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Title

Hospital Team Perspectives on Social Care Activities at an Urban Safety-Net Hospital during the COVID-19 Pandemic

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Safety-net hospitals provide care for patients experiencing disproportionately high social risks, exacerbated by the COVID-19 pandemic. Objective: To examine hospital clinician and staff perspectives on social care activities. Study Design: One-on-one qualitative interviews and thematic analysis. Setting: Urban safety-net hospital. Population studied: Care team members of family and internal medicine hospital services, including clinicians, social workers, pharmacists, physical therapists, and nurse care coordinators. Instrument: Semi-structured interview guide. Outcome Measures: Perspectives on a) the impact of social risks on hospital care; b) systematic social risk screening; and c) facilitators and barriers to inpatient social care services. Results: We conducted 36 interviews (19 clinicians; 17 staff). All participants reported that social risks impacted hospital care, especially discharge planning. Homelessness and food insecurity were the most frequently discussed social risks. The COVID-19 pandemic increased clinician screening for housing stability in response to shifts in availability of community resources and public safety concerns. Four key themes emerged from interviews: 1) participants supported systematic screening for social risks, especially to facilitate early social work consults and discharge planning; 2) there was a lack of consensus on who had the expertise and capacity to conduct screening; 3) barriers to screening and meaningfully connecting patients to resources included insufficient time and staffing; 4) although clinicians saw social risk adjustment activities as important (such as selecting more affordable medication when clinical equipoise was present), this perception was balanced by concerns for potential harm of adjustment activities (e.g. foregoing expensive but indicated first-line therapies) without adequate engagement in shared decision-making with patients. Conclusions: In an urban safety-net hospital, care team members thought social care activities were important to optimizing hospital care but there were concerns about lack of adequate resources, and potential for harm if social care activities were implemented without attention to meaningful shared decision-making from patients. Additional resources to increase staffing and time, alongside targeted training on social care activities, may facilitate sustained and scalable social care integration.