AMDIS Talks 2023

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- The Case for Clinical Transformation
  - Neal Chawla, MD FACEP, CMIO, WakeMed, Raleigh, NC
- THE POWER OF REITERATION
  - DR. AARON CHAISE & DR. KUNAL PATEL, UIC CLINICAL INFORMATICS
- SDOH SCREENING
  - Bhrandon Harris, MD, FAAFP, FAMIA, UIC CLINICAL INFORMATICS
- SDOH Inpatient Screening Implementation Pilot
  - Kiron Nair, MD – Clinical Informatics Fellow
- Inspiring Future Informaticists
  - Kathee Liang, MD ,Family Medicine, 1st Year Clinical Informatics Fellow

The Case for Clinical Transformation

Neal Chawla, MD FACEP
CMIO
WakeMed
Raleigh, NC

AMDIS 2023

THE POWER OF REITERATION

DR. AARON CHAISE & DR. KUNAL PATEL

UIC CLINICAL INFORMATICS

UI Health | UIC




AMDIS 2023 – SDOH SCREENING

Bhrandon Harris, MD, FAAFP, FAMIA

6/22/23

UI Health | UIC

MetroHealth

SDOH Inpatient Screening Implementation Pilot

Kiron Nair, MD – Clinical Informatics Fellow

MetroHealth
Devoted to Hope, Health, and Humanity

Inspiring Future Informaticists

Kathee Liang, MD
Family Medicine
1st Year Clinical Informatics Fellow

AMDIS Talks 2023

The Case for Clinical Transformation

Neal Chawla, MD FACEP
CMIO
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Raleigh, NC

WakeMed

Exceptional People. Exceptional Care.

Strategic Plan

We are all on EHRs at this point

Optimize Forever?

- We implement
- Then stabilize
- Then optimize

- Do we stay in optimization forever?

There is something bigger..

Digital Transformation

- Leveraging data to focus on measurable improvements in your organization. (Neal)

- Digital transformation is the integration of digital technology into all areas of a business, fundamentally **changing how you operate** and **deliver value** to customers. It's also a **cultural** change that requires organizations to continually challenge the status quo, **experiment**, and get comfortable with failure. (Internet)

Current State

- We are on an electronic platform
- Are we thinking and operating in analog or digital?

Clinical Transformation in a few words

- Deliberate and measurable care
- Standardize Best Practices
  - Reduce **unnecessary** variation
  - Pathways
- Work as teams
- Manage, measure and improve outcomes
- Need Data
- Need Process Improvement
- Need the marriage
- Need engagement and adoption from clinical teams

What does Clinical Transformation look like?

C-Section ERAS

- 54% relative reduction in re-hospitalization
- 65% relative reduction in return to surgery
- 33% relative reduction in transfusions
- 33% relative reduction in return to ED
- 10% reduction in direct cost per case

Most Importantly-The Human Impact

- 3 fewer Moms re-hospitalized
- 3 fewer Moms return to Surgery
- 17 fewer Moms return to ED

CLINICAL EXCELLENCE BUNDLES

FISCAL YEAR 2022 IMPACT

CHAMPIONS OF CHANGE

SUPERSTAR OUTCOMES

Without this work, 17 more surgery patients would have died in FY22.

133,609 ENCOUNTERS

SUPERSTAR OUTCOMES

Without this work, in FY22 WakeMed would have needed inpatient beds for **TEN MORE PATIENTS** every single day of the year.

SUPERSTAR OUTCOMES

Compared to FY21, we kept 37 more patients from being readmitted to the hospital – that's two full kindergarten classrooms.

23 DISTINCT POPULATIONS

SUPERSTAR OUTCOMES

Without this work, in FY22 WakeMed would have spent $10 million more in direct variable cost.

POPULATIONS — Urology • Total Joint • Acute Myocardial Infarction- Cardiogenic Shock • Colorectal Surgery • Hernia Surgery • C-Section • Breast Surgery • GYN Surgery Bariatric Surgery • Hypertension in Primary Care • Sickle Cell • Pre-Extubation of Pediatric Patients • Fractured Hip Surgery* • Neonatal Intestinal Surgery* • Neonatal Abstinence Syndrome* Cardiac Surgery – v2* • Thoracic Surgery -v2* • Colorectal Cancer Screening* • Alcohol Withdrawal* • Ischemic Stroke* • Strep Throat in Urgent Care* • Non- ST Elevated Myocardial Infarction* • Sepsis

*NEW IN FISCAL YEAR 2022

Transformation forever?

- Implement
- Stabilize
- Optimize (doesn't stop)
  - (Efficiency/Wellness, Digital Patient Experience, Remote Monitoring, Virtual Nurse, Hospital @Home, etc etc)
- Digital Transformation

- Now what?

Now what?

- Data will help understand outcomes and costs
  - Mission and Business

- Needed for Population Health
- Needed for At-risk contracts
  - Or payor partnerships?
  - Or becoming a payer?

Fuzzy Crystal Ball..

- Implement
- Stabilize
- Optimize (forever)
- Transform (understand data)
- Population Health
- Take on risk

- Financial independence / stability?
  - Is this the next?
  - Is this the end?
  - Is there an end?

- One of our important roles is to assist our organizations toward being ready to take on risk contracts, payor partnerships and potentially becoming a payor by going through these phases

Discussion

AMDIS 2023

THE POWER OF REITERATION

DR. AARON CHAISE & DR. KUNAL PATEL

UIC CLINICAL INFORMATICS

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WHY SHOULD YOU CARE

- In 2021
  - 1.7 Million Suicide Attempts
  - 48,000 Suicides
  - This was ranked the 11th most common cause of death in America
- In 2016, The Joint Commission (TJC) released a sentinel event alert:
  - “expectation that hospitals screen all patients for suicide ideation using a brief, standardized, and evidence-based screening tool.”
- In 2019, TJC scaled back to patients presented to ED with chief complaint of a behavioral health issue

SETTING UP FOR SUCCESS

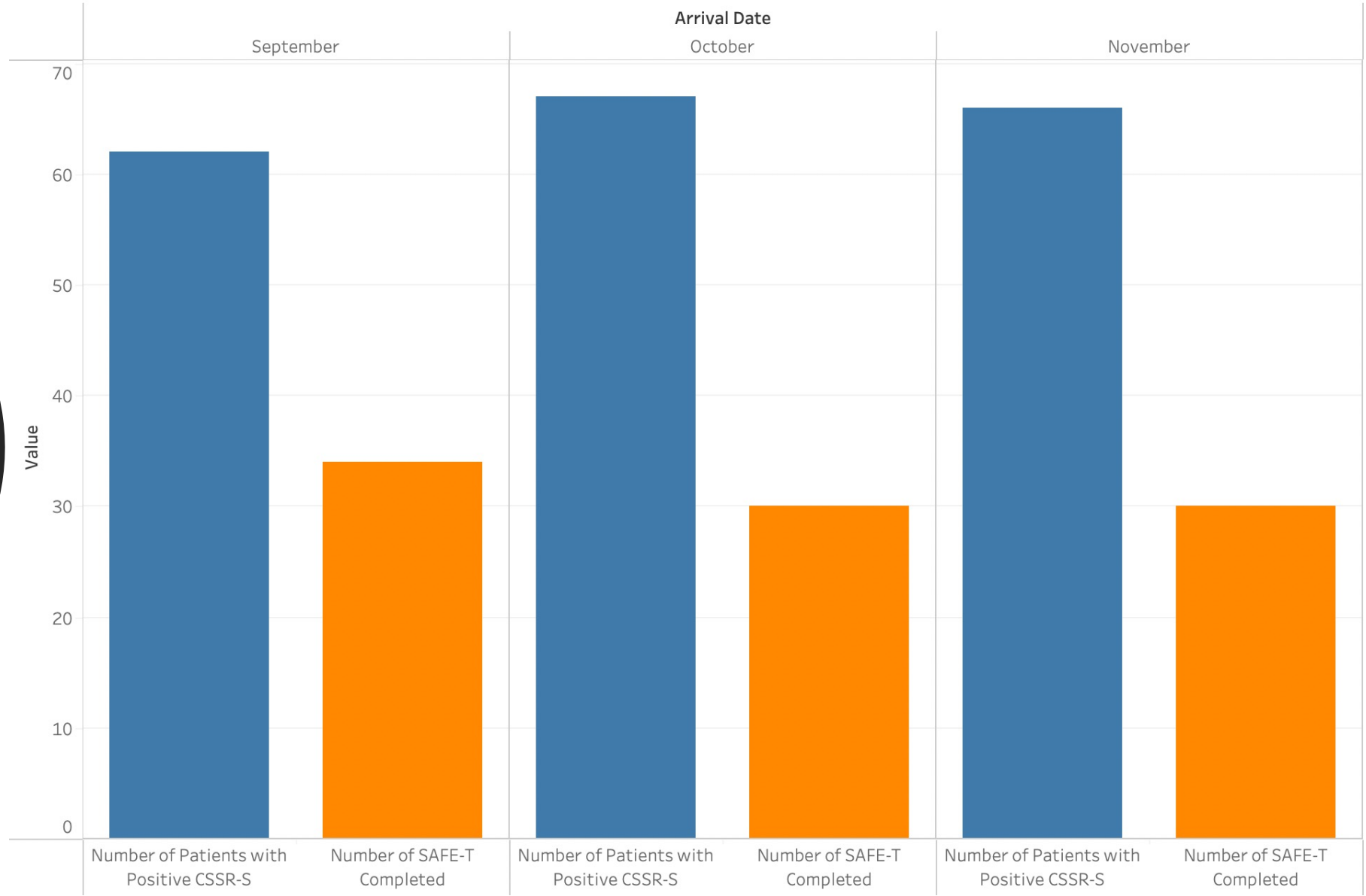
- First step to any healthcare initiative: Gather all stakeholders
  - ED nurses
  - ED physicians
  - Behavioral health social workers
  - Psychiatrists
  - IS
  - Physician informaticists
- Second step: Create a recurring meeting
- Third step: Do a little work

DO A LITTLE WORK

- SAFE-T Questionnaire with Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool was chosen; it is validated, evidenced-based, and recommended by:
  - NIH
  - SAMHSA
  - National Action Alliance for Suicide Prevention
  - DOD
  - CDC
  - FDA
- ED nurses complete C-SSRS during triage
  - If moderate/high → ED physicians consult psychiatry/behavioral health and order Patient Sitter/Safe Tray
  - Behavioral health social workers or psychiatry residents complete SAFE-T, pending the day of week and time to aid in patient disposition

Success

RESULTS


Arrival Date
September
October
November
Value
70
60
50
40
30
20
10
0
Number of Patients with Positive CSSR-S
Number of SAFE-T Completed
Number of Patients with Positive CSSR-S
Number of SAFE-T Completed
Number of Patients with Positive CSSR-S
Number of SAFE-T Completed

BACK TO THE DRAWING BOARD:

Evaluate and Reiterate

First, we noticed that a top down approach did not work

Second, providers did not know which patients screened moderate/high

Third, psychiatry members did not know how to complete a SAFE-T Screen

High Risk (immediate) (1)

Screening indicates patient is at risk for suicide. Enter suicide precaution orders and consult to psychiatry.

