Practices & Key Insights

Using Health-Related Social Needs Screening Tools

As hospitals in the District continue efforts to improve health equity in accordance with hospital goals and federal requirements, it is important to understand key strategies for the collection of health-related social needs (HRSNs). The Centers for Medicare & Medicaid Services outlined key strategies to support health care facilities in developing a universal HRSN screening following feedback from organizations using the CMS screening model and recommendations from leaders in the field. The strategies are included in this document to support District hospitals in the successful implementation of universal HRSN screenings.

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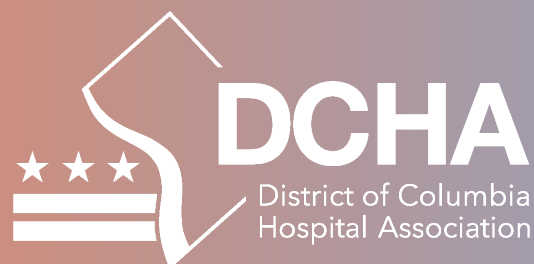
DCHA is the unifying force advancing hospitals and health systems in the District of Columbia by promoting policies and initiatives that strengthen our system of care, preserve access, eliminate disparities and promote better health outcomes for patients and communities.

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Cultivate Staff Buy-In

Successful screening depends on support at all levels. Leadership support demonstrates to staff that screening is an organizational priority. Buy-in from providers and other staff at the clinical site helps create a culture where staff appreciate the value of screening and accept it as a routine part of clinical care. In addition, buy-in among screening staff is key to ensuring screening is consistent and universal.

Consider the Following Tips to Build and Sustain Staff Buy-In
- Build support among organizational leaders by sharing information on the impact of HRSNs on specific health outcomes, findings from HRSN screening studies, data on the prevalence of HRSNs in the communities they serve, and additional resources that may promote understanding of the significance of HRSNs.
- Engage organizational leaders to work with community partners in developing a plan for regularly assessing the availability of community resources.
- Determine in advance how changes in the availability of community resources will affect screening and referral procedures.
- Should the availability of a particular resource change, retrain staff on how to conduct screening and referral.
- Ensure staff are aware of the community resources that are available to address HRSNs identified through screening by utilizing a community resource inventory that is regularly updated.
- Identify an on-site champion who can serve as a role model and source of information to other staff, foster awareness of screening to all staff at the site and reinforce that the site values and prioritizes screening.
- Share patient success stories that illustrate the positive impact of screening and referral on individual health and quality of life to motivate staff engagement and to engage patients.
- Engage staff in designing and leading quality improvement projects to strengthen screening efforts.
- Promote staff buy-in by providing opportunities for staff to voice concerns, discuss challenges with screening, and be responsive to staff feedback.

Address Any Staff Resistance Through Targeted Interventions
- Holding one-on-one meetings to address individual staff concerns.
- Holding interdisciplinary meetings within the organization to review staff roles and alleviate staff anxiety about the additional responsibility of screening and new clinical workflows.
- Connecting leaders new to HRSN screening with leaders of successful screening programs.
- Develop partnerships with community service providers and invite their representatives to speak with staff on the impact of screening and how it can supports their work.

Tailor Staffing Models to Site Features

It is important to identify staff who will be responsible for screening and tailor the staffing approach to enable smooth integration of screening in each clinical setting. The table below provides brief descriptions of common staffing models and key benefits, challenges, and considerations associated with each.

Staffing Model	Benefits	Challenges and Considerations
Existing Staff • Front desk staff • Medical assistants	• Eliminates need to hire new staff • Facilitates seamless integration of screening into existing workflows	• Increases burden on staff • Risks staff burnout or turnover
Dedicated Screeners • Community health workers • Community members reflective of the populations served	• Avoids overburdening existing staff • Enables hiring of screeners with good interpersonal skills	• Requires funding • Takes time and resources to identify appropriate candidates
Volunteers • People from local community organizations • Student interns	• Avoids overburdening existing staff • Avoids need for additional funds • Strengthens community partnerships	• Risks incomplete coverage (for example, students may not be available during school breaks and may turn over each semester) • Takes time to recruit and train volunteers

Provide Dedicated Training on Screening

Standardized training on all aspects of screening promotes adherence to effective screening strategies and facilitates bringing on new staff.

