Rapid Decision Support

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Newfoundland & Labrador Centre for Applied Health Research

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We further caution readers that researchers at the Newfoundland & Labrador Centre for Applied Health Research are not experts on the subject topic and are relaying work produced by others. This report has been produced quickly and it is not exhaustive, nor have any included studies been critically appraised.

Strategies for the Emergency Department (ED) to Support Social Admission Presentations

Strategies to support individuals presenting to the emergency department who are unable to maintain functioning at home due to unmanaged/poorly managed chronic medical conditions which may, or may not, be compounded with additional social care requirements.

This Rapid Decision Support sought to identify research-based evidence, other jurisdictional policies, programs, or practices, best- or leading- practices, or expert opinion on how emergency departments can best support so-called social-admission or failure-to-cope presentations. The available resources indicate two broad approaches:

1. *The integration of social care services in the emergency department, most notably social workers who can assist in identifying and supporting social admissions once a medical assessment has been completed and care needs established.*
2. *The identification of individuals at high risk for social admissions and subsequent interventions to reduce risk.*

Systematic Review Articles

Cassarino M, Robinson K, Quinn R, Naddy B, O'Regan A, Ryan D, Boland F, Ward ME, McNamara R, O'Connor M, McCarthy G. **Impact of early assessment and intervention by teams involving health and**

social care professionals in the emergency department: A systematic review. PLoS One. 2019 Jul 31;14(7):e0220709. LINK

- Background: "Dedicated Health and Social Care Professional (HSCP) teams have been proposed for emergency departments (EDs) in an effort to improve patient and process outcomes. This systematic review synthesises the totality of evidence relating to the impact of early assessment and intervention by HSCP teams on quality, safety and effectiveness of care in the ED."
- Results: "Six studies were included in the review (n = 273,886), all describing interdisciplinary Care Coordination Teams (CCTs) caring for adults aged ≥ 65 years old. CCT care was associated with on average 2% reduced rates of hospital admissions (three studies), improved referrals to community services for falls (one study), increased satisfaction (two studies) with the safety of discharge (patients and staff), and with the distribution of workload (staff), improved health-related quality of care (one study). No statistically significant differences between intervention and control groups emerged in terms of rates of ED re-visits, ranging between 0.2% and 3% (two studies); hospital length of stay (one hour difference noted in one study) or mortality rates (0.5% difference in one study). Increased rates of unplanned hospitalizations following the intervention (13.9% difference) were reported in one study. The methodological quality of the studies was mixed."
- "Our review advances this evidence by indicating that HSCP teams in the ED can reduce hospital admissions and improve referral pathways for older patients, and enhance patient and staff satisfaction."

Wallace E, Stuart E, Vaughan N, Bennett K, Fahey T, Smith SM. **Risk prediction models to predict emergency hospital admission in community-dwelling adults: a systematic review**. Medical care. 2014 Aug 1;52(8):751-65.

- Objective: "Systematic review of validated risk prediction models for predicting emergency hospital admissions in community-dwelling adults."
- "The most frequently included predictor variables in final risk models were: (1) named medical diagnoses (23 models); (2) age (23 models); (3) prior emergency admission (22 models); and (4) sex (18 models). Other health care utilization variables commonly included were prior ER and outpatient department (OPD) visits (14 and 13 models, respectively). Twelve models included measures of multimorbidity (the presence of 2 or more chronic medical conditions in an individual), most commonly the Charlson index and simple disease counts. One model considered multimorbidity for inclusion and then excluded it after evaluation. Polypharmacy was considered as a predictor variable in 14 models and included in 11 final models. Five models included a specific measure of socioeconomic group (SEG) and a further 3 used either employment history or income as proxy measures for SEG."
- "Overall, a smaller number of models (n=11) included nonmedical factors. These variables were largely included in self-report data models (Table 1). Of those that included functional status as a predictor variable, most considered either activities of daily living, mobility, and/or a history of falls. Four questionnaires included measures of self-rated health and 1 included health-related

quality of life. Two questionnaires included the social support measure of caregiver availability. Three models developed using administrative or clinical record data included nonmedical variables; these included a history of falls as a predictor variable, social supports and living arrangements, and a disability rating variable respectively."

- "Most risk models in this review used emergency admission for any cause as their primary outcome. Only 3 chose emergency admissions due to [ambulatory care sensitive conditions] ACSCs as an endpoint… ACSCs are chronic conditions for which it is possible to prevent acute exacerbations, therefore reducing the need for hospital admission through management in primary care."
- Conclusion: "Choosing a robust method of risk stratification is an essential first step in attempting to reduce emergency hospital admissions. This review identified 27 validated risk prediction models developed for use in the community. Local factors and choice of outcome are important considerations in choosing a model. Capturing nonmedical factors may have a role in improving predictive accuracy."

