

SDOH Screening & Referral Saves Lives!

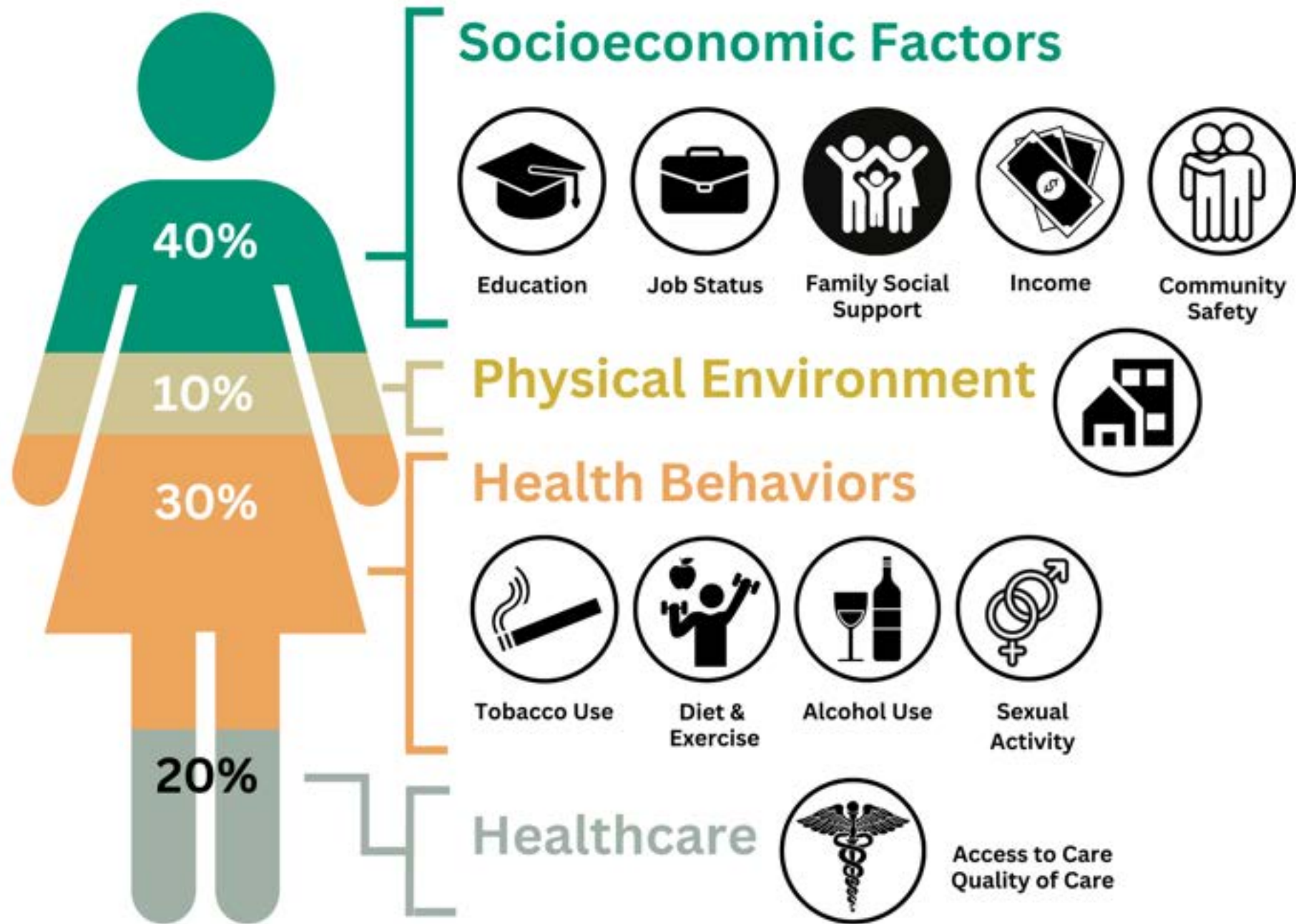
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What is Health?





The 2020 Surgeon General's Call to Action to Improve Maternal Health includes the following directive:

“Coordinate care with community resources such as group prenatal programs, WIC, home visiting programs and others that address social determinants of health. Consider alternative approaches to expanding access and education, to include use of community health workers.”

