Social Work and Case Management in the Emergency Department
Policy Resource and Education Paper (PREP)

This policy resource and education paper (PREP) is an explication of the policy statement
"Social Work and Case Management in the Emergency Department"

Social work in the emergency department (ED) revolves around a patient-centered approach to care that considers psychosocial aspects that impact the patient's health and behavior. These interventions are commonly referred to as case management, care management, or care coordination. Such services are often provided by social workers, but it should be noted that other clinicians, notably registered nurses and nurse educators, have also been successfully utilized to support ED case management. Nurses, for example, are uniquely poised to provide disease or medication-specific education to patients and address acute clinical concerns. Community liaisons/workers can provide support to the team by scheduling and managing patients' appointments, connecting them to community resources, or performing both post-visit calls and reminder calls prior to their next point of health care. Peer counselors are also sometimes activated by and deployed to EDs as part of a successful case management team to promote ongoing patient engagement.

Initial efforts in case management in the ED were born out of financial incentives; as hospitals found themselves under payors' increasing scrutiny relative to their hospitalizations (medical necessity, length of stay), they saw the potential value in investing resources to work with clinicians in determining alternate pathways for admissions that would likely represent a loss to the institution. This work further revealed the social intricacies of ED patient disposition; a patient's mild cellulitis may be "medically" amenable to outpatient care and oral antibiotics, but are they safe for discharge if they are homeless and suffer from psychosis and alcohol use disorder? An elderly patient from an assisted living facility has advanced dementia and is evaluated for a leg ulcer; they require a daily wound check and dressing change, but no other in-hospital services, so a case manager may refer the patient to a visiting nurse agency to avoid a hospitalization. In some practice settings, case management in the ED may help direct patients found in unsafe living conditions to long term care or patients with substance use disorders to outpatient or inpatient rehab. A social worker can connect a patient evaluated for hypoglycemia, due to insufficient intake, with a nearby food pantry or a survivor of domestic violence with a victims' shelter.

Case management and social work have also been deployed to address ED revisits, particularly among those super-utilizers whose frequent visits are often fueled by issues related to substance use disorders, food insecurity, and homelessness. Care coordination efforts depend on connections with community resources capable of continuing the work started in the ED. Patients need to be informed of existing programs and services. Examples include food banks, housing agencies, peer groups, community centers, visiting nurse services, home health agencies, and low-cost transportation. Successful programs also incorporate expanded access to prompt primary care or specialty follow up, especially for at-risk individuals with poor adherence or access to care, and actively prioritize patients referred through ED case managers. Despite the challenges of managing complex psychosocial issues on an outpatient basis, the associated costs are outpaced by the costs of hospitalization.

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. Given that addressing

social determinants of health can sometimes be time-consuming and resource-intensive, it also allows for primary clinical staff (physicians, nurses, technicians) to focus on their patient care tasks and appropriately prioritize resources to incoming emergencies.

The following are some helpful references:

Case Management Insider: Social work in the emergency department. *Hosp Case Manag*. 2011 Sep;19(9):137-8.
https://www.reliasmedia.com/articles/131704-case-management-insider-social-work-in-the-emergency-department

The role and scope of social work in the ED includes:
- Avoiding unnecessary hospitalizations, including "social admissions"
- Addressing social determinants that may lead to subsequent hospitalizations: poor medical literacy contributing to inadequate compliance or adherence to prescribed treatment
- Identifying appropriate community resources to bridge gaps: peer groups, arranging transportation, visiting nurse, home health aide referrals, medication delivery services
- Patient education: disease or medication-driven, importance of follow up
- Arranging appropriate follow up: future primary care physician (PCP) or specialist referrals, appointments, reminder phone calls, post-visit calls
- Providing appropriate alternatives to inpatient setting: referrals to long term care facilities, visiting nurse or provider house calls, prompt outpatient follow-up arrangements
- Crisis intervention: family counseling after a death, substance use leading to trauma or critical illness
- Ideally 24/7 but can consider a model where there is dedicated staffing during peak times, taking into account the predicted number of interventions and staffing appropriately
- Care management teams may be led by social workers, nurses, or a combination; program structure should strive to utilize each component to the top of their license

