

Beyond the Social Work Consult
Alexandra Gabrielle Kelley

Overnight, my pager goes off. It's the ED requesting admission for a 9-year-old with status asthmaticus. I know this patient well. She's had several admissions before for uncontrolled asthma in the past. I walk into her room and see that she's sleeping, the high-flow nasal cannula supporting her work of breathing. Her Mom wakes from where she's sleeping upright, leaning against the bed rail. I introduce myself, and her brother who's standing against the wall responds – interpreting for his mother. There's no interpreter iPad nearby, and with how busy the emergency department is I'm not sure if anyone who's seen her has used one yet. I know she's had difficulty obtaining medications and pulmonology follow-up in the past, so I request a social work consult as I'm entering her admission orders. There must be more I can do though, right?

In Pediatric Hospital Medicine, we work exclusively in the inpatient setting. When I was a resident deciding on a specialty, I was worried that while I loved inpatient care, by choosing PHM I was risking losing touch with my passion for advocacy work. Much of child advocacy is focused on the outpatient setting, specifically preventative primary care and outpatient resource referrals. As Pediatricians however, I believe we are child advocates no matter what setting we work in. Here are five ways to continue to pursue advocacy in the inpatient setting - beyond entering the ever-present social work consult.

1. Practice Prevention! (Readmission Edition)

Every time we discharge a patient, it provides an opportunity to decrease the chance of readmission in the future. Consider working with families to develop asthma action plans or ordering consults to teach proper inhaler technique prior to discharge. Even meds to beds programs can decrease barriers to obtaining proper discharge medications. This patient had been readmitted several times before, and my colleagues had likely also worked to provide medication teaching and involve social work in the patient's care. But what can we do that goes beyond this?

2. “Be curious, not judgmental”

Truly listening to your patients and their families is often the most effective way to be a patient advocate. Instead of labeling the patient as difficult or noncompliant, have a conversation that allows you to better understand the barriers they face. Are there transportation difficulties or insurance coverage barriers? Does a primary language other than English make it difficult for the family to navigate scheduling subspecialty referrals? Never underestimate the power of a warm hand-off to a PCP to emphasize specific patient concerns or questions that may be ongoing at the time of discharge.

3. Discharge with the patient in mind

When I'm rounding on a patient on the day of discharge, I always ask myself three questions; Do they have discharge follow-up? Are their prescriptions sent? Did I give return precautions or discharge instructions? I believe we should modify those questions to center them on patient experience. Do those patients *need* discharge follow-up? Can they *obtain* their prescriptions? Do they *understand* discharge instructions? There has been conversation about the necessity of automatic follow-up for children discharged with acute, self-limited conditions as these appointments often place additional burdens on families requiring them to take time off work and potentially resulting in lost income or lost jobs.¹ We can be thoughtful to recommend additional outpatient visits only when necessary. In certain cases, use of

Telehealth can reduce transportation burden. When it comes to discharge instructions, making sure that both written and verbal instructions (as well as prescriptions!) are in a family's preferred language and using teach back methods to verify understanding can go a long way towards getting the patient the care they need at home.

4. **Vote!**

As pediatricians, we are the voices of children who can't yet vote themselves. Making a voting plan is important. Are you registered? Are you on-call on November 5? Consider voting early or by mail. Research policies that affect children such as laws to prevent gun violence, protecting transgender youth, and regulating toxic pollution that makes it difficult for our patients to breathe. Talk to your patients about voting. This can be patients about to turn 18 as they transition to the adult world or for younger patients it can be talking to their parents and registering them to vote. Vote-ER has an excellent campaign to help register patients to vote and patientvoting.com has resources to help hospitalized patients get their ballot in under medical emergency provisions.^{2,3}

5. **Participate in local and national efforts**

The AAP has endless opportunities for advocacy. If you're excited and want to do more, join them! Learn more about calling and writing letters to representatives, get experience writing op-eds, participate in Advocacy Day, and discuss state-level issues with representatives at the state capitol. Whatever your comfort level is, there's always a way you can use your expertise to make your voice heard and make the world a better place for kids.

After admitting our patient with asthma, I have the luxury of time as her respiratory symptoms gradually improve with treatment. I have more than a 15-minute follow-up appointment to have conversations about barriers to care. I might meet another caregiver during admission which presents an opportunity to provide teaching to additional caregivers that might not be possible during an outpatient visit. Because of these opportunities, advocacy isn't just an opportunity during a child's hospitalization. I believe advocacy efforts are a hospitalization responsibility. Beyond simply placing a social work consult, we should strive to work in conjunction with our social workers to optimize patient health both inside and outside the hospital.

Resources and References

1. Eric R. Coon, Molly B. Conroy, Kristin N. Ray; Posthospitalization Follow-up: Always Needed or As Needed?. *Hosp Pediatr* October 2021; 11 (10): e270–e273. <https://doi.org/10.1542/hpeds.2021-005880>
2. Vot-ER. About Vote-ER. September 9, 2024. Accessed September 29, 2024. <https://vot-er.org/>.
3. Help hospitalized patients vote. Patient Voting. Accessed September 29, 2024. <https://www.patientvoting.com/>.



Gabrielle is a 2nd-year fellow in Pediatric Hospital Medicine at UCLA. In residency, she was an Advocacy Delegate to the American Academy of Pediatrics and won her local AAP Resident Advocate Award for outstanding contributions in community health advocacy. She loves finding opportunities for advocacy as an inpatient pediatrician and teaching medical students and residents about these opportunities. If you see her in the wild, ask her about the most recent book she read, her last hiking trip, or her cattle dog mix Juniper.