Consider this Guidance When Developing Effective Training
- Cover the basic components, including how to introduce and conduct screening, document responses, provide referrals, and share findings with providers.
- Review each question in the Screening Tool to ensure staff understand that it is important to read all questions when administering it. Remind staff that patients have the right to opt-out to answer questions.
- Accommodate various learning styles by using multiple training approaches.
- Archive on-demand training to facilitate onboarding of new staff and provide existing staff with refresher resources.
- Develop a process for new staff to shadow and practice screening with experienced staff.
- Describe the importance of HRSNs and screening in standard training protocols for all new staff.
- While strict fidelity to the screening tool is important, providing staff with scripts that they can tailor to their personal preferences can help increase buy-in among staff and make it easier for them to engage patients in screening.

Key Topics for Training on Screening for Health-Related Social Needs
- **Program overview:** significance of addressing health-related social needs, including the reason for screening.
- **Screening workflows:** determining eligibility, engaging patients, obtaining consent, conducting screening, documenting responses, and offering referrals to community resources.
- **Data collection and privacy:** data systems and security protocols.
- **Communication skills:** how to engage patients in screening.
- **Scripting:** using tailored scripts to introduce screening.
- **Common challenges:** known or anticipated challenges and possible mitigation strategies.

Use Customized Scripts to Engage Patients in Screening

Using the right language can help foster trust and build confidence with patients. Co-creating scripted language with screening staff is a key strategy for support staff set the right tone with patients to reflect their personal style and increase the chance that a patient will agree to participate in screening.

Consider the Following Tips to Help Patients in Screening

- Use a warm, personal approach when speaking with patients, even if they decline or ask questions.
- Let patients know that you offer to screen everyone.
    - If patients interrupt and say they have completed the screening before, gently let them know that the organization offers periodic rescreening because patients' circumstances may have changed. As an example, the screener could say: "Imagine a situation where some of our patients are now caring for their grandchildren or have welcomed foster children into their homes. Picture another patient whose car recently broke down, impacting their daily life. Or consider someone who has experienced a change in their job status since their last visit to us. In those instances, our hospital strives to identify and offer community resources to these patients. As an organization, we strive to support our patients during life-alerting circumstances, and universal screening of HRSN provides our organization with a standard process to support our patients during transitions or life-alerting events."
- If patients are hesitant, let them know that screening takes less than five minutes, provide them with the amount of time to complete the assessment and inform patients that all questions are optional, and any information they share is confidential and will not affect their insurance coverage or health care.
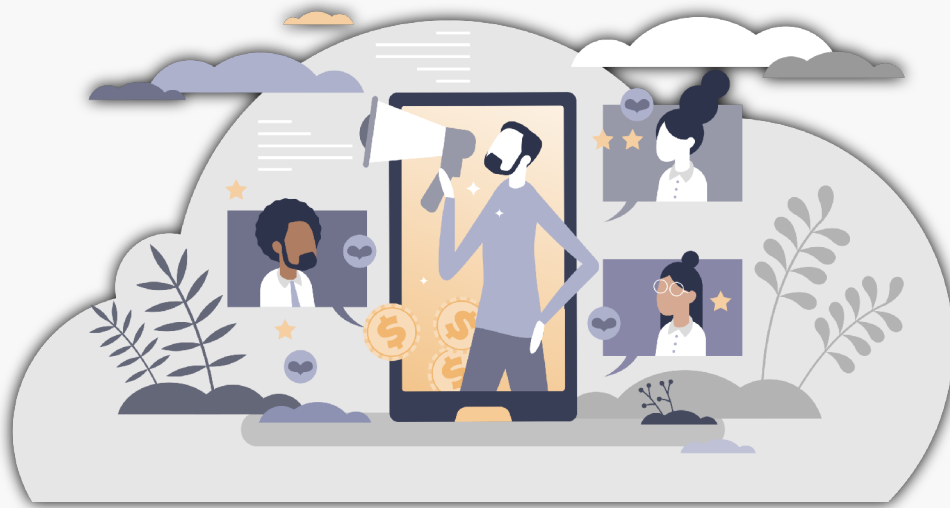
To Maximize Patient Participation, Consider the Timing, Location, and Process for Screening

An effective protocol can help staff integrate screening into existing processes and troubleshoot challenges to optimize the screening process. Protocols should describe each of the steps involved in screening. Consider the staff, time, and spaces needed for screening. Assess the following factors when developing screening protocols:

