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Survey of Emergency Department Patients' Perceived Barriers to Accessing Services and Community Resource Utilization

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Statement of Purpose

The purpose of this project is to describe the patients being served by Avera McKennan's emergency department (ED) and to explore perceived barriers to accessing services and current community resource utilization in order to prevent further non-emergent visits.

Research Questions

- 1) What are the demographic characteristics of emergency department patients that are referred to the emergency department social worker?
- 2) What are the perceived barriers that emergency department patient's encounter when trying to access services and community resources?

Literature Review

In recent years EDs have drawn greater attention from the medical community because of the rapidly rising numbers of patients using them for primary care. Frequent users have been defined in the literature as four or more ED visits per year (Grover, Close, Villarreal & Goldman, 2010). More and more frequently social workers are being asked to serve in EDs (Bergman, 1976; Clement, 2000; Ponto & Berg, 1992).

Often patients choose to visit the ED rather than contacting their primary care physicians (PCP) which interferes with the operation of the ED and cost of care is excessive. However mental, social, economic and logistical barriers prevent patients from pursuing normal avenues to healthcare (McLeod, 2009; Pope, Fernandes, Bouthilllette & Etherington, 2000).

In order to understand why patients keep returning to the ED the medical team needs to be aware of what is going on in a patient's life beyond the immediate medical situation. It is important to understand the patient's potential health care and medication needs, benefits that are available to them, barriers to receiving care, available social support, financial issues, transportation, and appropriate resources available to them (Zazworsky, 2008).

Connecting patients to the services they need at home and within the community avoids unnecessary visits to the ED, admissions into the hospital, reduces agency/insurance costs, and saves community and state tax dollars. In addition to reducing costs, connecting patients to community services can be viewed as preventative services (Auerbach & Mason, 2009).

Methodology

Institutional Review Board approval was received from both Minnesota State University, Mankato and Avera McKennan Hospital. A survey design utilizing a convenience sample was used for data collection. Prior to administration of surveys, informed consent was obtained from patients.

The survey was administered by ED social workers over a two month period (April-May 2012) to patients referred to ED social workers by staff. The patients were asked to participate in a research study to provide information on their current ED usage, their perceived barriers in being able to access services, and any community resources that may be applicable to their current situation.

Table 1: Demographic Characteristics of Respondents

	Percentage		Percentage
Gender		Age	
Male	54.6%	18-30	31.2%
Female	45.6%	31-40	14.8%
Ethnicity		41-50	23.4%
Caucasian	75%	51-60	12.5%
African American	8.5%	61-70	2.3%
Hispanic	7%	71-80	5.4%
Native American	7%	80 Plus	10.1%
Vietnamese	0.7%	Payer Source	
Other	1.5%	Medicare	22.6%
		Medicaid	9.3%
		Self-Pay	62.5%
		Private Insurance	4.6%