<https://orwh.od.nih.gov/sites/orwh/files/docs/call-to-action-maternal-health-surgeon-general.pdf>

Improve maternal health by transforming hospital culture and environments to respectfully serve all mothers and their families, and by helping them meet their needs.

Universal SDOH Screening and Linkage to Services/Resources

- Screen all mothers for SDOH.
- Assist & refer mothers to help meet needs in a successful & respectful way working with community partners.





Screening Items

- Transportation
- Housing
- IPV
- Food
- Utilities

New CMS Requirements for SDOH

Of all patients admitted to hospital, how many were screened for SDOH?

- Denominator: All patients admitted to your hospital who are 18 years or older.
- Numerator: The number of patients who were screened for the five domains of SDOH including Food Insecurity, Housing Instability, Transportation Needs, Utility Difficulties, Interpersonal Safety (all five domains must be reported).

CMS required reporting timeline:

- Collection period: January 1, 2024 – December 31, 2024
- Submission deadline: May 15, 2025

TJC - 5 Elements of Performance (EPs) around SDOH effective Jan 2023

Strategies



- **Assess current workflow SDOH screening/referral (GEMBA walk)**
- **Review EMR for standard SDOH screening & determine if tool needs to be added**
- **Educate hospital team on “why” behind SDOH screening & referral**
- **Provide training on how to screen for SDOH**

