



SOCIAL DETERMINANTS OF HEALTH (SDOH) INITIATIVE

APPLICATION GUIDE



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This application guide explains the SDOH Initiative’s objectives to improve care for women related to social determinants of health; reviews our model for quality improvement, your role as a participant, the initiative timeline and activities; and proposed initiative measures.

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Initiative Overview

When looking at maternal and infant mortality rates in Florida, social determinants of health persistently contribute to wide disparities in outcomes. Fortunately, many of these can be addressed. According to the Centers for Disease Control and Prevention (CDC), “Social determinants of health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.” The Social Determinants of Health (SDOH) Initiative will offer participating hospitals the opportunity to delve into data about their patients to discover unwanted variations, develop approaches to enhancing respectful maternity care (RMC), improve screening and linkage to resources for patients in need, and improve efforts at engaging families and community members in hospital quality improvement.

Quality improvement recommendations for the SDOH Initiative are in concert with the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion No 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care. This includes inquiring about and documenting health-related social needs, including several factors influencing access to health and health services. In addition, the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) released a new evidence-based clinical guideline on “Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guidelines” which makes recommendations in areas of awareness, mutual respect, shared decision making and several other areas. Finally, The Centers for Medicare and Medicaid Services has new requirements related to social determinants of health and respectful care effective since January 2023.

Initiative Foci

Standardization of care practices related to:

- Implementing Universal SDOH Screening
- Making appropriate health care and community referrals to support identified SDOH needs prior to discharge
- Adopting and committing to appropriate Respectful Care Practices to best serve the identified needs in their communities
- Providing Respectful Maternity Care Training for providers and staff
- Educating patients on the importance of SDOH screening and Respectful Maternity Care practices adopted by the Hospital
- Developing and implementing your hospital’s written action plan to address at least one identified healthcare disparity
- Implementing a Respectful Care Survey within your hospital
- Developing a welcoming and supportive environment that is respectful of each patient and their values

Initiative Goal

SDOH’s primary aim is that by 12/2024, FPQC participating hospitals will achieve a 20% increase from baseline in the percentage of patients with a positive SDOH screen who were referred to appropriate services and will have 80% of providers and nurses attend an RMC training (since January 2023) The initiative will also incorporate respectful care as a universal component of all initiative components. Baseline data will be established after the first quarter of hospital data is received by FPQC. Participating hospitals will use the SDOH Initiative toolkit to implement the needed change package in their hospital.

Why Join the Initiative

The SDOH Initiative offers an opportunity for your facility to implement change and improve the care provided to all pregnant and postpartum patients. The FPQC aims to support collaborating hospitals as they 1) form interdisciplinary quality improvement teams, 2) implement strategies to improve screening and referral for SDOH needs

and respectful maternal care, and 3) develop a plan to incorporate feedback from patient surveys to improve hospital policies whenever possible.

Joining the initiative helps your hospital work in an interactive collaborative with other hospitals and resources to help you implement evidence-based quality improvement recommendations. It also offers an environment to learn together on the best strategies, methods, and tools to adapt and implement in your hospital. Hospitals that participate in multi-hospital quality improvement collaboratives achieve more sustainable gains faster than those that do so alone. Past participants have found it useful to not have to “reinvent the wheel.”

Florida Statute (F.S. 395.1054) requires that all maternity hospitals participate in two FPQC quality improvement initiatives at all times. Participation in the SDOH Initiative counts as one of the two.

Read on to learn what kind of support the FPQC provides to participating hospitals and what hospitals will be asked to commit to participate. If you have any questions about the information presented here, please email FPQC@usf.edu.

Hospital Participation Requirements

We plan to improve patient care related to SDOH by implementing potentially better practices identified by the FPQC SDOH Advisory Committee. Participating hospitals will start the initiative at the in-person Kickoff Meeting on April 26, 2023, launch efforts in their local facilities in July 2023, and agree to tailor and implement all hospital-identified process improvements over the next 18 months.