Primary Research Articles

Horizon Health Network. **Pilot project of social workers in Emergency Departments benefitting patients, reducing social admissions**. 2022, September 22. LINK

- "A pilot project that sees social workers intervene with patients in emergency departments (ED) is helping prevent social admissions, reduce emergency department visits and strengthening early co-ordination of social determinants of health to decrease the length of stay for admitted patients."
- "Since this time [January, 2022], more than 350 social admissions have been prevented. A social admission is an acute hospital admission arising mainly because of unfulfilled social care needs."
- "Social workers in EDs support patients with a variety of needs, such as medication coverage, accessing equipment, transportation to appointments, harm reduction support and detox referrals, as well support with applications for alternate levels of care, in-home long-term care or disability support applications, housing, and community mental health or substance dependence treatment programs."

Kangovi S, Mitra N, Grande D, Huo H, Smith RA, Long JA. **Community Health Worker Support for Disadvantaged Patients With Multiple Chronic Diseases: A Randomized Clinical Trial**. Am J Public Health. 2017 Oct;107(10):1660-1667. LINK.

- Objectives: "To determine whether a community health worker (CHW) intervention improved outcomes in a low-income population with multiple chronic conditions."
- Results: "Support from CHWs (vs goal-setting alone) led to improvements in several chronic diseases…, self-rated mental health…, and quality of care…, while reducing hospitalization at 1

year by 28% (*P* = .11). There were no differences in patient activation or self-rated physical health."

- "The CHWs were supervised by a manager, typically a master's level social worker. The manager provided real-time support for safety, clinical, or psychosocial emergencies and caseload supervision. Managers assessed CHW performance through a recurring series of weekly assessments: detailed reviews of a CHW patient documentation, observation of CHWs, direct phone calls to patients to assess their experience with CHWs, and a performance dashboard of key metrics (e.g., chronic disease control, progress on patient action plans). Managers supervised between 4 and 6 CHWs who met biweekly for ongoing training and burnout prevention."
- "In a high-risk population of disadvantaged patients with multiple chronic diseases, a CHW intervention combined with collaborative goal-setting led to modest improvements in diabetes, obesity, and smoking, but not in hypertension, compared with collaborative goal-setting alone. The CHW support also improved mental health and quality of primary care and appeared to reduce hospital admissions. These findings are consistent with a previous randomized controlled trial of the IMPaCT intervention among hospitalized patients that showed improvements in mental health and quality of care and reductions in hospitalization"
- See also:
    - Morgan AU, Grande DT, Carter T, Long JA, Kangovi S. **Penn Center for Community Health Workers: step-by-step approach to sustain an evidence-based community health worker intervention at an academic medical center**. Am J Public Health. 2016;106(11):1958–1960. LINK
    - Kangovi S, Mitra N, Grande D et al. **Patient-centered community health worker intervention to improve posthospital outcomes: a randomized clinical trial**. JAMA Intern Med. 2014;174(4):535–543. LINK

Mah JC, Stilwell C, Kubiseski M, Arora G, Nicholls K, Khan S, Veinot J, Eum L, Freter S, Koller K, von Maltzahn M. **Managing "socially admitted" patients in hospital: a qualitative study of health care providers' perceptions**. CMAJ. 2024 May 6;196(17):E580-90. LINK

- Background: "Emergency departments are a last resort for some socially vulnerable patients without an acute medical illness (colloquially known as "socially admitted" patients), resulting in their occupation of hospital beds typically designated for patients requiring acute medical care. In this study, we aimed to explore the perceptions of health care providers regarding patients admitted as "social admissions."
- Results: "We categorized 9 themes into 5 domains: patient experience (patient description, provision of care); care team well-being (moral distress, hierarchy of care); health equity (stigma and missed opportunities, prejudices); cost of care (wait-lists and scarcity of alternatives); and population health (factors leading to vulnerability, system changes). Participants described experiences caring for "socially admitted" patients, perceptions and assumptions underlying "social" presentations, system barriers to care delivery, and suggestions of potential solutions."

- Interpretation: “Health care providers viewed “socially admitted” patients as needing enhanced care but identified individual, institutional, and system challenges that impeded its realization. Examining perceptions of the people who care for “socially admitted” patients offers insights to guide clinicians and policy-makers in caring for socially vulnerable patients.”
- See also: Varner C, Boozary A, Laupacis A. "**Social admissions" to hospital are not personal failures but policy ones**. CMAJ. 2024 May 5;196(17):E597-E598. LINK
    - “A review from the World Health Organization concluded that community health workers extend health care services to vulnerable populations, meet health needs in a culturally appropriate manner, improve access to services, address inequities in health status, and improve health-system performance and efficiency.”

