PRACTICING PATIENT-CENTERED LANGUAGE FOR SDOH SCREENING AND WARM HANDOFFS

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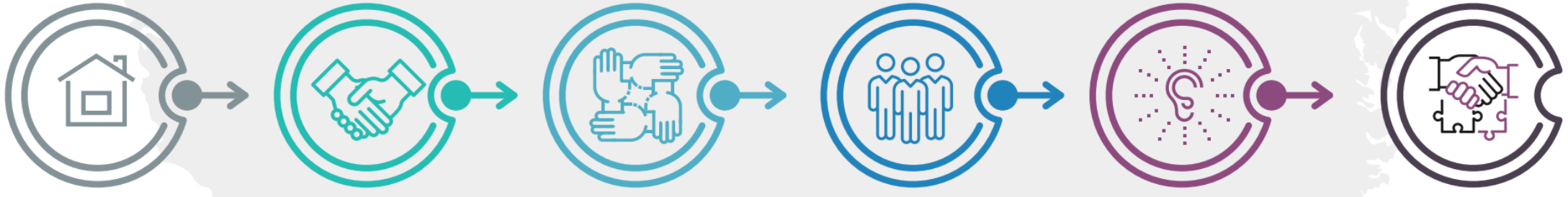
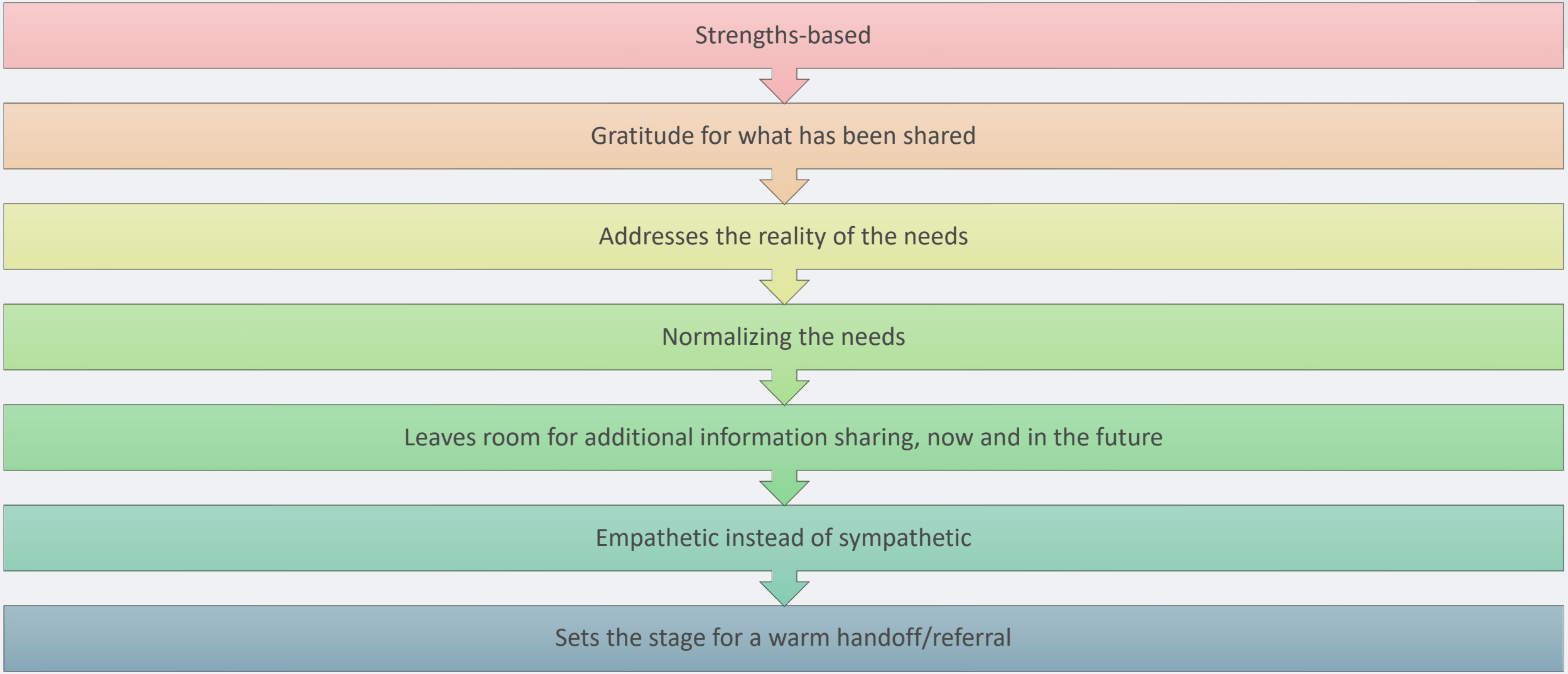
PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE

Trauma-Informed Guiding Principles



From the CDC and SAMHSA: [Infographic: 6 Guiding Principles To A Trauma-Informed Approach | CDC]

Patient-Centered Responses to SDOH Needs



Meet Madison

Madison, one of your newer patients, has recently moved the area from eastern PA. During your trauma-informed, patient-centered screening, you have learned that she is having a hard time making it to appointments and getting the prescriptions she needs for herself, her children, and her father because her car is ‘on its last leg’. She has two part-time jobs—one at a restaurant and the other at a store that are both within walking distance of the home she shares with her children and her father. One of the reasons she moved back here is because her father had a stroke and needed a caregiver. She shared that she is also worried about her children starting school because ‘their dad doesn’t want to help with anything’ since she moved and it is ‘so pricey’ to get them everything they need for the start of school.

