Appendix A:

Survey for Healthcare Team Members’ Views on Social Determinants of Health Screening and Referral Practices in a Pediatric Emergency Department

Q1 Please select your role at the Pediatric Emergency Department (PED):
• PEM fellow physician trainee
• ED Nurse
• Advanced Practice Provider (APP)
• PEM physician
• General pediatrician
• ED tech
• Registration staff
• Other (please specify below): __________________________________________________

Q2 Please select ALL the social needs that influence your healthcare recommendations during a PED visit or discharge instructions for patients/families:
• Access to healthcare (i.e., transportation and/or PCP access)
• Ability to pay for healthcare visits
• Ability to pay for medication costs
• Food insecurity (i.e., ability to pay and/or access)
• Ability to pay for household items (i.e., furniture and/or clothing, etc)
• Ability to pay for utilities
• Housing insecurity (i.e., ability to pay rent or mortgage)
• Homelessness (i.e., sleeping outside, in a shelter, in a car, or any place not meant for sleeping)
• Unemployment or looking for work
• Access/ability to have childcare/elder care
• Other (please specify below): __________________________________________________

Q3 Thinking back over your shifts from the last month and from the selected social needs you chose above, which do you routinely ask patients/families about? You may specify the various options further in the box if desired.
• Access to healthcare (i.e., transportation and/or PCP access) ________________
• Ability to pay for healthcare visits _________________________________________
• Ability to pay for medication costs __________________________________________
• Food insecurity (i.e., ability to pay and/or access) ____________________________
• Ability to pay for household items (i.e., furniture and/or clothing, etc.) ___________
• Ability to pay for utilities ____________________________________________________
• Housing insecurity (i.e., ability to pay rent or mortgage) ________________________
• Homelessness (i.e., sleeping outside, in a shelter, in a car, or any place not meant for sleeping) ____
• Unemployment or looking for work ____________________________________________
• Access/ability to have childcare/elder care _____________________________________
• Other (please specify below): _______________________________________________

Q4 On a scale of 0 to 100%, what percent of patient encounters do you ask patients/families about their social needs?

<table>
<thead>
<tr>
<th>% of Patient Encounters</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>

Please select % of patient encounters: ________________________________
Q5 What process or resources do you provide for patients/families when you become aware of their unmet social needs (a positive screen)?

- Asking about social needs is not part of my regular practice
- ED Care Management consult
- Non-profit Social Services Organization resource info
- Other (please specify below): ____________________________________________________

Q6 On a scale of 0 to 100, how comfortable are you asking patients/families about their social needs?

Please rate your personal comfort: _______

Q7 What impacts your comfortability and/or practice regarding social needs screening of patients/families during a PED visit? Please select ALL that apply.

- Outside my scope of practice
- Lack of time
- Patient volume
- Lack of knowledge/skill in resources
- Stigma (if so, please provide more info below): _____________________________________
- Other (please specify below): ____________________________________________________

Q8 Are you aware of the current social needs screening taking place in the PED?

- Yes
- No

Description of Current Screening & Referral Process in the PED

The current social needs screening at the PED uses the Academic Associates Program and a REDCap survey. The screening eligibility includes ALL children 17 years and younger accompanied by an adult caregiver/legal guardian AND either English- or Spanish-speaking. Answers provided are separate from patient's charts. The screening process is provided on tablets delivered by Academic Associates during the coverage hours of 6 am to midnight (with variability during non-semester times of the year). The caregiver/legal guardian is first asked their preferred language (English or Spanish) and subsequent consent for enrollment and survey questions are administered in their preferred language. Participants are then asked 10 items regarding social needs and to provide patient demographic information. At the end of the survey, the participants are asked if they would like to receive a referral to our community partners at United Way Utah 2-1-1 to further address their unmet social needs within 48 hours of their ED discharge. Our SDoH team is then able to track those who request referrals and the community resources provided to help address report social needs.

Q9 Regarding the current social needs screening at the PED, what additional thoughts on this process do you have? Please select all that apply, and feel free to specify more in the text box associated with any response[s] selected.

- Process of screening - i.e., related to being research and/or using Academic Associates, etc. ___
- Variability of screening - i.e., related to uncovered times in the ED and/or limited languages, etc. ___
- Format of screening - i.e., related to questions and/or delivery on a tablet, etc. __________________
- Content of screening - i.e., related to being (ir)relevant to visit goals and/or scope of ED, etc. _____
- Integration of screening - i.e., related to being separate from the EHR and/or tracking not part of patient outcome data, etc. ____________________________________________
- Other (please specify any additional thoughts or concerns below): ______________________
Q10 Should the PED continue creating a process for social needs screening during ED visits? Any additional comment(s) are welcome and can be provided in the associated text box with your selected response.
- Yes
- No

Q11 Please select the top 3 social needs you believe are reported by patients/families in the PED:

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
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<tbody>
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</tr>
<tr>
<td>Other (please specify below):</td>
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</table>

Q12 What social needs/risks should the PED screen patients/families for? Please select all that apply.
- Financial resource strain
- Housing insecurity/living situation
- Transportation insecurity
- Food insecurity
- Utility insecurity
- Relationship safety
- Stress
- Social isolation
- Health literacy
- Employment
- Education level
- Physical activity
- All of the above
Q13 When do you think screening for social needs should occur during an ED visit?
- At registration
- During the ED visit
- At discharge/transfer
- Not at all - not within the scope of practice
- Other (please specify below):

