



tchmb

Texas Collaborative for
Healthy Mothers & Babies

2023 TCHMB Summit

February 16-17

How to Recognize & Assess Social Needs



Thursday, February 16



1:30 - 2:30 PM

MODERATOR: Patrick Ramsey, M.D., MSPH,
Chief Medical Officer for the Texas
Collaborative for Healthy Mothers
and Babies and Professor and Division
Chief for Maternal-Fetal Medicine
at UT Health San Antonio



**AMY RAINES-
MILENKOV DrPH,**

University of North Texas
Health Science Center,
Associate Professor,
Pediatrics



MISTY WILDER, MSW

Program Director Healthy
Start at University of North
Texas Health Science
Center at Fort Worth



**TAMEQUA
MUHAMMAD**

Community Health Worker,
Healthy Start at University
of North Texas Health
Science Center
at Fort Worth



tchmb

Texas Collaborative for
Healthy Mothers & Babies

2023 TCHMB Summit

February 16-17

How to bring SD into QI How do we close the loop?



Thursday, February 16



2:30 - 3:30 PM

MODERATOR: Kendra Fohl, MSN, RNC-OB, C-ONQS, CPHQ, CLSSBB, Program Director for the Women's and Children's Service Line at Memorial Hermann Healthcare System



**ANN BORDERS, M.D.,
MSc, MPH**

Executive Director
and Obstetric Lead,
Illinois Perinatal Quality
Collaborative Maternal
Fetal Medicine, NorthShore
University Health System
Clinical Associate
Professor, Pritzker School
of Medicine, University
of Chicago



**ELENA JENKINS,
RN BSN**

Nurse Manager - Labor
& Delivery, SSM Health St.
Mary's Hospital - St. Louis

Birth Equity (BE) Initiative: *working together to promote equity and reduce disparities*

Ann Borders, MD, MSc, MPH

*Ian Bernard Horowitz Professor of Obstetrics,
NorthShore University HealthSystem, University
of Chicago, Pritzker School of Medicine*

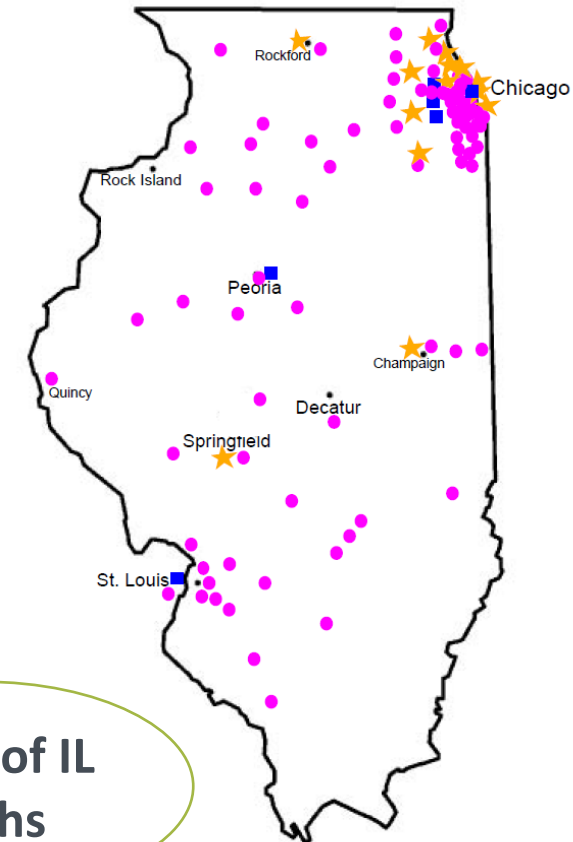
*Executive Director and OB Lead, Illinois Perinatal
Quality Collaborative*



Illinois Perinatal Quality Collaborative (ILPQC)



- Multi-disciplinary, multi-stakeholder Perinatal Quality Collaborative with 100 Illinois hospitals



Birth Equity Initiative

6/2021 – current
86/100 birthing hospitals



Foundational initiative for that builds on existing hospital efforts and lay the groundwork for ongoing equity work to address maternal disparities and promote birth equity

National Guidelines & PQC Partners

READINESS

Every health system:

- Establish systems to accurately document self-identified race, ethnicity, and primary language.
- Provide system-wide staff education and training on how to ask demographic intake questions.
- Ensure that patients understand why race, ethnicity, and language data are being collected.
- Ensure that race, ethnicity, and language data are accessible in the electronic medical record.
- Evaluate non-English language proficiency (e.g. Spanish proficiency) for providers who communicate with patients in languages other than English.

PATIENT SAFETY BUNDLE

Reduction of Racial/Ethnic

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PROVIDERS

COMMITTEE OPINION

Number 649 • December 2015 (Reaffirmed 2018) (Replaces Committee Opinion Number 317, October 2005)

Committee on Health Care for Underserved Women

This information should not be construed as advocating an exclusive course of treatment or procedure to be followed.

Racial and Ethnic Disparities in Obstetrics and Gynecology

ABSTRACT: Providers suggest that people of color will represent most of the U.S. population by 2050, and yet significant racial and ethnic disparities persist in women's health and health care. Although socioeconomic status accounts for some of these disparities, factors at the patient, practitioner, and health care system levels contribute to existing and evolving disparities in women's health outcomes. The American College of Obstetricians and Gynecologists is committed to the elimination of racial and ethnic disparities in the health and health care of

CMQCC
California Maternal Quality Care Collaborative

AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

PNQIN
PERINATAL-NEONATAL QUALITY IMPROVEMENT NETWORK

STRATEGIES TO OVERCOME RACISM'S IMPACT ON PREGNANCY OUTCOMES

TYPES OF RACISM

Individualism: ...
Personality Method: ...
Internalized: ...

REPRODUCTIVE JUSTICE

IMPACTS

Health Care Providers are Less Likely to Respond to the Concerns of Black Women

22% less likely

Black Women Face Barriers to Accessing their Preferred Method of Contraception

45.8%
39.8%
16.3%
13.0%
11.4%

Black Infants are More Likely to Be Born Early

17%
13%

Black Infants are More Likely to Die Before Their First Birthday

3.94 times
1.74 times

STRATEGIES

Confront Your Own Racism and Act Against Personal Biases

84% of providers report they would be more likely to provide care to a Black patient if they were not biased.

29% of providers report they would be more likely to provide care to a Black patient if they were not biased.

Offer Implicit Bias and Anti-Racism Training for Health Care Professionals

Expand or Extend Medicaid

Increase Access to Quality, Comprehensive Reproductive Health Care

Commit to Diversifying the Health Care Workforce & Leadership

Improve Maternal Health Data Collection and Reporting Methods

For more information, visit www.nbcc.org/equality.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PROVIDERS

ACOG COMMITTEE OPINION

Number 775 • January 2018 (Replaces Committee Opinion Number 482, July 2011)

Committee on Health Care for Underserved Women

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women in collaboration with committee members Gynecologists, MD, PhD, Susan Oberman, MD, MS, and Dawn Mactinson, MD.

Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care

ABSTRACT: Awareness of the broader context that influence health supports respectful, patient-centered care that incorporates lived experiences, optimizes health outcomes, improves communication, and can help reduce health and health care disparities. Although there is little doubt that genetics and lifestyle play an important role in shaping the overall health of individuals, interdisciplinary researchers have demonstrated how the conditions in the environment in which people are born, live, work, and age, play equally as important a role in shaping health outcomes. These factors, referred to as social determinants of health, are shaped by historical, social, political, and economic forces and help explain the relationships between environmental conditions and individual health. Recognizing the importance of social determinants of health can help obstetrician-gynecologists and other health care providers better understand patients, effectively communicate about health-related concerns and behavior, and improve health outcomes.

