

Bridging the Gap: Investigating Barriers and Motivations for Social Determinants of Health Screening Among Emergency Department Nurses

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BACKGROUND

Social determinants of health (SDOH) refer to health outcome differences influenced by factors like food insecurity, housing instability, and economic hardship. Incorporating SDOH data has become a focal point in healthcare delivery systems. Using SDOH data can aid in identifying emergency department (ED) overutilization which can also reduce healthcare costs and hospital congestion needs (Estrella et al., 2021; Jones et al., 2022; Salhi et al., 2018; Wray et al., 2021). Comprehensive care coordination, enhanced infrastructure, and resource accessibility can lead to lasting effects on chronic conditions and healthcare costs (Bechtel et al., 2021; Franco et al., 2021; Singer & Porta, 2022; Zorc et al., 2003). Screening at TUHS captures 20% of patients or less (Porter, 2023). Addressing staff needs and developing a clear plan can improve screening rates in the ED.

PURPOSE

Investigate why emergency department (ED) nurses in an urban setting inconsistently screen patients for social determinants of health (SDOH), aiming to enhance compliance with hospital standards.

METHODOLOGY

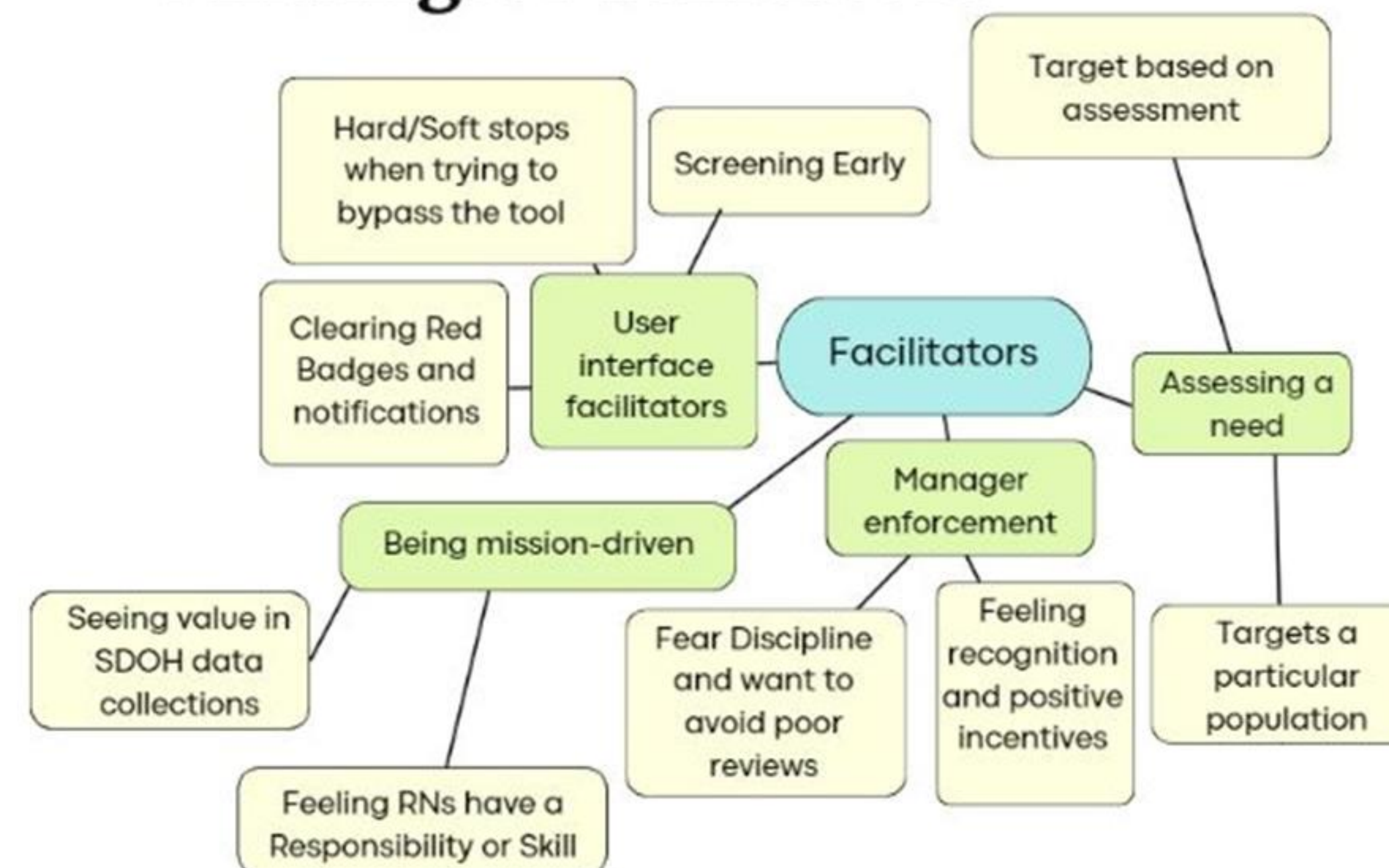
Qualitative, thematic analysis was performed using 5 focus groups which allowed for detailed insights, exploration of group dynamics, context, engagement, and data saturation. The study had 18 participants and occurred over 2 weeks using audio-transcribed Zoom meetings.