@UIHSUICIDEORDERS@

Order	Do Not Order	Suicide Precautions Panel
Order	Do Not Order	Inpatient Consult to Psychiatry

Acknowledge Reason

Pending further assessment | Not primary service

Accept

Dispo

Refresh | Print Documents

Patient has a moderate or high risk C-SSRS suicide screening score and an incomplete SAFE-T assessment. Contact the Psychiatry department - pager 7239 before discharging patient

BestPractice Advisories

No advisories to address.

First Provider Time

Date: Time:

First Provider Time

SmartSets

Add a SmartSet | Add

Adult Procedural Sedation

Disposition

Discharge | Admit | Admit to Behavioral Health | AMA | Observation | Transfer to Another Facility

Discharge

Condition: Good | Fair | Stable | Serious

Comments

Impressions

Add from Problem List

Add a new impression | Add | Associate

Suggested by Chief Complaint

No suggestions to display

Impressions

Pain aggravated by sitting — Comment | Add to Problem List

Prescriptions & Orders

New Order

PDMP

Chart Status

LOS (Unfiled)

AVS Checks | Reminders | Notes | Medication Warnings

Preview AVS | Edit My Note

Follow-Up

Suggestions

PCP - None Specified | ED | Care Team

Other - Lookup | Other - Free Text

Instructions

Clinical References

Add attachments | Add | **Patient's Written Language:** —

Suggested Attachments

Pain aggravated by sitting

- How to Do Mindfulness Meditation: Video (English)
- Mindfulness: What Is It?: Video (English)
- Opioids - Long-Acting: Safe Use: General Info (English)
- Opioids: General Info (English)
- Pain Post-Surgery: Acute (English)
- The Pain-Mood Connection: Video (English)

View More Suggestions

Attached Instructions

No instructions attached

Patient Instructions

Insert SmartText

Resolve these issues before printing

Contact Psychiatry: C-SSRS suicide screening score is moderate or high and needs a SAFE-T assessment prior to discharge

AVS Selected to print

UI Health

AFTER VISIT SUMMARY

Pat Foley MRN: 208004 11/29/2022 EMERGENCY 866-600-2273

Today's Visit

Diagnosis
Pain aggravated by sitting

What's Next

You currently have no upcoming appointments scheduled.

Thank you for being a UI Health patient. You may receive a survey via text, email or mail. We value your input and would greatly appreciate you completing this survey to tell us about your experience.

You are allergic to the following

No active allergies

DEEP DIVE #2

An improvement was seen, but we aim to be at 100%

ALL IN ALL

- This is a prime example for informatics: changes to a seemingly simple workflow do not work without several iterations
- You can set yourself up for success
  - but you still might fail, and most likely will… which is OK
  - No process is 100% perfect
- Working cohesively as a team, even across departments, will ultimately bring success
  - Having a supportive and dedicated team makes a big difference in the long run
  - The psychiatry department and emergency medicine department did not get upset by the many iterations; they took a step back and objectively thought about the problem and brainstormed ideas for success

