

Utilizing a Tailored Approach to Standardized Screening of Health-Related Social Needs

Qaashuntae C. Wright, DNP, AGACNP-BC, CCRN



SCHOOL of NURSING

Goal

To implement a social needs screening tool and referral process tailored to clinical workflow in an outpatient dialysis clinic in order to increase social needs identification and referrals to community resources.

Background

- Despite the increased awareness of social determinants of health (SDoH), integrating social needs screening into healthcare practice has not consistently occurred
- SDoH, also known as social needs, are non-medical factors that account for 80% of health outcomes (Jacobs, 2021)
- Unmet social needs are linked to the highest health expenditures, increased hospitalization & ER utilization, and premature death (Artiga & Hinton, 2018)
- In spite of SDOH programs and initiatives, many US hospitals and practices report screening < 25% of their patients for social needs (Fraze et al., 2019)
- Barriers to SDOH screening: time constraints, lack of education & training, deficit referral resources, and insufficient staff support (American Academy of Family Physicians, 2022)
- Previous studies utilized different screening tools, methods for screening patients, and referral interventions, yet they were all able to successfully implement a social needs screening tool and process within an outpatient clinic
- Evidence that screening processes should be customized to each clinical practice

Methods

Model for Improvement: PDSA cycle

Aim

- Increase the identification of social needs and referrals to community resources

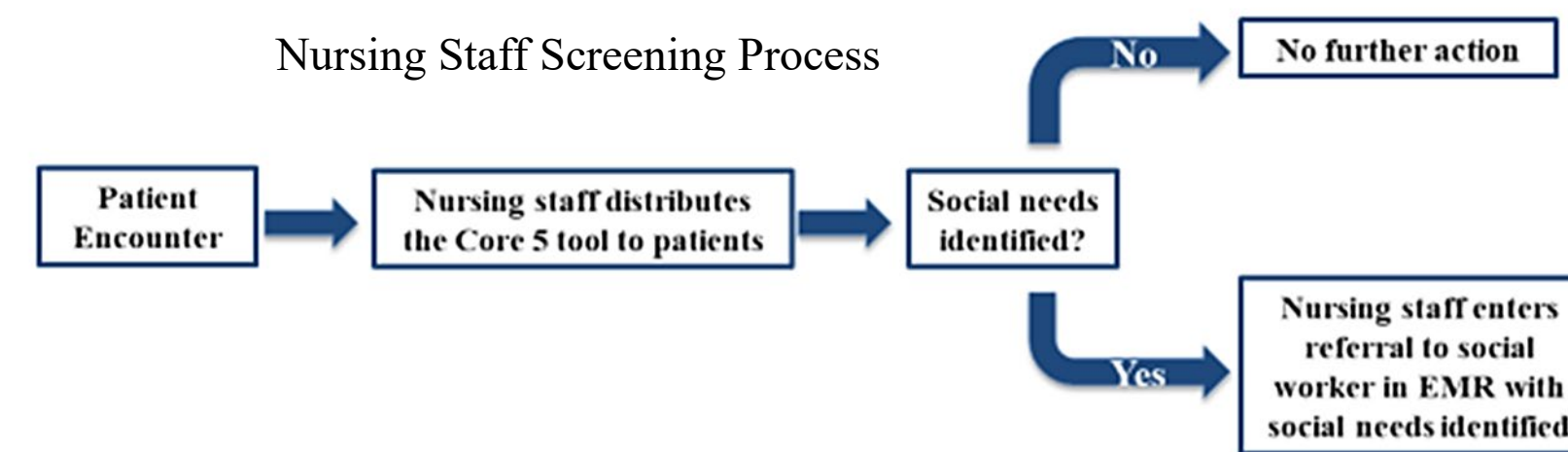
Measures

- Number of social needs identified
- Number of referrals by the social worker
- Usability survey of the Core 5 screening tool and process

Change

- The tailored process included:
 - Increase staff's awareness of social needs
 - Nursing staff involvement in the screening process
 - The Core 5 standardized screening tool

