



**Baptist
Health**

South Miami Hospital

Promising Practices for Screening

Social Determinants of Health

April 18, 2024



Benefits of Paper for the Patient Experience

- ❑ Available in English, Spanish and Creole as well 32 other languages
- ❑ Gives the patient adequate time to complete the tool
- ❑ Provides opportunity for privacy and genuine responses
- ❑ Serves as a tool for data collection without having to go into the EMR



Benefits of Paper

PRAPARE
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences
Paper Version of PRAPARE™ for Implementation as of September 2, 2014

Personal Characteristics

1. Are you Hispanic or Latino?
 Yes No I choose not to answer this question.

2. Which race(s) are you? Check all that apply.
Asian Native Hawaiian
Black or African American
White American Indian/Alaskan Native
Other (specify below) I choose not to answer this question.

3. At any point in the past 2 years, has illness or injury from work been over or your family's main source of income?
 Yes No I choose not to answer this question.

4. Have you been discharged from the armed forces of the United States?
 Yes No I choose not to answer this question.

5. What language are you most comfortable speaking?
Spanish English Other I choose not to answer this question.

6. How many family members, including yourself, do you currently live with?
 I choose not to answer this question.

7. What is your housing situation like?
 I have housing.
 I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park). I choose not to answer this question.

8. Are you worried about losing your housing?
 Yes No I choose not to answer this question.

9. What is your highest level of school that you have finished?
 Less than high school degree High school diploma or GED More than high school I choose not to answer this question.

10. What is your current work situation?
 Unemployed Part-time or temporary work Full-time (includes unemployed but not seeking work, on furlough, retired, disabled, unpaid primary care giver) I choose not to answer this question.

11. What is your main insurance?
 None/uninsured Medicaid Medicare Other public insurance (CHIP)
 Private insurance I choose not to answer this question.

12. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.
 \$0-\$10K I choose not to answer this question.

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- ❑ As part of our workflow the PRAPARE screening tool is blue and placed on the front of the chart throughout the entire hospitalization (despite transcribing into the EMR) as a visual cue.
- ❑ Having hardcopy also gives Case Management an opportunity to assess other aspects of the family and home, money and resources and social and emotional help.
- ❑ PRAPARE is now an official BHSF form and part of the medical record.





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Paper Version of PRAPARE® for Implementation as of September 2, 2016

Personal Characteristics

1. Are you Hispanic or Latino?

| | | |
|-----|----|--------------------------------------|
| Yes | No | I choose not to answer this question |
|-----|----|--------------------------------------|

2. Which race(s) are you? Check all that apply

| | |
|--------------------------------------|--------------------------------|
| Asian | Native Hawaiian |
| Pacific Islander | Black/African American |
| White | American Indian/Alaskan Native |
| Other (please write): | |
| I choose not to answer this question | |

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

| | | |
|-----|----|--------------------------------------|
| Yes | No | I choose not to answer this question |
|-----|----|--------------------------------------|

4. Have you been discharged from the armed forces of the United States?

| | | |
|-----|----|--------------------------------------|
| Yes | No | I choose not to answer this question |
|-----|----|--------------------------------------|

5. What language are you most comfortable speaking?

Family & Home

6. How many family members, including yourself, do you currently live with? _____

| |
|--------------------------------------|
| I choose not to answer this question |
|--------------------------------------|

7. What is your housing situation today?

| |
|---|
| I have housing |
| I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) |
| I choose not to answer this question |

8. Are you worried about losing your housing?

| | | |
|-----|----|--------------------------------------|
| Yes | No | I choose not to answer this question |
|-----|----|--------------------------------------|

9. What address do you live at?

Street: _____
City, State, Zip code: _____

Money & Resources

10. What is the highest level of school that you have finished?

| | |
|------------------------------|--------------------------------------|
| Less than high school degree | High school diploma or GED |
| More than high school | I choose not to answer this question |

11. What is your current work situation?

| | | |
|--|-----------------------------|----------------|
| Unemployed | Part-time or temporary work | Full-time work |
| Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____ | | |
| I choose not to answer this question | | |