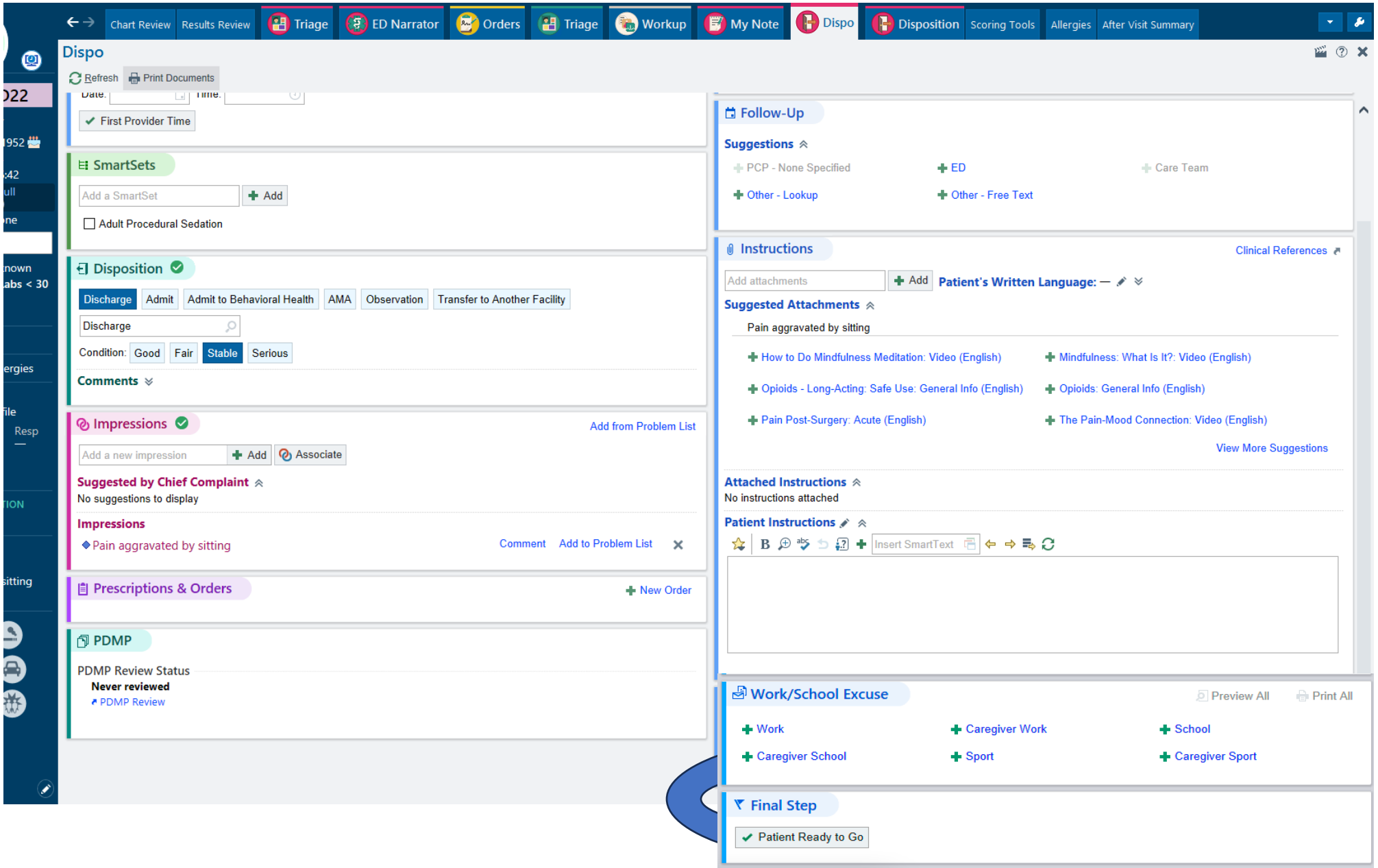
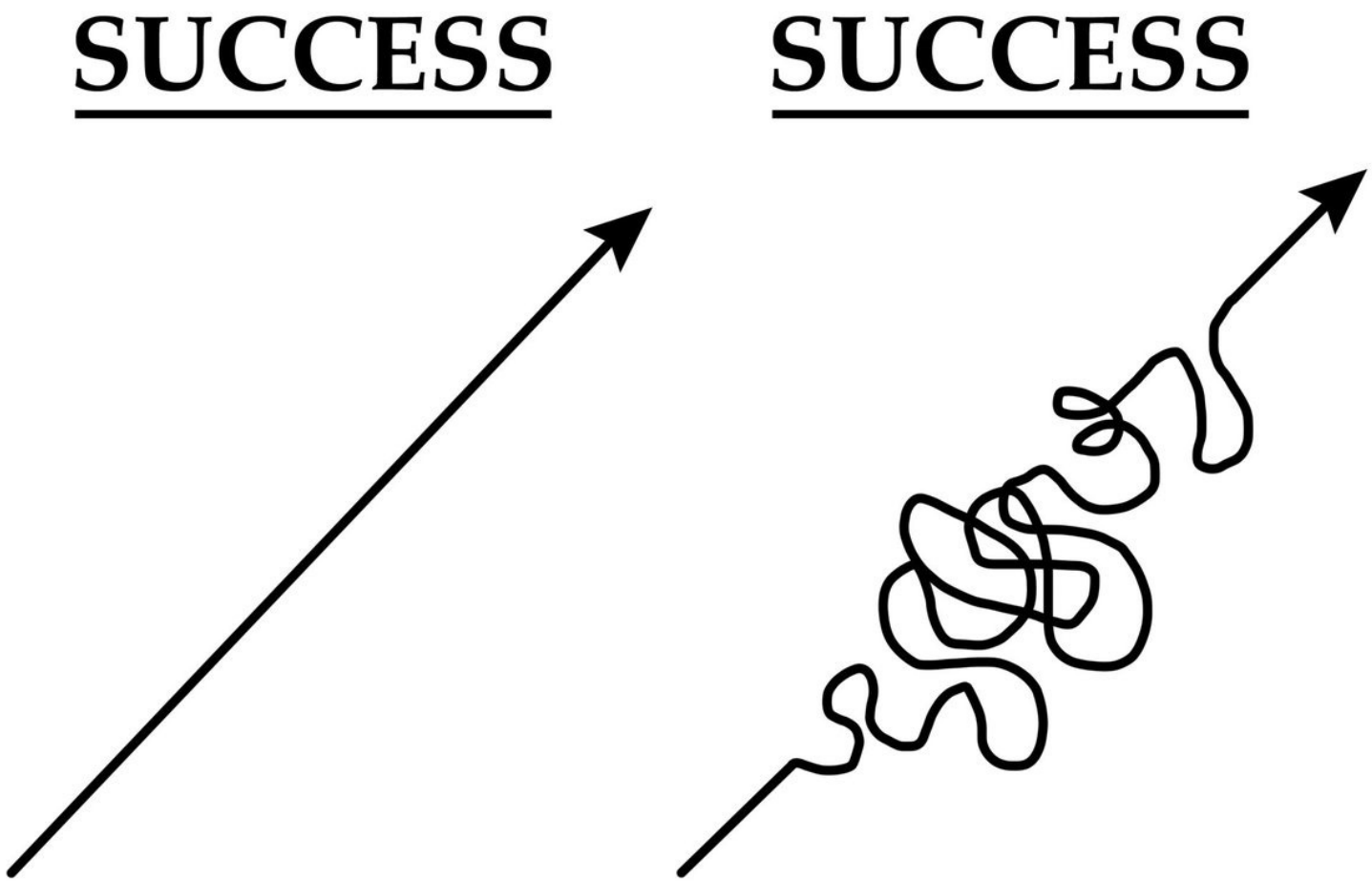
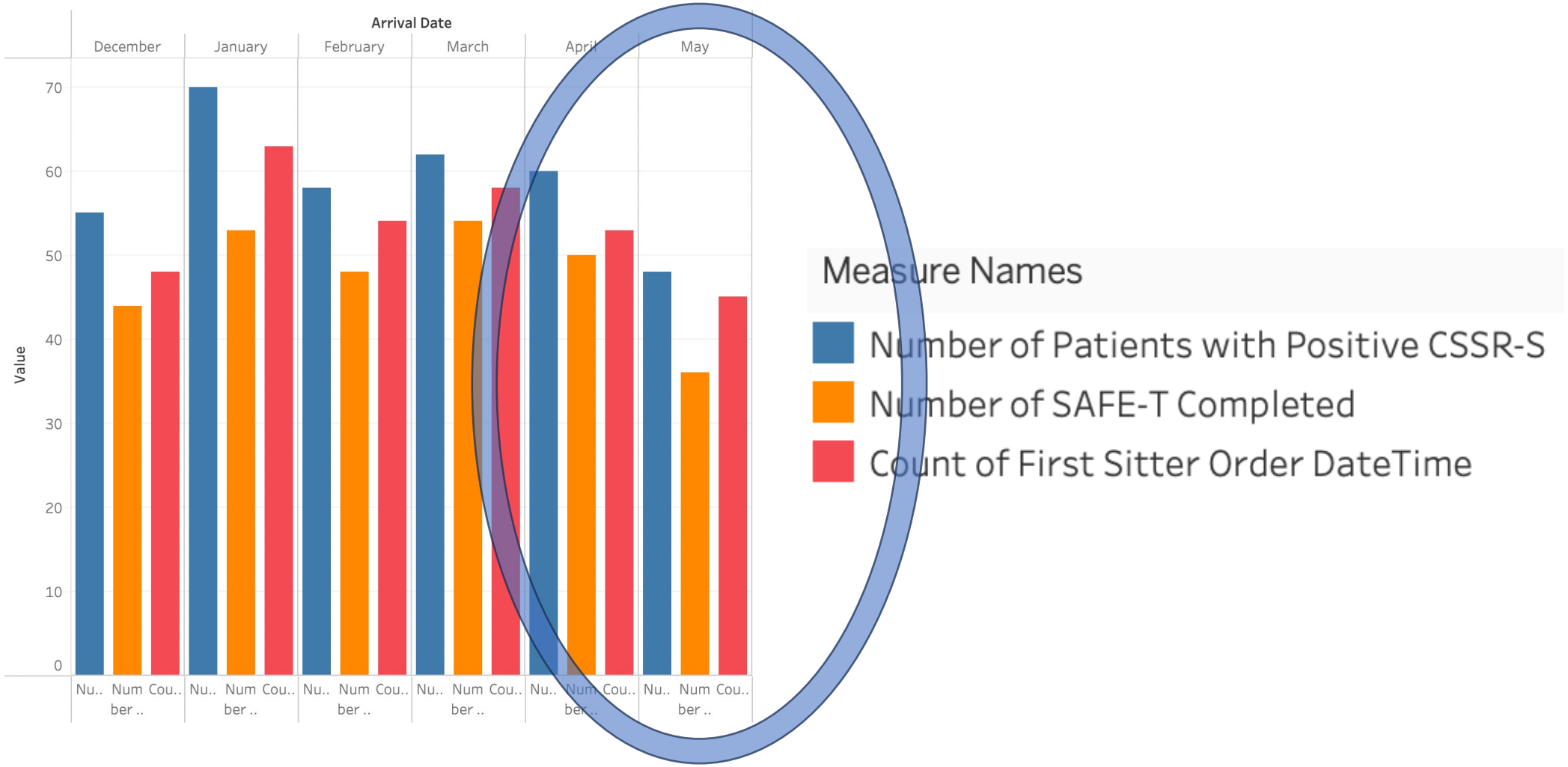


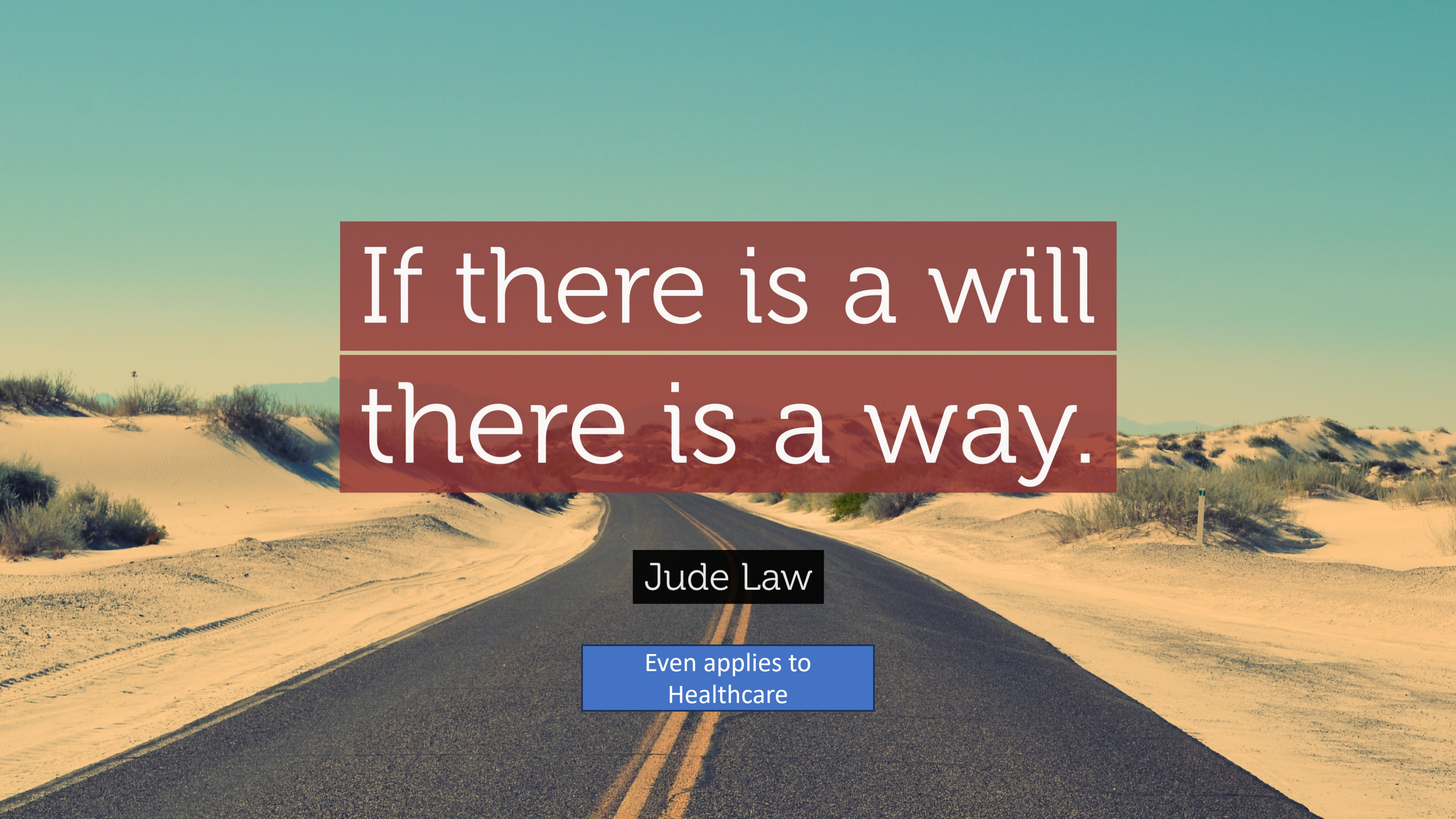
Chart Review
Results Review
Triage
ED Narrator
Orders
Triage
Workup
My Note
Dispo
Disposition
Scoring Tools
Allergies
After Visit Summary
Dispo
Refresh
Print Documents
First Provider Time
SmartSets
Add a SmartSet
Add
Adult Procedural Sedation
Disposition
Discharge
Admit
Admit to Behavioral Health
AMA
Observation
Transfer to Another Facility
Discharge
Condition:
Good
Fair
Stable
Serious
Comments
Impressions
Add from Problem List
Add a new impression
Add
Associate
Suggested by Chief Complaint
No suggestions to display
Impressions
Pain aggravated by sitting
Comment
Add to Problem List
Prescriptions & Orders
New Order
PDMP
PDMP Review Status
Never reviewed
PDMP Review
Follow-Up
Suggestions
PCP - None Specified
ED
Care Team
Other - Lookup
Other - Free Text
Instructions
Clinical References
Add attachments
Add
Patient's Written Language:
Suggested Attachments
Pain aggravated by sitting
How to Do Mindfulness Meditation: Video (English)
Mindfulness: What Is It?: Video (English)
Opioids - Long-Acting: Safe Use: General Info (English)
Opioids: General Info (English)
Pain Post-Surgery: Acute (English)
The Pain-Mood Connection: Video (English)
View More Suggestions
Attached Instructions
No instructions attached
Patient Instructions
Insert SmartText
Work/School Excuse
Preview All
Print All
Work
Caregiver Work
School
Caregiver School
Sport
Caregiver Sport
Final Step
Patient Ready to Go


