

From Screen to Reality- - Translating the In-Patient Gathered Social Determinants of Health Information to the Post-Discharge Care of our patient

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Introduction

- Social determinants of Health (SDOH) is defined as the factors which impact health outcomes and comprises of conditions in which people are born, grow, work, live and age.
- Our hospital serves a rural population over a large geographic area, where the unemployment rate is 5.5% and average household income is only \$ 71645.
- Early identification and intervention of SDOHs are crucial, particularly in inpatient settings where patients may be more open to discussing their issues. This approach helps physicians gain a holistic understanding of the population and provide comprehensive biopsychosocial care, ultimately improving community health outcomes.

Objectives

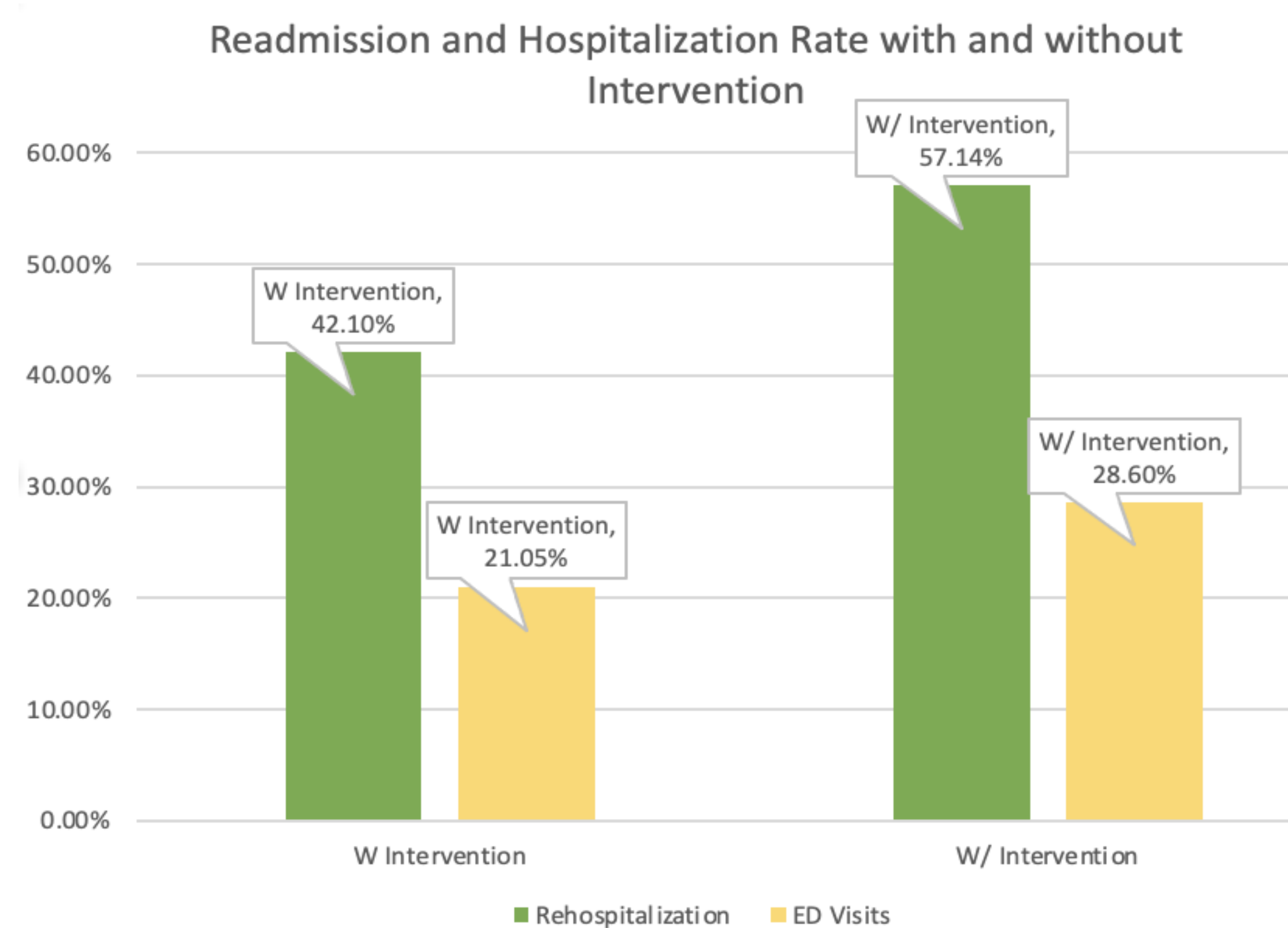