Participating Hospitals are required to:

- Participate for the entire 18-month time period of the initiative.
- Assemble a strong and fully committed QI team including physician, nurse, data, and administrative champions and conduct regular team meetings to track progress throughout the initiative.
- Complete FPQC pre and post implementation surveys.
- Commit at least one team member to attend every SDOH Initiative learning series coaching call/webinar.
- Schedule an onsite educational and technical assistance visit with FPQC advisors.
- Sign the Data Use Agreement and document, submit, track, and report all required FPQC structural, process and outcome measures on a monthly basis throughout the initiative.
- Notify FPQC of changes to the QI team.
- Consider adding other valuable QI team member(s) with roles such as case manager, social worker, navigator, community representative, and patient representative, or others as needed.
- Send two members of your team to participate in the Kickoff Meeting on April 26, 2023 and attend the in-person mid-initiative meeting in early 2024.
- Participate in presenting during monthly learning coaching calls and webinars on sharing progress, overcoming challenges, seeking consultation, or other topics.
- In addition to required activities, we strongly recommend that you recruit and integrate family/consumer representatives into your QI team.

Hospital Administrator in Participating Hospitals:

- Promote the collaborative and initiative goals and develop links to hospital strategic initiatives.
- Provide the resources to support their team, including time to devote to this effort (team meetings, learning sessions, FPQC SDOH Initiative virtual and in-person meetings and monthly coaching calls/webinars), travel to the statewide Kickoff and Mid-Initiative Meetings, and facilitate active senior leadership involvement as appropriate.

- Closely track initiative progress to assure adequate initiative support during the initiative.

Obstetricians and Nurse Leaders in Participating Hospitals:

- Lead the hospital's quality improvement efforts, including convening regular team meetings.
- Develop a strategy for accountability among partners to help assure progress toward local goals.
- Attend SDOH Initiative virtual and in-person meetings and monthly collaborative coaching calls/webinars.
- Share information and experiences from the initiative with fellow participants on coaching calls/webinars and at in-person meetings.
- Perform tests of change that lead to process improvements in the organization.
- Work with your peers to gain support and incorporate initiative components into practice.
- Spread successes across the entire hospital system where applicable.

Proposed strategies are adaptable to all hospital settings. Each facility can either adopt an existing set of protocols or guidelines and tools or develop/adapt protocols or guidelines and tools over time to meet their needs using evidence-based elements.

FPQC will:

- Build a strong collaborative learning environment to support hospitals in driving change.
- Coordinate experts and other resources to support the improvement process.
- Offer content oversight and process management for the initiative.
- Offer participants evidence-based information on the subject and information on applying that subject matter via medical and quality improvement experts.
- Offer tools and resources to support hospitals in implementing process changes and improving documentation.
- Develop/adapt/update useful materials and tools as needed by the initiative.
- Host an online resource toolbox for hospital implementation.
- Offer guidance and feedback to participating hospitals on executing improvement strategies.
- Provide educational events and conduct on-site technical assistance consultations.
- Convene regular learning session coaching calls and webinars to support hospitals in driving change.
- Facilitate an online data submission process and provide monthly quality improvement data reports as well as a baseline assessment report.
- Communicate progress and deliverables to the stakeholders of FPQC.
- Evaluate and report results in a fashion that does not publicly identify hospitals and providers.

SDOH Initiative hospitals will learn improvement strategies that include establishing goals and methods to develop, test, and implement changes to their systems with the goal of improving outcomes for women with risks related to social determinants of health. Sites will collect quantitative and qualitative data and submit monthly to FPQC using REDCap, a HIPAA-compliant, secure online interface. FPQC will regularly share timely de-identified comparative data with hospital teams. A data use agreement will be established with hospitals prior to the start of the initiative.

SDOH Initiative Timeline (subject to change)

| Tasks | Target Completion Date |
|---|------------------------------|
| Recruit Leadership Team and Submit Hospital Application to Participate | March 15, 2023 |
| Prepare for Initiative Kick Off, Establish Local Team Meeting Schedule | Feb-March, 2023 |
| Complete and submit signed Data Use Agreement | April 26, 2023 |
| Initiative Kick Off Meeting, Complete Pre-Implementation Survey | April 26, 2023, 9 a.m.-4p.m. |
| Individual Hospital Kick Offs of SDOH Initiative | July 2023 |
| Regular Learning Session Webinars/Coaching Calls for training and collaboration (including at least one presentation each quarter from each facility on your progress) Hold regular local team/department meetings | July 2023 – December 2024 |
| On-Site Technical Assistance Consultations from FPQC | July 2023 – December 2024 |
| Ongoing Data Collection and Technical Assistance upon request | July 2023 – December 2024 |
| In-person Mid-Initiative Meeting | Early 2024 |
| Initiative hospital post-implementation survey | November 2024 |
| Initiative completion | December 2024 |