Figure 1: Reason for ED Visit

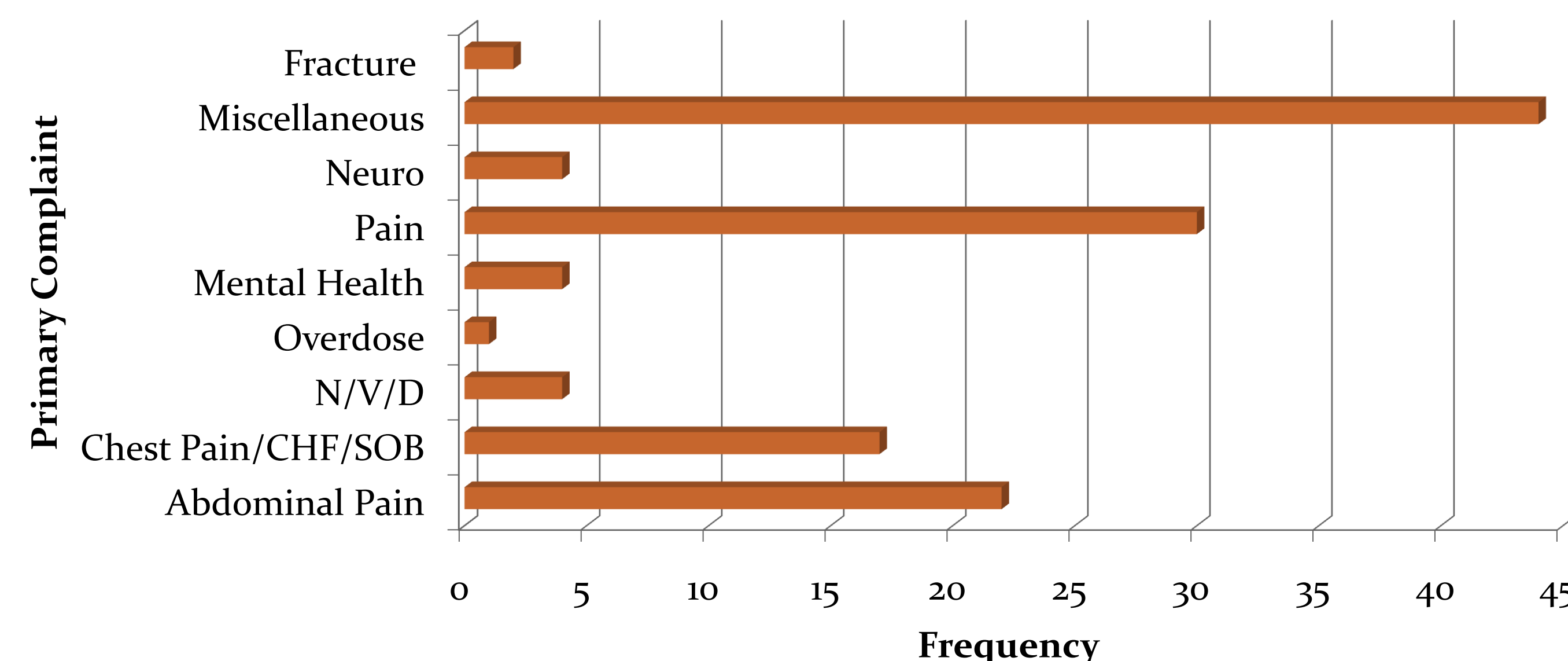


Figure 2: Reasons For Visiting