- **Patient experience:** Aim for minimal disruption by considering how screening impacts these aspects of the visit:
    - Flow through the space, including how easy it is for the patient to get from one point to another. Avoid having the patient retrace their steps through the site to participate in screening.
    - Emotional experience, such as how welcoming and knowledgeable the staff are. Aim for the screening to be a positive experience with minimal disruption.
    - Length of visit, including how much additional time is required for screening. Aim for the screening to be brief (5–10 minutes) and not impact the patient's time with the provider.
- **Referral process:** Determine how patients who screen positive for HRSNs will be referred to community resources and/or staff who will assist them in addressing these needs.
- **When screening occurs:** Consider the points at which screening could occur (for example, before the visit, during check-in, when vitals are collected, and after the visit) to identify when to conduct it. Consider who will score the screening tool to determine positive screening results and whether a referral is necessary.
- **Appropriate space for screening:** The screening includes sensitive questions, consider using a private area to create a respectful and safe environment.
- **Appropriate accommodation:** Specify procedures for providing reasonable accommodations for people with disabilities and translation services for non-English speakers.
- **Staff involvement:** Identify the designated staff who will conduct screening and those who support it, formalize their roles and responsibilities, and educate them on everyone's role.
- **Integration with electronic health records or other data systems:** Explore ways to increase screening efficiency and data accessibility via integration with existing systems and codes. Refer to the Social Interventions Research & Evaluation Network's Compendium of Medical Terminology Codes for Social Risk Factors for a crosswalk of HRSN data to the Logical Observation Identifiers Names and Codes, the Systematized Nomenclature of Medicine Clinical Terms, ICD-10-CM, and the Current Procedural Terminology.
- **Modification of clinical workflows to integrate screening:** There are many tools to guide the development of workflows. Flowcharts, for example, depict the steps involved in a process and can be used to pinpoint the best time and place to integrate screening into clinical processes. For additional guidance on using tools to collect and analyze workflow information, visit the Agency for Healthcare Research and Quality (AHRQ) Digital Healthcare Research webpages on workflows and workflow tools.

Anticipate Population-Specific Needs

Special considerations may be warranted when screening a particular patient population to maintain consistent quality. The table below describes the potential challenges and strategies for screening in various patient populations.

Population	Screening-Related Challenges	Strategies
Patients with behavioral health needs	• Patients may lack trust in the staff, providers, or health care system, and it may take longer to screen them.	• Train staff on communication strategies (for example, active listening and **trauma-informed care**) and draw on partnerships with peer supports, behavioral health providers, and community services to build trust and rapport with patients. • Ensure staff are prepared to spend extra time assisting patients with behavioral health needs.
Elderly patients	• Patients may refuse screening because of stigma, fear of losing independence or privacy concerns	• Train screeners on using **empathic inquiry** and active listening techniques to engage elderly patients. • Enlist student or elderly volunteers who may be able to spend more time with patients.
Patients with disabilities	• Staff may have unconscious biases or make assumptions based on patients' ability.	• Enlist the expertise of diversity and inclusion committees to train staff on respectfully engaging patients with disabilities. • Ensure that staff allow extra time to accommodate visual, hearing, or cognitive impairments.
Patients with low literacy	• Patients needing assistance may not feel comfortable asking for it.	• Train staff on how to identify patients with low literacy and offer assistance by reading questions.
Patients from racial or ethnic groups that differ from staff	• Staff may have unconscious biases or make assumptions based on patients' physical appearance or race/ethnicity.	• Enlist the expertise of diversity and inclusion committees to help staff recognize cultural differences, biases, and assumptions, and to promote cultural sensitivity.
Non-English speakers	• The screening tool is publicly available in **English, Spanish, Portuguese, Arabic, Chinese, Japanese, Korean, Vietnamese, Tagalog, German,** and **Ilocano**. *Note: the non-English translations were made using the multiuse version of the screening tool.**	• Translate the AHC HRSN Screening Tool and any related materials to languages commonly spoken in the community. When developing translations, engage a native speaker in the process to ensure quality and be sure to consider the dialect. • Hire bilingual screeners who represent common languages in the population served, and use telephonic interpreting services.
Sexual and gender minorities (SGM)**	• Patients may not feel accepted at the screening site.	• Promote an inclusive and welcoming culture, train staff on SGM needs and hold staff accountable for creating a safe place. • Use signs, stickers, or flags to signal that the site is SGM friendly. • Note that the proxy and multiuse versions of the AHC HRSN Screening Tool include gender-neutral and inclusive language.

*Although the AHC HRSN Screening Tool is publicly available in select languages, AHC Model awardees may have adjustments to these translations based on dialects in their geographic target areas.

Following the definition put forth by the **Sexual and Gender Minority Research Office Within the National Institutes of Health, SGM populations "include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, Two-Spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included. These populations also encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex."

Train Staff to Manage Privacy & Address Safety Concerns

Patients may have concerns about how their information will be used, so it is important to train staff on how to discuss privacy concerns. Screeners should emphasize that personal information will be kept private and no names or identifying information will be released without the patient's permission (with the exception of instances requiring mandatory reporting). Develop protocols for ensuring privacy for patients who are accompanied on their visits. If possible, check to see if accompanied patients can see the provider alone, enhancing screening privacy.