SDOH Initiative Recommended Key Practices

1. Develop a hospital interdisciplinary QI team to address the SDOH Initiative.
2. The hospital QI team should learn about SDOH Initiative practices and tools and develop a hospital implementation plan accordingly.
3. Develop or revise hospital guidelines and policies as appropriate to support SDOH screening for all women. Guidelines should include using a recommended screening tool, documenting screening in the medical record, and providing appropriate referrals for patients screening positive.
4. Provide written and verbal patient and family education on screening for SDOH.
5. Educate staff on Respectful Care concepts and incorporate approaches throughout the hospital stay.
6. Engage postpartum care providers in SDOH follow-up and referral processes. This includes sharing provider education packets.
7. Monitor and present SDOH monthly data reports to the hospital QI team, providers and staff, and hospital leadership.
8. Participate in monthly coaching calls for shared learning on SDOH successes and challenges.
9. Implement 30-60-90-day plans and PDSA cycles throughout the SDOH Initiative to improve discharge processes.
10. If your hospital has a person designated to address health disparities, consider including them on your team.

A key driver diagram that visualizes factors that impact outcomes in order to assist in prioritizing strategies and actions to improve outcomes is included in Appendix A.

Initiative Core Measures

Data collection and analysis are key components of quality improvement. “What gets measured gets managed!” Participants will focus on improving practice metrics for their institution relative to their baseline assessment (de-identified data will be submitted by participating sites). FPQC will provide monthly metric measures de-identified by hospital to allow each hospital to compare itself to other participating sites.

Participating hospitals will be asked to collect and submit data to support outcome, structure and process measures. Please see the Measurement Grid in Appendix B for more information on each measure.

How to Apply

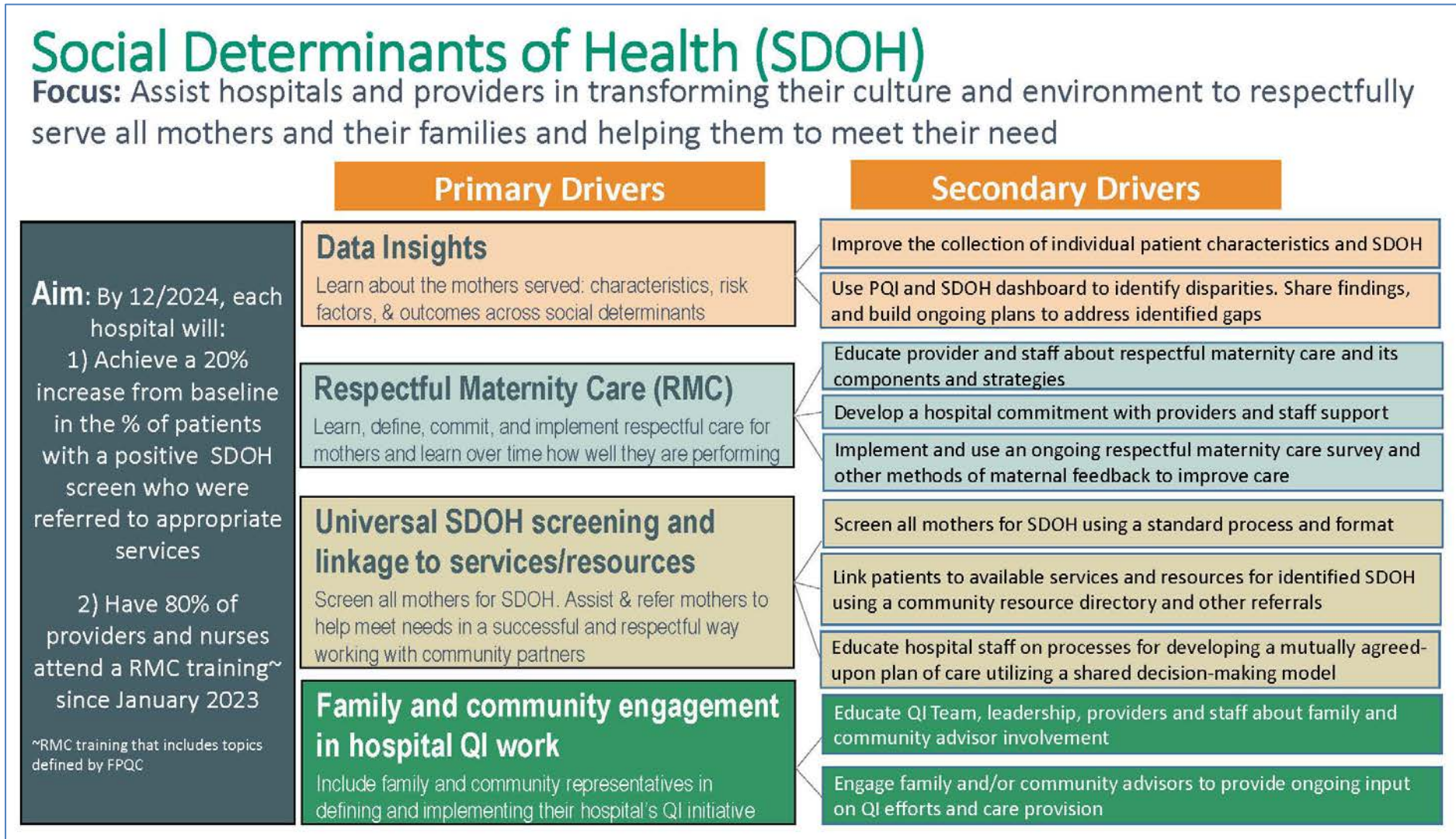
To be involved in the SDOH Initiative, please complete the online application at <https://tinyurl.com/SDOH-Application>. The deadline for applying is March 15, 2023.