PARTNERS FOR FAMILY HEALTH LOUISIANA

New York State
nyspQc
Perinatal Quality Collaborative

Expanded resources for engaging patients, families and communities

Patient, Family and
Community engagement pilot

Consulting Everthrive to promote
community engagement

Patient focus groups and
feedback



Maternal Health Task
Force engagement


Patient engagement
consultant: LaToshia Rouse

Infant and Maternal Mortality Among
African Americans Task Force

What is the focus of Birth Equity (BE)?

BE AIM: By December 2023,

- more than 75% of Illinois birthing hospitals will be **participating in the Birth Equity Initiative** and
- more than 75% of participating hospitals will have the **key strategies in place.**



86% of Illinois hospitals participating



Addressing
Social
Determinants
of Health



Review
race/ethnicity
medical record
and quality data



Engage patients
and
communities in
patient centered
respectful care

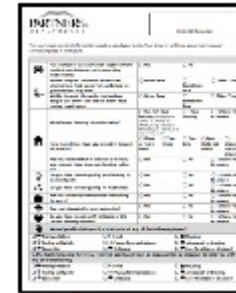


Develop
respectful care
and bias
education for
providers,
nurses, and staff

Key QI Strategies



Optimize race/ethnicity data collection & review key maternal quality data by race, ethnicity & Medicaid status



Universal social determinants of health screening tool (prenatal/L&D) with system for linkage to appropriate resources



Share respectful care practices on L&D and survey patients before discharge on their care experience (using the PREM) for feedback



Engage patients and community members for input on quality improvement efforts



Standardize postpartum safety education and schedule early postpartum follow up prior to hospital discharge



Implicit Bias / Respectful Care training for providers, nurses and other staff

Addressing Social Determinants of Health (SDOH)

Addressing social determinants of health (SDoH)



SDoH folders
for patients

SCAN ME



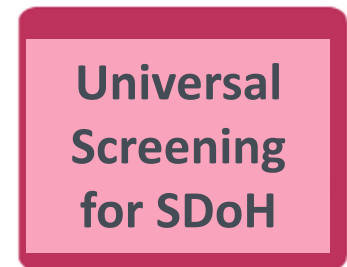
1. Screen all patients for social determinants of health needs during prenatal care and at the delivery admission (sample screening tools)

2. Create process flow to link screen positive patients to needed resources and services (SDOH folder with tip sheets, mapping tool)

3. Incorporating social determinants of health and discrimination factors in hospital maternal morbidity reviews

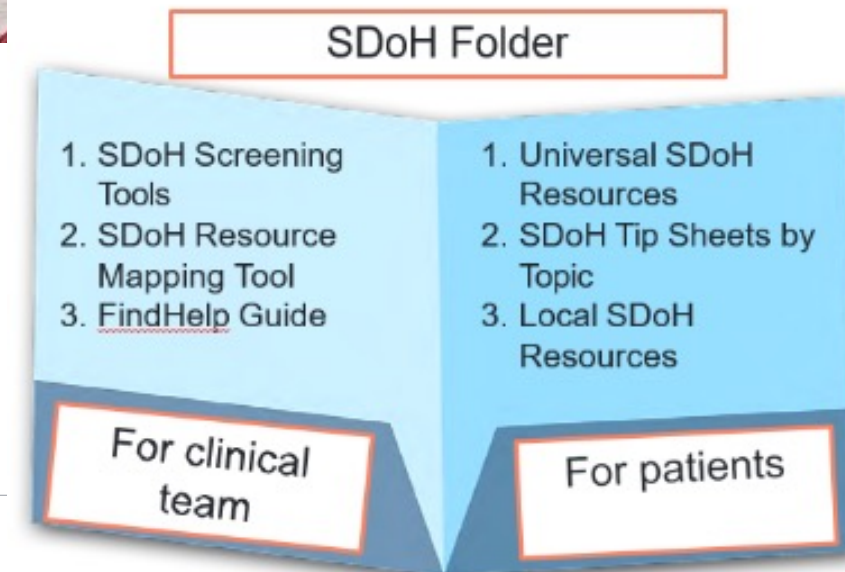
Information to start working on SDoH screening and linkage to resources

- Folders with patient and provider resources for SDoH screen positive patients
- Sample screening tools
- Community resources and mapping tool
- Patient Tip Sheets
- Electronic resource navigators



Addressing social determinants of health (SDoH) – linking to resources

- ILPQC has provided hospitals teams two options for electronic online SDOH database of resources:
 - **FindHelp.org** is a free tool to search for social determinants of health resources by zip code in multiple languages
 - **NowPow** with options to assist hospital access



Need help linking patients to Social Determinants of Health (SDoH) resources and services?



FindHelp.org navigates the best community resources and services for patients with over 605,700 verified programs available by zip-code that ensures users find programs in their local area that are ready to serve and offer free help.

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost **help starts here:**

ZIP

17,009,684 people use it (and growing daily)

How will clinical teams benefit from FindHelp.org?

- Compare needed SDoH resources by various zip codes, categories, and available in multiple languages
- Identify available local resources and services to share with patients who screen positive for SDOH

Access the FindHelp.org Website with QR code :



To learn more about ILPQC Birth Equity resources visit the BE webpage at www.ilpqc.org.

SCAN ME

FindHelp.org One-Pager to help link patients to SDOH resources

ILPQC SDoH Tip Sheets

Tip Sheet-Utility



State and Federal Programs

- **Help Illinois Families**
 - Website with programs for eligible individuals seeking emergency assistance to cover costs of utility bills, rent, temporary shelter, food, and other household necessities.
 - <https://www2.illinois.gov/dceo/CommunityServices/HomeWeatherization/CommunityActionAgencies/Pages/HelpIllinoisFamilies.aspx>
- **Utility Bill Assistance**
 - The Low Income Home Energy Assistance Program (LIHEAP) helps eligible low income households pay for home energy services (primarily heating during winter months).
 - Call the LIHEAP Hotline at 1-877-411-WARM (9276).
- **Community Action Agencies**
 - Community Action Agencies across the State provide a variety of services, including but not limited to, Rental/Mortgage Assistance, Food, Energy Utility Bill Assistance, Water/Sewer Payment, Employment Training/Placement, Financial Management, and Temporary Shelter.
 - <https://www2.illinois.gov/dceo/communityservices/utilitybillassistance/pages/default.aspx>

Tip Sheet- Education



State and Federal Programs

- **Illinois Reemployment Services Program Hotline**
 - Search for jobs online
 - Phone number: (877) 342-7533, option 1
 - <https://illinoisjoblink.illinois.gov/ada/r/>
- **Listing of Community Colleges in IL**
 - <https://www.collegesimply.com/colleges/illinois/>
- **Adult Learning Resource Center**
 - Provides referral services for students, volunteers, and employers wishing to access adult education and literacy programs throughout Illinois.
 - <https://alrc.thecenterweb.org/other/illinois-adult-learning-hotline/>

Tip Sheet- Housing



State and Federal Programs

- **U.S. Department of Housing and Urban Development**
 - Website: <https://www.hud.gov/states/illinois/offices>
- **Illinois Shelter List**
 - An online directory of shelters in Illinois
 - <https://www.shelterlist.com/state/illinois>
- **IDHS: Homeless Prevention Providers**
 - An online list of homeless prevention providers in Illinois
 - <https://www.dhs.state.il.us/page.aspx?item=110583>
- **IDHS: Emergency and Transitional Housing**
 - An online list of emergency and transitional housing providers in Illinois
 - <https://www.dhs.state.il.us/page.aspx?item=98150>

