



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

STUDY ID # _____

SAMPLING

- Report 4 systematically selected discharged deliveries per month (submit 12 quarterly to FPQC)
Selection process: Start by dividing the total number of Positive SDOH discharges that occurred at your facility in a given month by 4. Then select every nth chart where n is the result of that division. e.g. Your hospital had 104 Positive SDOH discharged in June. Divide 104 by 4. 26 is your nth for June. Report data on every 26th chart.

DEMOGRAPHICS

Discharge Month _____ Year _____

Saturday/Sunday/Holiday discharge Yes No

Ethnicity
 Hispanic
 Non-Hispanic
 Unknown

Type of insurance
 Medicaid/Medicaid plans
 Private
 Self-pay
 Other: _____
 Unknown

Race (check all that apply)
 Asian
 Black
 White
 Unknown
 Other: _____

Prenatal care started in:
 I/II Trimester
 III Trimester
 No Prenatal Care
 Unknown
 Other: _____

Preferred Language
 English
 Spanish
 Creole
 Unknown
 Other: _____

SDOH Positive Screens

	Positive Screen	Further Assessment Completed	Referral Arranged	DATA DEFINITIONS
Food Insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive Screen: Screened Positive for Social Determinants of Health 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
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

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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.

Questions? Please contact fpqc@usf.edu

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