12. What is your main insurance?

| | |
|-----------------------------------|-------------------------------|
| None/uninsured | Medicaid |
| CHIP Medicaid | Medicare |
| Other public insurance (not CHIP) | Other Public Insurance (CHIP) |
| Private Insurance | |

13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.

| |
|--------------------------------------|
| I choose not to answer this question |
|--------------------------------------|

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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-----------------------------|-----|-----------------------|----------|-----|----|-----------|-----|----|------------|-----|----|--|--|--|--|-----|----|-------|-----|----|-----------------------|--------------------------------------|--|--|--|--|--|--|--|--|---|--|----|--------------------------------------|--|--|------------------|---------------------|--|---------------------|-------------------|--------------------------------------|--|--|--|--|------------|--------------|--|----------|-------------|--|-----------|--------------------------------------|--|-----|----|-----------------------------|--|-----|----|-----------------------------|--|-----|----|--------|--------------------------------------|--|--|--|--|-----|----|--------|---|--|--|--|--------------------------------------|--|--|--|
| <p>14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>Yes</td><td>No</td><td>Food</td><td>Yes</td><td>No</td><td>Clothing</td> </tr> <tr> <td>Yes</td><td>No</td><td>Utilities</td><td>Yes</td><td>No</td><td>Child Care</td> </tr> <tr> <td>Yes</td><td>No</td><td colspan="4">Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)</td> </tr> <tr> <td>Yes</td><td>No</td><td>Phone</td><td>Yes</td><td>No</td><td>Other (please write):</td> </tr> <tr> <td colspan="6">I choose not to answer this question</td> </tr> </table> <p>15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td>Yes, it has kept me from medical appointments or</td> </tr> <tr> <td></td> <td>Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</td> </tr> <tr> <td></td> <td>No</td> </tr> <tr> <td colspan="2">I choose not to answer this question</td> </tr> </table> <p>Social and Emotional Health</p> <p>16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"></td> <td>Less than once a</td> <td>1 or 2 times a week</td> </tr> <tr> <td></td> <td>3 to 5 times a week</td> <td>5 or more times a</td> </tr> <tr> <td colspan="3">I choose not to answer this question</td> </tr> </table> | Yes | No | Food | Yes | No | Clothing | Yes | No | Utilities | Yes | No | Child Care | Yes | No | Medicine or Any Health Care (Medical, Dental, Mental Health, Vision) | | | | Yes | No | Phone | Yes | No | Other (please write): | I choose not to answer this question | | | | | | | Yes, it has kept me from medical appointments or | | Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need | | No | I choose not to answer this question | | | Less than once a | 1 or 2 times a week | | 3 to 5 times a week | 5 or more times a | I choose not to answer this question | | | <p>17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"></td> <td>Not at all</td> <td>A little bit</td> </tr> <tr> <td></td> <td>Somewhat</td> <td>Quite a bit</td> </tr> <tr> <td></td> <td>Very much</td> <td>I choose not to answer this question</td> </tr> </table> <p>Optional Additional Questions</p> <p>18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"></td> <td>Yes</td> <td>No</td> <td>I choose not to answer this</td> </tr> </table> <p>19. Are you a refugee?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"></td> <td>Yes</td> <td>No</td> <td>I choose not to answer this</td> </tr> </table> <p>20. Do you feel physically and emotionally safe where you currently live?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"></td> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td colspan="4">I choose not to answer this question</td> </tr> </table> <p>21. In the past year, have you been afraid of your partner or ex-partner?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"></td> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td colspan="4">I have not had a partner in the past year</td> </tr> <tr> <td colspan="4">I choose not to answer this question</td> </tr> </table> | | Not at all | A little bit | | Somewhat | Quite a bit | | Very much | I choose not to answer this question | | Yes | No | I choose not to answer this | | Yes | No | I choose not to answer this | | Yes | No | Unsure | I choose not to answer this question | | | | | Yes | No | Unsure | I have not had a partner in the past year | | | | I choose not to answer this question | | | |
| Yes | No | Food | Yes | No | Clothing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | Utilities | Yes | No | Child Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | Medicine or Any Health Care (Medical, Dental, Mental Health, Vision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | Phone | Yes | No | Other (please write): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I choose not to answer this question | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes, it has kept me from medical appointments or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I choose not to answer this question | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Less than once a | 1 or 2 times a week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 to 5 times a week | 5 or more times a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I choose not to answer this question | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Not at all | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Somewhat | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Very much | I choose not to answer this question | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | I choose not to answer this | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | I choose not to answer this | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | Unsure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I choose not to answer this question | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | Unsure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have not had a partner in the past year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I choose not to answer this question | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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**Baptist
Health**