Tip Sheet- Food



State and Federal Programs

- **Supplemental Nutrition Assistance Program (SNAP):**
 - Helps low income people who qualify
 - Money is provided on an Electronic Benefit Transfer (EBT) card, which works like a debit card
 - Eligibility calculator: <https://fscalc.dhs.illinois.gov/FSCalc/>
 - Apply for assistance: <https://www.dhs.state.il.us/page.aspx?item=33698>
- **Women, Infants and Children (WIC):**
 - A food assistance program for Women, Infants, and Children
 - Helps low-income pregnant, post-partum, and breast-feeding women, infants, and children up to 5 years old who need food to help stay healthy
 - Provides money for healthy foods, vouchers for formula, and other great benefits
 - Can be used at grocery stores and pharmacies
 - IL WIC Services: (<https://www.dhs.state.il.us/page.aspx?item=30513>)

ILPQC Tip Sheets (for patients)

Social Determinants of Health Screening Tools

Table 1. Sample Screening Tool for Social Determinants of Health

Domain	Question
Food	In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?
Utility	In the last 12 months, has your utility company shut off your service for not paying your bills?
Housing	Are you worried that in the next 2 months, you may not have stable housing?
Child care	Do problems getting childcare make it difficult for you to work, study, or get to health care appointments?
Financial resources	In the last 12 months, have you needed to see a doctor but could not because of cost?
Transportation	In the last 12 months, have you ever had to go without having...
Exposure to violence	Are you...
Education/health literacy	Do you...
Legal status	Are you...
Next steps	If you are...

SDoH EMR Screener

We understand there are factors that may affect your health that are not related to your medical care. We are asking all of our patients if you would like to be connected with community resources that can help. For example, getting food or baby items, or affording medications, utilities or rent.

Would you like to be connected to resources?

No
 Yes

If yes, ask the following questions:

Yes/No/No Response—select one!

- Are you having trouble paying your rent or...
- Are you worried about having a safe and...
- Are you unable to get medications that you...
- If you have children, do you have difficulty...
- Do you have trouble getting food when you...
- Stress is common, and it can be why women...
- Do you have trouble getting transportation...
- Are there any other needs you have that we...

If patient's answer yes to any of the 8 questions, the patient will be screened and consider social resources.

PATIENT STICKER

Father of baby involved (please circle one): Yes No
Date of survey completion: _____
Gestational age at time of completion: _____

Social Determinants of Health in Pregnancy Tool (SIPT)

Instructions: Your answers to the questions will be kept confidential. We want to help you and your baby have a healthy life. Studies have shown less stress can cause problems to mom and baby during pregnancy. We'd like to help you if we can identify different areas of stress you may have. Please complete the questions below.

1. Please place an X in the box if you have been bothered by any of the following problems in the past 3 months:

	Never	Almost never	Sometimes	Fairly often	Very often
How often have you felt that you were unable to control the important things in your life?					
How often have you felt confident about your ability to handle your personal problems?					
How often have you felt that things were going your way?					
How often have you felt difficulties were piling up so high you could not overcome them?					

Score: ___/16 Follow up plan: _____

2. Please place an X in the box to mark if any of the following are a stress or hassle for you CURRENTLY:

	No Stress	Some Stress	Moderate Stress	Severe Stress
Problems related to family				
Having to move, either recently or in the future				
Recent loss of a loved one				
Current pregnancy				
Problems related to friends				

PARTNERS HEALTHCARE

Patient Information

This form gives us more information about you and your family. Your answers will help us put more support services in place in the future.

Car: Is the lack of transportation kept you from medical appointments or from getting medications?
 Never True Sometimes True Often True

Food: Within the past 12 months we worried whether our food would run out before we get money to buy more.
 Never True Sometimes True Often True

Money: Within the past 12 months the food we bought just didn't last and we didn't have money to get more.
 I do not have housing (living with others, in shelter, on the street, or a beach, and so on or in prison) I have housing I choose not to answer

Home: What is your housing situation today?
 Three or more times Two times One time Zero I did not move I choose not to answer

Worry: How many times have you moved in the past 12 months?
Are you worried that in the next 2 months, you may not have your own housing to live in?
 Yes No I choose not to answer

Bills: Do you have trouble paying your heating or electricity bill?
 Yes No I choose not to answer

Money: Do you have trouble paying for medicines?
 Yes No I choose not to answer

Work: Are you currently unemployed and looking for work?
 Yes No I choose not to answer

Education: Are you interested in more education?
 Yes No I choose not to answer

Care: Do you have trouble with childcare or the care of a family member?
 Yes No I choose not to answer

Would you like information today about any of the following topics?

Transportation Food Housing
 Paying utility bills Paying for medications Job search or training
 Education Childcare Care for older or disabled

In the last 12 months, have you received assistance from an organization or program to help you with one of the following:

Transportation Food Housing
 Paying utility bills Paying for medications Job search or training
 Education Childcare Care for older or disabled

- SDoH EMR Screener (Developed by Erie Health Centers, Chicago)
- ACOG Committee Opinion #729: Sample Screening Tool for Social Determinants of Health
- Social Determinants of Health In Pregnancy Tool (SIPT) with 5Ps (Used by Chicago PCC Communities Wellness Centers) and Actionable Map and Scoring Sheet
- Partner Healthcare SDoH Screening Tool shared by Massachusetts General Hospital Obstetrics & Gynecology

SDOH EMR Screener (Erie Health Center)

We understand there are factors that may affect your health that are not related to your medical care. We are asking all of our patients if you would like to be connected with community resources that can help. For example, getting food or baby items, or affording medications, utilities or rent.

Would you like to be connected to resources?

No

Yes

If yes, ask the following questions:

Yes/No/No Response—select one)

1. Are you having trouble paying your rent or bills right now?
2. Are you worried about having a safe and reliable place to sleep?
3. Are you unable to get medications that you need?
4. If you have children, do you have difficulty getting diapers, formula, or internet for school?
5. Do you have trouble getting food when you need?
6. Stress is common, and it can be very overwhelming. Do you experience stress that makes it hard to care for yourself or work?
7. Do you have trouble getting transportation to medical appointments?
8. Are there any other needs you have that we have not discussed?

If patient's answer yes to any of the 8 questions, utilizing NowPow and other internal resource lists to provide the patient with resources and consider social work consult.

SDOH Screening tool (ACOG CO 729)

Table 1. Sample Screening Tool for Social Determinants of Health ↔

Domain	Question
Food	In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?
Utility	In the last 12 months, has your utility company shut off your service for not paying your bills?
Housing	Are you worried that in the next 2 months, you may not have stable housing?
Child care	Do problems getting childcare make it difficult for you to work, study, or get to health care appointments?
Financial resources	In the last 12 months, have you needed to see a doctor but could not because of cost?
Transportation	In the last 12 months, have you ever had to go without health care because you did not have a way to get there?

Exposure to violence	Are you afraid you might be hurt in your apartment building, home, or neighborhood?
Education/health literacy	Do you ever need help reading materials you get from your doctor, clinic, or the hospital?
Legal status	Are you scared of getting in trouble because of your legal status? Have you ever been arrested or incarcerated?
Next steps	If you answered yes to any of these questions, would you like to receive assistance with any of those needs?

Modified from Health Leads. [Social needs screening toolkit](#). Boston (MA): Health Leads; 2016; and Bourgois P, Holmes SM, Sue K, Quesada J. Structural vulnerability: operationalizing the concept to address health disparities in clinical care. *Acad Med* 2017;92:299–307.

SDOH in Pregnancy Tool (SIPT) with 5Ps (Chicago PCC Communities Wellness Centers)

Father of baby involved (please circle one): Yes No

Date of survey completion: ___/___/___

Gestational age at time of completion ___

PATIENT STICKER

Social Determinants of Health In Pregnancy Tool (SIPT)

Instructions: Your answers to the questions will be kept confidential like the rest of your medical information. We want to help you and your baby have a healthy life. Studies have shown too much stress can cause problems to mom and baby during pregnancy. We'd like to help you if we can identify different areas of stress you may have. Please complete the questions below.