SUCCESS
what people think
it looks like
SUCCESS
what it really
looks like

The End

Implementation of hard stops


Arrival Date
December
January
February
March
April
May
Value
70
60
50
40
30
20
10
0
Nu..
Num ber ..
Cou..
Measure Names
Number of Patients with Positive CSSR-S
Number of SAFE-T Completed
Count of First Sitter Order DateTime


If there is a will
there is a way.
Jude Law
Even applies to
Healthcare

Discussion…

AMDIS 2023 – SDOH SCREENING

Bhrandon Harris, MD, FAAFP, FAMIA

6/22/23

UI Health | UIC

SDOH – SCREENING

- Background
- Solution
- Initial Results
- Future Direction

SDOH – BACKGROUND

Circulation
Volume 138, Issue 4, 24 July 2018; Pages 345-355
https://doi.org/10.1161/CIRCULATIONAHA.117.032047

ORIGINAL RESEARCH ARTICLE

Impact of Healthy Lifestyle Factors on Life Expectancies in the US Population

Yanping Li, MD, PhD*, An Pan, PhD*, Dong D. Wang, MD, ScD, Xiaoran Liu, PhD, Klodian Dhana, MD, PhD, Oscar H. Franco, MD, PhD, Stephen Kaptoge, PhD, Emanuele Di Angelantonio, MD, PhD, Meir Stampfer, MD, DrPH, Walter C. Willett, MD, DrPH, and Frank B. Hu, MD, PhD

BACKGROUND: Americans have a shorter life expectancy compared with residents of almost all other high-income countries. We aim to estimate the impact of lifestyle factors on premature mortality and life expectancy in the US population.

METHODS: Using data from the Nurses' Health Study (1980–2014; n=78 865) and the Health Professionals Follow-up Study (1986–2014, n=44 354), we defined 5 low-risk lifestyle factors as never smoking, body mass index of 18.5 to 24.9 kg/m^2, ≥30 min/d of moderate to vigorous physical activity, moderate alcohol intake, and a high diet quality score (upper 40%), and estimated hazard ratios for the association of total lifestyle score (0–5 scale) with mortality. We used data from the NHANES (National Health and Nutrition Examination Surveys; 2013–2014) to estimate the distribution of the lifestyle score and the US Centers for Disease Control and Prevention WONDER database to derive the age-specific death rates of Americans. We applied the life table method to estimate life expectancy by levels of the lifestyle score.

SDOH – BACKGROUND

The Joint Commission:
- Requirement: the organization assesses the patient's health-related social needs and provides information about community resources and support services (organization determines which health- related social needs to include in the assessment and determines which patient population to assess)

-Effective January 1, 2023

CMS:
- Requirement: the organization must report the percent of patients admitted to the hospital who are 18 years or older and must be screened for the following 5 domains – food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety.

- Publicly reportable measure via inpatient quality reporting (IQR)

- Optional reporting calendar year 2023, required reporting by 2024

SDOH – BACKGROUND

VIEWPOINT

Avoiding the Unintended Consequences of Screening for Social Determinants of Health

Arvin Garg, MD, MPH
Department of Pediatrics, Boston University School of Medicine, Boston Medical Center, Boston, Massachusetts.

Renée Boynton-Jarrett, MD, ScD
Department of Pediatrics, Boston University School of Medicine, Boston Medical Center, Boston, Massachusetts.

Paul H. Dworkin, MD
Department of Pediatrics, University of Connecticut School of Medicine, Farmington; and Office for Community Child Health, Children's Medical Center, Hartford, Connecticut.

Screening for social determinants of health, which are the health-related social circumstances (eg, food insecurity and inadequate or unstable housing) in which people live and work, has gained momentum as evidenced by the recent Centers for Medicare & Medicaid Services innovation initiative of $157 million toward creation of accountable health communities.[1] Funding will allow grantees to test a novel model of health care that includes identifying and addressing social determinants of health for Centers for Medicare & Medicaid Services beneficiaries. The initiative promotes collaboration between the clinical realm and the community through screening of beneficiaries to (1) identify unmet health-related social needs and (2) assist high-risk beneficiaries (ie, >2 emergency department visits and a health-related social need) with accessing available community services.

Some health policy makers have embraced screening of social determinants as the next hope for achieving the triple aim of better health, improved health care delivery, and reduced costs because social and environmental factors are thought to contribute half ment) requires effective care coordination and cross-sector collaboration. The relatively few exemplary, evidence-based models (eg, WE CARE, Health Leads, Project DULCE, Safe Environment for Every Kid, Help Me Grow) that use such strategies are limited in scope and reach and must be expanded to address the needs of diverse patient populations.[6]

The sensitive nature of such issues as food insecurity, unemployment, and interpersonal violence also poses unique challenges. Physicians may be uncomfortable routinely inquiring about adverse social circumstances, given their lack of personal experience with such needs and inadequate training on how to respectfully elicit and respond to patients' concerns. In addition, the absence of available services means that needs are often difficult to address, given the tenuous capacity of community resources such as affordable housing, behavioral health services, workforce development and employment, and public transportation.

Thus, despite the potential benefits of identifying and addressing adverse social determinants, there is the potential for unintended harm. Such screening

1. Be patient and family-centered and involve shared decision making
2. Be conducted within a comprehensive process and system that supports early detection, referral, and linkage to a wide array of community- based services
3. Engage the entire practice population rather than targeted subgroups
4. Acknowledge and build on the strengths of patients, families, and communities.

SDOH – BACKGROUND

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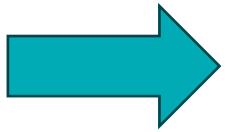
SDOH – SOLUTION

- 5 Domains
  - Food Insecurity
  - Housing Insecurity
  - Intimate Partner Violence
  - Transportation
  - *Utilities



Nurse Driven Protocol

All admitted patients (inpatient, 23hr obs)

