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IMPLEMENTING A PATIENT-FACING SOCIAL HELP NEEDS PLATFORM IN THE STANFORD EMERGENCY DEPARTMENT DURING THE COVID-19 PANDEMIC

Background: The Stanford Emergency Department (ED) Help Desk was created to screen and refer patients to resources for social needs. Interested undergraduate students are taught about the social determinants of health in a classroom setting and use validated surveys paired with curated databases to identify local resources for social needs. The Help Desk provides important resource linkages to the ED's most vulnerable patients. These patients might otherwise not receive resources for important needs not directly related to their ED visit. The Help Desk also serves as an experiential and service-learning educational model for students. When in-person screening was halted at the beginning of the COVID19 pandemic, we sought to create an alternate, virtual screening process in order to continue providing this service to our patients.

Community Partner: SHARED Help Desk; <https://emed.stanford.edu/specialized-programs/sem/shared.html>

Methods: We collaborated with the Stanford ED IT Department and Guest Services to gain HIPPA-compliant Zoom video conferencing access to individual ED rooms. Video conferencing was made possible via preexisting iPads stationed in each room. We then collaborated with ED physicians, residents, nurses, and social workers to create a workflow for our virtual screening process. This workflow was first trialed among undergraduate leaders, interested medical students, and faculty leads to identify and troubleshoot unforeseen implementation barriers.

Results: We successfully created a new workflow to continue social needs screening and referrals during the COVID19 pandemic. In this new virtual workflow, undergraduate volunteers first call ED attendings on shift to identify patients that may be good candidates for screening. They then use existing screeners and databases to identify and refer resources. Resource summaries are texted or emailed to patients at the conclusion of the visit; follow-up phone calls are conducted at two weeks.

Conclusions: Virtual social needs screening in the Emergency Department setting is feasible and has the potential to greatly benefit patients during a time of increased social needs.

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COMMUNITY PARTNER

SHARED