Screening Process

- ❑ Initially, all responses were reviewed by RN and a Case Management consultation was entered for a positive response for any of the 5 screening items/questions (Transportation, Housing, IPV, Food and Utilities).

The cutout master laminated copy helped the RNs to quickly identify any positive screening.

- ❑ As of January 2024, we started transcribing responses from the PRAPARE tool into the EMR. Currently, positive responses to any of the 5 screening items electronically generate a Case Management consultation.



**Baptist
Health**

Screening Process

- When unable to complete the PRAPARE tool secondary to emergent scenarios, once this patient is transferred from L&D to another unit (Mother Baby or ICU) the L&D nurse communicates to receiving RN the need to complete the PRAPARE Screening process.





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Personal Characteristics

1. Are you Hispanic or Latino?

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I choose not to answer this question |
|------------------------------|-----------------------------|---|

2. Which race(s) are you? Check all that apply

| | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native |
| Other (please write): | |
| <input type="checkbox"/> I choose not to answer this question | |

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I choose not to answer this question |
|------------------------------|-----------------------------|---|

4. Have you been discharged from the armed forces of the United States?

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I choose not to answer this question |
|------------------------------|-----------------------------|---|

5. What language are you most comfortable speaking?

Family & Home

6. How many family members, including yourself, do you currently live with? _____

| |
|---|
| <input type="checkbox"/> I choose not to answer this question |
|---|

7. What is your housing situation today?

| |
|---|
| <input type="checkbox"/> I have housing |
| <input type="checkbox"/> I do not have housing |
| <input type="checkbox"/> I choose not to answer this question |

8. Are you worried about losing your housing?

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I choose not to answer this question |
|------------------------------|-----------------------------|---|

9. What address do you live at?

Street: _____
City, State, Zip code: _____

Money & Resources

10. What is the highest level of school that you have finished?

| | |
|---|---|
| <input type="checkbox"/> Less than high school degree | <input type="checkbox"/> High school diploma or GED |
| <input type="checkbox"/> More than high school | <input type="checkbox"/> I choose not to answer this question |

11. What is your current work situation?

| | | |
|--|--|---|
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Part-time or temporary work | <input type="checkbox"/> Full-time work |
| Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: | | |
| <input type="checkbox"/> I choose not to answer this question | | |

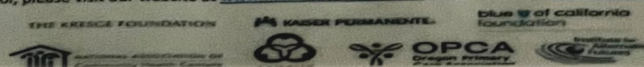
12. What is your main insurance?

| | |
|--|--|
| <input type="checkbox"/> None/uninsured | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> CHIP Medicaid | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Other public insurance (not CHIP) | <input type="checkbox"/> Other Public Insurance (CHIP) |
| <input type="checkbox"/> Private Insurance | |

13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.

| |
|---|
| <input type="checkbox"/> I choose not to answer this question |
|---|

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14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.

| | | | | | | |
|--------------------------------------|-----|-----------|--|-----|------------|-----------------------|
| <input checked="" type="checkbox"/> | No | Food | Yes | No | Clothing | |
| <input checked="" type="checkbox"/> | No | Utilities | Yes | No | Child Care | |
| <input type="checkbox"/> | Yes | No | Medicine or Any Health Care (Medical, Dental, Mental Health, Vision) | | | |
| <input type="checkbox"/> | Yes | No | Phone | Yes | No | Other (please write): |
| I choose not to answer this question | | | | | | |

