



Submit quarterly for 12 systematically selected patients admitted for delivery with a Positive SDOH screening (sampling method below)

STUDY ID # \_\_\_\_\_

SAMPLING

- Report 4 systematically selected discharged deliveries per month (submit 12 quarterly to FPQC)  
**Selection process:** Divide the total positive SDOH discharges at your facility in a given month by 4. Then select every nth chart where n is the result of that division. e.g. There were 20 Positive SDOH discharged in June. Divide 20 by 4. 5 is your nth for June. Report data on every 5th chart. If less than 20 total, report the first 4 positive SDOH discharges each month.

DEMOGRAPHICS

Discharge Month _____ Year _____			
Saturday/Sunday/Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
Type of insurance	<input type="checkbox"/> Medicaid/Medicaid plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Race (check all that apply)	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
Prenatal care started in:	<input type="checkbox"/> I/II Trimester <input type="checkbox"/> III Trimester <input type="checkbox"/> No Prenatal Care <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____

SDOH Positive Screens

	Positive Screen	Further Assessment Completed	Referral Arranged	DATA DEFINITIONS
Food Insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Positive Screen:</b> Screened Positive for Social Determinants of Health  <b>Further Assessment Completed:</b> Secondary screening performed to assess extent of adverse determinants of health.  <b>Referral Arranged:</b> Referral was made for patient, either during stay or after discharge
Housing Instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utility Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling Unsafe at Home / Positive for Intimate Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Aggregate SDOH Quarterly Report		
# of patients discharged home after delivery	_____	<input type="checkbox"/> Unknown
# of patients discharged home after delivery with SDOH screening documented using an SDOH screening tool	_____	<input type="checkbox"/> Unknown
# of patients discharged home after delivery with a positive SDOH screening	_____	<input type="checkbox"/> Unknown
# of patients discharged home after delivery with a positive SDOH screening linked to needed resources/services	_____	<input type="checkbox"/> Unknown

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DATA DEFINITIONS

**Further Assessment Completed:** Secondary screening performed to assess extent of adverse determinants of health.  
**Referral Arranged:** Referral was made for patient, either during stay or after discharge.

SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health as Outlined by the Central Medicare and Medicaid Services (CMS)	
Food Insecurity	Limited or uncertain access to adequate quality and quantity of food at the household level.
Housing Insecurity	Multiple conditions ranging from the inability to pay rent or mortgage, frequent changes in residence including temporary stays with friends and relatives, living in crowded conditions, and actual lack of sheltered housing in which an individual does not have a personal residence.
Utility Needs	Inconsistent availability of electricity, water, oil, and gas services is directly associated with housing instability and food insecurity.
Transportation Needs	Unmet transportation needs include limitations that impede transportation to destinations required for all aspects of daily living.
Feeling unsafe at home or positive screen for Intimate Partner Violence	Assessment for this domain includes screening for exposure to intimate partner violence, child abuse, and elder abuse.