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

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Data/Results & Key Findings

There were 128 (N=128) surveys were completed by ED social workers over a two month period:
- 73% of patients surveyed were Caucasian
- 66% of patients seen were self-pay status
- Over 65% of patients referred to ED social worker were age 50 or younger
- 45% of patients were not connected to any resources within the community
- 48% 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 (96%) and connecting individuals with PCPs (18%) 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.
- Community: Increased referrals to community agencies and saved tax dollars. In addition to reducing costs, connecting patients to the services they need at home and within the community avoids inappropriate resources available to them.
- Additional services available for this target population.

Implications for Practice

Implications for social work practice:
- Community resource referrals for those individuals who do not live in or near Sioux Falls may be challenging.
- Rural areas often lack available medical care resources, especially for those underserved 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 experiencing some of the same type of gaps in services?
  - Are there differing needs of the surrounding rural communities than those already identified?

References Available Upon Request