The interview script covered five main topics:

- Knowledge about the SDOH tool
- Attitudes surrounding the use of the SDOH tool in the emergency room setting
- User experience engaging with the SDOH tool in Epic
- Environmental barriers and facilitators that influence your use of the SDOH tool
- Perspectives on the value or potential impact of using the tool in practice

RESULTS

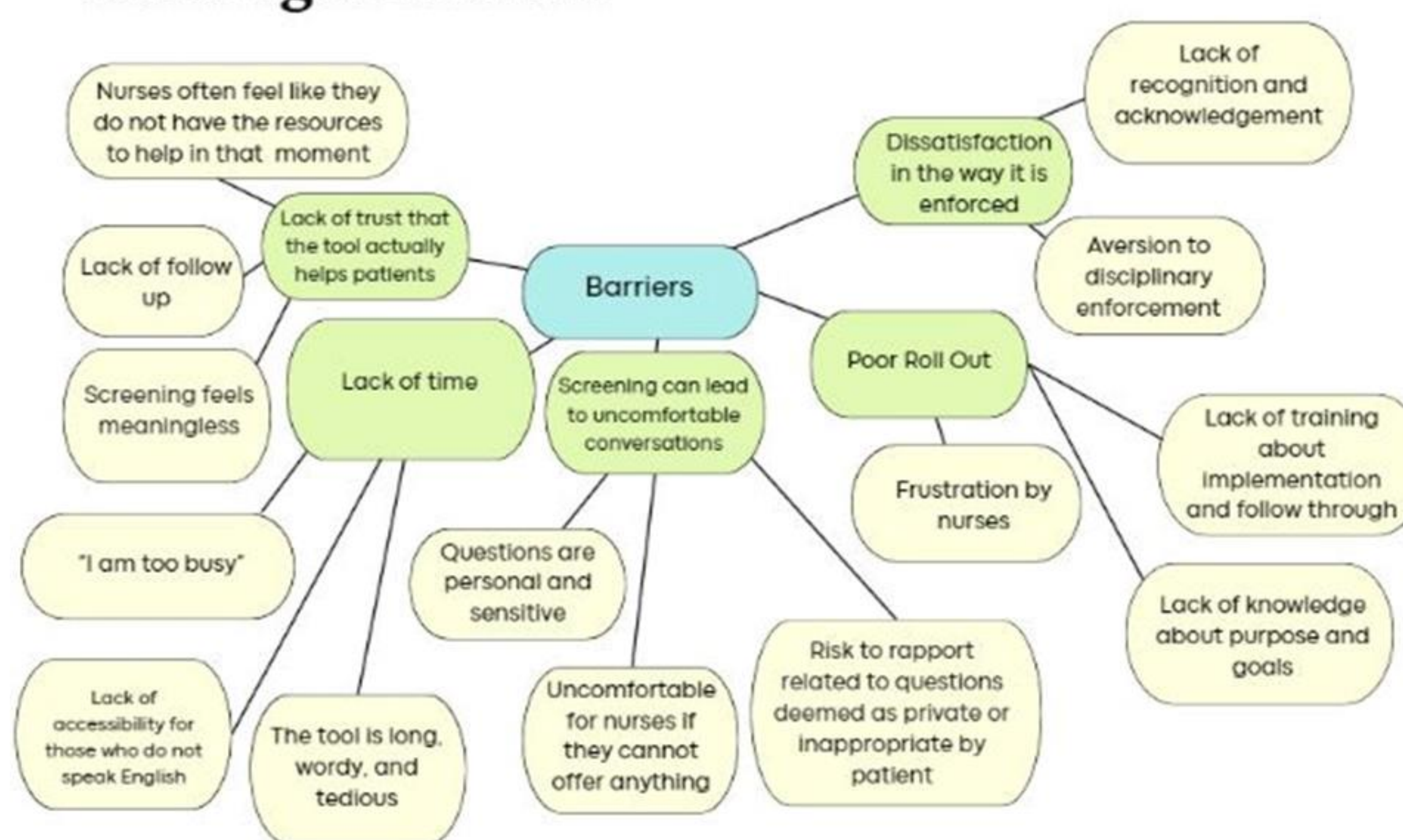
Findings: Facilitators



KEY FINDINGS

Barriers to screening include time constraints, perceived lack of effectiveness, discomfort with sensitive discussions, inadequate training, and resistance to enforcement. Conversely, facilitating factors include user-friendly tools, motivation to address social needs, fear of discipline, and recognition of patient vulnerability.

Findings: Barriers



Proposed Solutions

Problem Type	Proposed Solution
User Interface	Location of tool in Epic -Change to triage narrator, like Columbia Suicide Screener Hard Stop at Discharge with less frequent soft stops -Model after Columbia Suicide Screener Alter the functionality of the tool -use drop downs, "if yes, then" to reduce repetitive clicks for patients who screen negative Add a question specifically about difficulty obtaining prescriptions
Workflow	Encourage SDOH screening to occur early in the patient visit Increase the use of ED navigator, Social Work or Case Management Share SDOH screening responsibility with other Healthcare workers (i.e., Physicians, Residents, Medical/Nursing Students) Have Positive SDOH screening trigger an automatic Social Work Consult
Education	Educate staff on the goals and purpose of SDOH screening Educate staff on available resources: "real-time" and long term Train staff on the use of Open-ended questions vs Verbatim question scripts.
Enforcement	Provide staff feedback using metrics (i.e., screening rates, intervention success, reductions of readmissions) Provide staff feedback using anecdotes and success stories from SDOH screening Reward success, avoid broad disciplinary warnings

CONCLUSION

Overall, the project was successful, offering valuable insights from firsthand experiences to inform future endeavors. While many studies focus on departmental compliance metrics, this project takes a grassroots approach, gathering data directly from bedside interactions. By capturing staff needs and suggestions, buy-in for project success can be enhanced. Utilizing a qualitative approach with focus groups empowers nurses and leaders to address problems autonomously, with metrics following suit.

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