1. Please place an X in the box if you have you been bothered by any of the following problems IN THE PAST MONTH:

	Never	Almost never	Sometimes	Fairly often	Very often
How often have you felt that you were unable to control the important things in your life?					
How often have you felt confident about your ability to handle your personal problems?					
How often have you felt that things were going your way?					
How often have you felt difficulties were piling up so high you could not overcome them?					

Score: ___/16 Follow up plan: _____

SDOH in Pregnancy Tool (SIPT) with 5Ps (Chicago PCC Communities Wellness Centers)

2. Please place an X in the box to mark if any of the following are a stress or hassle for you CURRENTLY:

	No Stress	Some Stress	Moderate Stress	Severe Stress
Problems related to family				
Having to move, either recently or in the future				
Recent loss of a loved one				
Current pregnancy				
Problems related to friends				

Score: ___/15 Follow up plan: _____

SDOH in Pregnancy Tool (SIPT) with 5Ps (Chicago PCC Communities Wellness Centers)

3. Please place an X in the box to mark yes or no if the following have affected you EVER:

	No	Yes
Do you ever dread going home because there is someone living in the house who mistreats you or is unkind to you?		
Is there anyone who often says things that hurt you?		
Have you ever been hit, slapped, kicked, or hurt by someone?		
Since you have been pregnant, have you been hit, slapped, kicked, or hurt by someone?		
Have you ever been forced to have sex?		
Have you or your parents ever been involved in DCFS? <u>If yes</u> , please circle one: you your parents		
Did you ever experience any sexual, physical, verbal, or emotional abuse during your childhood?		

Score: POSITIVE/NEGATIVE Follow up plan: _____

SDOH in Pregnancy Tool (SIPT) with 5Ps (Chicago PCC Communities Wellness Centers)

4. Please place an X in the box to mark yes or no if the following have affected you EVER:

	No	Yes
Did any of your <i>Parents</i> have problems with alcohol or drug use?		
Do any of your <i>friends (Peers)</i> have problems with alcohol or drug use?		
Does your <i>Partner</i> have a problem with alcohol or drug use?		
Before you were pregnant did you have problems with alcohol or drug use? (<i>Past</i>)		
In the past month, did you drink beer, wine or liquor, or use other drugs? (<i>Pregnancy</i>)		

Score: POSITIVE/NEGATIVE Follow up plan: _____

5. Please place an X in the box to mark if you have worried about the following items IN THE PAST YEAR:

	Never true	Sometimes true	Often true
Worry food would run out before you had money to buy more			
Worry about not having a place to live			
Worry about transportation to appointments			
Worry about losing a job			
Other money worries like bills			








Score: ___/16 Follow up plan: _____

Partner Healthcare Screening Tool from Massachusetts General Hospital Obstetrics & Gynecology, and Mass General Brigham


























Patient Information


This form gives us more information about you and your family. Your answers will help us put more support services in place in the future.

	Has the lack of transportation kept you from medical appointments or from getting medications?	<input type="radio"/> Yes	<input type="radio"/> No			
	Within the past 12 months we worried whether our food would run out before we got money to buy more.	<input type="radio"/> Never True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True		
	Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	<input type="radio"/> Never True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True		
	What is your housing situation today?	<input type="radio"/> I do not have housing <small>(staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)</small>	<input type="radio"/> I have housing	<input type="radio"/> I choose not to answer		
	How many times have you moved in the past 12 months?	<input type="radio"/> Three or more times	<input type="radio"/> Two times	<input type="radio"/> One time	<input type="radio"/> Zero (I did not move)	<input type="radio"/> I choose not to answer
	Are you worried that in the next 2 months, you may not have your own housing to live in?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I choose not to answer		
	Do you have trouble paying your heating or electricity bill?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I choose not to answer		

Partner Healthcare Screening Tool from Massachusetts General Hospital Obstetrics & Gynecology, and Mass General Brigham

	Do you have trouble paying for medicines?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I choose not to answer	
	Are you currently unemployed and looking for work?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I choose not to answer	
	Are you interested in more education?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I choose not to answer	
	Do you have trouble with childcare or the care of a family member?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I choose not to answer	
	Would you like information today about any of the following topics?				
<input type="checkbox"/>	 Transportation	<input type="checkbox"/>	 Food	<input type="checkbox"/>	 Housing
<input type="checkbox"/>	 Paying utility bills	<input type="checkbox"/>	 Paying for medications	<input type="checkbox"/>	 Job search or training
<input type="checkbox"/>	 Education	<input type="checkbox"/>	 Childcare	<input type="checkbox"/>	 Care for elder or disabled
In the last 12 months, have you received assistance from an organization or program to help you with any of the following:					
<input type="checkbox"/>	 Transportation	<input type="checkbox"/>	 Food	<input type="checkbox"/>	 Housing
<input type="checkbox"/>	 Paying utility bills	<input type="checkbox"/>	 Paying for medications	<input type="checkbox"/>	 Job search or training
<input type="checkbox"/>	 Education	<input type="checkbox"/>	 Childcare	<input type="checkbox"/>	 Care for elder or disabled

ILPQC Social Determinants Screening Tool Comparison

Screening Tool Name:	How many questions/categories?	Other information	Scoring instructions to assist staff?
SDoH EMR Screener (Developed by Erie Health Center)	8 item screening tool Additional categories: <ul style="list-style-type: none"> Healthcare access Household supplies Stress Additional needs 	<ul style="list-style-type: none"> Used by Erie Family Health Centers SDOH team members are utilizing NowPow 	
ACOG Committee Opinion #729: Sample Screening Tool for Social Determinants of Health	10 item screening tool Additional categories: <ul style="list-style-type: none"> Exposure of violence Child care Legal Status Financial Education Assistance/Next Steps (Would you like to receive assistance with any of the categories?) 	<ul style="list-style-type: none"> Patient self-report Sample tool included in American College of Obstetricians and Gynecologists CO 729 Modified from Health Leads Social Needs Screening Toolkit 	
Social Determinants of Health In Pregnancy Tool (SIPT) with 5Ps (Used by Chicago PCC Communities Wellness Centers) and Actionable Map and Scoring Sheet	26 item screening tool Additional categories: <ul style="list-style-type: none"> Relationship And Family Stress Stress Domestic Violence Screener Substance Use Financial Stress 	<ul style="list-style-type: none"> Used by West Suburban Patient self-report Mapping tool integrated within the screening tool Ps included 	
Partner Healthcare Screening Tool Used by Massachusetts General Hospital Obstetrics & Gynecology, and Mass General Brigham	7 item screening tool Additional categories: <ul style="list-style-type: none"> Employment Childcare Paying for medications 	<ul style="list-style-type: none"> Used by Massachusetts General Hospital Obstetrics & Gynecology 	

Each tool below includes screening for the following common social determinants of health (food, housing, transportation, utilities**) in addition to other categories listed below

ILPQC Social Determinants of Health Screening Checklist

Use this worksheet (checklist) to help determine if your current Labor and Delivery admission process is meeting ACOG Guidelines for universal screening Social Determinants of Health for all patients.