At least once every 6mo

Nursing Admission

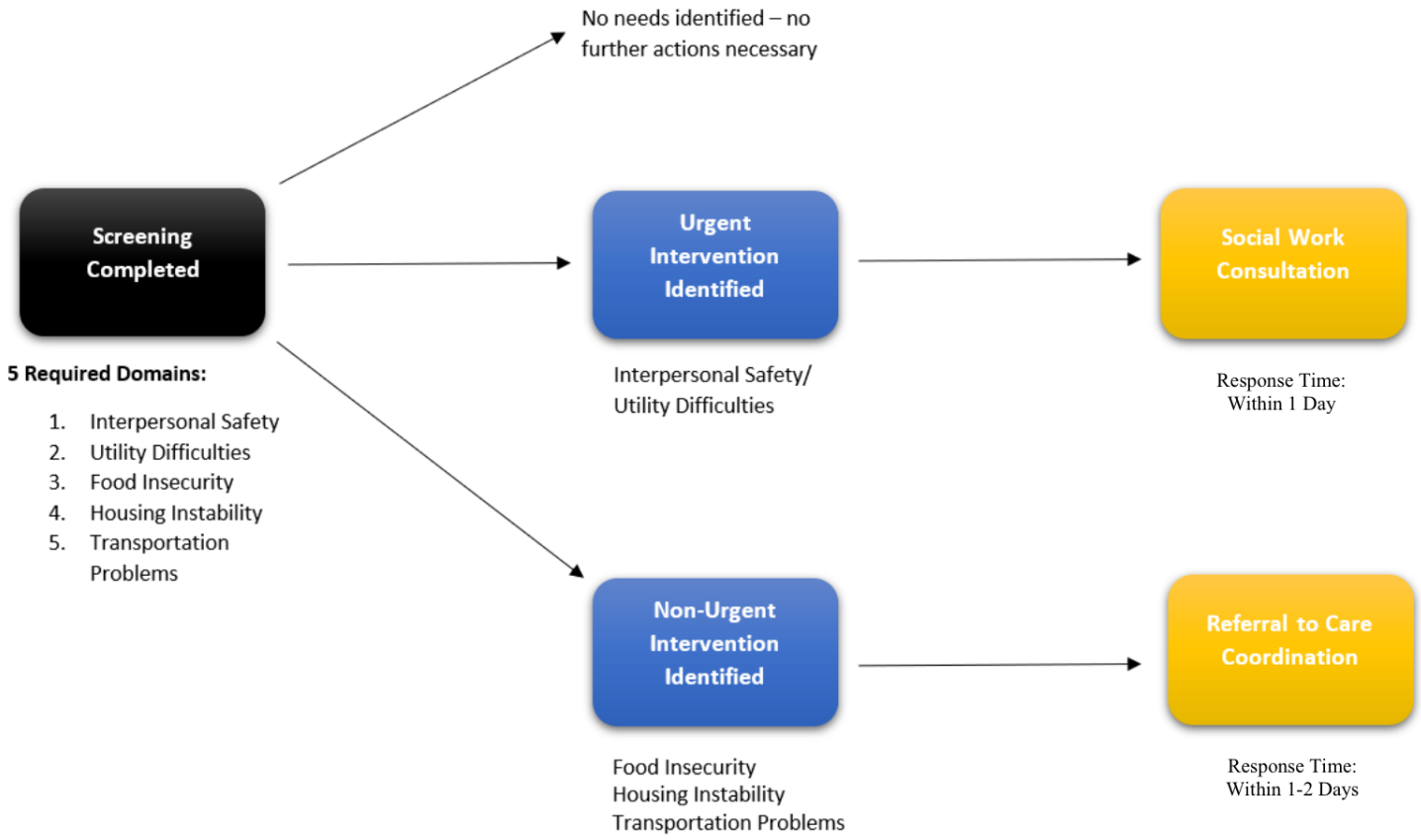
Navigator workflow

Tiered Approach with Social Work and Care Coordination

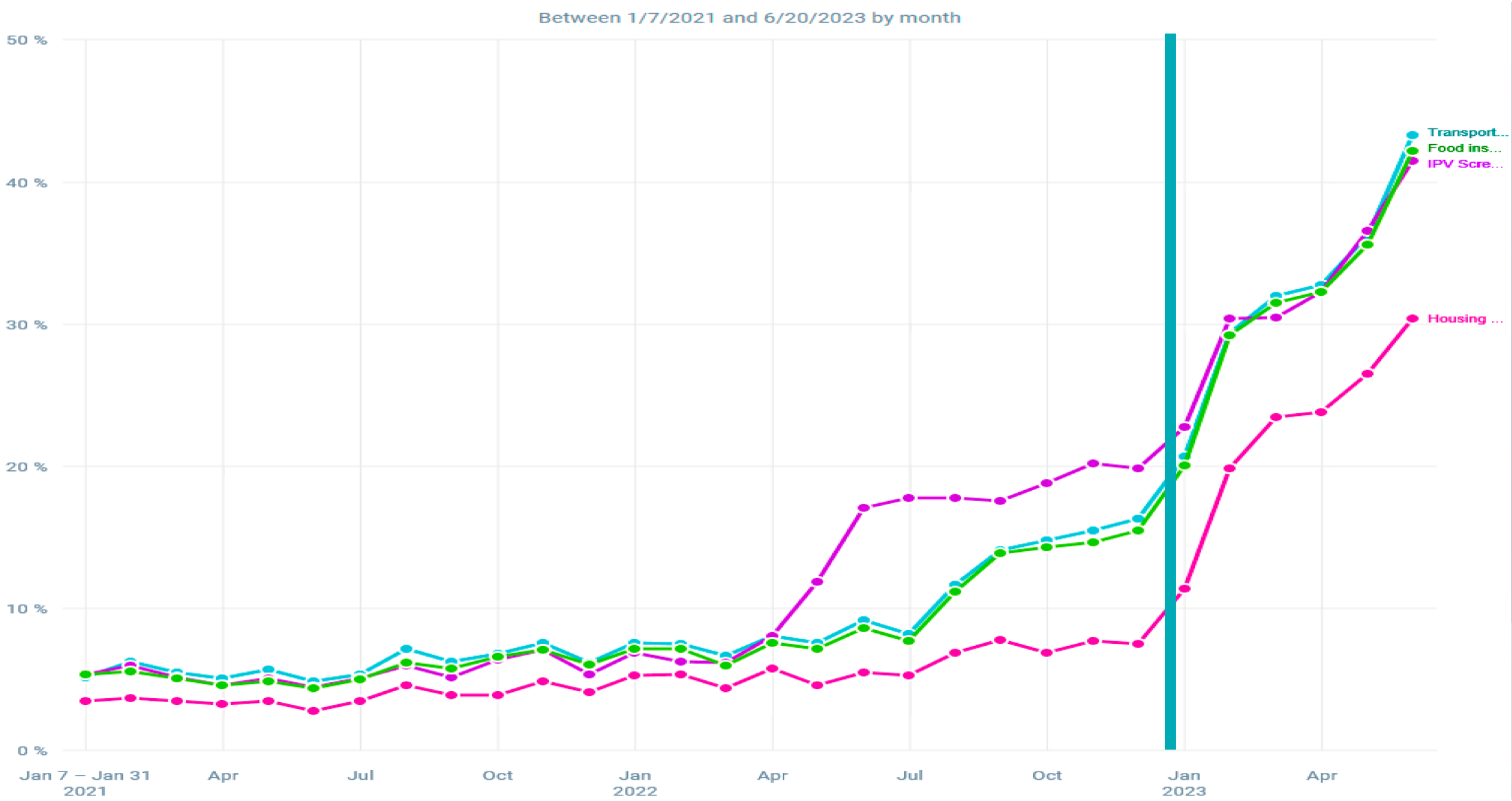
SDOH – SOLUTION

Referral Workflow

Upon completion of screening → silent BPA fire to in-baskets for Social Work and Care Coordination



SDOH – INITIAL RESULTS



SDOH – FUTURE DIRECTION

- Unit by Unit Go-Live
- Expand to outpatient
- Increase community partners and resources for patients
- Physician Workflows
- Patient Workflows

Discussion

MetroHealth

SDOH Inpatient Screening Implementation Pilot

Kiron Nair, MD – Clinical Informatics Fellow

Pilot Project Team

Text Box

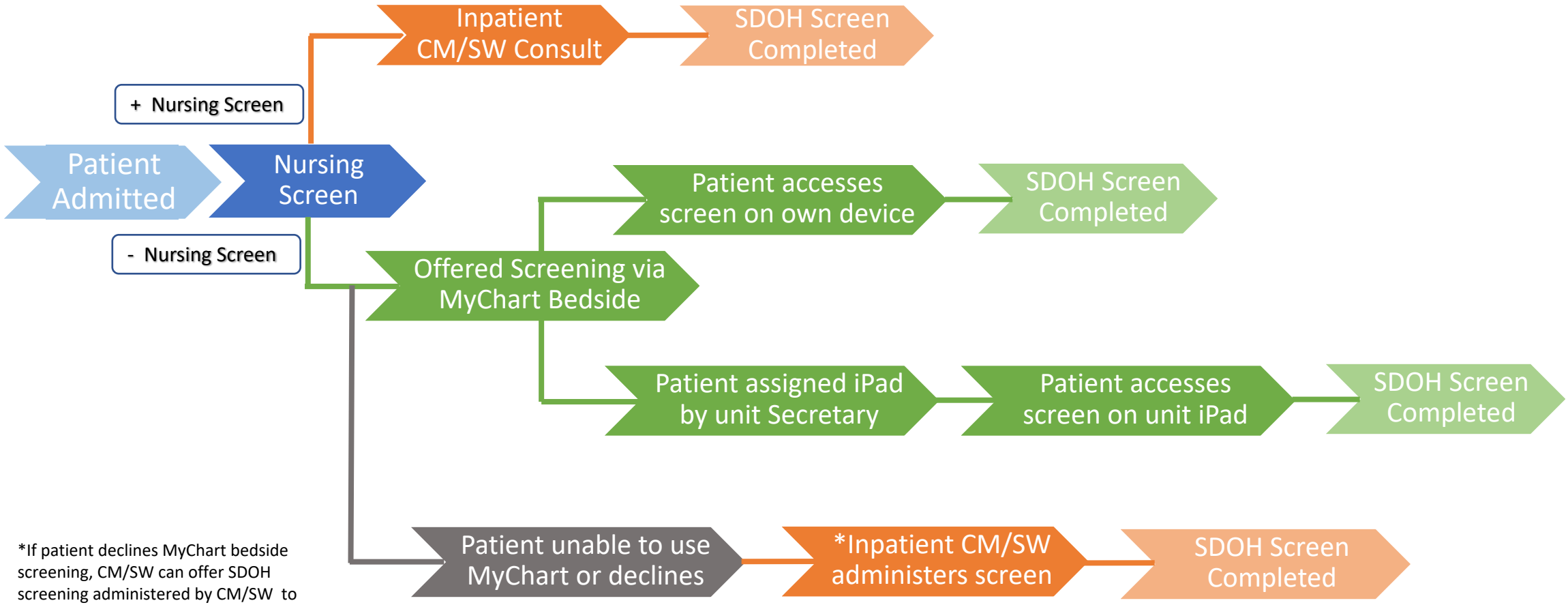
Interdisciplinary Working Group

- **Care Coordination**
  - Andrea Colson, Operations Manager
  - Allison Turnton, Social Work Supervisor for Population Health
- **Patient Experience**
  - Michelle Menke, Manager Patient Education and Accessibility Services
- **Clinical Informatics**
  - Dr. Katherine Liang, CI Fellow
  - Dr. Kiron Nair, CI Fellow
  - Dr. Johnbuck Creamer, Director of Clinical Informatics for Inpatient Care
  - Antonella Vicario, Systems Instructor
  - Barb Karvosky, Systems Analyst
  - Stacy Farnan, Sr Clinical Informatics Analyst
- **Nursing**
  - Kimberlee Legarth, Director of Nursing Services
  - Angela Marvin, Nurse Manager
  - Ruby Jackson, Nurse Manager
- **Population Health Research Institute**
  - Dr. Sarah Sweeney, PHRI Fellow
- **Institute for Hope**
  - Mark Kalina, Sr Analyst
  - Ekaterina Dubovikova, Change Management Advisor
- **Information Systems (IS)**
  - Noelle Wiser, Systems Analyst

Considerations

- Expand inpatient SDOH screening from established workflow with limited screening.
- Augment CM/SW workflow by early identification of patient needs for broader capture and follow up.
- Engage patients using MyChart Bedside for self-administered screening, to decrease staff burden.
- Use 24-Question SDOH screen that was being used in the Ambulatory setting for data consistency and for streamlined workflows to address positive screens.
- 6 East (Orthopedic Floor), 8 East (Medicine Floor) chosen as pilot sites