It is important that you coordinate with your entire hospital to ensure everyone is aware that you are applying, and your hospital does not submit more than one application with different champions. A minimum of 3 team leaders are required. We will contact all team members by email to confirm their commitment; **a response from all team members will be required to complete your application.**

If accepted, a Hospital Commitment Letter signed by an appropriate authorizing hospital executive will be required. A Data Use Agreement will be provided to accepted hospitals.

APPENDIX A: KEY DRIVER DIAGRAM

A key driver diagram (KDD) is intended to assist in identifying factors that impact outcomes, and in prioritizing actions and strategies to be undertaken to improve outcomes. This includes potentially better practices (PBPs) that relate directly to the primary aim of increasing the percentage of patients who were screened for SDOH and referred to appropriate services and increasing the percentage of providers and nurses who have attended training on Respectful Care.



APPENDIX B: MEASUREMENT GRID

SOCIAL DETERMINANTS OF HEALTH (SDOH) MEASUREMENT GRID

The SDOH Initiative’s purpose is to assist hospitals and providers in addressing social determinants of health and maternal disparities by strengthening respectful, patient-centered care, and improving hospitals’ environment and culture.

The measures listed in this document will be calculated and reported monthly to participating hospitals in a quality improvement data report so that facilities can track their progress. These measures may be subject to change during the initiative with prior approvals.

Selection process:

- **If your hospital has 40 births per month or more:** report 20 systematically selected discharged deliveries per month. Selection process: Start by dividing the total number of delivery discharges that occurred at your facility in a given month by 20. Then select every nth chart where n is the result of that division. e.g., your hospital had 105 discharged deliveries in June. Divide 105 by 20. 5 is your nth for June. Report data on every 5th chart.

- **If your hospital has less than 40 births per month: report the first 10 delivery charts per month.**

Patients need to meet the following criteria:

Inclusion criteria (qualifying patients): include women admitted for delivery who are discharged home, regardless of infant outcome.

Exclude: pregnant women who are in observation status or seen in the ED; pregnant women not admitted for delivery; women admitted for delivery who die prior to discharge or are transferred to other hospitals.