15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

| | |
|--------------------------------------|---|
| <input checked="" type="checkbox"/> | Yes, it has kept me from medical appointments |
| <input type="checkbox"/> | Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need |
| <input type="checkbox"/> | No |
| I choose not to answer this question | |

Social and Emotional Health

16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

| | | | |
|--------------------------------------|-----------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Less than once a week | <input type="checkbox"/> | 1 or 2 times a week |
| <input type="checkbox"/> | 3 to 5 times a week | <input type="checkbox"/> | 5 or more times a week |
| I choose not to answer this question | | | |

17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

| | | | |
|--------------------------|------------|--------------------------------------|--------------|
| <input type="checkbox"/> | Not at all | <input type="checkbox"/> | A little bit |
| <input type="checkbox"/> | Somewhat | <input type="checkbox"/> | Quite a bit |
| <input type="checkbox"/> | Very much | I choose not to answer this question | |

Optional Additional Questions

18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

| | | | | | |
|--------------------------|-----|--------------------------|----|--------------------------|-----------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | I choose not to answer this |
|--------------------------|-----|--------------------------|----|--------------------------|-----------------------------|

19. Are you a refugee?

| | | | | | |
|--------------------------|-----|--------------------------|----|--------------------------|-----------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | I choose not to answer this |
|--------------------------|-----|--------------------------|----|--------------------------|-----------------------------|

20. Do you feel physically and emotionally safe where you currently live?

| | | | |
|--------------------------------------|-----|-------------------------------------|--------|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Unsure |
| I choose not to answer this question | | | |

21. In the past year, have you been afraid of your partner or ex-partner?

| | | | |
|---|----|--------------------------|--------|
| <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | Unsure |
| I have not had a partner in the past year | | | |
| I choose not to answer this question | | | |



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Challenges

- ❑ Many of the PRAPARE documents did not have a patient label which created difficulties in tracing patients and positive responses. (Educated staff on the need to place patient label for follow up and for future medical record inclusion.)
- ❑ Questions on the PRAPARE form were not in the same chronological order in the EMR and it became a very time-consuming process and compliance was decreasing (especially when it was in a different language.)
- ❑ Our Women's Health Clinical Informatics team was informed of this challenge and the Powerform was changed to display the numbers corresponding to the number sequence on the paper PRAPARE tool.



Social Determinants (PRAPARE) Update

Go-Live Date: 2.6.2024

What's Changing: The Social Determinants PRAPARE Powerform will now display the numbers corresponding to the number sequence on the paper PRAPARE tool and should be utilized when transcribing.

Why It's Changing: Ease of transcription.

Who's Impacted: Women's Health areas only.

Social Determinants (PRAPARE)

The numbers within the Social Determinants Power form match the downtime paper SOGH PRAPARE number sequence and should be utilized when transcribing.

Personal Characteristics

5. What language are you most comfortable speaking?

3. At any point in the past 3 years, has seasonal or migrant farm work been you or your family's main source of income? (Reference text)

4. Have you been discharged from the armed forces of the United States?

Family & Home

7. What is your housing situation today? (Reference text)

8. Are you worried about losing your housing?

6. How many family members, including yourself, do you currently live with?

Selecting "I do not have housing" will generate an automatic DV Screening order.

Money & Resources

10. What is the highest level of school you have finished?

11. What is your current work situation?

13. During the past year, what was the total combined income for you and the family members living with you?

14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?

15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?



Social Determinants (PRAPARE)

The numbers within the Social Determinants Power form match the downtime paper SDOH PRAPARE number sequence and should be utilized when transcribing.

Personal Characteristics

5. What language are you most comfortable speaking?

English

3. At any point in the past 2 years, has seasonal or migrant farm work been you or your family's main source of income? (Reference text)

- Yes
 No
 I choose not to answer this question

4. Have you been discharged from the armed forces of the United States?

- Yes
 No
 I choose not to answer this question

Family & Home

7. What is your housing situation today? (Refence text)

- I have housing
 I do not have housing
 I choose not to answer this question

8. Are you worried about losing your housing?

- Yes
 No
 I choose not to answer this question

6. How many family members, including yourself, do you currently live with?

3

Selecting "I do not having housing" will generate an automatic SW Screening order.