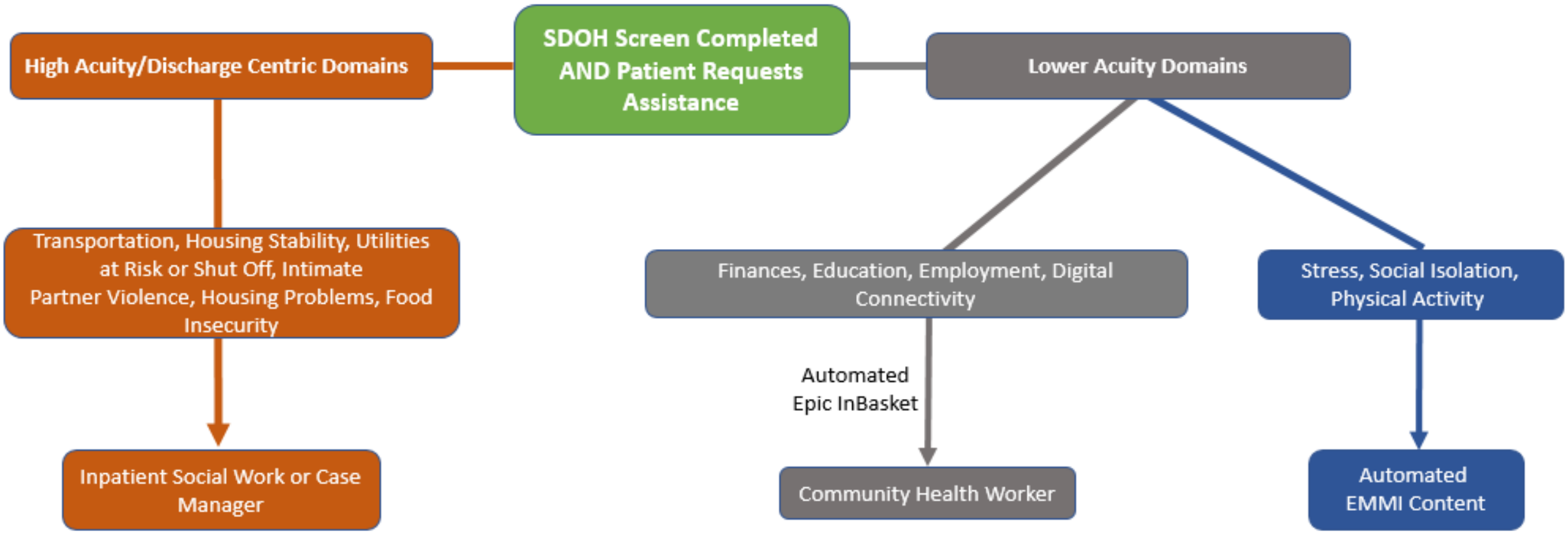
Inpatient SDOH Screening Workflow



*If patient declines MyChart bedside screening, CM/SW can offer SDOH screening administered by CM/SW to patients who are interested.

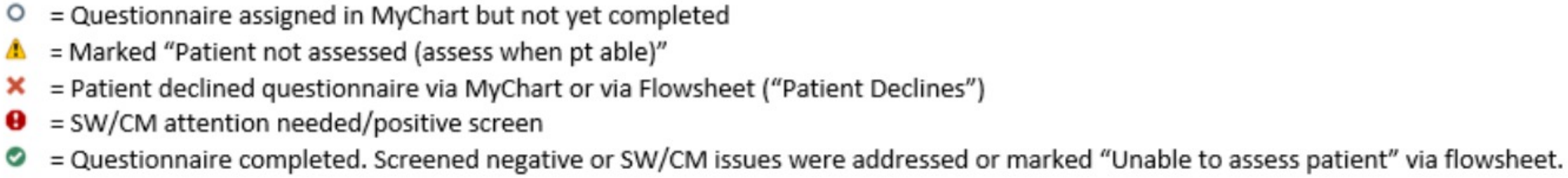
MetroHealth

Filtering Requests for Assistance



No changes to Nursing Admission Screen. Alcohol/Drug, Tobacco Use and Depression Per Usual Care Nursing Admission Screen Pathway.

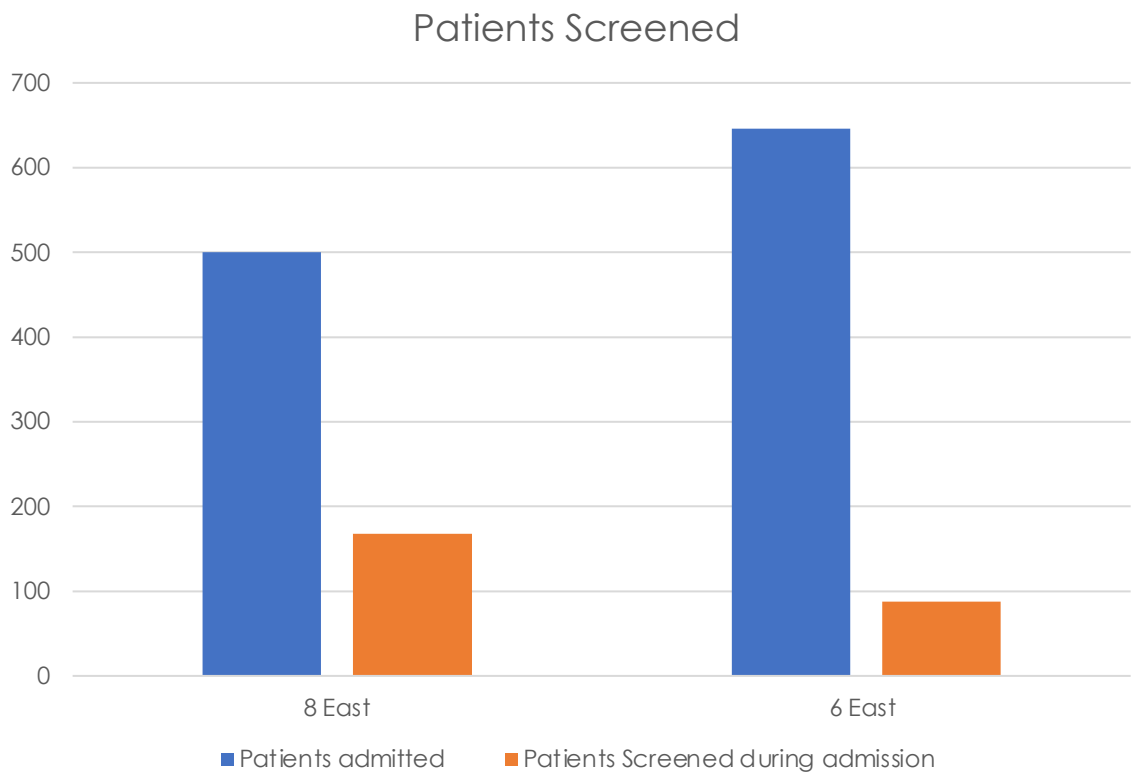
Screening Status Notification System

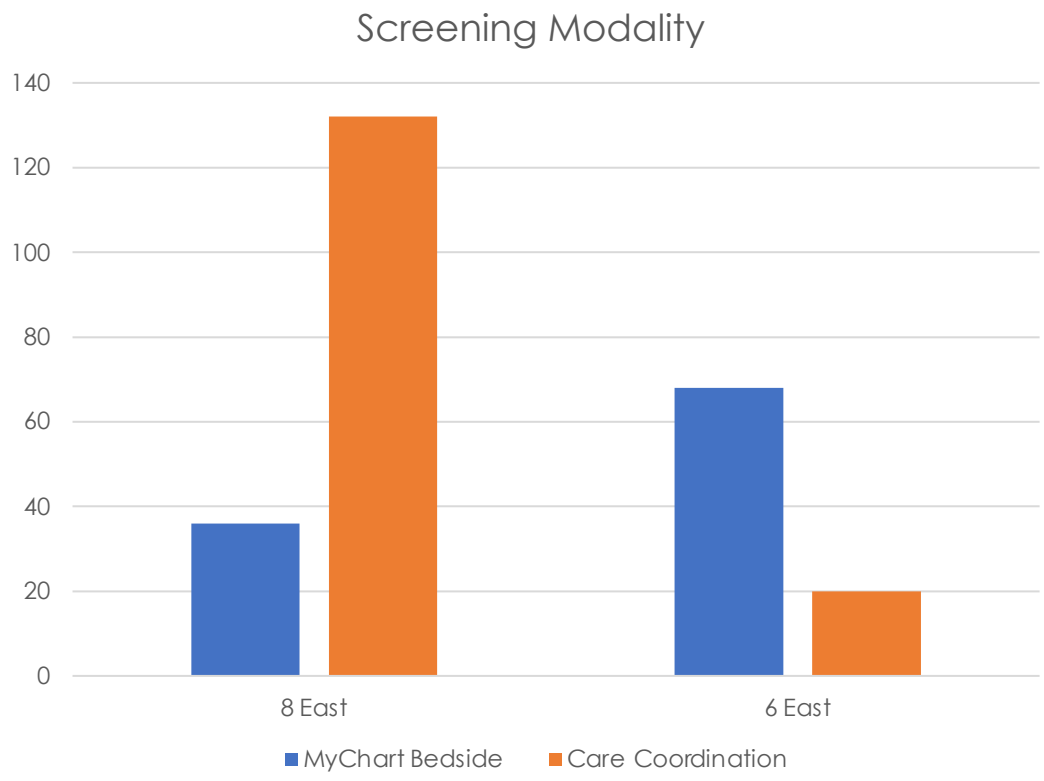


- These symbols flow from both MyChart Bedside responses as well as from the CM/SW Flowsheet
- Populate in a column that is added to the patient list