ED Rather Than PCP

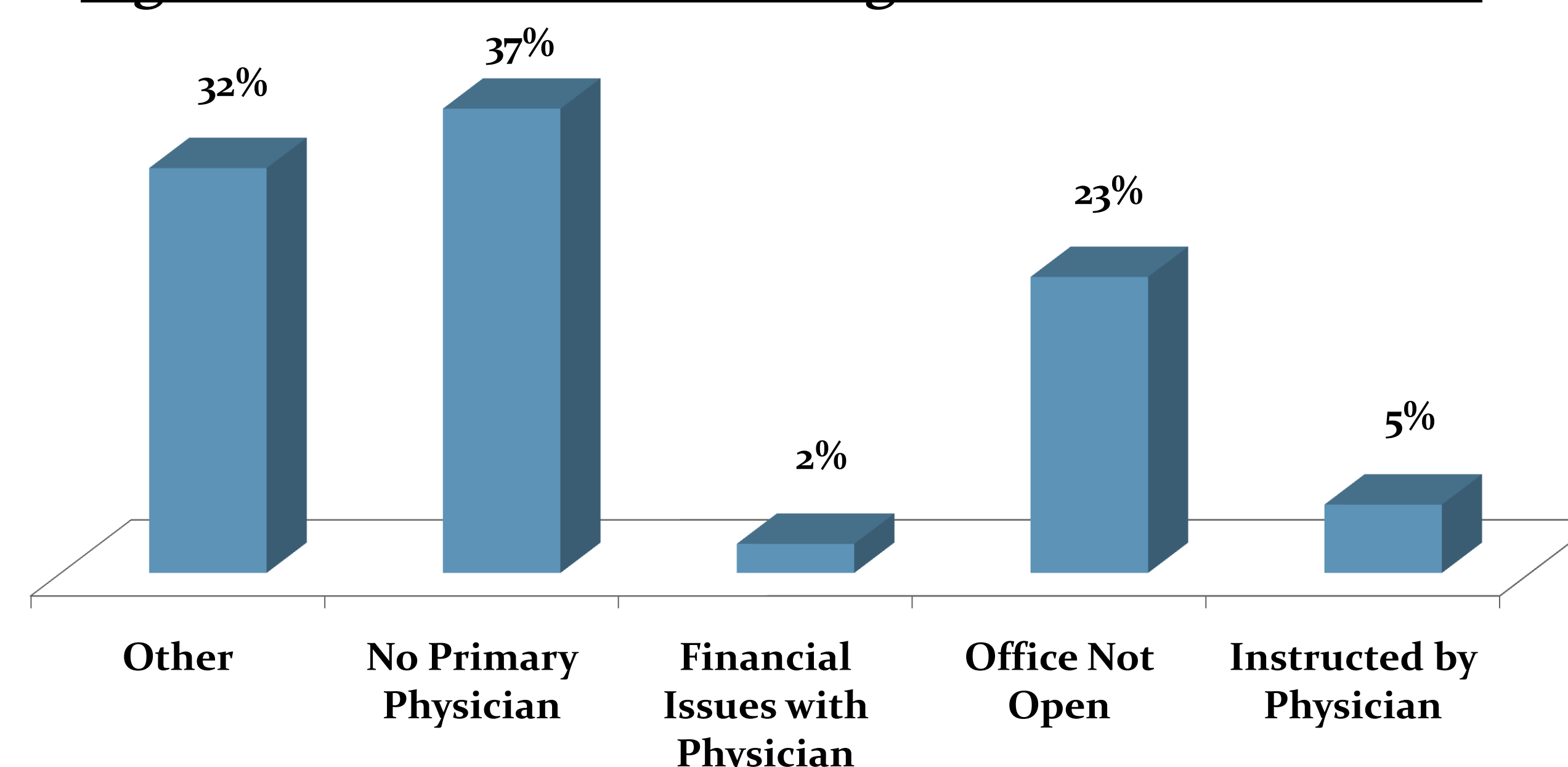
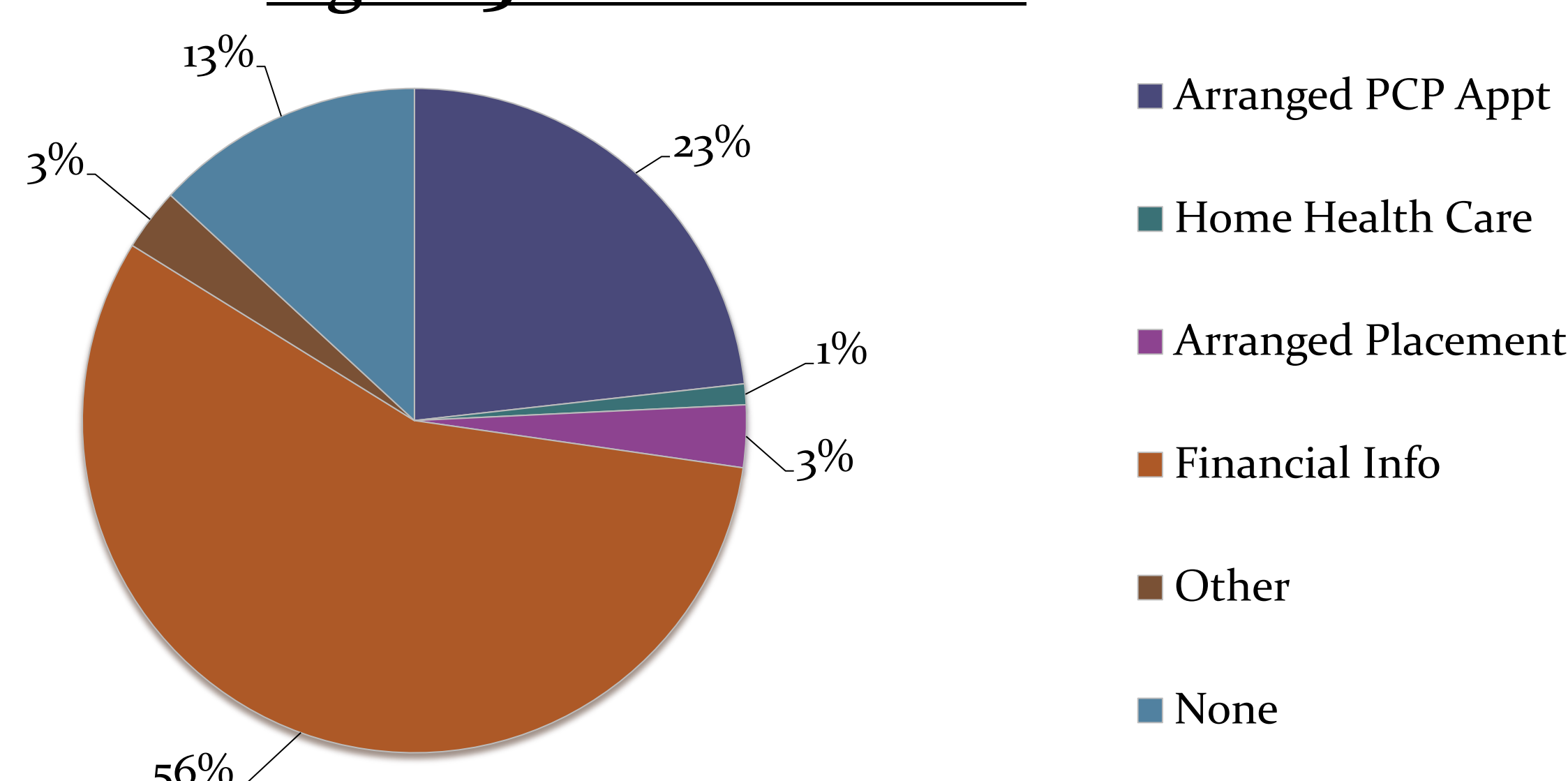