Money & Resources

10. What is the highest level of school you have finished?

- Less than a high school degree
 High school diploma or GED
 More than high school
 I choose not to answer this question

11. What is your current work situation?

- Unemployed and seeking work
 Full time work
 Part time or temporary work
 Unemployed, not seeking work (e.g. student)
 I choose not to answer this question
 Other:

13. During the past year, what was the total combined income for you and the family members living with you?

220,000 dollars/year

- I choose not to answer income question

14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?

- No
 Child care
 Clothing
 Food
 Medicine or any health care
 Phone
 Utilities
 I choose not to answer this question
 Other:

Selecting "Food" or "Utilities" and or "Medicine or any Health Care" will generate an automatic SW Screening order.

15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- Yes, kept from getting to medical appts/getting medications
 Yes, kept from non-medical meetings, work, or necessities
 No
 Patient unable to respond
 Patient declines to respond

Selecting "Yes, kept from getting to medical appts/getting medications" will generate an automatic SW Screening order.





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Challenges

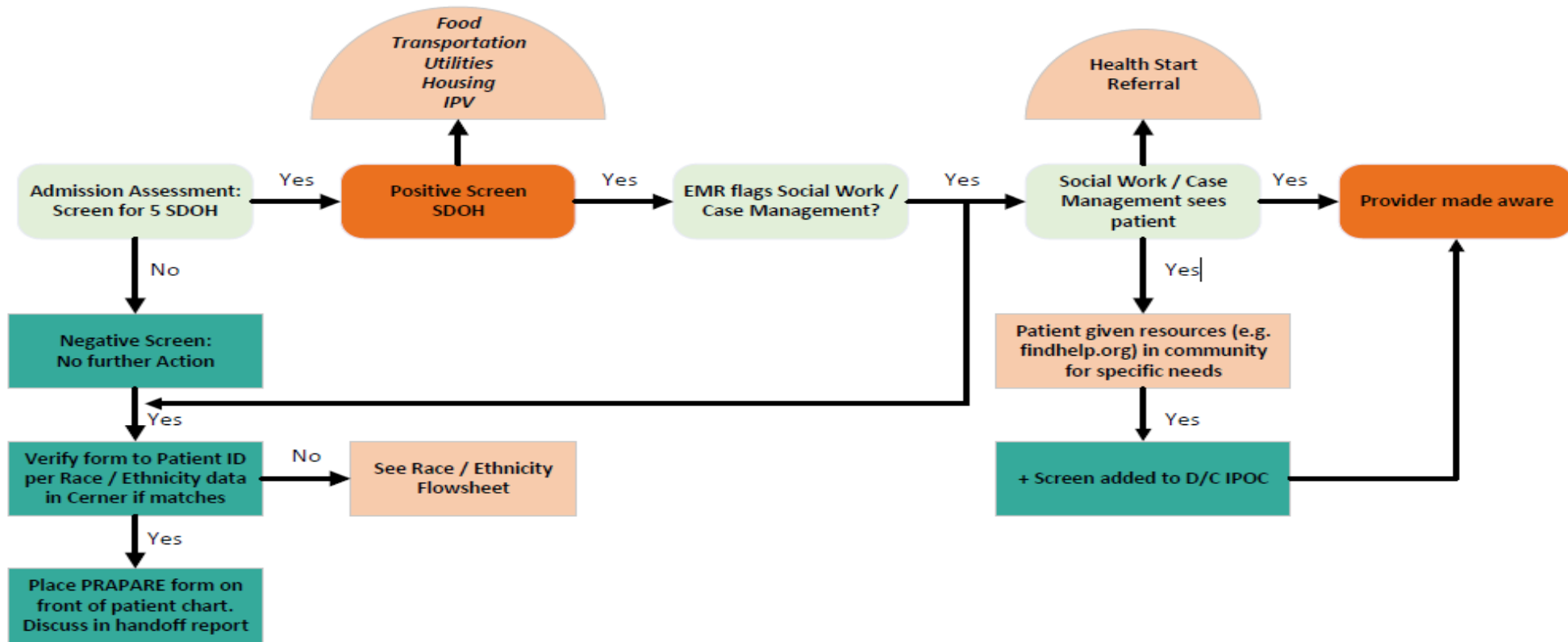
- ❑ Weekend
 - No weekend review - Audits are being completed in real time to ensure compliance with screening and consults completed prior to discharged.

