Background

- Children and families with unfavorable SDoH are at high risk for adverse childhood events (ACEs).
- Inequities in SDoH lead patients and families to seek care through the Emergency Medical Services (EMS).
- Recognition of family SDoH and service needs by EMS clinicians are not known.

Objective

To compare service needs and self-reported elements of SDoH among families seeking emergency care either by EMS or private vehicle to an emergency department.

Methods

Design/Setting

- Cross-sectional survey of caregivers who seek emergency care
- 19 items across multiple domains of SDoH
- Dyads of caregivers and EMS clinicians

Outcomes

- Types of service needs
- Number of service needs
- Likelihood of connecting with services
- EMS detection of caregiver SDOH

Analysis

- Descriptive statistics stratified by arrival type and dyads of caregivers and EMS clinicians.
- T-tests and chi-squared tests assessing the difference between groups
- Inferential statistics will be used assess service needs based on caregiver demographics.

Needs Assessment

- 19 items assessing multiple domains of social service needs including:
  - Mental Health
  - Food insecurity
  - Housing insecurity
  - Access to transportation
  - Chronic medical conditions in household members
- 13 services participants can indicate would be helpful for them
- Willingness for families to accept services using a Likert scale from 1-5

Enrollment

Patients screened by ED track (n=220)

- Private vehicle arrival (n=110)
- EMS arrival (n=110)

Caregiver approached (n=12)

Staff approach EMS clinician after handoff (n=1)

Caregiver approached and consented after EMS completion (n=1)

Care team notified request services during visit

Caregiver approached and consented after EMS completion

Conclusions

- Preliminary data indicates caregivers are willing to provide information on service needs.
- A larger population is needed to conclude on differences in service needs by arrival type and assess the degree of accurate social needs detection by EMS.

Implications

- Implementation of evidence-based protocols into EMS response workflows.
- Research is needed to understand SDOH detection and service needs acceptance by families requiring EMS transport.

References