Moving Beyond the Usual Suspects: Incorporating Staff Perspectives to Improve Social Needs Screening and Resource Connection

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background

what is Dayton Children's?

- 181-bed pediatric institution located in Dayton, Ohio

- Serves a 20-county area

- Provides acute, primary and specialty care for infants, children, teens, and young adults

- Includes both inpatient and outpatient settings
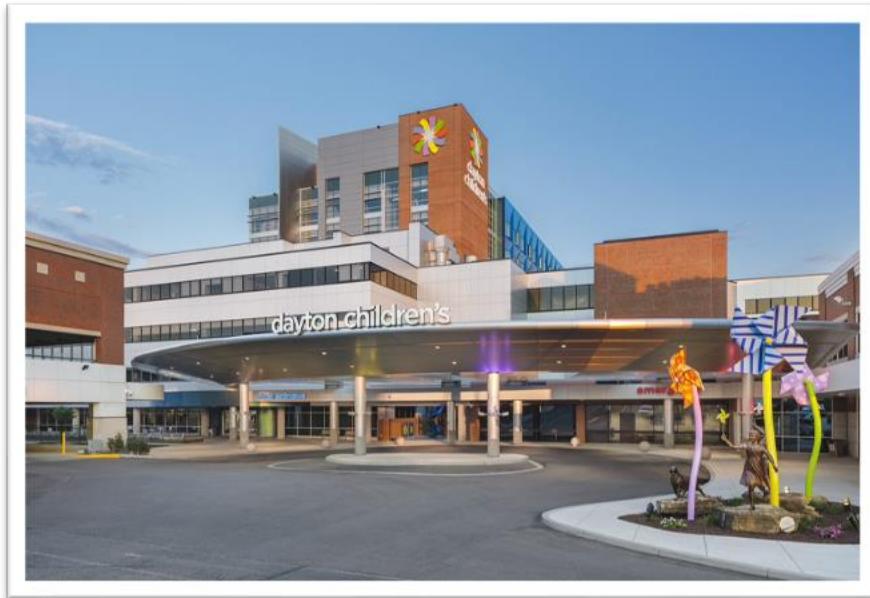
social needs screening at Dayton Children's