Considerations around privacy are crucial when screening for safety needs. Providing information about resources to all patients can equip those experiencing violence with critical resources and can enable them to help friends and family members in danger. This information may include what violence and abuse can look like, as well as community resources.

All reports of physical harm should be assessed for urgency. Organizations should specify existing protocols to help patients in immediate danger and heed relevant state requirements for mandatory reporting of child or elder abuse or trafficking. More guidance on developing such protocols is available from Futures Without Violence.

Critical Points for Handling Safety Needs

- To enable patients to disclose potential safety needs, try to see patients without accompanying individuals.
- When screening patients with disabilities, develop protocols and scripts to allow staff to increase privacy before engaging in screening.
- If a safety need is identified, assess if a patient is safe before probing.
- Immediately connect patients in danger with resources (for example, a hotline or advocate).
- Provide general safety information and resources to all patients, regardless of whether they identify a safety need.

Institute Continuous Quality Improvement

Quality improvement (QI) involves systematic and continuous actions to produce measurable improvements in health care services. QI is valuable for examining and improving screening by identifying areas for improvement, testing change activities, and using defined measures of success to assess outcomes. Continuous QI serves as a feedback loop for ongoing improvement.

Consider the Following Tips, Strategies and Resources for QI
- When selecting an approach from the methods and tools available to guide QI, consider whether staff have experience with the approach or require training.
- Designate a coordinator to lead QI.
- Cultivate staff engagement in QI by embracing a "culture of QI" in which staff recognize the importance of identifying areas for improvement and testing changes. Celebrate successful QI initiatives, emphasizing the ensuing benefits for staff and patients. Identify QI coaches to lead individual projects among staff.

Common Quality Improvement Approaches
- Quality improvement methods: **Lean** | **Six Sigma**
- Improvement models for process improvement: **Define, Measure, Analyze, Improve, Control** | **Plan-Do-Study-Act**
- Tools: **Process Mapping and Flow Charts** | **Pareto Charts**

To monitor staff performance and drive QI, develop reports comparing actual screening rates to targets and share these data with screening staff regularly. For more guidance on designing and carrying out QI, review open-source resources available online from: **Institute for Healthcare Improvement Quality Improvement Toolkit**; **IHI Open School: How to Improve with the Model for Improvement**; **AHRQ Practice Facilitation Guide with QI Guidance**; **American Society for Quality**; and the **American Academy of Family Physicians**.

Prepare Staff to Respond to Common Questions

It is important for screeners to be able to answer any questions about screening concisely and efficiently without adding information that could be misunderstood or cause confusion. Prepare screeners to be able to address the most asked questions. Below are some commonly asked questions and concerns about screening, as well as suggested responses that can be adapted as needed:

Common Questions

☑ **What is the purpose of this program?**
[Organization] develop [screening program] to connect patients to services that can help address their needs. The questions are designed to help us understand if people need help with areas of their lives outside the clinic. Your answers will be used only for this program, and we will keep them confidential. You don't need to answer, but you could be eligible for assistance if you do.

☑ **What is this tool about?**
The screening tool asks about your nonmedical needs, such as living situation, food, transportation, ability to pay utility bills, and interpersonal safety.

☑ **Is this screening mandatory?**
No, your participation is voluntary. You don't have to complete the screening, but if you do, we may be able to connect you to free or low-cost services that may help you. You may also opt out to answer any specific question you do not want to answer.

☑ **Will I get paid for participating?**
No. You will not be paid for completing the screening.

☑ **I don't have time.**
The screening is short and only takes a few minutes to complete. If you do not have time today, you can participate at your next visit. We hope you will consider participating, as the screening may identify services that may be helpful or useful to you.

☑ **Will my information be kept confidential?**
All information you provide will be kept private. Your participation will not t affect your care, insurance, other health or disability benefits, or premiums.

☑ **What do you mean by, "Your information will be kept confidential except where law requires mandatory reporting"?**
[State] requires mandatory reporters who suspect the mistreatment of a child, dependent adult, or elderly person to report the case for investigation. Mandatory reporters tend to be social workers, physicians, nurses, counselors, and other mental health professionals.
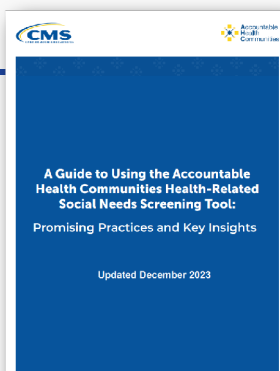
For More Information

[A Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool: Promising Practices and Key Insights](#)

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