Q14 How do you think social needs screening be administered to patients/families?
- Through a patient portal
- On tablets or using their phone to scan a QR code in the waiting room
- On tablets or using their phone to scan a QR code once roomed in the ED
- Directly into the EHR in the exam room through verbal administration (i.e., nursing or APPs/physicians)
- On tablets or using their phone to scan a QR code upon discharge/transfer out of the ED
- Screening should NOT be administered during ED visits
- Other (please specify below):

Q15 Who should deliver the social needs screening?
- Continue with the current model - Academic Associates Program
- Registration - through text link or tablet delivery (same as current registration process)
- Nursing - during triage with the use of verbal delivery of a screener
- Nursing - during triage with directions for patients/families to complete the screener with a QR code on their phones
- Physicians/APPs - during visits with the use of verbal delivery of a screener
- Physicians/APPs - during visits with directions for patients/families to complete the screener with a QR code on their phones
- Nursing/APPs/Physicians - during discharge with directions for patients/families to complete the screener with a QR code on their phones
- Independent of ED care team - provide a QR code in the ED room for patients/families to complete
- Screening should NOT be administered during ED visits
- Other (please specify below):

Q16 Should the PED integrate social needs screening results into the patient's chart on iCentra? Any additional comment(s) are welcome and can be provided in the associated text box with your selected response.
- Yes
- No

Q17 What should the goal of social needs screening be for the PED? Any additional comment(s) are welcome and can be provided in the associated text box with your selected response.
- ALL patients/families - goal should be 100%
- ONLY patients/families high acuity patients (i.e., ESI 1 or 2 AND traumas)
- ONLY patients/families presenting for urgent care type visits or are low acuity (i.e., ESI 3, 4, or 5)
- Prioritize certain populations or subsets of patients/families (please specify below which populations/subsets):
- Screen as able with no set goal (please provide further details below):
- I don't think the PED should screen for social needs
- Other (please specify below):
Q18 Why should the PED perform social screening for patients/families during ED visits? Please select ALL that apply.

- To provide contextual information that could impact individual patients' treatment plans
- Inform treatment and care planning; know what is affecting patients (e.g.: Change a homeless patient's prescription to one that doesn't require refrigeration)
- Identify and make needed social service intervention referrals (e.g.: Refer a patient with diabetes who lacks healthy food to a food bank)
- To use in population health management / targeted outreach (“segmentation” of your patient population)
- Enable targeted outreach to vulnerable patients E.g.: Identify patients with transportation barriers (i.e., those in communities with little public transportation), and refer them to transportation assistance)
- Prioritize management of complex patients (e.g.: Community health worker identifies patients with social needs for care management program)
- To understand areas of need in ED and the community
- Support organizational changes - Identify needed staff, allocate resources E.g.: Ensure that a social worker is available to address patients’ experiences of relationship violence; use social risk data to decide where to locate a new community health worker staff position
- Support development and capacity building in the community - Provide data for advocacy E.g.: Inform local government about the need for housing resources
- Create new partnerships with new/other community agencies (e.g.: Use data on patients' legal needs to create a medical-legal partnership with an organization in your community)
- To respond to external requirements
- Conduct screening as required by our health system, state, ACO, etc. (e.g.: Screen for housing needs as required by your CCO)

Q19 How should the PED refer patients with social risk needs?

- To Community Health Workers (internal referral)
- To Case Management Services (internal referral)
- To Community-Based Organizations (external referral - currently how screening is set up with referral to social service organization)
- By using Social Service Resource Locators to connect patients with services
- By using the AAFP Neighborhood Navigator Website to provide community resources for different social needs based on zip code https://navigator.aafp.org/
- Other (please specify below): ____________________________________________________

Q20 Should the PED track referrals for patients/families with unmet social needs? Any additional comment(s) are welcome and can be provided in the associated text box with your selected response.

- Yes ____________________________________________________
- No ____________________________________________________

Q21 Should a patients/families responses to social needs screening be available to ED care team? Any additional comment(s) are welcome and can be provided in the associated text box with your selected response.

- Yes - but ONLY for the Physician APP caring for the patient/family __________________________
- Yes - fully visible to the whole ED care team (nurse, techs, physician APP, etc.) ________________
- Yes - but ONLY for social work and/or care management __________________________
- No - this should be protected and not visible to the ED care team or on the HER ______________
- Other (please specify below): _______________________________________________________
Q22 Can you access information regarding the patient’s social needs in the EHR or via any other source? Any additional comment(s) are welcome and can be provided in the associated text box with your selected response.

- Yes (please provide any items you can view) _________________________________  
- No (is there any information that you feel would influence patient care?) ____________________________

Q23 If the PED develops a clinical practice model for routine social needs screening of patients/families, how frequently would you want to be updated on this information for the ED?

- Never
- Annually
- Biannually
- Quarterly
- Monthly
- Other (please specify below): __________________________________________________________

Q24 Please select your age within the following categories:

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Q25 How do you describe yourself?

- Woman
- Man
- Transgender
- Non-binary / Non-conforming
- Other
- Prefer not to respond

Q26 If you would be willing to share more thoughts or be contacted about your responses, please share your email below:

_________________________________________________________________________________________