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Conference abstract

A Quality Improvement Initiative to Standardize Social Influencers of Health Screening and Social Work Referral on Resident Medical Teaching Services

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INTRODUCTION

Social influencers of health (SIOH) contribute to delays in discharge and barriers to safe transitions of care. Patients affected by adverse SIOH experience worse health outcomes, including increased hospital utilization and difficulty adhering to treatment plans. Social work services play a critical role in addressing these needs, yet SIOH screening and referral to social work remain inconsistently integrated into inpatient workflows, particularly within resident teaching services. On resident Medical Teaching Service admissions, SIOH screening and integration into the treatment plan were identified as areas of high variability and opportunity for improvement. The aim of this quality improvement initiative was to increase the number of SW consults placed for SIOH-related needs from 3 to 5/week, through integration of a standardized SIOH screening tool into resident admission workflow over a 10-week period.

METHODS

We obtained baseline data on the number of SW consults for SIOH needs from November 2025 to early January 2026. We surveyed residents and conducted a root cause analysis. Main barriers included lack of standardized screening, unclear referral pathways, and limited integration into resident workflow. Following a resident education session in January 2026, an EMR SmartPhrase was implemented with embedded SIOH screening domains (housing, food insecurity, transportation, financial concerns). Residents were instructed to complete screening on admission and initiate SW consults for any identified needs. Data was collected weekly from January 16 through March 27, 2026 via EMR-generated reports over the 10-week implementation period. The primary outcome measure was the number of SW consults placed for SIOH-related concerns. Process measures included resident knowledge and attitudes assessed via pre- and post-intervention surveys using a 5-point Likert scale. Data were plotted on a run chart and analyzed using standard QI run chart rules.

RESULTS

Run chart analysis demonstrated variability in SW consult placement during the pre-intervention period, with a median of 3 consults per week. Following implementation, there was an upward shift in the median to approximately 6 consults per week. Application of run chart rules demonstrated a sustained shift above the pre-intervention baseline, indicating improvement in system performance. Post-intervention data demonstrated reduced variation, with fewer data points below the baseline median. Paired survey analysis (n=12) demonstrated significant improvements in resident knowledge and confidence. The largest gains were observed in confidence documenting social needs in the EMR (2.82 vs 4.45, p=0.004) and understanding when to involve social work (2.82 vs 4.45, p=0.001). Residents also demonstrated improved ability to identify SIOH needs (3.27 vs 4.64, p=0.001).

CONCLUSIONS

Implementation of a standardized SIOH screening tool was associated with a sustained increase in social work consult placement. Screening improved recognition of social needs and may have supported discharge planning, while clarifying indications for social work involvement. Workflow integration remained a key barrier due to competing clinical demands. Future PDSA cycles will focus on improving sustainability through automation of the SmartPhrase within admission order sets and further integration into resident workflow.

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