111 via UVMs
- 22 admissions to ED-dedicated nursing home beds
- 6 respite admissions
- 66 UVMc evaluations, 24 in emergency placements
- 13 patients received both supported discharge and UVMc

Conclusions. Given the close interplay between clinical and social frailty, the presence of a Social Worker in the ED working within a multidisciplinary team is essential in managing frail older adults. Early assessment of patient and caregiver needs allows safe discharge when clinically appropriate and reduces inappropriate hospital admissions.