MONTH/YEAR_______________

Aggregate SDOH Monthly Report of patients admitted for delivery and discharged home		
# of patients discharged home after delivery	________	
# of patients discharged home after delivery with SDOH screening documented using a SDOH screening tool	________	☐ Unknown
# of patients discharged home after delivery with a positive SDOH screening	________	☐ Unknown
# of patients discharged home after delivery with a positive SDOH screening linked to needed resources/services	________	☐ Unknown

Complete for the first 10 women admitted for delivery who screened positive for SDOH and were discharged home, excluding women with a fetal/infant demise

STUDY ID # __________
(start with 001 and number sequentially until the end of the initiative)

PATIENT DEMOGRAPHICS

Discharge Month _______ **Year** ______	**Saturday/Sunday/ Holiday discharge** ☐ Yes ☐ No	**Length of Stay** _______ **days** (count if patient was in bed at midnight)
Race (check all that apply) ☐ Asian ☐ Black ☐ White ☐ Unknown ☐ Other: _______	**Ethnicity** ☐ Hispanic ☐ Non-Hispanic ☐ Unknown	**Preferred Language** ☐ English ☐ Spanish ☐ Creole ☐ Unknown ☐ Other: _____
Age (complete years, do not round up) ______	**Type of insurance** ☐ Medicaid/Medic. plans ☐ Private ☐ Self-pay ☐ Other: _________ ☐ Unknown	**Prenatal Care Started (PNC) in:** ☐ I/II Trimester ☐ III Trimester ☐ No PNC ☐ Unknown

SDOH SCREENING		**Action Plan (check all that apply)**		
	Positive Screen (check all that apply)	**Further Assmt. Completed**	**Adapted Care Plan**	**Referral Arranged**
Food Insecurity	☐	☐	☐	☐
Housing Instability	☐	☐	☐	☐
Utility Needs	☐	☐	☐	☐
Transportation Needs	☐	☐	☐	☐
Feeling Unsafe at Home/ Intimate Partner Violence	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐

DEFINITIONS

Further Assessment Completed: evaluation to assess extent of adverse SDOH

Adapted Care Plan to better fit the needs of the patient

Referral Arranged for patient prior to discharge

STUDY ID # __________

PATIENT DEMOGRAPHICS

Discharge Month _______ Year _____	Saturday/Sunday/ Holiday discharge ☐ Yes ☐ No	Length of Stay ______ days (count if patient was in bed at midnight)
Race (check all that apply) ☐ Asian ☐ Black ☐ White ☐ Unknown ☐ Other: _______	**Ethnicity** ☐ Hispanic ☐ Non-Hispanic ☐ Unknown	**Preferred Language** ☐ English ☐ Spanish ☐ Creole ☐ Unknown ☐ Other: _____
Age (complete years, do not round up) ______	**Type of insurance** ☐ Medicaid/Medic. plans ☐ Private ☐ Self-pay ☐ Other: _________ ☐ Unknown	**Prenatal Care Started (PNC) in:** ☐ I/II Trimester ☐ III Trimester ☐ No PNC ☐ Unknown

SDOH SCREENING		Action Plan (check all that apply)		
	Positive Screen (check all that apply)	Further Assmt. Completed	Adapted Care Plan	Referral Arranged
Food Insecurity	☐	☐	☐	☐
Housing Instability	☐	☐	☐	☐
Utility Needs	☐	☐	☐	☐
Transportation Needs	☐	☐	☐	☐
Feeling Unsafe at Home/ Intimate Partner Violence	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐

DEFINITIONS

Further Assessment Completed: evaluation to assess extent of adverse SDOH

Adapted Care Plan to better fit the needs of the patient

Referral Arranged for patient prior to discharge

STUDY ID # __________

PATIENT DEMOGRAPHICS

Discharge Month _______ Year _____	Saturday/Sunday/ Holiday discharge ☐ Yes ☐ No	Length of Stay ______ days (count if patient was in bed at midnight)
Race (check all that apply) ☐ Asian ☐ Black ☐ White ☐ Unknown ☐ Other: _______	**Ethnicity** ☐ Hispanic ☐ Non-Hispanic ☐ Unknown	**Preferred Language** ☐ English ☐ Spanish ☐ Creole ☐ Unknown ☐ Other: _____
Age (complete years, do not round up) ______	**Type of insurance** ☐ Medicaid/Medic. plans ☐ Private ☐ Self-pay ☐ Other: _________ ☐ Unknown	**Prenatal Care Started (PNC) in:** ☐ I/II Trimester ☐ III Trimester ☐ No PNC ☐ Unknown

SDOH SCREENING		Action Plan (check all that apply)		
	Positive Screen (check all that apply)	Further Assmt. Completed	Adapted Care Plan	Referral Arranged
Food Insecurity	☐	☐	☐	☐
Housing Instability	☐	☐	☐	☐
Utility Needs	☐	☐	☐	☐
Transportation Needs	☐	☐	☐	☐
Feeling Unsafe at Home/ Intimate Partner Violence	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐

DEFINITIONS

Further Assessment Completed: evaluation to assess extent of adverse SDOH

Adapted Care Plan to better fit the needs of the patient

Referral Arranged for patient prior to discharge