IMPLEMENTATION OF A VIRTUAL SOCIAL NEEDS SCREENING PROGRAM IN THE EMERGENCY DEPARTMENT DURING THE COVID19 PANDEMIC

Emily Shearer, MS MPP, Remi Akindele, Cesar Armas, Ju Yeon Lee, Elizabeth Pirotta, Ewen Wang, MD.

Stanford MEDICINE
Emergency Medicine

Background

The Stanford Emergency Department Help Desk is staffed by undergraduate volunteers and screens and refers our most vulnerable patients for social needs.

Community Partner

Stanford Health Advocacy and Research in the Emergency Department (SHARED) social needs screening help desk.

Project Description

When in-person screening was halted at the beginning of the COVID19 pandemic, we sought to create an alternate, virtual screening process to continue providing this service to our patients. We collaborated with the Stanford ED IT department to create a HIPAA-compliant virtual screening mechanism. We then collaborated with physicians, nurses, and social workers to create a new screening workflow.

Outcomes

Figure 1. Screenshot of portal to custom SHARED desk social needs screener on Aunt Bertha social needs platform.

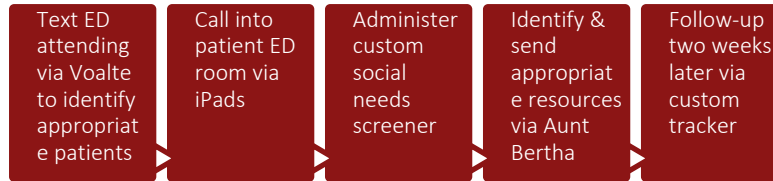| Text ED attending via Voalte to identify appropriate patients | Call into patient ED room via iPads | Administer custom social needs screener | Identify & send appropriate resources via Aunt Bertha | Follow-up two weeks later via custom tracker |

Figure 2. Diagram of virtual social needs screening workflow.

We collaborated with the Stanford ED IT team to gain HIPPA-compliant Zoom video conference access to individual ED patient rooms. Video conferencing was made possible via pre-existing iPads in each room. A workflow was created with ED attendings and social workers to identify patients who would be good candidates for screening. Patients were then screened using a custom screener made by the social needs platform Aunt Bertha. Patients were emailed or texted individualized resources at the conclusion of the screening. Follow-up was conducted one week later.

Lessons Learned

- Virtual screening of patients in the Emergency Department for social needs is feasible
- Patients generally indicated support for virtual social needs screening
- More work needs to be done to optimize virtual screening integration into existing nursing and physician workflows

Recommendations

We recommend continuing virtual screening while in-person screening is not possible. We recommend further iterating the process to optimize workflow. Further, we recommend tracking patient referrals, outcomes, and satisfaction with virtual screening.

Acknowledgements