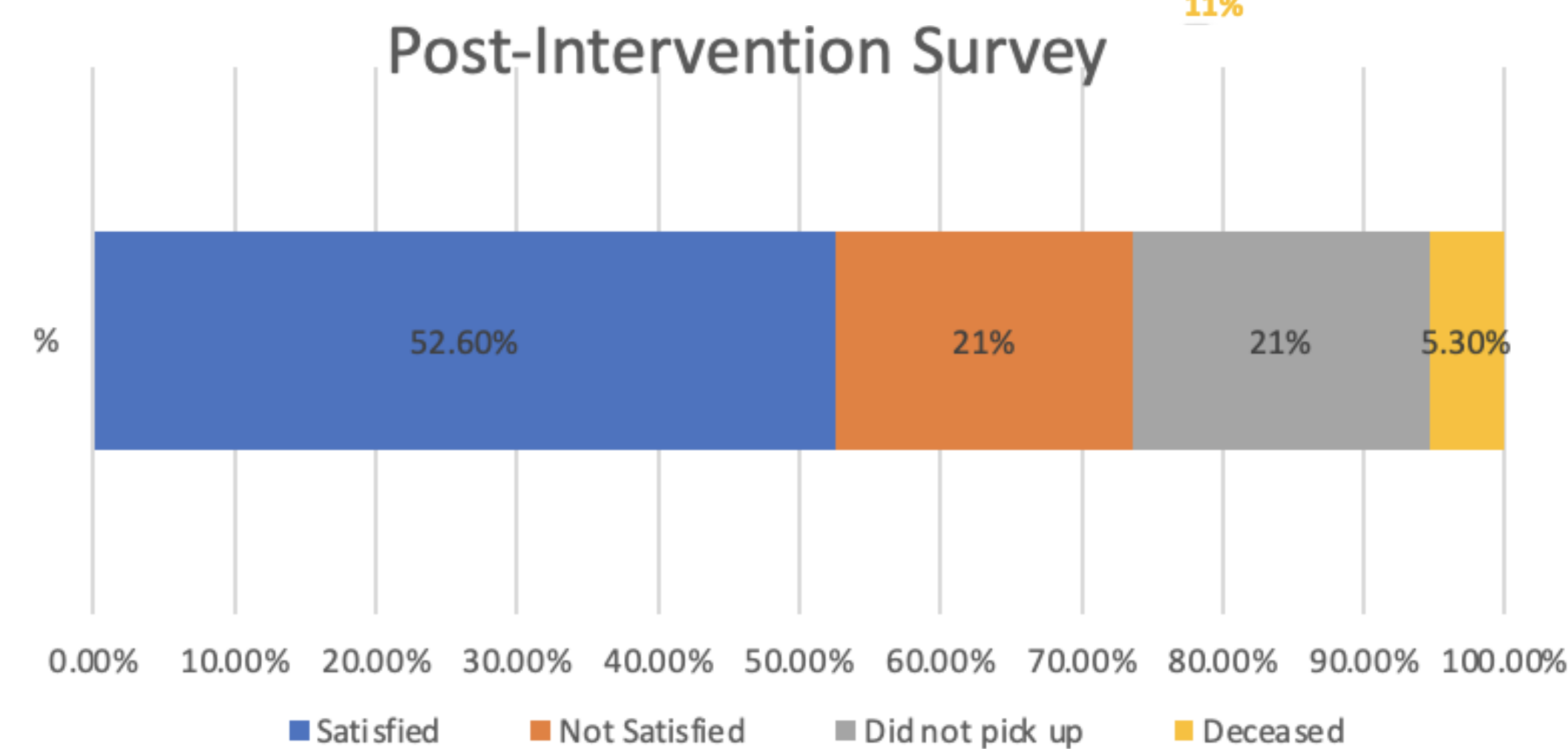
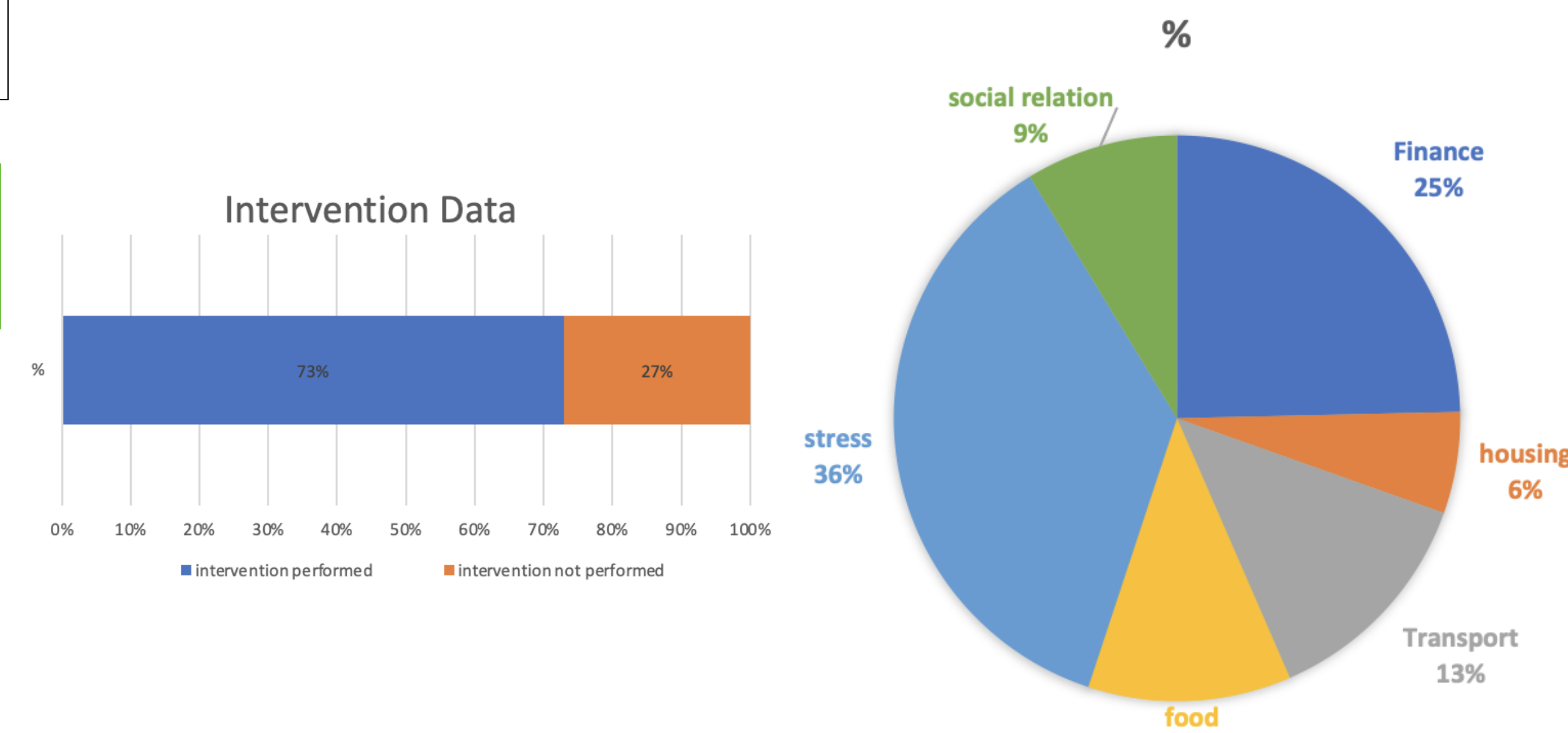
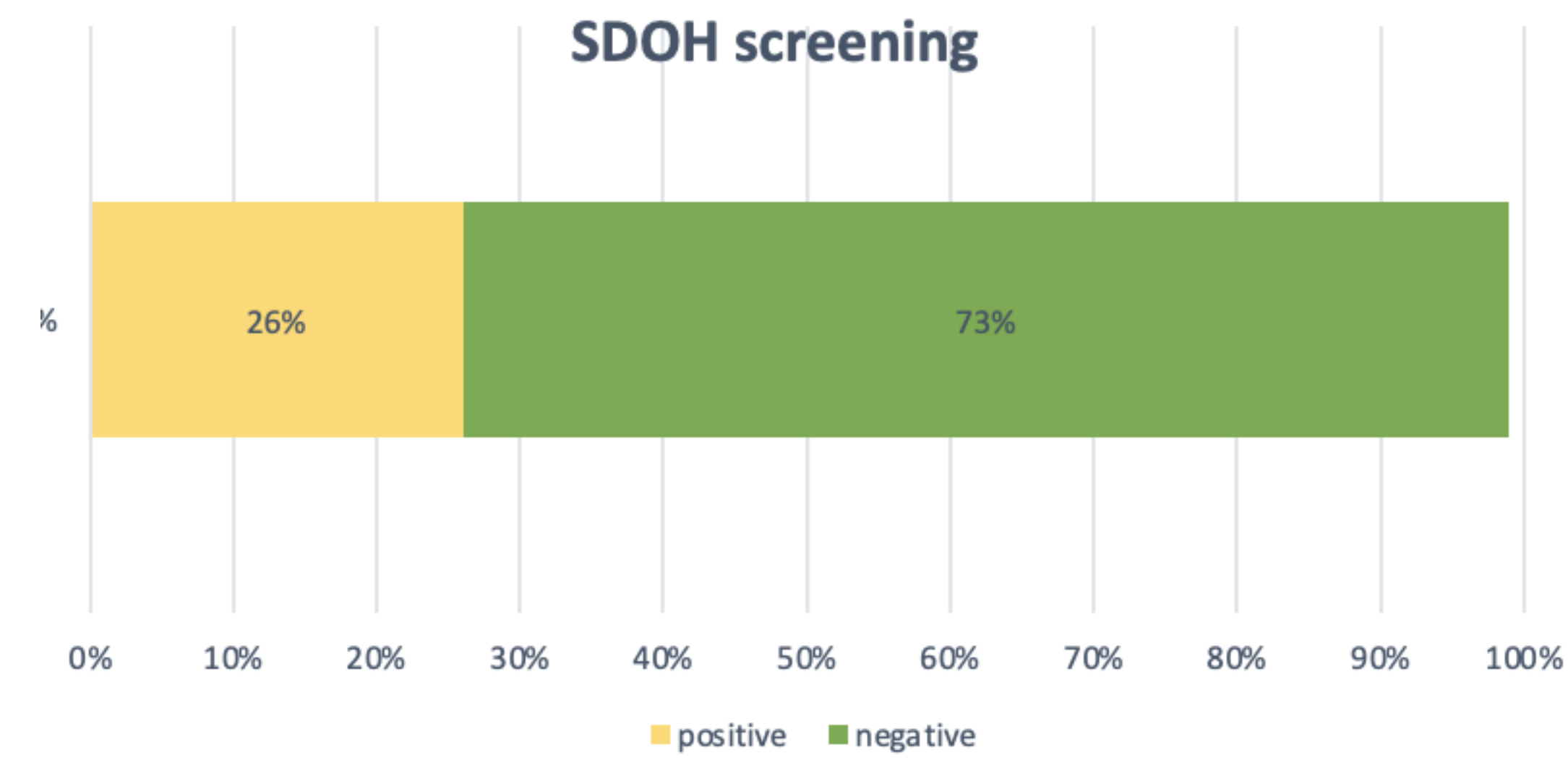
- Increase the tracking of SDOH screen in resident-driven services (General Medical Service, hospitalist and in-patient cardiology)
- System-based improvement for communication, active involvement and updates for nursing and SW in the process of SDOH screening and intervention
- Performing post-hospitalization satisfaction survey by calling the patients