Table 2: Barriers to Accessing Services

	Percentage		Percentage
Recent Changes to Living Situation		Social Support	
Yes	46%	Children/Family	48%
No	50%	Sig. Other	18%
Transportation		Friend/Neighbor	20%
Drive Self	43.7%	Other	1%
Family/Friend	39%	None	10%
Agency/Community	7.8%		
Other	6.2%		

Figure 3: Referrals Made



Data/Results & Key Findings

- There were 128 (N=128) surveys were completed by ED social workers over a two month period:
- 75% of patients surveyed were Caucasian
 - 63% of patients seen were self-pay status
 - Over 65% of patients referred to ED social worker were age 50 or younger
 - 43% of patients were not connected to any resources within the community
 - 46% of patients had recent changes to their living environment's
 - 37% of patients did not have a PCP (Figure 2)
 - 34% of patients had recent ED visits within the last three months
 - From the referrals made financial info (56%) and connecting individuals with PCPs (23%) were the biggest areas of referrals (Figure 3)

Strengths & Limitations

Strengths of this project include a large sample size and surveys were administered over a two month period to capture a broad range of patients. Due to the large sample size results are able to be more generalizable to patients utilizing the hospital's ED.

Limitations of this project include the inability to capture every patient that came into the ED over the two month period as social services is not staffed 24/7. Additionally, the ED social worker only interacted with those patients referred for our services by ED staff; often individuals with presenting concerns of mental health and overdose are dealt with by other hospital staff and may be underrepresented in this study.

Discussion & Recommendations

This research provides an accurate picture to the social services department of the patients being served within the ED at Avera McKennan Hospital. It assists in providing baseline demographic data of patients served by the ED social workers, the barriers that individuals are experiencing in terms of being able to access community resources, and the type of assistance provided by ED social workers.

Benefits of Research

- Individual Patients:
 - Many were linked with a PCP and provided with information on pertinent community resources.
- Organization:
 - Received information on population being served and type of assistance they are requiring from the ED social workers.
 - Decrease in inappropriate ED usage by those who were connected with outside community resources and primary care physicians.
- Community:
 - Increased referrals to community agencies and saved tax dollars by linking patients with more cost effective services within the community.

Recommendations

- Continued support for a staffed social worker within the ED at Avera McKennan.
- Due to the large population of uninsured individuals utilizing the ED, policy advocacy and program development is needed to make additional services available for this target population and provide alternative care options.
- Developing individual care plans with those identified as frequent users. As the literature states individual care plans may be a solution in regards to those that frequent the ED. Individual care plans would provide consistent care for patients with complex and chronic medical conditions possibly decreasing ED usage (Ross, Roberts, Campbell, Solomon & Brouhard, 2004).

Implications for Practice

- Implications for social work practice
- Community resource referrals for those individuals that do not live in or near Sioux Falls may be challenging.
 - Rural areas often lack available medical care resources, especially for those underinsured or uninsured.
 - Patients that frequently use the ED present with lower socio-economic statuses, lower education levels and may have limited access to available resources.

Implications for future research

- Examine the needs of the rural population that surrounds the Sioux Falls area:
 - Are these areas encountering some of the same type of gaps in services?
 - Are there differing needs of the surrounding rural communities than those already identified?