Selby S, Wang D, Murray E, et al. Emergency departments as the health safety nets of society: a descriptive and multicenter analysis of social worker support in the emergency room. *Cureus*. 2018 Sep;10(9):e3247.
https://www.cureus.com/articles/13016-emergency-departments-as-the-health-safety-nets-of-society-a-descriptive-and-multicenter-analysis-of-social-worker-support-in-the-emergency-room

EDs may be the first point of care for patients and can serve as a general entry point that links patients to health care. Interactions may involve cases of crisis, including drug abuse, physical abuse, or matters of addiction. Social workers can provide resources and aid in planning for detoxification programs or targeted therapy. EDs commonly are a place to seek and coordinate social services. Psychosocial needs of patients can be more effectively addressed when social workers are included on the team, as the physician or nurse may be unable to address while trying to maintain aspect flow and care for other acutely ill patients. Social services in the ED can also help assist patients who are frequent users of the ED.

Auerbach C, Mason SE. The value of the presence of social work in emergency departments. *Soc Work Health Care*. 2010;49(4):314-26.
https://pubmed.ncbi.nlm.nih.gov/20379902/

Retrospective review of three years of social work interventions in a large urban teaching hospital ED. Only 16% of patients receiving intervention were admitted to the hospital. This study reflects cost savings that can be seen when resources are provided for disposition planning, including finding alternatives to

hospital admissions.

Wrenn K, Rice N. Social-work services in an emergency department: an integral part of the health care safety net. *Acad Emerg Med*. **1994 May-Jun;1(3):247-53.**
https://pubmed.ncbi.nlm.nih.gov/7621204/

Retrospective case series of cases seen by social work in a large urban ED; 5% of patients received services via 3.5 FTEs (double coverage 7:45a-6p, one social worker 5p-12a M-F, and one 9:30a-8p on weekends and holidays)
- Interventions trimodal: children (child abuse, guardianship issues), young adults (substance use and psych), elderly (comorbidities)
- Paradoxically, despite spending median 50 minutes with patient, it is time well invested in helping address ED overcrowding
- Decrease social admits, referrals to home care
- Psychosocial screening for those requiring admission to proactively identify barriers to eventual discharge

Fusenig, Elizabeth. (2012). The Role of Emergency Room Social Worker: An Exploratory Study. Retrieved from Sophia, the St. Catherine University Repository
https://sophia.stkate.edu/msw_papers/26

Social work roles and responsibilities described include:
- Some settings: social workers, whose clinical training is rooted in the medical model, function as mental health practitioners: assess and diagnose mental disorders.
- Discharge planners, incorporating the patient's social determinants into the follow-up plan
- Grief counseling (trauma, sudden death)
- Varied roles: psychosocial assessment, education, substance use counselor/liaison, cultural broker, abuse/violence liaison, counselor, reporter, patient advocate
- Should be well integrated into the multidisciplinary team in the ED

Kokjak A. A Hospital Reduces Repeat ER Visits by Providing Social Workers. National Public Radio. Published October 23, 2015.
https://www.npr.org/sections/health-shots/2015/10/23/451154605/a-hospital-reduces-repeat-er-visits-by-providing-social-workers

Identified 39 high utilizers who had visited the ED at least five times in four months, developed a care plan for each patient in the first four months. The number of visits by these individuals was reduced by 68% as compared to visits in the four months prior to implementation.
- Potential cost containment through diversion of nonacute social admissions
- Identifying and intervening on high utilizers
- Patient-specific care plans
- Identifying and addressing social determinants that may place patients at risk of poor health, recidivism, poor outcomes
- Poor access to care; lack of primary care
- Lack of transportation
- Health literacy
- Poverty, food insecurity, homelessness, financial concerns (emergency Medicaid)
- Intimate partner, sexual, or other forms of violence; child abuse, elder abuse

- Behavioral health conditions
- Substance use disorders

Gordon JA. Cost–benefit analysis of social work services in the emergency department: a conceptual model. *Acad Emerg Med.* **2001;8:54-60.**
https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1553-2712.2001.tb00552.x

Costs and benefits related to ED-based social work services were projected for three hypothetical levels of ED volume (30,000, 60,000, and 90,000 patients/year). Benefits included the prevention of return ED visits, prevention of hospital admissions for social reasons, and decreasing the amount of time nurses and physicians addressed social needs of patients that could be addressed by the social worker/case manager. Salary support for social work staffing was the primary cost. The cost-benefit analysis provided can help inform the discussion about the impact of social work services in the ED.