

**E**MS PROVIDERS OFTEN ARRIVE at a scene to find that the patient not only has a medical condition needing treatment but significant social or mental problems as well. As society deals with an ever-increasing budgetary crisis—and its attendant unemployment and cutbacks in social service programs—the number of people in need of social service support consequently rises. As a result, EMS is finding itself forced into a new role.

Because we are out in the community dealing directly with people in need, we have become the eyes and ears of the social service system. Now we must find ways to adjust to this role. The following case is just one example of how such an adjustment has been made at Eastern Paramedics in Syracuse, N.Y.

An Eastern EMS crew arrives at an apartment building for a "general illness" call. The crew members load their equipment onto a stretcher and make their way into the elevator and up to the apartment. After knocking on the door and hearing weak and muffled voices, they let themselves in.

The personnel are greeted by a visibly upset elderly woman using a walker. Apparently, the woman did not have the strength to get her husband back into bed after he slipped and fell earlier that day. When questioned, the woman says that her husband has been falling a lot lately. The paramedic asks more questions about the situation while her partner focuses on the husband and completes a patient assessment.

It turns out that the couple is assigned to a Department of Social Services case worker, who had advised them to call on the building custodian to help in these situations. At first he obliged, but after

## Filling the Gap

### EMS Social Service Referrals

By Kurt M. Krumpelman, MS, NREMT-P

several such incidents, the custodian responded more and more slowly. Eventually, he just stopped coming.

The paramedic finds out that a home aide is scheduled to come twice a week to attend to the couple's daily activities, such as cleaning the house and preparing the meals. Looking around the apartment, she notes that the house is relatively orderly, but dirty dishes are piled high in the kitchen sink. The husband's clothes are soiled and smell of excrement. The woman begins to cry, and when the crew tries to comfort her, she apologizes for having called the ambulance.

The providers encourage the man to go to the hospital to make sure he hasn't

sustained injuries other than the bruises covering his body and to try to determine the cause of his falls. After some convincing, he agrees that he probably should go, and the providers transport him to a local emergency department (ED). At the hospital, the paramedic reports on the physical assessment as well as the home situation and then completes a patient care report (PCR) and an EMS/social service referral form.

Documented on the referral form are observations of the patient's home situation. This form is left with the patient's chart, and a copy is returned to Eastern Paramedics, where a supervisor reviews it and files it with other referral forms.

Perhaps most importantly, the referral form is also forwarded to the Volunteer Center, a social service referral and advocacy center in Onondaga County, N.Y. Janice Taylor, the center's referral information specialist, reviews the case and contacts the Department of Social Services Adult Services. She arranges for daily home visits to be made to the elderly couple and ensures that the case will be closely supervised to make sure that daily visits are sufficient support for them.

#### A Need Is Identified, A Program Developed

For years, it has been recognized that EMS providers encounter situations in which patients are in need of social or psychological support services. Yet providers at Eastern found that writing their observations on PCRs and reporting this information to an overwhelmed ED staff was inadequate; there was no guarantee anything would be done. They wanted to develop a routine for recognizing these situations and communicating the appropriate information to the social service agencies that could help.

Of course, the responders could easily have ignored this need for help and left it for the established social service support system to deal with. However, they knew from encountering people as patients in their homes and in the streets that many fall through the social services net.


EMS is part of an entire human services system that includes health services, emergency services and social services. As an EMS agency, Eastern was searching for a more effective way to work with the other components of the system to assist its patients in need of help; as almost anyone who has tried to work within the system knows, it is typically fragmented and can work against itself. The EMS providers knew they were uniquely qualified to help their patients; EMS crews see and hear things that social workers often can't because they are in the client's environment during crisis situations.

It was with these same points in mind that a study was designed approximately three years ago to determine if EMS providers can effectively identify at-risk elderly patients.<sup>1,2</sup> In this study, paramedics in Akron, Ohio, were trained to recognize factors that may indicate an elderly person in need of social service support. After 6,000 patient contacts with people aged 60 or older, 197 were identified as needing further assessment. Of these, 98 percent were found to be in need of support services. The study concluded that EMS providers can indeed play a role in identifying at-risk patients.<sup>1,2</sup>

But merely knowing that providers can identify at-risk patients is not enough. In fact, frustration can result if the providers are not given the means with which to help such patients. Eastern Paramedics wanted to tackle the problem of helping its providers effectively deal with the many patients who have significant social service needs. Early in 1991, Eastern began working with the Volunteer Center and the Emergency Psychiatric Observation Service (EPOS) of Crouse Irving Memorial Hospital in Syracuse to develop a theoretical and practical approach to the problem.