Best Practices / Leading Practices

American College of Emergency Physicians. **Social Work and Case Management in the Emergency Department**. Dallas, TX: American College of Emergency Physicians. 2020. LINK

- “This policy resource and education paper (PREP) is an explication of the policy statement “Social Work and Case Management in the Emergency Department””
- “Embedding social work in the ED allows for patients to be successfully transitioned to outpatient care with appropriate support and ensures proper transition to the next location of care.”
- “The role and scope of social work in the ED includes:
    - Avoiding unnecessary hospitalizations, including “social admissions””
- The paper has several references that explore the evidence and theory of integrating social workers in Emergency Departments to facilitate care and discharge of social admissions.

Expert Opinion

Gkiouleka A, Dehn Lunn A, Ford J. ‘**What works – Finding ways to better support people who frequently attend emergency departments’**, Evidence Brief, Health Equity Evidence Centre; 2024. LINK

- “People who visit emergency departments more frequently than the average often experience multiple socioeconomic difficulties and health problems. In this brief, we summarize evidence on how health care services can better support these patients. Meeting these patients’ needs requires an integrated approach that cuts across different health care services but may also involve local authorities and the voluntary sector.”
- “In this brief we summarize evidence from 46 studies on how health care services can better support these patients. The findings show that meeting these patients’ needs requires an integrated approach that cuts across different health care services but may also involve local authorities and the voluntary sector. The main components of such an approach include:
    - screening tools combined with clinical judgement to identify patients at risk

    - good primary care access and continuity
    - integrated multidisciplinary services
    - a whole-person approach."
- "Using our evidence maps and complementary searches for grey literature, we identified 46 studies exploring what works in better supporting people who frequently attend emergency departments. Nineteen studies were either a systematic or a rapid review and twenty-seven were primary studies. Overall, the evidence suggests that to better support people who frequently attend emergency departments, we need an integrated approach that cuts across different health care services but may also involve local authorities and the voluntary sector."
- See the section "**What works: Key recommendations**" for specific recommendations.

Holleman, S. **Navigating social admissions in Healthcare**. EvidenceCare. (2024, July 22). LINK

- "In healthcare, the term "social admission" signifies instances where patients find themselves admitted to a hospital primarily for non-medical reasons. These can range from the need for custodial care to a desire to avoid personal challenges. However, these admissions come with their own set of difficulties, particularly in the realm of Medicare coverage and reimbursement."
- "For admitting clinicians, the key lies in distinguishing between genuine medical necessity and social admissions, ensuring meticulous documentation and rightful reimbursement."
- The article goes on to describe "6 key points to help clinicians better navigate the complexities of social admissions", including:
    - Documenting Medical Necessity for Social Admissions
    - Reimbursement Strategies for Social Admissions
    - Observation vs Outpatient in a Bed
    - Screening for Medical Necessity
    - Ethical Considerations of Social Admissions

Luther RA, Richardson L, Detsky AS. **Failure to cope**. CMAJ. 2018 Apr 30;190(17):E523-E524. LINK.

- Key points:
    - "Failure to cope" is a label applied to patients who cannot function at home, sometimes because of new medical problems, but often owing to unaddressed chronic medical or social issues."
    - "The underlying factors that lead patients to hospital emergency departments are complex, and even interventions designed to ensure they are cared for in the community sometimes fail to do so."
    - "Regardless of the language used to describe patients with predominantly social problems, physicians need to approach them with the same level of compassion as they do patients with acute medical issues."
- See also:

- Campbell SG. **It is the system that is "failing to cope," not the emergency department**. CMAJ. 2019 Apr 8;191(14):E401. LINK.

Wallace E, Smith SM, Fahey T, Roland M. **Reducing emergency admissions through community based interventions**. BMJ. 2016 Jan 28;352. LINK

- "We discuss the uncertainties around identification, prevention, and management of patients at high risk of emergency admission and suggest alternative approaches."
- "Most risk prediction models are designed to predict all emergency admissions regardless of cause, but many, such as those for acute appendicitis, are unavoidable. It would be preferable to identify the subset of emergency admissions that might be prevented with intensified primary care management, referred to as ambulatory care sensitive (ACS) admissions. These account for about 20% of all emergency admissions, with over half occurring in people aged ≥65.10 11 Definitions of an ACS condition vary internationally, but the list of conditions used by the state health department of Victoria, Australia, is commonly used in the UK (box).12 13 Risk prediction models have been developed that specifically identify patients at high risk of ACS admissions (rather than all cause admissions)."
- "Evidence shows that case management improves patient satisfaction with care, promoting high levels of professional satisfaction and reducing caregiver strain,18 19 20 21 22 but its impact on reducing future emergency admissions has not been demonstrated in systematic reviews of randomised controlled trials (RCTs).23 24 25 26 … Current evidence does not support case management as an effective intervention for reducing emergency admissions, despite the effort it requires from the primary care team."
- "Virtual wards, which use the same staffing and processes of a hospital ward, but patients are cared for at home, were hoped to reduce emergency admissions.27 But evaluations of this model in the UK and United States have found that it did not achieve the anticipated reductions in emergency admissions, even for ACS conditions."
- The article then considers alternatives including targeting specific conditions.