2016
Dayton Children's Primary Care starts screening for social needs

2021
Updated screening questions and included digital component

2022
Social Needs Screening became a strategic priority for ambulatory clinics

social needs screening at Dayton Children's
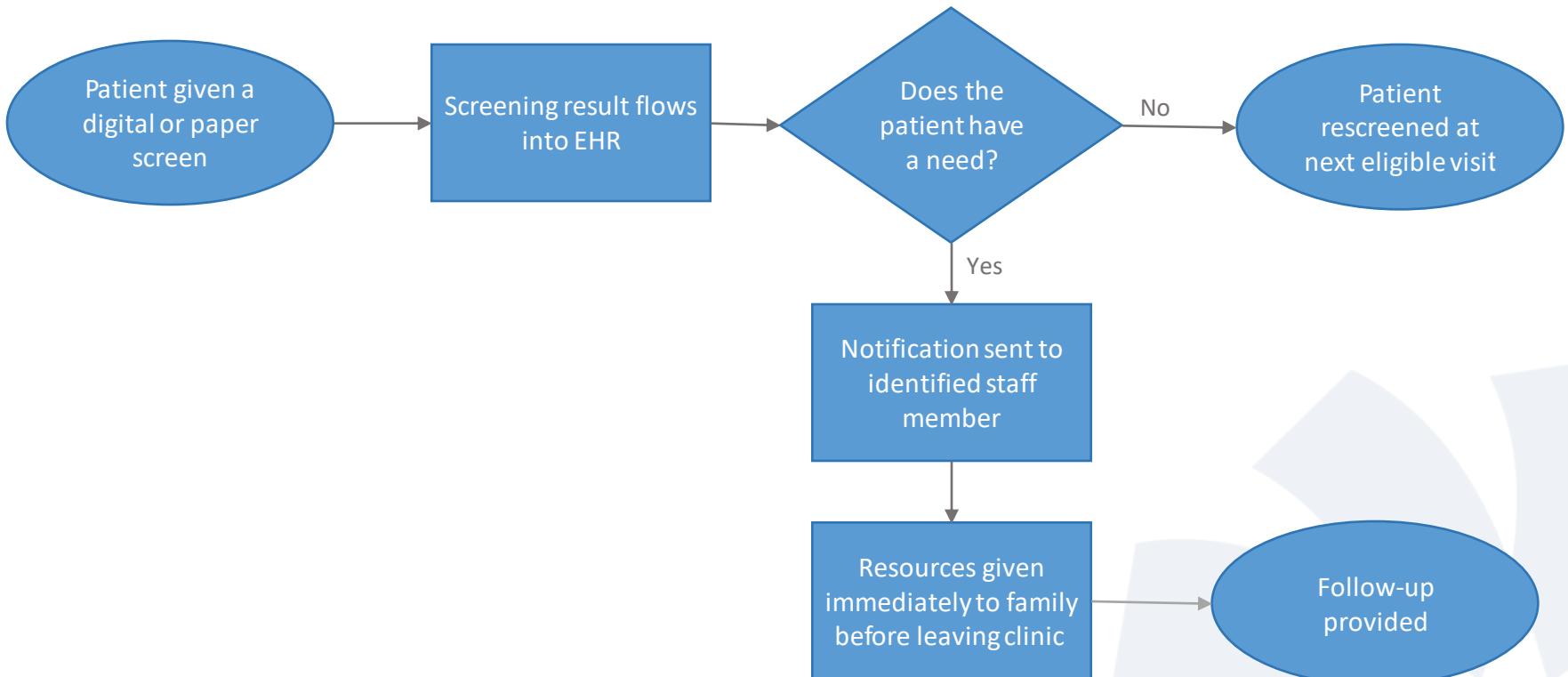
questions

dayton children's

Patient Name: _____
Patient DOB: _____
Or Patient Label

Conexión de recursos familiares de Dayton Children's

		Encierre en un círculo la respuesta que mejor se aplique a usted				
🏠	¿Qué tan difícil es para usted pagar lo básico como comida, vivienda, atención médica y calefacción?	No es difícil en absoluto	No muy duro	Algo duro	Duro	Muy duro
🏠	En los últimos 12 meses, ¿hubo algún momento en que no pudo pagar la hipoteca o el alquiler a tiempo?	Si		No		
	En los últimos 12 meses, ¿en cuántos lugares ha vivido _____					
	En los últimos 12 meses, ¿hubo algún momento en que no tuvo un lugar fijo para dormir o durmió en un refugio (incluso ahora)?	Si		No		
🚌	En los últimos 12 meses, ¿la falta de transporte le ha impedido acudir a citas médicas o conseguir medicamentos?	Si		No		
	En los últimos 12 meses, ¿la falta de transporte le ha impedido asistir a reuniones, trabajar o conseguir las cosas necesarias para la vida diaria?	Si		No		
🍎	En los últimos 12 meses, le preocupaba que se le acabara la comida antes de tener dinero para comprar más.	Nunca es verdad		A veces cierto	A menudo cierto	
	En los últimos 12 meses, la comida que compró simplemente no duró y no tenía dinero para comprar más.	Nunca es verdad		A veces cierto	A menudo cierto	

Available Languages: Spanish, Turkish, Swahili, Haitian Creole, Arabic, Kinyarwanda

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dayton children's

Patient Name: _____
Patient DOB: _____
Or Patient Label

Forms should be completed by the patient's guardian and returned to your physician.