Data Review 02/11/ - 06/08

Text Box





MetroHealth

Requests for Assistance

Text Box

SDOH Domain	Total
Food	18%
Transportation	15%
Finances	12%
Utilities	12%
Physical Activity	11%
Stress	10%
Housing Stability	8%
Social Connection	6%
Housing Problems	2%
Internet Access	6%

*Requests for assistance were higher on 6E (31%) than 8E (11%)

MetroHealth

Implementation Challenges

- **Process Issues**
  - Inconsistent roll out of MyChart bedside/distribution of tablets
- **Staffing**
  - Turnover in secretary staffing leads to process breakdown
  - High level of positive SDOH screens increases workload of CM/SW for positive screens
  - Many patients unable to self-screen increasing CM/SW workload to find screening resources
- **Technology**
  - Difficulty using MyChart Bedside on personal devices
  - Device specific challenges such as difficulty connecting to MH Guest network
- **Patient Related Challenges**
  - Admitted patients with physical and cognitive difficulty self-screening
  - Screen only available in English/Spanish, Text not able to be enlarged

SDOH Questionnaire

- Too long - 24 questions (excluding Request for Assistance and UniteUS consent)
- Difficult for Patients, SW/CM, and Virtual Nursing
- Patients do not complete full screen/all domains, incomplete capture of needs

2nd Iteration Aims

Text Box

AIM #1: Pilot a shorter SDOH screening questionnaire to increase % of patients screened for high acuity needs

AIM #2 Increase the use of MyChart Bedside by admitted patients by engaging appropriate staff

AIM#3: Continue to assess the challenges and opportunities for CM/SW to attempt to screen all admitted patients for SDOH

OVERARCHING GOAL: Increase Inpatient SDOH screening rates to 50% (80% touched)

AIM #1 - Shorten Screen

Text Box

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SDOH Screen I

Prioritize discharge centric domains that align with CMS requirements

SDOH DOMAIN	Social Factors Questionnaire
Food Security	In the last 12 months, have you worried your food would run out before you had money to buy more?
	In the last 12 months, did the food you bought just not last and you didn't have money to buy more?
Transportation Needs	In the last 12 months, has lack of transportation kept you from medical appointments or from getting medications?
	In the last 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?
Interpersonal Safety	In the last 12 months, have you been: afraid of your partner or ex-partner?
	In the last 12 months, have you been: humiliated or emotionally abused in other ways by your partner or ex-partner
	In the last 12 months, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner
	In the last 12 months, have you been forced to have any kind of sexual activity by your partner or ex-partner?
Housing Instability	In the last 12 months, were you ever unable to pay the rent or mortgage on time?
	In the last 12 months, how many places have you lived?
	In the last 12 months, did you ever sleep in a shelter or not have a steady place to sleep?
Utility Difficulties	In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services? Yes, No, Currently shut off
Digital connectivity	Do you currently have internet access at home? / Do you have internet access on a device or in another location?

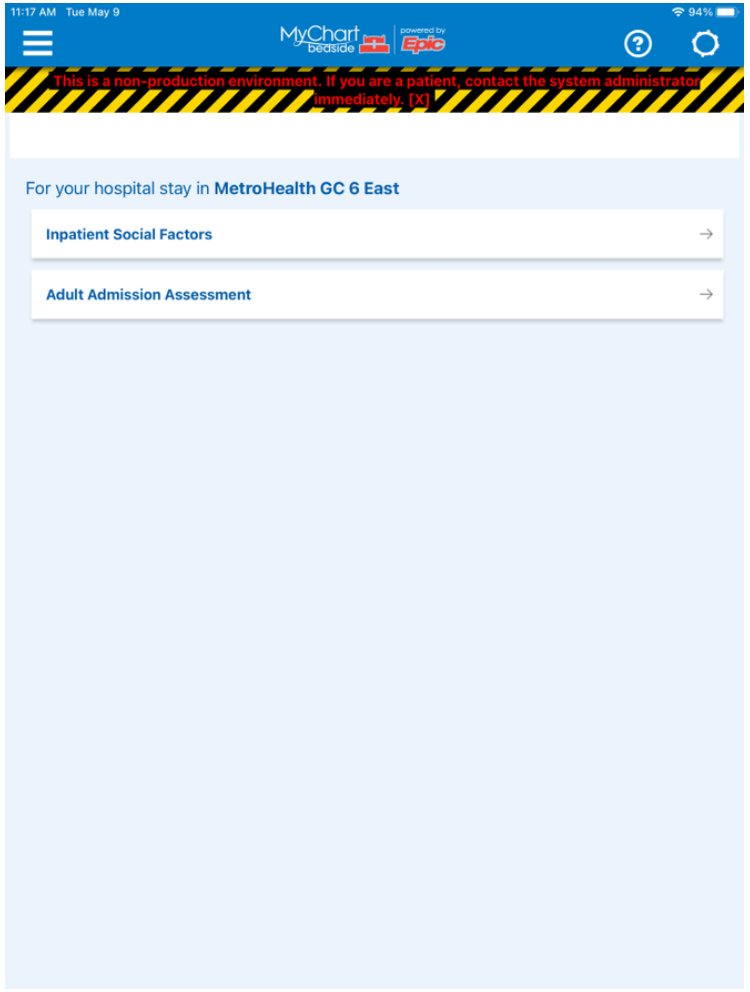
SDOH Screen II

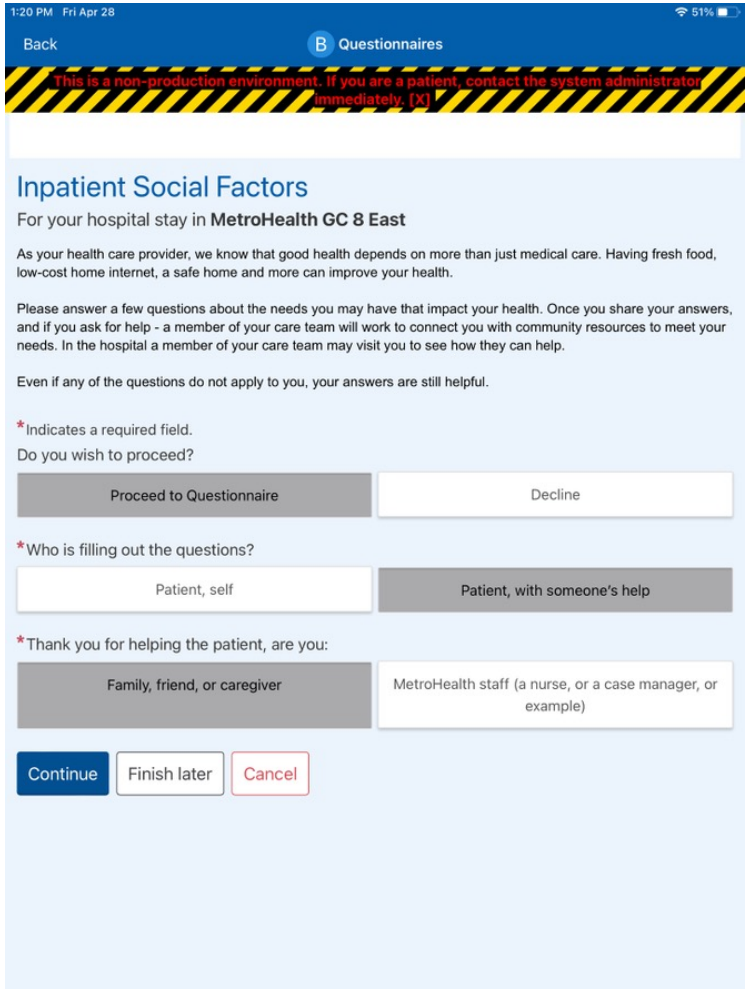
Lower acuity domains, optional second section

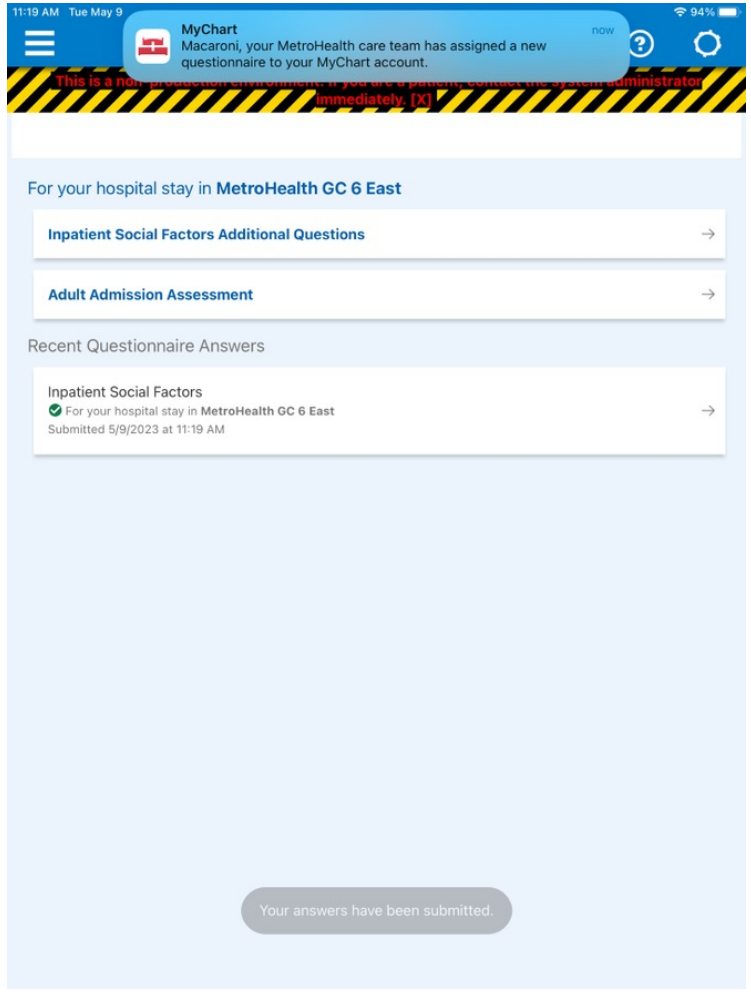
SDOH DOMAIN	QUESTIONS
Financial strain	Is it hard to pay for basics like food, housing …
Physical activity	On average, how many days per week do you engage in moderate to strenuous exercise ….
	On average, how many minutes per day do you engage in exercise at this level?
Stress	How often do you feel stress these days (tense, restless, nervous, anxious, or trouble sleeping)?
Social connectedness	In a typical week, how often do you talk on the phone with family, friends, or neighbors?
	How often do you get together with friends or relatives?
	How often do you attend church or religious services?
	Do you belong to any clubs or organizations (such as church groups, unions, fraternal, athletic, or school)?
	How often do you attend meetings of the clubs or organizations you belong to?
	Are you currently married, widowed, divorced, separated, never married, living with a partner?
Housing problems	Do you have any problems at home with: Pests, Mold, Lead Paint or Pipes, Water Leaks, Smoke detectors missing/not working …
Education	What is the highest level of school you completed, or the highest degree you have received?
Employment	What is your current employment status?

