POLICY STATEMENT

Approved October 2023

Social Services and Care Coordination in the Emergency Department

Revised October 2023 with current title, October 2020 titled "Social Work and Case Management in the Emergency Department, April 2019

Reaffirmed June 2013

Originally approved October 2007 titled "Patient Support Services"

As an adjunct to this policy statement, ACEP has prepared a policy resource and education paper (PREP) titled "Social Work and Case Management in the Emergency Department"

ACEP recognizes the impact of health-related social needs (HRSN) such as poverty, unemployment, interpersonal violence, housing instability, food insecurity and inadequate access to health care on our patients' health and well-being. After discharge, patients seen in the emergency department (ED) frequently require access to community resources for HRSN. ACEP supports the integration of social service referral into emergency care. Social services can complement emergency medical care by addressing emergency needs (such as shelter from the elements) and reducing long-term ED utilization resulting from unaddressed social determinants of health (SDOH).

ACEP further recognizes that comprehensively addressing HRSN within the ED is best accomplished by dedicated staff, such as social workers, case managers, patient navigators, and other individuals with specialized training in social services delivery. Social service professionals are more experienced and better equipped than medical staff to coordinate outpatient follow-up care and social support services. Social workers and other appropriately trained staff in EDs can also assist medical staff in serving behavioral health patients through safety assessment and disposition. ACEP also believes that dedicated ED social services personnel allow health systems to provide safe and medically appropriate, yet cost-saving, outpatient alternative care and chronic disease management for both adult and pediatric patients.