Eastern found that dealing with patients who have chronic social problems,

**Figure 1.**



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## EMS / Social Service Referral Form

Agency Referred to: \_\_\_\_\_

Patient's Name \_\_\_\_\_ Date of Service \_\_\_\_\_

Address \_\_\_\_\_ Time \_\_\_\_\_

Phone No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Medical Problem: \_\_\_\_\_

State of Reason for Social Service Referral: \_\_\_\_\_

Significant Observations: \_\_\_\_\_

Other People Present at Scene: \_\_\_\_\_

Describe any interventions made and/or suggestions of interventions made by EMT and the patient's response: \_\_\_\_\_

Impression of Patient's Problem: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Referred by: \_\_\_\_\_

Form given to: \_\_\_\_\_

such as the couple in the case presentation, is a three-step process: recognition, intervention and referral.

### Recognition

Recognition of a problem requiring referral is based on knowledge of various signs that can be manifested by chronic social problems, astute observation skills and the motivation to look for these signs. Unfortunately, EMS training programs typically do not provide a strong background in recognizing social problems. EMS agencies must therefore train their employees in this area and develop a culture that promotes recognition of chronic social problems.

Eastern Paramedics now dedicates approximately 10 percent of its new-employee orientation to helping providers develop these people skills. This training, conducted with assistance from Volunteer Center staff, teaches recognition of risk factors in the elderly, as was done in the Akron study. Providers are taught to look at factors such as sanitation and safety hazards, social support, ease with which daily activities are performed, and the patient's awareness of and interaction with his surroundings.

This training is not limited to recognition of at-risk elderly, however; the providers are also taught to look at factors that help identify child abuse, sexual

abuse and assault, isolation and mental illness.

#### Intervention

When a provider sees an at-risk individual and takes action, intervention is straightforward. While it is obvious that the 15 to 30 minutes the provider spends with a patient leaves little time to resolve any problem, that provider can share with the patient an observation of the problems he has observed. This reflection of reality alone may encourage the patient to seek and accept help.

In addition, providers can explore with the patient or family various options for getting help. Offering to help and exploring alternatives are important because whether it is the first or the 100th time that someone has offered to help, this might be the time the patient actually finds the strength to seek help and take action.

#### Referral

Referral is the pivotal step in the social service referral process. EMS providers traditionally have written notes on PCR's or taken ED staff aside to discuss a particular patient's problems. However, in the complex, demanding and hectic environment of an ED, this informal approach may not be effective; the social aspect of a patient's problem is often overlooked in these situations. Formalizing the referral process takes the EMS contact with patients suffering complex social problems to a higher level—it makes it more noticeable and makes the problem less easy to deny or overlook.

It was with this basic theoretical approach in mind that Eastern, EPOS and the Volunteer Center developed their EMS/social service referral form (see Figure 1). The form provides a means by which the EMS provider can (upon obtaining the patient's consent) fully document pertinent observations about a particular situation in a formal document dedicated to social service referral. It gives a simple, straightforward picture of the situation, which would not be presented as well on the PCR.

The specific information solicited on the form is that needed by social ser-

vice workers to effectively follow up on the referral. The form contains eight elements:

- *Basic patient information*—Name, address and so forth
- *Medical problem*—Any specific problem the EMS crew is evaluating and treating
- *Reason for referral*—The observed problem the referral is for
- *Significant observations*—Patient statements, family interactions, physical observations of the patient and surroundings, and statements from others at the scene
- *Other people at the scene*—Lists of others who may be helpful for social services follow-up
- *Document intervention*—Various options discussed with the patient and the patient's response
- *Impression*—The provider's informed opinion of the problem
- *Additional comments*

Leaving this form with a patient's chart brings significant attention to the patient's social environment from the staff reading the chart. (While the ultimate objective of leaving the referral form in the chart is to have the hospital social worker follow up on the referral, this often is not the case. Providers therefore turn their referral forms over to supervisors at Eastern, who in turn forward them to the Volunteer Center.)