1. Are you using a Social Determinants of Health Screening Tool on admission to Labor and Delivery?
 - a. Example screening tools from the ILPQC BE Toolkit:
 - i. [Sample Screening Tool for Social Determinants of Health from ACOG committee opinion #729](#)
 - ii. [Social Determinants of Health EMR Screener \(Developed by Erie Health Center\)](#)
 - iii. [Social Determinants of Health in Pregnancy Tool \(SIPT\) with 5Ps \(from Chicago PCC Communities Wellness Centers\)](#) and [Actionable Map and Scoring Sheet](#)
 - iv. [Partner Healthcare Screening Tool from Massachusetts General Hospital Obstetrics & Gynecology, and Mass General Brigham](#)
2. Does your current admission process or questionnaire ask about the following social determinants of health? (Items included in ACOG CO #729 recommendations)
 - Food
 - Utilities
 - Housing
 - Childcare
 - Financial Resources
 - Transportation
 - Exposure to Violence
 - Education/health literacy
3. If a patient screens positive for any social determinant of health concern, do you have process flow to document that patient is appropriately linked to needed resources and services? Are the following steps included in your process flow?
 - o Documentation of positive screen and clinical team informed
 - o Patient is provided SDoH Folder ([link](#)), [Tip Sheets](#), or appropriate resources
 - o Documentation that patient is referred and linked to appropriate resources
 - o Social work consult is made as appropriate
 - o Plan for follow-up is documented
4. Write out a process flow on what currently occurs during your admission process regarding Social Determinants of Health Screening, linkage to needed resources and services, plans for follow-up, and documentation. Compare to the sample one below.

Example process flow:

1. Patient arrives for the New OB appointment or LD admission
2. Patient is provided the SDoH screening tool (front desk, nurse)
3. Completed screening tool reviewed by nurse and documented
4. If positive, clinical team member provided SDoH folder/Tip Sheets and/or ~~Newborn~~ resources and documents
5. Social work consult made as appropriate
6. Plan for follow-up is documented
7. Follow-up with patient occurs

ILPQC Social Determinants of Health Screening Checklist

SDOH QI Strategies

PDSA cycle to test SDOH screening tools implementation on L&D

- Start with one nurse, one patient or one day on L&D to trial a screen
- Get feedback on process and determine best tool and screening process
- Share information with outpatient sites

Develop a Process Flow Diagram

- Assist implementation of screening all patients on arrival L&D, with paper screening tool or in EMR
- Who screens? How do you document? How is clinical team informed of + results? Who connects patient to resources and services?
- Who identifies community resources available?

Consider steps needed in 30/60/90 day planning process

Process Flow to Link Patients Who Screen Positive on SDOH Screening Tool

A patient arrives for her NEW OB appointment or arrives on L&D

Nurse reviews the SDOH screening tool with the pt. or provide it to the pt. to complete

After the screening tool is completed, the nurse document the results

Screen + Positive

- Nurse communicate results to OB provider
- Nurse / OB provides linkage to needed resources and services ILPQC mapping tool, ILPQC SDOH Tip Sheets or NOW POW Community Resource Directory
- Social Work consult called as appropriate
- Nurse/OB document plan for follow up

Engaging Patients and Communities



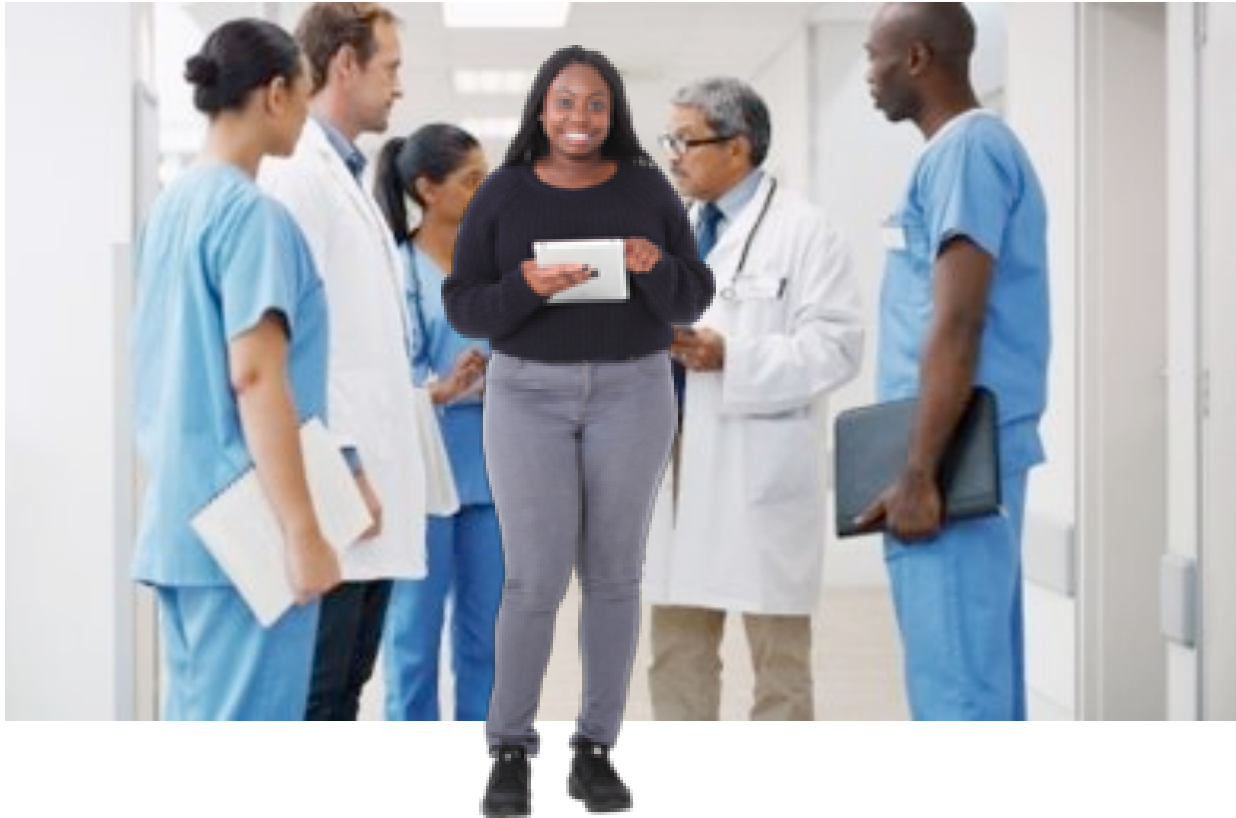
Regional Community Engagement Meetings (RCEMs) across Illinois

- 10 RCEMs February – July 2022
- 37 community member/patient panelists
- 66 (77%) of BE teams participated
- Contributed to the development of relationships between hospitals and local community stakeholders
- Nearly 250% increase in teams working on patient/community engagement from start



74% of teams reported RCEMs "Extremely Helpful / Very Helpful" On AC 2022 Survey

Strategies to continue engaging patient advisors and community members for input in QI work



Invite patients / community members to share at hospital grand rounds

Host a community meeting (Respectful Care Breakfast)

Engage as members of your BE QI team

Develop a patient community advisory board

BE Progress

Monthly Hospital Team Data:

