Improving Data Quality and Collaboration Through Standardized Social Prescribing Pathways

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Understanding the Gap: Uncaptured Work and Its Impact on Client Care

1 The Challenge

Inconsistant Documentation Practices

There has been a lack of consistency in the types of encodes used in PSS to document social determinants of health (SDOH) and social wellness work.

Reliance on Informal Communication

Care team members often supported clients through:

- Emails
- Sticky notes
- Verbal conversations

These informal approaches were not consistently captured in the EMR.

Incomplete Client Records

- Key information was missing from charts
- Difficult to understand the full client journey
- Limited visibility across teams

Key Issue: Important work was happening - but was not being consistently recorded or shared.

2 Why This Matters

Incomplete understanding of client needs

Complete documentation provides a full picture of a client's situation, improving care planning and follow-up.

Missed or delayed follow-ups

Without proper documentation, important next steps can be overlooked.

Reduced coordination across providers

Teams may not know what supports other providers have already offered.

Limited ability to track outcomes and trends

Incomplete records reduce our ability to:

- Track outcomes
- Identify trends
- Secure funding and grants

Impact: We lost opportunities to deliver fully coordinated, client-centred care

3 Understanding Socially Driven Needs

Common needs include:

- Housing instability, Food insecurity, Social Isolation, Financial challenges, Limited access to community resources

These needs often overlap and impact overall health and stability

4 How to Identify These Needs

- Screening tools, Targeted questions, Ongoing provider insight, Client disclosures

Effective identification combines structured tools and ongoing coversation

5 How We Support Clients

Supports can include:

- Referrals to community connectors
- Direct referrals to community organizations
- Providing resources (e.g., pamphlets, contacts, online tools)
- Access to internal programs (e.g., Food cupboard, classes)
- Addressing barriers (e.g., bus tickets)
- Assistance with forms and applications

Key Point: Support is already happening - across many roles and touchpoints

Driving Effciency Through Standarization and Consistent Documentation

6 Consistent Documentation

When to Document:
When a need is identified and support is provided or facilitated (e.g., providing program information, referring to services or community agencies, assisting with forms)

What to Document:
- Actions taken
- Referrals made
- Follow-up plans

How to Document:
- Use standardized encodes
- Select " Social Prescription" under services
- Record follow-up clearly

Goal: Capture meaningful actions - not just conversations.

7 Our Approach: Standardization

Standardized Referral Pathway
- Clear, consistent process for all referrals
- Reduces variation and confusion

Consistent Documentation Workflow
- Ensures reliability across providers
- Supports continuity of care

Structured EMR (PSS) custom form
- Structured documentation format
- Easy to locate and interpret information

Integrated Internal Communication
- Use EMR messaging instead of informal methods
- Set reminders for follow-ups
- Communicate directly within client charts

This is not extra work - it's better visibility of the work already happening

8 Referral Pathway

- Provider identifies a social need
- Referral pathway is activated
- Support is provided directly by the Provider **OR** a referral is initiated to the Social Prescribing Team
- Clients are connected to a Community Connector
- Follow-up is documented

All actions are documented in the EMR

9 Making it Visible: PSS Custom Form

Capture Client Needs:
- Physical activity
- Social engagement
- Wellness supports
- Food access
- Digital access
- Volunteer and arts programs

Track Provider Actions:
- Supports provided
- Barriers identified, interests and goals

Document Connections:
- Internal and external services
- Wraparound supports provided

Support Client-Centered Care:
- Assess client readiness and interest
- Enables ongoing evaluation and follow-up

Outcome: A complete, structured view of the client journey.

10 Benefits of Standardization

- Creates a shared language across teams
- Reduces gaps and miscommunication
- Improves continuity of care
- Enables real-time collaboration through EMR messaging

Result: Stronger coordination and more effcient care delivery

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