The form also enables the EMS provider to pass pertinent information to a social service agency for follow-up via Eastern, which allows the provider to cut through the bureaucracy of communicating directly with human services agencies.

**Table 1.**

#### Referrals by Age Between March 1991 and September 1992

Age Group	Number of Referrals	Percentage Total
Children .....	4	8
Teens .....	1	2
Adults .....	5	10
Elderly .....	40	80

#### Program Implementation

Within 19 months of instituting the program at Eastern, 50 referrals were made. While the agency expected a wide range of referred problems, it did not predict such a high concentration of referrals among the elderly (see Table 1). Of the at-risk elderly, some referrals dealt with physical abuse, and a few involved loneliness and isolation. One case involved a recently widowed man who was mistakenly cut off from receiving Social Security and had no money. However, the majority of the cases were similar to the case presentation; the agency uncovered a significant deficiency in support services for the elderly poor, resulting in poor nutrition, poor hygiene and despair.

The Volunteer Center was alarmed at the number of referrals dealing with the elderly and organized a meeting with Adult Protective Services of the County Social Services Department to discuss the issue. This meeting highlighted the need for quality assurance in the area of adult services, as many of the referrals involved clients who were already in the social service system but were receiving inadequate care. However, Taylor contends that EMS referrals act as a check-up on home care providers, who know someone else is out in the community seeing their clients.

For the most part, the referral form and process have been well received at area hospitals. Although one hospital refuses to accept the referral form, the program has not been negatively impacted by this refusal because the Volunteer Center ultimately receives a copy of all referrals from Eastern. The hospital's official explanation for its refusal to use the referral form is based on four concerns, which Eastern believes the program addresses:

- *Hospital social workers are overtaxed and should not get involved in cases that may duplicate existing services*—Eastern's referral program generally identifies situations in which services are inadequate. Duplications are not an issue.

- *Patient consent must be obtained*—In all cases, the program requires that the client agree to the referral.

- *Many of the patients who claim to have no social service support do not take advantage of the community's services*—Although

there may be examples of this, the 98-percent accuracy rate demonstrated by Akron paramedics clearly indicates that a true need is being discovered by providers in the field.

- *Accepting a referral form implies that the institution must follow up, and the institution simply does not have the resources to do so*—Eastern currently refers approximately two patients per week, and a good number of these patients are not even transported to a hospital.

Eastern asked the State Health Department to look into the matter of a hospital refusing its referral form. Although supportive of the referral concept, the department concluded after some deliberation that a hospital could not be mandated to accept the referral form and that a suitable alternative is to communicate pertinent information via the PCR.

#### Program Effectiveness

Taylor says she believes the EMS/social service referral program has been an important addition to Syracuse's community social service network. She notes three key contributions:

- Field providers identify people in need who may have gone unnoticed or underserved.
- Referrals by EMS personnel carry a great deal of weight and often get immediate action.
- The EMS referral program acts as a watchdog over social service effectiveness; in effect, it is an outside quality assurance program.

The referral program also augments the role of the EMS provider and adds to the provider's self-esteem and standing in the community. Many people know someone who has major problems and needs assistance, but they simply do not know where to turn and believe they will not be heard. However, if they see EMS providers taking care of a referral, they feel grateful, and they believe that something will happen. The program is a morale booster for providers and the people they serve.

#### Program Improvements

As with all new programs, some improvements are needed. One identified weak-

ness was a lack of feedback to EMS providers regarding the results of their referrals. EMTs and paramedics make referrals because they care about people, and they invest energy to intervene and make a referral. Hearing how things turn out encourages them to continue to make referrals. The Volunteer Center now reports the results of follow-up work to Eastern.

Taylor has also expressed concern that not all people who should be referred are. Some providers simply fail to recognize people in need or are not motivated to intervene. And, while all new Eastern employees are oriented to the social service referral program, training may weaken over time. Occasional in-service refreshers about the referral process are therefore needed to maintain a strong program.

#### Conclusion

Overall, Eastern Paramedics' EMS/social service referral program has been highly successful. EMS providers have identified numerous people in significant need who have received assistance as a result of a referral. Additionally, having EMS providers work with social service providers has been a positive development in the human services delivery system, which is often fragmented among agencies and specialties.

Given its success in Syracuse, it will surely only be a matter of time before the program spreads to other systems—particularly those in large urban environments—and fills the gap in social services. □

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