		Please circle the answer that best applies to you				
🏠	How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not Hard at All	Not Very Hard	Somewhat Hard	Hard	Very Hard
🏠	In the past 12 months, was there a time when you were not able to pay the mortgage or rent on time?	Yes		No		
	In the past 12 months, how many places have you lived? _____					
	In the past 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	Yes		No		
🚌	In the past 12 months, has lack of transportation kept you from medical appointments or from getting medication?	Yes		No		
	In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	Yes		No		
🍎	Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never True		Sometimes True	Often True	
	Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never True		Sometimes True	Often True	

GUARDIAN NAME: _____   BEST TIME TO CALL: _____

PHONE: _____   PREFERRED LANGUAGE: _____

why interview medical social work staff?

Medical social workers will **likely be the individuals to address the needs identified** by the screener.

Goal = Understanding impact of social needs screening on equitable care

Equitable systems for staff = Equitable care for patients

methodology

An invitation was sent
via email listserv

39% of medical social
workers interviewed

Individual or group
interviews

Interviews have taken place
at multiple DCH locations

findings

current processes

Finding:

- Same general assessments, but **process varies clinic to clinic**

> *"Social workers, **depending on the area** they're in, **our assessment varies** a little bit"*

Recommendation:

- Process must be **co-designed with the end-users and remain flexible**

Finding:

- Social workers are asked to help with tasks **outside of their scope**
  - Note: This is also commonly shown in the literature

> *"We will have some [staff] that are really invested in a really excited about our social worker, but **then they also think like you've solved the world's problems and when you don't, they get very snippy.**"*

Recommendation:

- The **scope** of involvement for all staff involved **must be made clear**

collaboration

Finding:

- The medical social work staff have **strong internal communication**

"She would own them. OK, so I won't go and see them. *I don't muddy waters, cause [social worker 2] has that relationship with them.* Sure. And I just tell my provider if they need me, *I'm happy to talk to them. Sure, but I'm not gonna go in and give them another face. They've already got 50 faces.*"

Finding:

- Care coordinators (CC) and community health workers (CHW) **are being integrated** into the hospital system

"And so when [ACO] started last year, *I was able to get her connected with them, and now I rarely talked to her*"

Recommendation:

- Notifications of a positive screen should be **routed to the correct staff** member (CHW, CC, SW)

resources and follow-up

Finding:

- Utilize **validated lists** of resources

"I have my own list and then use the [mental health program] list for counseling and stuff every so often, depending on the family, I might make the referral or call ahead just to make sure that's something they would offer."

Recommendation:

- **Utilize frontline staff** to **design** what this **resource directory** looks like
  - *It is important to not rely on a generic list*

Finding:

- Follow-up differs from **case to case**

"…Might have contact information and then they'll have another visit where that need is still not met and we'll kind of touch base to explore, you know, what had happened with those resources. I mean ideally we would like to be able to, to follow up with every resource provided, but just with the amount of patients we have [it's difficult]…"

Recommendation:

- Continue to monitor and gather feedback on follow-up and tracking
  - *Tailor the process to allow families to indicate their preference/need*

value of social needs screening

Finding:

- Social workers perceive that **social need screening reduces bias** and **fills gaps**

"I think it's a really good initiative because not every provider is going to be cognizant of those needs. And so it gives a voice."

Finding:

- Social needs screening allows for the provision of **tailored resources**

I think it's also good on the front end that that's being completed before they come back because then number one, it's done, it can be addressed. We're not kind of waiting cause a lot of times, you know, we were waiting on those papers before.

Recommendation:

- **Be aware** of **equity implications** for any standardized screenings

concerns

Finding:

- **Limited capacity** due to demanding workloads

> "Our providers are in this situation where they need to add patients, and so **the thought for me of adding additional responsibilities is quite frankly, overwhelming**. Yeah, because it's already overwhelming, which is the current workload."

Recommendation:

- The process must **account for capacity** limitations for all staff involved

Finding:

- There is **fear of redundancy** between:
  - Similar screenings
  - Multiple clinic visits

> "**Sometimes there is duplication** when, like, behavioral health is involved and then we're also involved. So we're doing our best to not do that to the families because **that's not the most trauma-informed way, if we are continuously duplicating services**."