progress on structure measures and random sample of delivered pts

Making Change Happen: Hospital Progress with BE Systems Changes

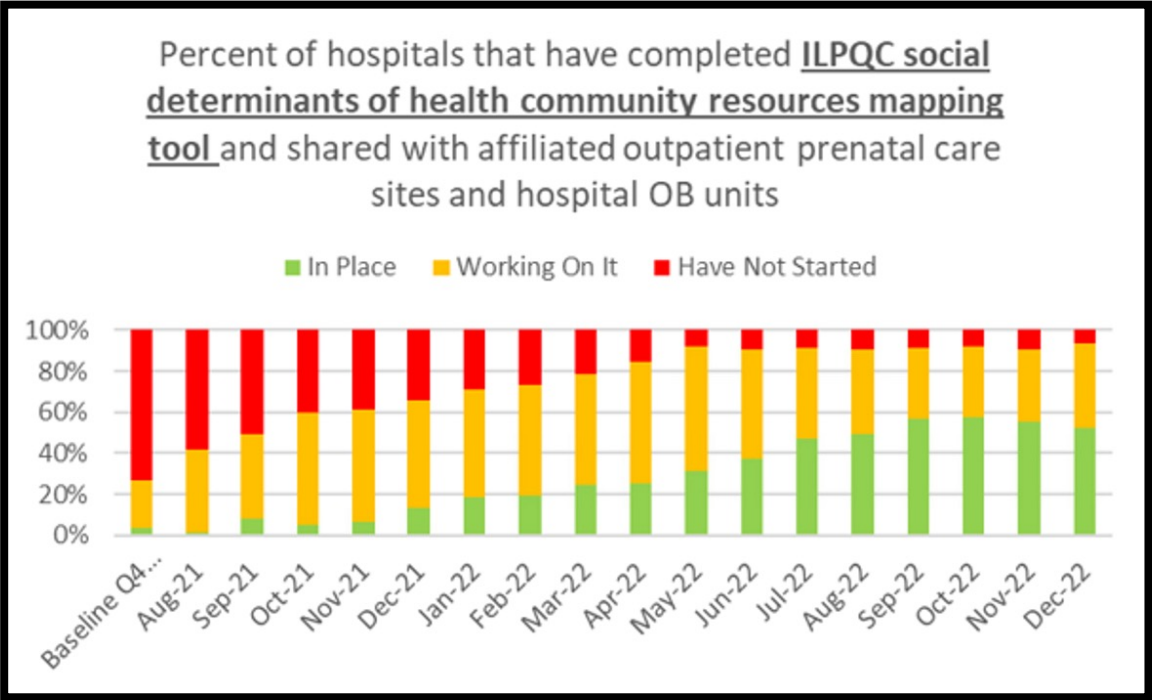
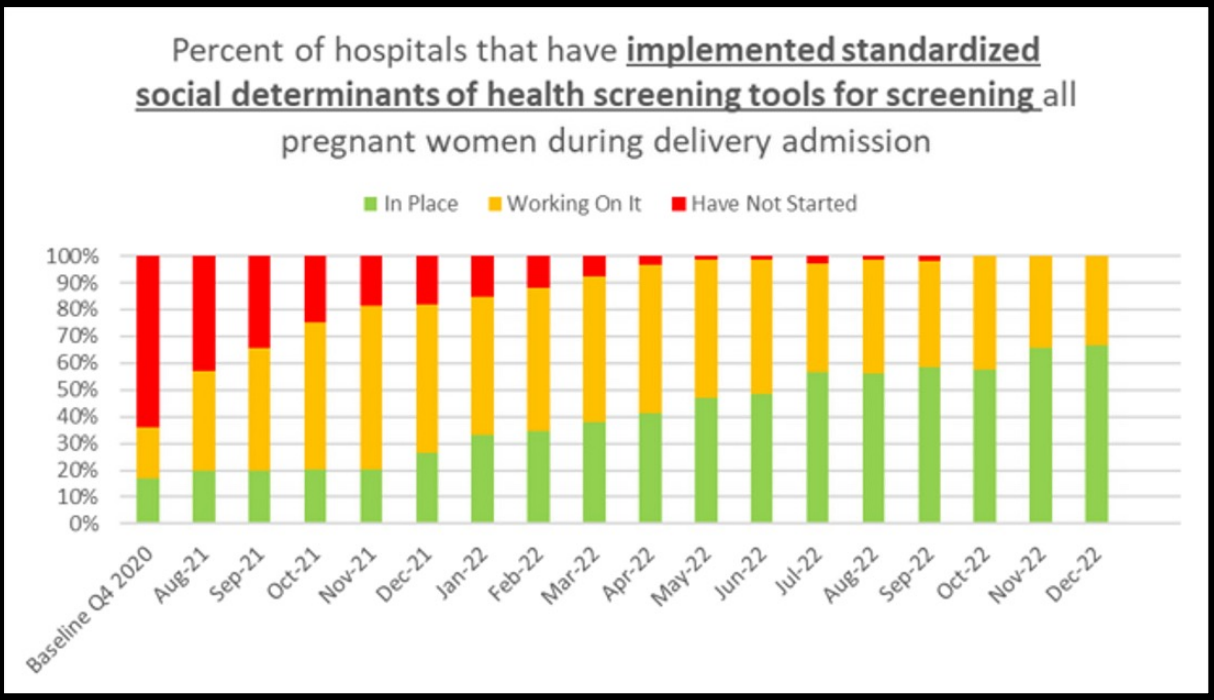


Structure Measures	Baseline (% In Place)	December 2022 (In Place)
SDOH Screening (L&D)	16%	67%
Identifying local SDOH Resources	3%	57%
Optimize Self-Reported Race and Ethnicity Collection	6%	75%
Engage Patients and Community in QI Work	3%	29%
Sharing Respectful Care Strategies with Healthcare Team and Patients	10%	65%
PREM Implementation	8%	55%
Postpartum Safety Patient Education	54%	92%

Structure Measures: Implementing Systems Changes

SDOH Screening

Linkage to Community Resources



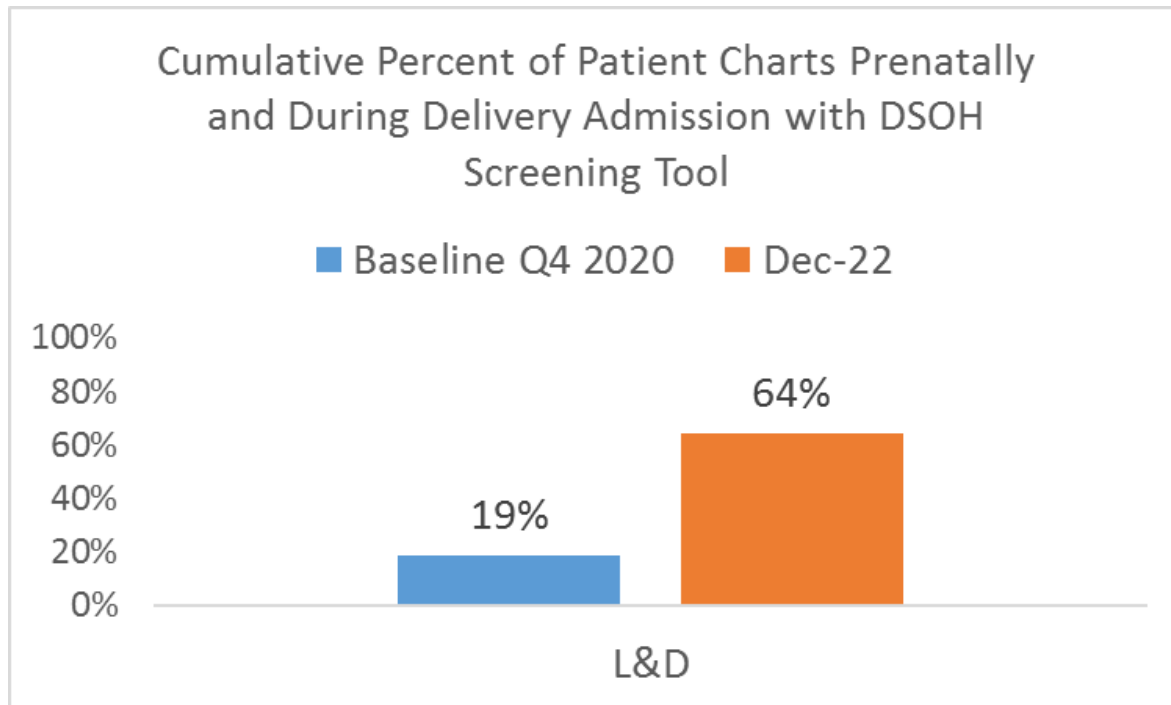
Social Determinants of Health (SDoH): Screening and Linking Patients to Resources

- Since Birth Equity start summer 2021:
- 3,231 patients with documentation of SDoH screening on L&D
- 1,077 (33%) of patients with a positive SDoH screen
- 667 (62%) of patients with a positive screen for SDoH had documentation of connection to resources and services