| # | OUTCOME MEASURE | Description | Reported | Source |
|----|--|--|--|-------------------------------|
| O1 | Referral to available services and resources for identified SDOH | Numerator: # of women with positive SDOH screening who were referred to available services (e.g., by using a community resource directory, referrals to community partnerships/organizations, etc.) Denominator: # qualifying women | Monthly Disaggregated by race-ethnicity, insurance type, language | Abstracted from medical chart |

| | | | | |
|-----------|--|---|--|---|
| O2 | % of providers and staff that have attended a Respectful Maternity Care (RMC) training since January 2023 and committed to respectful care practices | Report: 0%; 1-25%; 26-50%; 51-75%; 76-100% separately for providers and nurses Note: providers and staff have to complete Respectful Maternity Care training prior to commitment | Quarterly | Varies by hospital (i.e., manual tally, staff education system) |
| # | PROCESS MEASURES | | | |
| P1 | Universal SDOH screening | Numerator: # of qualifying women with documented SDOH screening Denominator: # qualifying women | Monthly Disaggregated by race-ethnicity, insurance type, language | Abstracted from medical chart |
| P2 | Staff education | % of providers and staff completing education on 1) processes for developing an agreed-upon plan of care utilizing a shared decision-making model, and 2) the involvement of the family and community advisor Report: 0%; 1-25%; 26-50%; 51-75%; 76-100% separately for providers and nurses | Quarterly | Hospital-level data |

Hospitals need to implement and/or reinforce key processes, guidelines, policies, and resources to support SDOH. Hospitals will report structural measures until they have them fully implemented. Report as follows:

- **Not started**
- **Planning**
- **Started Implementing** - started implementation in the last 3 months

- **Implemented** - less than 80% compliance after at least 3 months of Implementation (Not routine practice)
- **Fully Implemented** - at least 80% compliance after at least 3 months of Implementation (Routine practice)

| # | STRUCTURAL MEASURES | | |
|----|---|---|---------------------|
| S1 | Develop a process flow of the process to collect, document, and correct demographic intake questions (key personnel, timing, etc.) | Numerator: # of hospitals that have developed a process flow of the process to collect, document, and correct demographic intake questions (key personnel, timing, etc.) Denominator: # of participating hospitals | Hospital-level data |
| S2 | Create a protocol, process, or guideline to collect, document, and correct patient 1) self-identified race, ethnicity, primary language, and other patient characteristics, 2) SDOH data, and 3) outcome data | Numerator: # of hospitals that have created a protocol, process, or guideline to collect, document, and correct patient 1) self-identified race, ethnicity, primary language, and other patient characteristics, 2) SDOH data, and 3) outcome data Denominator: # of participating hospitals | Hospital-level data |
| S3 | Implement a strategy to provide information to patients who have questions on why race, ethnicity, language, and SDOH data are being collected (script, brochure, video, etc.) | Numerator: # of hospitals that implemented a strategy to provide information to patients who have questions on why race, ethnicity, language, and SDOH data are being collected Denominator: # of participating hospitals | Hospital-level data |
| S4 | Implement hospital's written action plan to address at least one identified healthcare disparity | Numerator: # of hospitals that implemented their hospitals' written action plan to address at least one identified healthcare disparity Denominator: # of participating hospitals During the planning stage: hospitals will identify and summarize health care disparities for key perinatal outcomes utilizing the | Hospital-level data |

| | | | |
|-----------|--|---|---------------------|
| | | Perinatal Quality Indicator report (PQI) and SDOH dashboard or your hospital IT system | |
| S5 | Strategy for sharing expected respectful care practices with delivery staff and patients (i.e., posting in L&D, training sessions, onboarding new personnel) including appropriately engaging support partners and/or doulas | Numerator: # of hospitals that have a strategy for sharing expected respectful care practices with delivery staff and patients including appropriately engaging support partners and/or doulas Denominator: # of participating hospitals | Hospital-level data |
| S6 | Implement a patient respectful care survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results | Numerator: # of hospitals that implemented a patient respectful care survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results Denominator: # of participating hospitals | Hospital-level data |
| S7 | Protocol, process or guideline for screening pregnant patients for social determinants of health during delivery admission | Numerator: # of hospitals with a protocol, process or guideline for screening pregnant patients for social determinants of health during delivery admission Denominator: # of participating hospitals | Hospital-level data |
| S8 | Protocol, process or guideline for referring patients to needed community resources and services | Numerator: # of hospitals with a protocol, process or guideline for referring patients to needed community resources and services Denominator: # of participating hospitals | Hospital-level data |
| S9 | Family/Community advisor participates as part of the QI team (e.g., Healthy Start representative, home visiting program representative) | Numerator: # of hospitals with a family/community advisor who participates as part of the QI team | Hospital-level |



| | | | |
|--|--|---|--|
| | | Denominator: # of participating hospitals | |
|--|--|---|--|