Recommendation:

- **Collaboratively assess** how to address duplication

technology

- **Finding:**
  - There is a **great value** in technology, but it needs to be **streamlined**
    - EHR interface
    - Referral Pathway
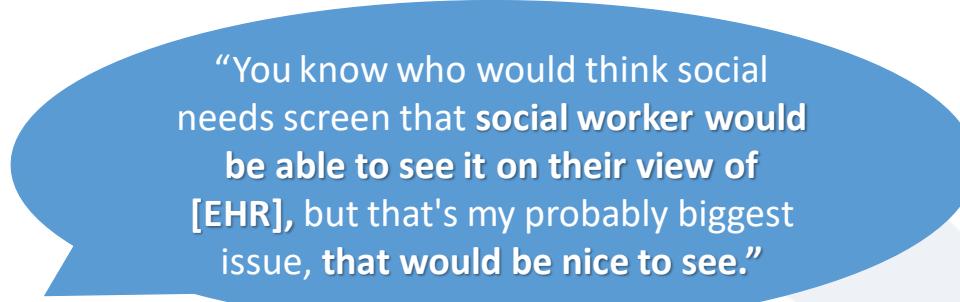
> "You know who would think social needs screen that **social worker would be able to see it on their view of [EHR],** but that's my probably biggest issue, **that would be nice to see.**"

- **Recommendation:**
  - **Seek out input** from frontline staff on barriers and facilitators to **efficient technology use**
  - **Continuously partner** with IT

implications of including voice
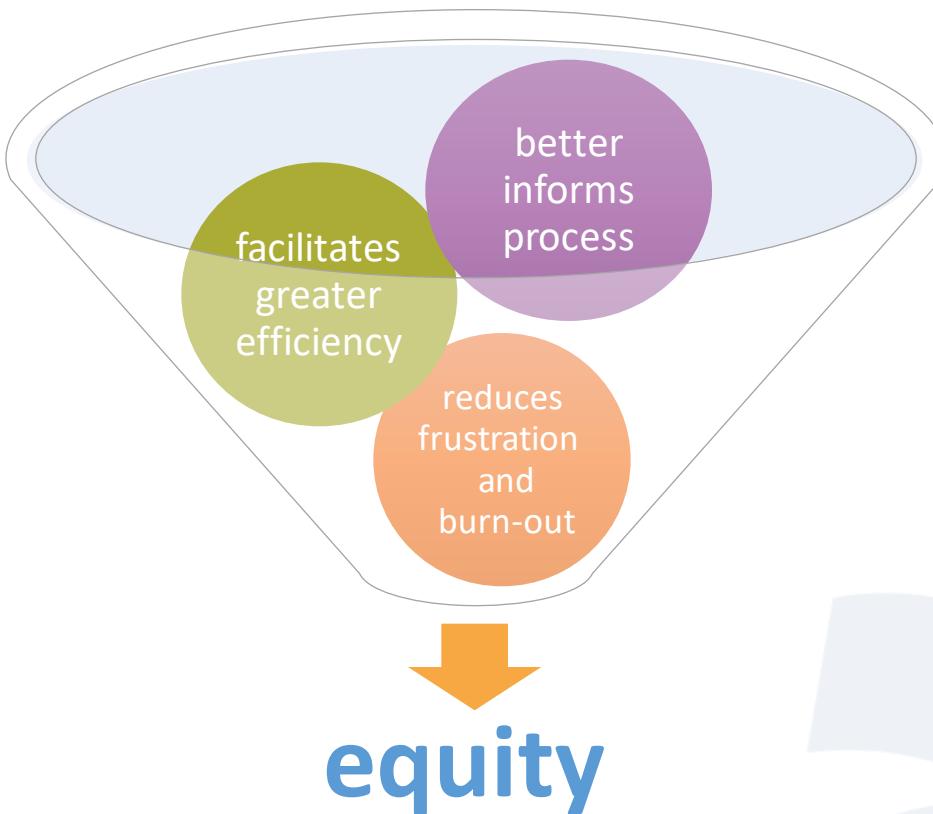
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