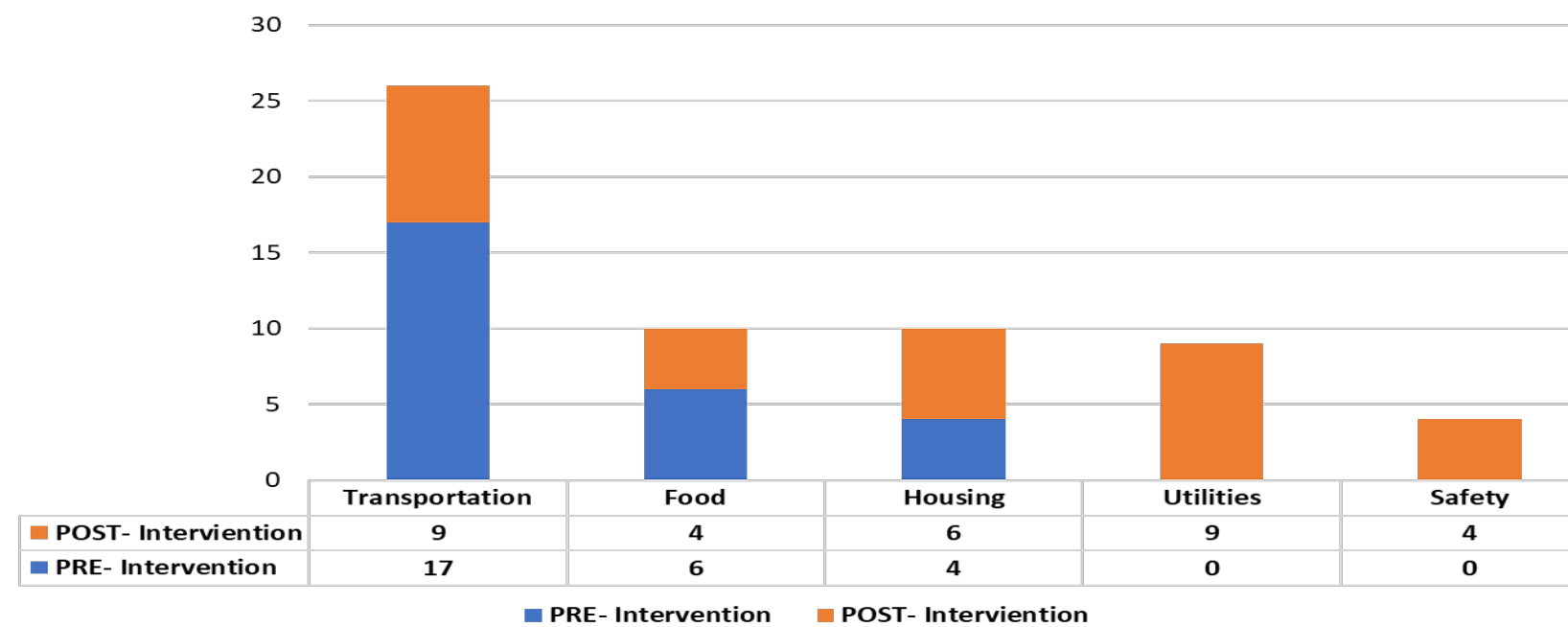
Intervention



Results

Social needs identified

- The Core 5 tool identified an additional 32 previously unmet social needs among 21 hemodialysis patients



Social needs referrals

- The social worker completed direct & indirect referrals to community resources for each of the 32 social needs

Usability of Core 5 tool & referral process

Score	Survey Questions
4.8	The tool and referral process were clear and easy to use.
4.8	The tool was completed in a reasonable amount of time (< 5 minutes).
4.8	The process easily incorporated into the dialysis visit.
4.7	Patients seem comfortable answering the questions.
4.8	The process completed during the patient visit.
4.8	The tool and referral process should be continued.

Average Score = 4.8

Key Findings

- Incidence of screening**
 - 73 out of 75 (97%) patients in the dialysis clinic were effectively screened
 - Of the patients screened, 44 (60%) were Black men
 - The mean age of patients was 62 years
- Social needs identified**
 - Despite the current practice assessment of the same five categories, the Core 5 tool was able to capture these previously unidentified social needs
 - Black men had more unmet social needs than men of other races; Black and White women had an equal number of unmet needs
 - The mean age of patients with unmet social needs was 62 years
 - The process of using the Core 5 tool produced an increase of 118.5% in social needs identified
- Referrals process**
 - The Core 5 tool took an average of two minutes to complete and less than 1 minute for the RNs to enter the Core 5 results in EMR clinical note

Conclusions & Implications

- The Core 5 tool and referral process was shown to increase the identification of social needs, multidisciplinary involvement in identifying those needs, and referrals to required resources
- The staff found the Core 5 tool usable and integrated well within the dialysis clinic with minimum interruption of the clinical workflow
- The Core 5 tool can become standard practice to identify unmet social needs for patients at the current institution and improve social needs awareness and care plans to address patients' needs
- The recommendation for continued use of the Core 5 tool was accepted by the clinic's leadership

Author Contact

Qaashuntae C. Wright, DNP, AGACNP-BC, CCRN
qcw7h@virginia.edu

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