- ❑ Inpatient versus Outpatient
 - If responses are transcribed into the EMR prior to inpatient status (for example OBED patient) Case Management consultations were not being generated.

- ❑ Inability to complete the OB history without transcribing the PRAPARE questions (hardstop). Nursing is selecting “patient opting out” to continue OB history and often not returning to enter PRAPARE responses.



Social Determinants of Health (SDOH) Screening & Referral



****Shared Decision-Making incorporated throughout SDOH Screening & Referral process**

Race and Ethnicity Verification



- ❑ Data review recognized documented differences in race and ethnicity from the PRAPARE tool and registration patient information in the EMR.
- ❑ Education for nursing staff included reviewing and confirming race and ethnicity in both the patient information screen and the PRAPARE tool and confirming with the patient to ensure reporting accuracy.
- ❑ Education also included the registration staff.































































Race/Ethnicity Error Rate SDOH




| Month | # of Patients whose Race/Ethnicity on PRAPARE tool did not match EMR | # of Patients screened | % of screened patients that did not match EMR | % of sceened patients with forms that did match |
|--------|--|------------------------|---|---|
| Aug-23 | 5 | 309 | 2% | 98.4% *started audit on 8/14/23 |
| Sep-23 | 21 | 259 | 8% | 92% |
| Oct-23 | 15 | 288 | 5% | 95% |
| Nov-23 | 24 | 282 | 9% | 91% |
| Dec-23 | 17 | 300 | 6% | 94% |
| Jan-24 | 16 | 282 | 6% | 94% |
| Feb-24 | 19 | 205 | 9% | 91% |



DATA QUALITY DASHBOARD

% Unknown/Missing in the Birth Certificate

| | | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---------------------------------|--------------------------|---|---|---|---|---|--|
| Maternal Characteristics | Maternal race |  |  |  |  |  |  0.3% |
| | Maternal ethnicity |  |  |  |  |  |  0.8% |
| | Insurance |  |  |  |  |  |  0.0% |
| Risk Factors | BMI |  |  |  |  |  |  1.9% |
| | Prior live births dead |  |  |  |  |  |  0.0% |
| | Prior live births living |  |  |  |  |  |  0.0% |
| | Plurality |  |  |  |  |  |  0.0% |
| | Gestational age |  |  |  |  |  |  0.0% |
| Delivery | Fetal presentation |  |  |  |  |  |  4.1% |
| | Delivery route |  |  |  |  |  |  0.1% |

 $\geq 5\%$ unknown
  1.1-4.9% unknown
  $\leq 1\%$ unknown



DATA QUALITY DASHBOARD

Assess if data reported in the birth certificate agrees with data reported in the inpatient hospital discharge dataset

% Agreement in the Linked File

| | | 2017 | 2018 | 2019 | 2020 | 2021 |
|---------------------------------|------------------------|------|------|------|------|-------|
| Maternal Characteristics | Maternal race | | | | | 97.5% |
| | Maternal ethnicity | | | | | 93.6% |
| | Payer | | | | | 92.8% |
| Risk Factors | Singleton | | | | | 99.8% |
| | Born at term | | | | | 92.7% |
| | Not in vertex position | | | | | 95.8% |
| Delivery | Cesarean delivery | | | | | 94.5% |

≤90% agreement
 90.1-94.9% agreement
 ≥95% agreement



Committee created for PRAPARE screening process:

- Education
- Compliance
- Changes in workflow



Questions?

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