

**Patient Navigation Program Based on Identified Social Determinants of Health in an
Emergency Department in Spokane, Washington: A Quality Improvement Project**

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Background: There are 139 million emergency department (ED) visits annually and an estimated 13-27% of those are nonemergent. Social determinants of health (SDOH) are identified factors for non-emergent visits, particularly among marginalized populations.

Local Problem: ED staff report lack of knowledge of SDOH and community resource access to affect patient outcomes. Patient navigator programs have been proven as effective interventions to assist patients to gain resources and limit ED visits.

Methods: This patient navigation pilot program occurred in an urban ED in Spokane, Washington. Patients were surveyed for needs related to SDOH, and pre- and post-nursing surveys for staff analyzed existing knowledge regarding accessing resources, SDOH, and role of a patient navigation program.

Intervention: Staff were given in-service educational opportunities at four intervals to better understand SDOH and patient outcomes. A patient navigation pilot program was implemented in this ED with staff nurses to assist patients with SDOH needs. A total of 84 patients enrolled in the pilot program and were interviewed at three points over a two-month period to measure program effectiveness.

Results: At two-months, there was a 64% reduction in nonemergent ED visits and 44% compliance with appointments by pilot participants. More than half of staff nurses reported success with the pilot and gained knowledge related to SDOH.

Conclusion: Patient navigation helped reduce ED visits and assisted in connecting patients to community resources. Nurses endorsed increased knowledge regarding SDOH and patient outcomes. Continued studies should include SDOH screening staff education to confirm the efficacy of patient navigation programs.

Keywords: social determinants of health, patient navigation, emergency room services