Methodology

- Randomized sample of patients from resident-run inpatient services (e.g., GMS, hospitalist, cardiology) were selected and an SDOH questionnaire was administered to identify social determinants impacting their health.
- Patients who screened positive received interventions from a case manager and social worker based on their needs.
- The primary outcome was evaluated using patient satisfaction surveys with metric being percentage of patients screened, the percentage of those who screened positive and received interventions, and overall patient satisfaction with the interventions.
- Secondary outcomes included hospital visit and readmission rates between patients who received interventions and those who did not.

Methods: Measures/Metrics

- Percentage of patients screened during the period specified
- Percentage of patients who screened positive and for whom intervention was performed through social worker involvement
- Percentage of patients who were satisfied with the intervention
- Hospital Readmission and ED visit rate in patients whom intervention was done as compared to those in whom no intervention was performed



Results: Preliminary

- Around 100 patients admitted in inpatient resident services such as GMS, hospitalist and cardiologist have been screened
- Out of 100, 26% screened positive and 73% screened negative. Out of 26% who screened positive, intervention was performed in 73%
- The major SDOH issues identified were psychological health (36% of positive responses) and finances (25%), while housing was less frequently cited. .
- Post-intervention, patient satisfaction was observed in 52.6%, with 21% of patients did not pick up phone and 5.3% passed away
- Rehospitalization rate was 42.1% in patients in whom intervention was performed as compared to 57% in whom no intervention was done with a p-value of 0.23.
- For ED visits, rate in those with intervention was 21% as compared to 28.6% in no intervention group, p-value 0.336

Discussion

- In the Inpatient Prospective Payment system 2023 final rule, Center for Medicaid and Medicare Services has mandated reporting of SDOH inpatient screening for the hospitals reporting to inpatient quality reporting by 2024.
- It comprises performing screening of patients on five domains and can be performed by hospitals using self-selected screening tools with no definite set of values recommended by the committee.
- We build a screening tool, collected the data with intervention performed through social worker consultation followed by patient satisfaction survey.
- The results of our SDOH screening carried out in a rural community will show the significance of addressing the factors in five domains in improving the satisfaction and reducing rate of hospitalization.
- It will further help us in determining the impacts of addressing these factors on physical health and may highlight implementing biopsychosocial approach model for managing inpatient population in hospitals

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