Modified Screens on MyChart Bedside

Text Bar







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Updated CM/SW Flowsheet

Text Box

Food Insecurity
Within the past 12 months, you worried that your food would run out before you got the money to buy more.
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
Transportation Needs
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?
In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?
Intimate Partner Violence
Within the last year, have you been afraid of your partner or ex-partner?
Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?
Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?
Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?
Housing Stability
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?
In the last 12 months, how many places have you lived?
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?
Housing and Utilities
Do you have problems with any of the following?
In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
Digital Connectivity
Do you currently have internet access at home?
Do you have access to the internet on a device or in another location?
Request for Assistance
We may be able to connect you with resources and agencies that can help you by making a referral on your behalf. Would you lik...
UniteOhio
Does the Patient Agree to UniteOhio
Date
Assessment and Discharge Planning Evaluation
SDOH Completed?
SDOH Risks Addressed

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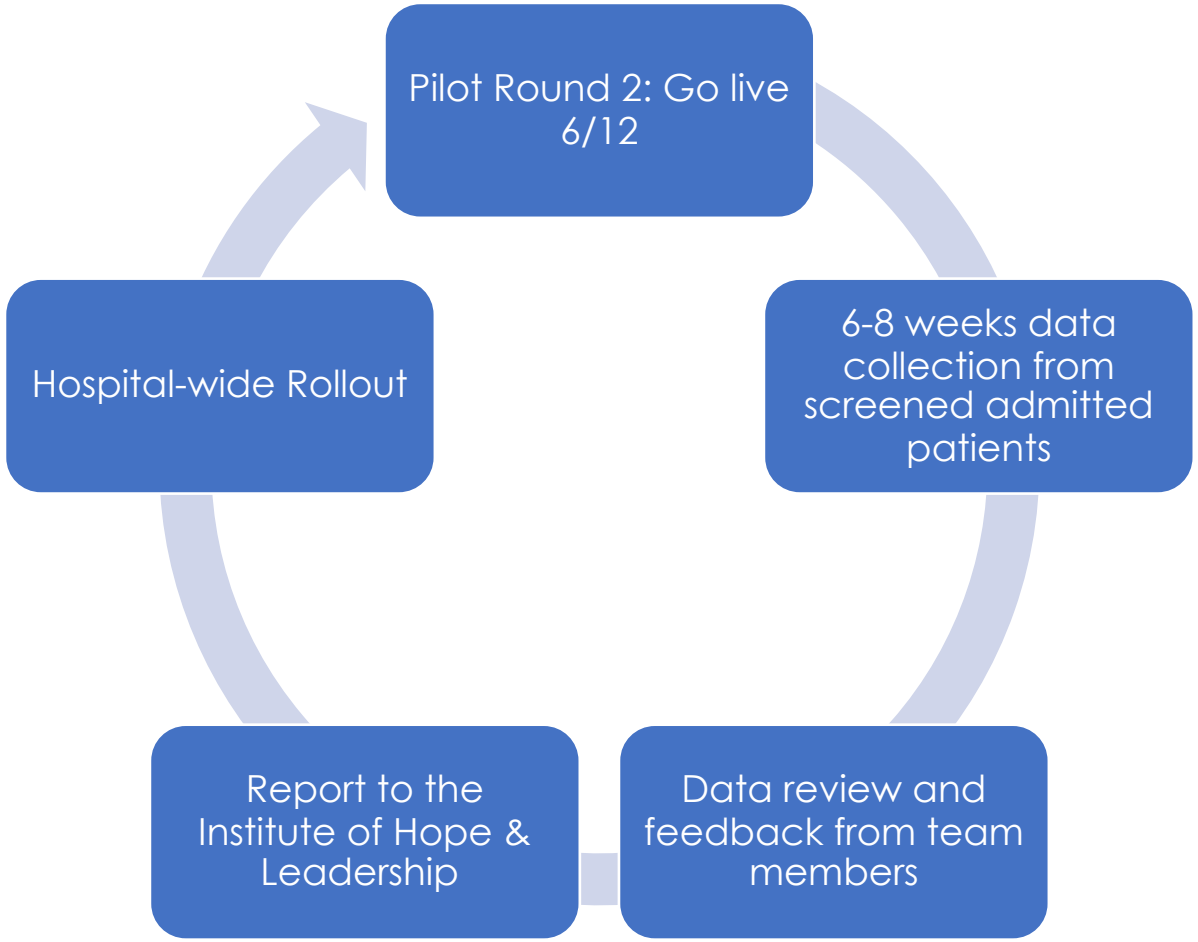
Pilot Plan

Text Bar



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Thank you for your attention!

We welcome your feedback.

Discussion

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Devoted to Hope, Health, and Humanity

Inspiring Future Informaticists

Kathee Liang, MD
Family Medicine
1st Year Clinical Informatics Fellow


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Medical School


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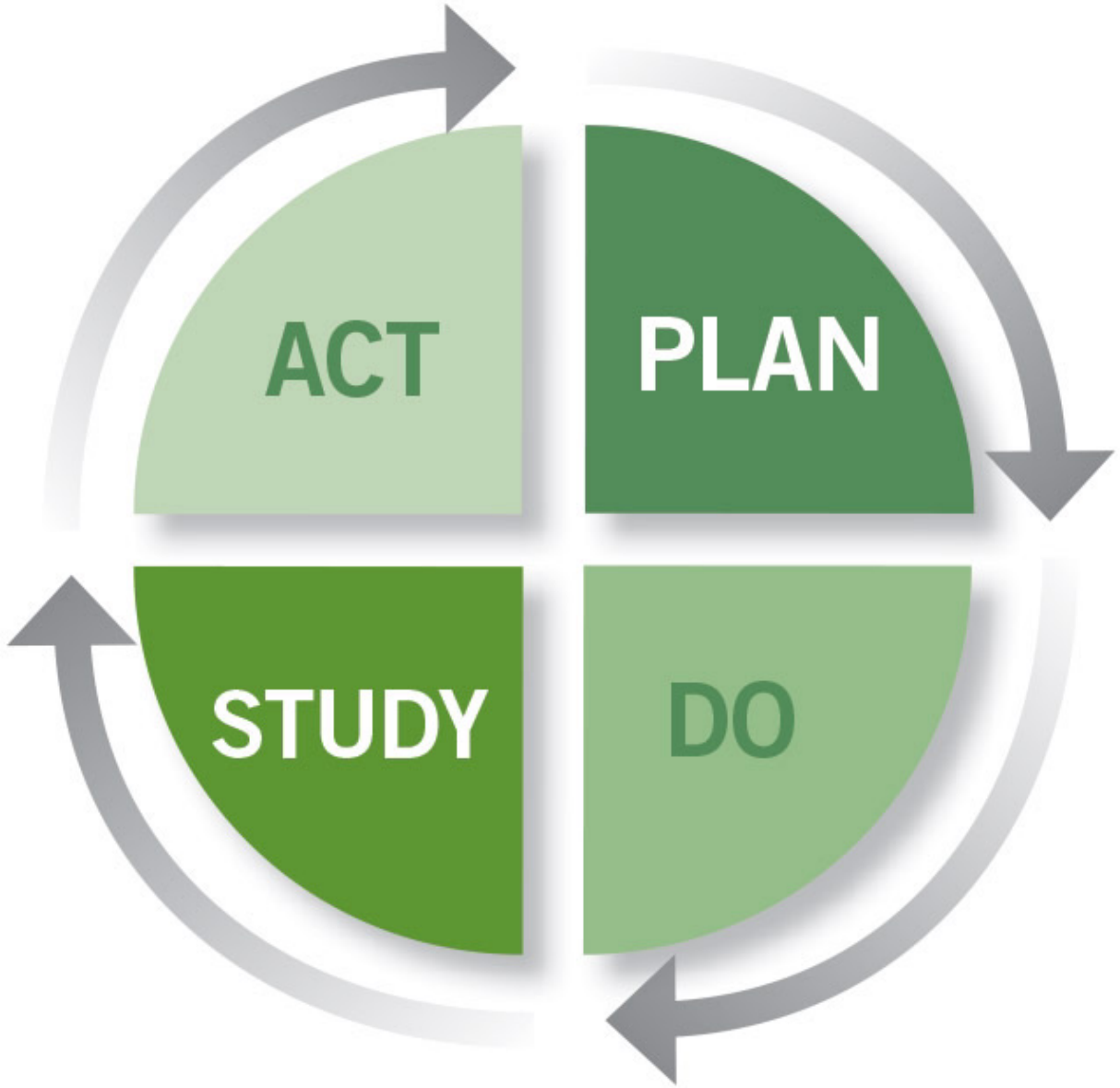
ACT
PLAN
STUDY
DO

Nic Lehoux Architectural Photography

1. Take a chance

1. Take a chance
2. Unexpected opportunities

1. Take a chance
2. Unexpected opportunities
3. Structured pipeline

Thank you for your time!

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Discussion