Think, Talk, Tell

What are some SDOH needs that Madison has shared because of your screening?

What are some concerns that Madison may have about sharing this needs with you?

Madison has shared a lot of personal information with you. How do you react to what Madison has shared?

Patient-Centered Responses to SDOH Needs

- Strengths-based
- Gratitude for what has been shared
- Addresses the reality of the needs
- Normalizing the needs
- Leaves room for additional information sharing, now and in the future
- Empathetic instead of sympathetic
- Sets the stage for a warm handoff/referral

Warm Referrals

- Show connection to next step(s)
- Transparency
- What to expect
- Realistic
- Improved health outcomes
- Normalize the need(s)
- Permission and Autonomy
- ”Whenever someone shares [specific need] with me, I always like to tell them about [referral source]. Is is okay to tell you a bit more about them?”

When a Patient Shares a SDOH-related need . . .

- What is the process for referring your patients to additional supports?
- To whom are you referring?
- What is the process?
- How did you learn this process?
- What types of education/feedback do you get about this process, both from your patients and the referral sources?

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At Your Table, Discuss How You Would Make A Warm Referral for Madison

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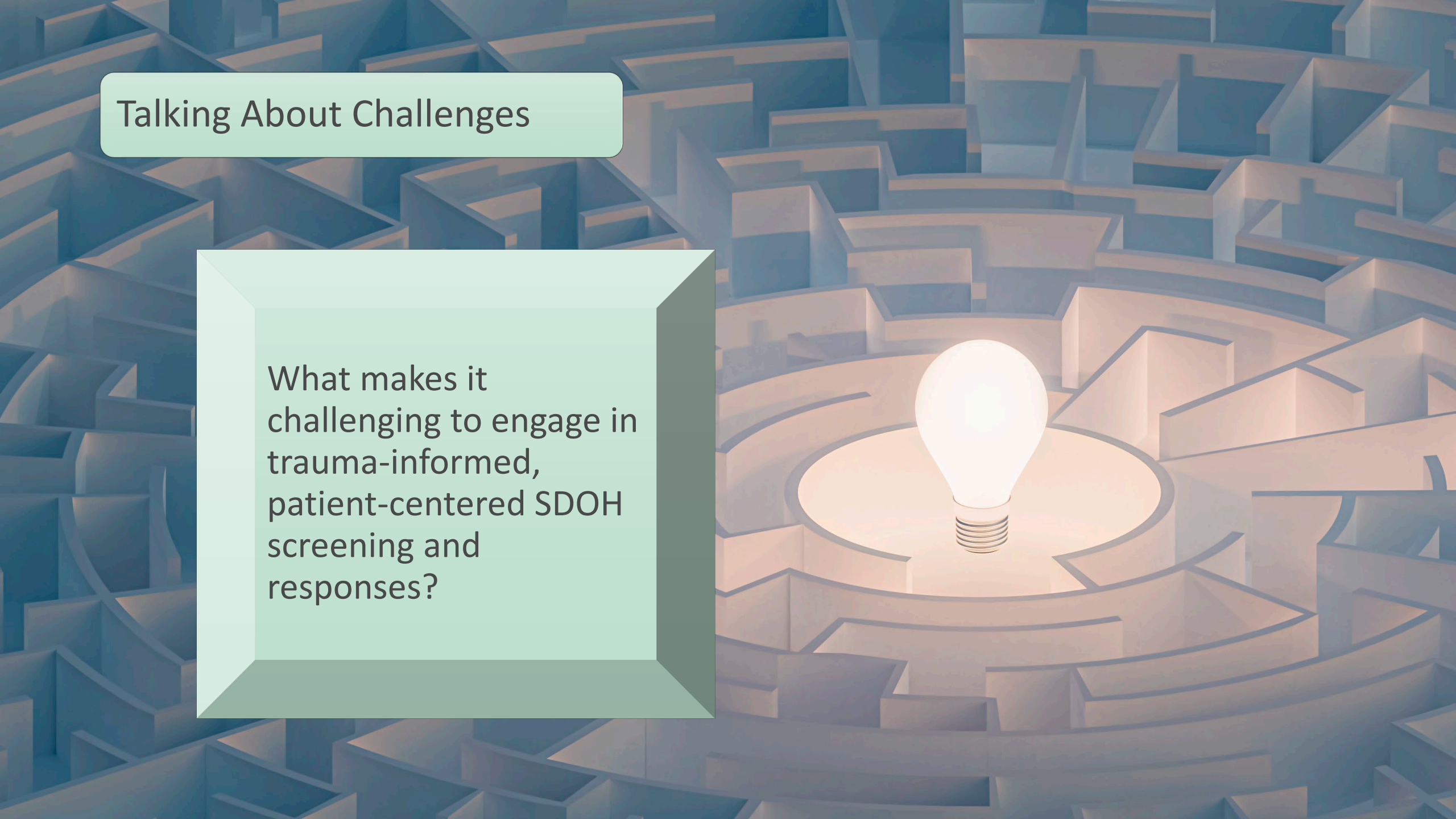
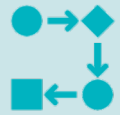
Talking About Challenges

What makes it challenging to engage in trauma-informed, patient-centered SDOH screening and responses?



Activity: One Action, One Person, One Thing



When you return to work, what is ONE action YOU can take to incorporate something we learned today?

What you return to work, who is ONE person you could share this information with to start to reduce something you identified as a challenge to SDOH screening and responding?

What is ONE thing you would like to see change about your workplace's SDOH screening and responding that you would like to see in the next year?

Questions?

Concerns?

Ideas?

Contact Information

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