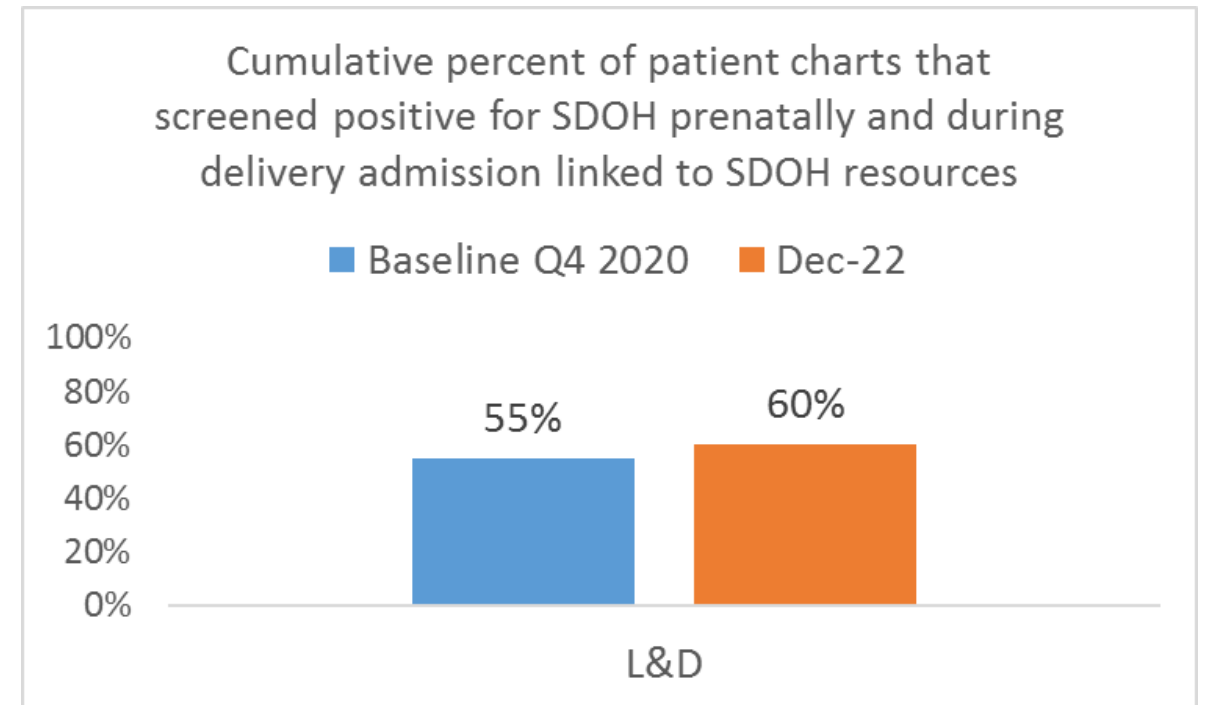


SDOH Screening / Linkage to resources

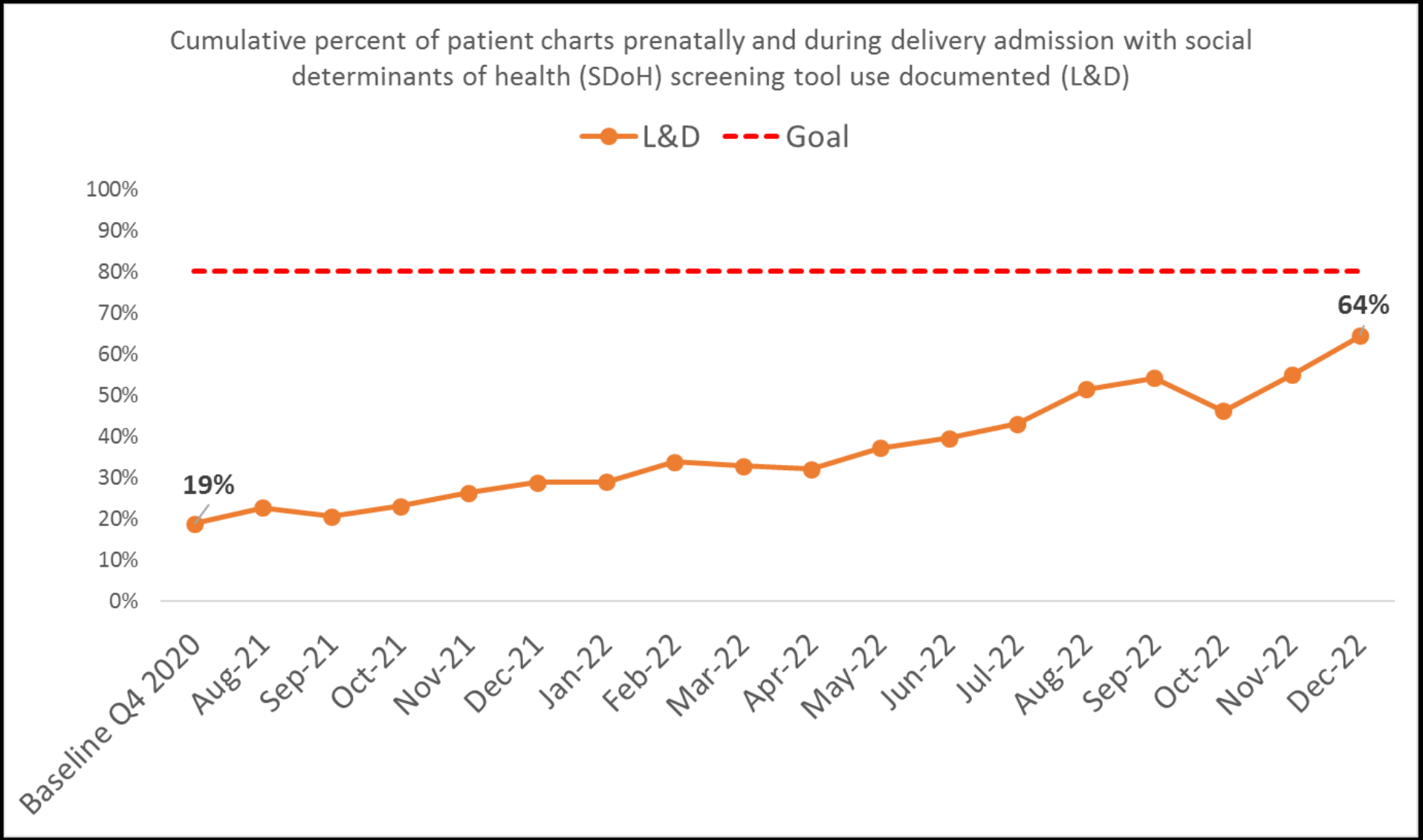
SDOH Screening



Linkage to Community Resources



SDOH Screening from monthly sample all hospitals



Summary

- Disparities in maternal health need urgent action.
- Figure out how to get started, find a way to engage patients and community and get their input
- At your institution how can you move forward?
 - Stratify your maternal quality data by race/ethnicity/insurance status to inform QI
 - Screen for SDOH and intentionally link to resources
 - Engage patients / community stakeholders in QI work
 - Promote Respectful Care Practices and ask patients for feedback
 - Tiered approach to Implicit Bias / Respectful Care training for staff
- We can each work to address these challenges and improve care

Questions?

Website: www.ilpqc.org

Email: info@ilpqc.org

Thanks to our Funders



In kind support:





Hospital Level Implementation: Integrating SDoH into Quality Improvement

St Mary's Hospital – St Louis





SSMHealth.