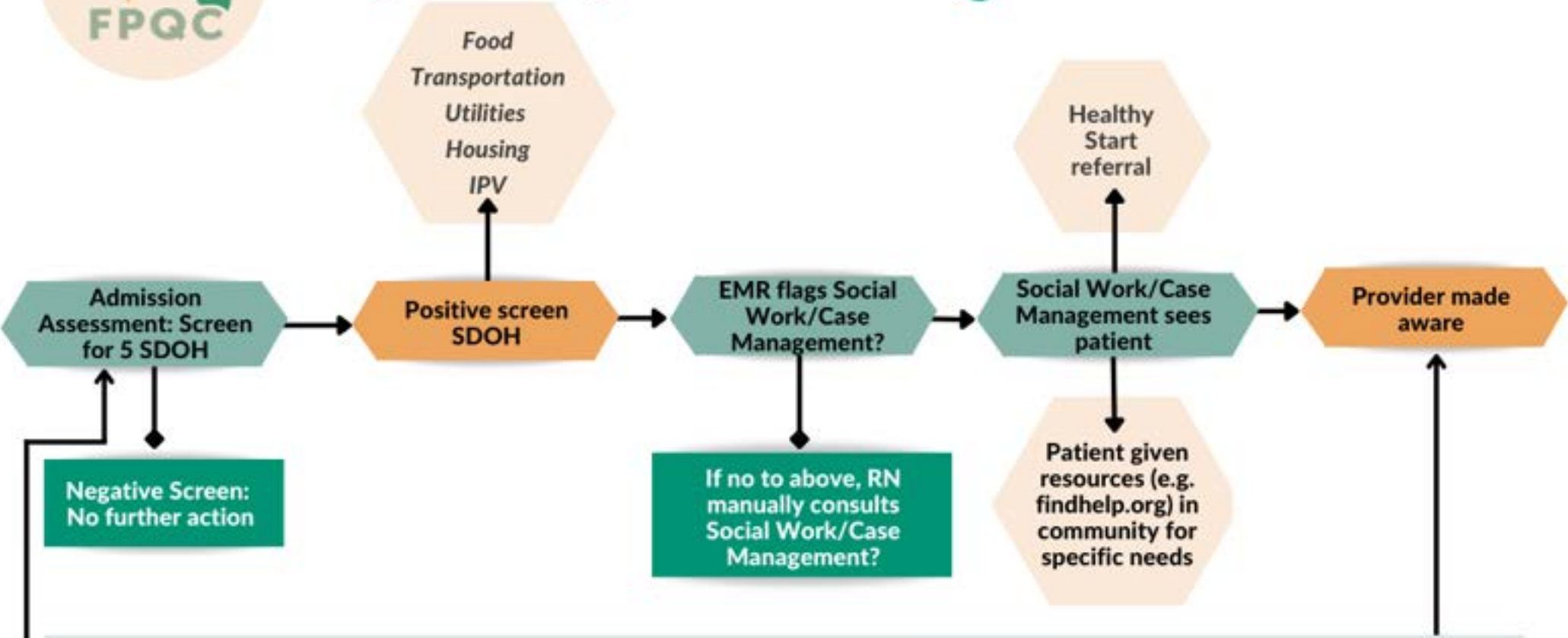
Resources

- **FPQC Toolbox has examples of SDOH screening in EMR**

Suggested Process for SDOH Screening

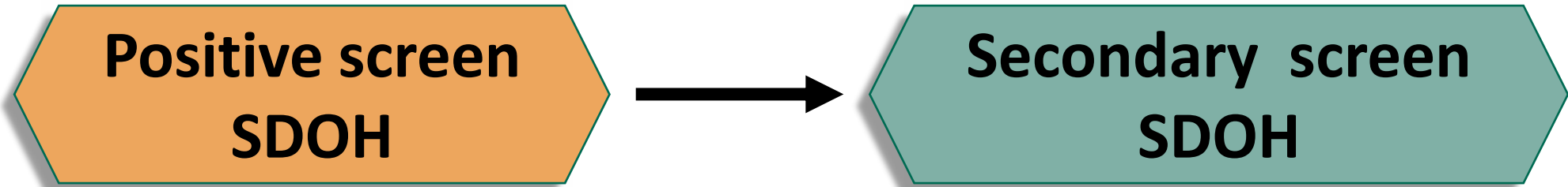


Social Determinants of Health (SDOH) Screening & Referral



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





- Suggested FPQC secondary screening questions
- Tailored specifically for new mothers
- Framed by the Maternal Advisory Group
- Designed for shared decision-making
- Should be asked privately
- Screening process should define who asks these

Link Patients to Available Community Services

- Connect with Health Start Coalition
- Resource Directory for your community
- Review quarterly



Linkages to Services & Resources Recommendations



Others?

MFC Review

- Screened patients
- Identified Community Resources
- Referred to Services





Shared Decision-Making Model



Step
1

Seeking participation.



Step
2

Helping you explore & compare treatment options.



Step
3

Assessing your values and preferences.



Step
4

Reaching a decision with you.



Step
5

Evaluating your decision.

Ask 3 Questions

There may be choices to make about your healthcare.
Make sure you get the answers to these three questions:*

What are my choices?

How do I get support to help me make a decision that is right for me?

What is good and bad about each choice?



Your healthcare team needs you to tell them what is important to you.
It's about shared decision making.

Putting it all together

Mother-Focused Care (MFC)

Focus: Assist hospitals and providers in transforming their culture and environment to respectfully serve all mothers and their families and helping them to meet their needs.

Primary Drivers

Secondary Drivers

Aim: By 12/2024, each hospital will:

1) Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services

2) Have 80% of providers and nurses attend an RMC training~ since January 2023

~RMC training that includes topics defined by FPQC

Data Insights

Learn about the mothers served: characteristics, risk factors, & outcomes across populations

Respectful Maternity Care (RMC)

Learn, define, commit, and implement respectful care for mothers and learn over time how well they are performing

Universal SDOH Screening and Linkage to Services/Resources

Screen all mothers for SDOH. Assist & refer mothers to help meet needs in a successful and respectful way working with community partners

Family & Community Engagement in Hospital QI Work

Include family and community representatives in defining and implementing their hospital's QI initiative

Improve the collection of individual patient characteristics

Use PQI & Differences in Perinatal Outcomes dashboard to identify differences. Share findings and build ongoing plans to address gaps

Educate provider and staff about respectful maternity care and its components and strategies

Develop a hospital commitment with providers and staff support

Implement and use an ongoing respectful maternity care survey and other methods of maternal feedback to improve care

Screen all mothers for SDOH using a standard process and format

Link patients to available services and resources for identified SDOH using a community resource directory and other referrals

Educate hospital staff on processes for developing a mutually agreed-upon plan of care utilizing a shared decision-making model

Educate QI Team and leadership about family and community advisor involvement

Engage family and/or community advisors to provide ongoing input on QI efforts and care provision

Questions?

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