St Mary's Hospital

2600 Deliveries/year

Labor and Delivery Unit

13 LDR rooms, 6 Triage rooms, 2 ORs

Antepartum Unit

28 Antepartum rooms, 10 Perinatal Special Care Unit rooms

Mother/Baby Unit

30 Postpartum rooms

Level III NICU

42 beds



SDoH – Where to Start?



Providing Resources

Resources for your growing family

Support for parents after a new baby



SSM Health is here for you and your growing family. We are also grateful for the partnerships we have with numerous organizations that provide services in many other areas.

Our Family Resource Guide includes information and links to agencies providing parenting support, transportation, utility and food assistance, education, home health services, and much more.

Scan the QR code to view the guide on our SSM Health website:



NOTE: To ensure you are viewing the resources in your area, please add your zip code to the "My location is" field at the top of the page.

ssmhealth.com/familyresources

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Integration of SDoH into EHR



Initiating a Screening Process

Review Social Determinants

♥ Social Determinants of Health

-  Tobacco Use [↗](#)
Mar 31 2020: Low Risk
-  Financial Resource Strain [↗](#)
Not on file
-  Transportation Needs [↗](#)
Not on file
-  Stress [↗](#)
Not on file
-  Intimate Partner Violence [↗](#)
Not on file
-  Housing Stability [↗](#)
Not on file
-  Alcohol Use [↗](#)
Not on file
-  Food Insecurity [↗](#)
Not on file
-  Physical Activity [↗](#)
Not on file
-  Social Connections [↗](#)
Not on file
-  Depression [↗](#)
Not on file

SOCIAL DETERMINANTS

Concern present

What to do with a positive screen?

Clinics

- Provide resource flyers
- Connect with SW (when available)

Inpatient

- Inpatient SW visit
- Resources flyer if needed

Challenges:

Clinics:

- No SW consistently present for more urgent needs
- Increasing needs identified

Solution:

- In process - grant for CHW positions in clinics to act as navigators, creating warm handoffs for community resources

Inpatient:

- 1 SW for all of Women's services
- Inconsistent referrals to SW
- Lack of documentation of referrals

Solution:

- Increased caseload justified need for increased hiring

CMS & TJC Framework for Social Equity and Requirements to Reduce Health Care Disparities

[CMS Framework for Health Equity](#)

[CMS Final IPPS Rule](#)

[CMS Definitions of Social Needs
Domains](#)

[Accreditation Standards & Resource
Center | Make Health Equity a
Leader Driven Priority](#)

Perfect Timing!

- Effective January 1, 2023, new and revised requirements to reduce health care disparities will apply to organizations *in the Joint Commission's* hospital accreditation programs
- For FY2023 IPPS/LTCH PPS final rule, CMS finalized several changes to the Hospital IQR Program and adopted 10 new measures
- Several measures support the CMS framework for Health Equity and are complimentary to the Joint Commission standard (LD.04.03.08)

SDoH Integration

Increased Resources:

- Banner notification
- Automatic SW Consult Referral
- New vendor:
 - Increased community connections providing resources
- Close loop of referrals

The screenshot displays a clinical alert and an order entry interface. The alert, in a yellow banner, states: "Based on the Social Determinants of Health screening, this patient has SDOH concerns. Consult. Accept the alert and sign the attached orderset." Below the alert are two buttons: "Open Order Set" (highlighted in blue) and "Do Not Open". To the right of the buttons, the text "SDOH CONCERNS" is visible. Below the alert is a light blue horizontal bar.

The lower portion of the screenshot shows an "Orders" section with a purple header. The main title is "SDOH CONCERNS IP SOCIAL WORKER CONSULT ORDER". Underneath, there is a section titled "Consult to Social Services for SDOH Concerns". A checkbox labeled "IP CONSULT TO SOCIAL SERVICES" is checked and highlighted with a red box. Below this checkbox, the text "Routine" is visible. Further down, there is a detailed list of social determinants of health concerns, including: "Reason for consult: Positive SDOH Screening", "Social Determinants of Health Concerns Present Food Insecurity: Food Insecurity Present Worried", "Unknown Concern Tobacco Use: Not on file Alcohol Use: Not on file Depression: Not on file No Cor", "Needs: No Transportation Needs Lack of Transportation (Medical): No Lack of Transportation (P", and "Unable to Pay for Housing in the Last Year: No Number of Places Lived in the Last Year: 2 Unsta".

Increasing Support – Expanding the Birth Equity Framework



Adding the patient perspective



QI Processes



QUALITY IMPROVEMENT 5TH FLOOR OPERATIONS
Saint Louis University/SSM Health Systems

Date: [Click here to enter text.](#) Name: [Click here to enter text.](#) Record #: [Click here to enter text.](#)
Reviewed By: [Click here to enter text.](#)

TRIGGERS FOR REVIEW:
Check all appropriate choices

<p><u>Maternal</u></p> <input type="checkbox"/> Maternal Death <input type="checkbox"/> Maternal Cardiopulmonary Arrest <input type="checkbox"/> Excessive Blood Loss (Roughly >2000cc) <input type="checkbox"/> Maternal ICU Admit – Unexpected <input type="checkbox"/> Seizures <input type="checkbox"/> Unplanned Postpartum Return OR <input type="checkbox"/> Unplanned Maternal Readmit Within 14 Days <input type="checkbox"/> Maternal Fall <input type="checkbox"/> Retained Foreign Object <input type="checkbox"/> Anesthesia Related <input type="checkbox"/> Home Birth Admits <input type="checkbox"/> ≥4 Units Product Replacement <input type="checkbox"/> Uterine Rupture <input type="checkbox"/> Transfer Out <input type="checkbox"/> Code Sepsis <input type="checkbox"/> Other: Click here to enter text.	<p><u>Neonatal</u></p> <input type="checkbox"/> Thromboembolism in House <input type="checkbox"/> Stillbirth of a Baby Admitted Alive (Excluding Extreme Prematurity/Lethal Anomalies) <input type="checkbox"/> Cord pH <7.00 <input type="checkbox"/> Evidence of Neonatal Depression/Unexpected ICU Admission <input type="checkbox"/> Evidence of Neonatal Trauma <input type="checkbox"/> Base Excess <-12.0 <input type="checkbox"/> 5 Minute APGAR <3 <input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/> Medication Errors/Adverse Reactions <input type="checkbox"/> Equipment/Supply Malfunction <input type="checkbox"/> Cord Gas Issues <input type="checkbox"/> Cord Prolapse <input type="checkbox"/> Communication Deficit <input type="checkbox"/> Other: Click here to enter text.
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No deficiencies found – Care appropriate. Morbidity occurred despite appropriate and timely therapy.
 Opportunity for Improvement Identified as:

<input type="checkbox"/> Insufficient Documentation of Care <input type="checkbox"/> Incomplete Preoperative Evaluation or Prenatal Care <input type="checkbox"/> Inappropriate Care Attributed To: <input type="checkbox"/> Attending Physician <input type="checkbox"/> House Staff <input type="checkbox"/> Nursing <input type="checkbox"/> Communication Deficiencies	<input type="checkbox"/> System Deficiencies In: <input type="checkbox"/> Nursing <input type="checkbox"/> Ancillary Services <input type="checkbox"/> Other Departments (ie. pathology, anesthesiology, etc.) <input type="checkbox"/> Administration <input type="checkbox"/> Other
--	--

Disclosure: Completed N/A Preventable: Yes No Uncertain

Action Items	Responsible Party	Target Date	Results
			<input type="checkbox"/> Issue Resolved <input type="checkbox"/> Item Corrected <input type="checkbox"/> Other

Bimonthly review of trigger cases

- Multidisciplinary team
 - OB & Neonatal Physicians, Nursing Leadership, Anesthesia, Perinatal Outreach, Quality Improvement
 - Previously discussed SDOH challenges as they were identified
 - Initiating formal process for integrating SDOH factors

Thank You

