

Social Determinants of Health Screening and Referral Project Monthly Meeting Cohort 3

January 23, 2025

3-4 pm



Welcome, Introductions, and Roll Call

Meg Parker, MD, MPH

Academic Chief of Neonatology
UMass Memorial Medical Center

Gaby Cordova Ramos, MD

Assistant Professor of Pediatrics
Boston Medical Center



Welcome!

Please chat your name and hospital into the chat box

Zoom Group Chat

From Me to [Everyone](#):
Aviel Peaceman, Boston Medical Center

To: [Everyone](#) ⌵ ⋮

Type message here...

Agenda

| Time | Topic |
|------|---------------------------|
| 2:00 | Welcome and Introductions |
| 2:05 | Project Updates |
| 2:15 | Team Check In |
| 2:35 | Implementation |
| 2:55 | Wrap Up and Next Steps |

Project Updates

Aviel Peaceman, MPH



REDCap Data Entry Training

- Remaining REDCap training dates (BWH, MAH, SSH):
 - Friday, January 17th between 9-12; or
 - Monday, January 27th from 9-10 am
- After the training, you can start to enter baseline data for patients dating back to January 1, 2025.

Team Check Ins

Meg Parker, MD, MPH



How is it going?

- How is EHR integration going? Any hiccups or questions?
- Where are you at with your resource guide?
- Has anyone started to implement your tool in your unit?

Implementation in your NICU/SCN

Gaby Cordova Ramos, MD



Key factors to think about from the start



Be thoughtful! Screening approaches/implementation strategies can affect caregivers, NICU team, and program sustainability

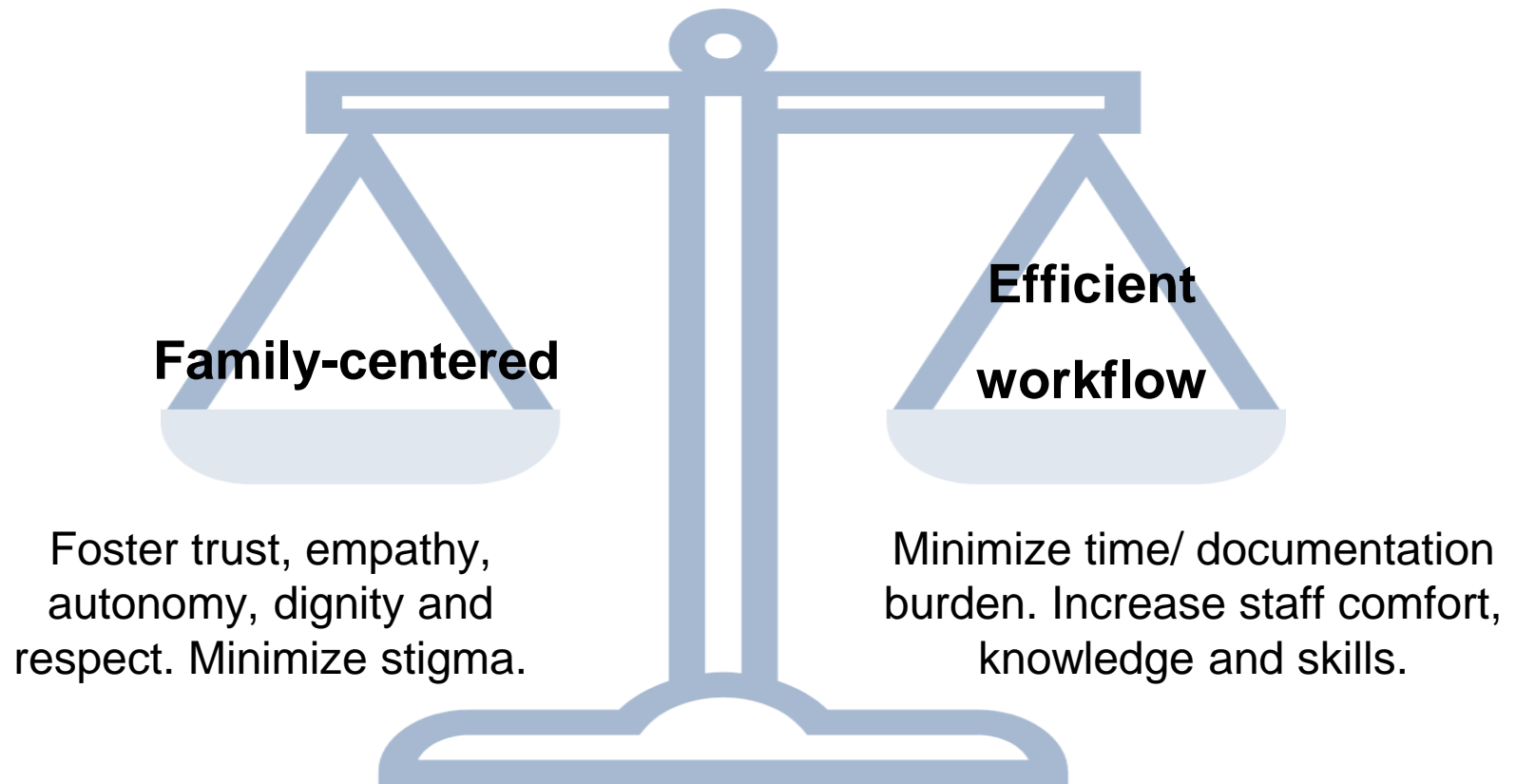


Engage families early on in planning stages! Without attention to the experience of families, screening may have unintended consequences

NICU setting vs. the out-patient setting

| NICU | Outpatient Setting |
|---|--|
| Most 1:1 time with nurses | Most 1:1 time with physicians |
| Larger geographic area served | Smaller geographic area served |
| Weeks of hospitalization | 15 min visit |
| More emotionally straining for parents | Less emotionally straining for parents |
| Use of checklists/protocols often | Some checklists/protocols |
| Short term needs due to hospital stay itself AND underlying longer-term needs | Longer-term needs |

Balancing act of social screening in the NICU



Should we screen with a one-on-one interview or a parent survey?

| Implementation Options | Pros | Cons |
|---|------|------|
| One-on-one interview | | t |
| Parent survey by paper or electronically (similar to out-patient setting) | | al |

Perspectives of families regarding screening in the NICU

“I have been to other parts of the hospital where they give you the paper to fill out and you never talk about it with anyone. It’s like checking the box I think for some places, they don’t really care. But in the NICU, the way they did it, I mean, they explain it to you, they have a conversation with you, and they personally follow up on the help you got. I liked that a lot.”

Mother of 32 week infant

Which providers should perform screening?

| Provider Type | Pros | Cons |
|----------------------------------|------|------|
| Social workers | | |
| Bedside nurses | | |
| APPs | | |
| Trainees | | |
| Peer navigators | | |
| *None (electronic or paper form) | | |

Which providers should perform screening?

| Provider Type | Pros | Cons |
|---|--|--|
| Social workers | -Already trained/knowledgeable of assessment of social risks/needs -Already meet with most families | -Busy and competing priorities -Families accounts of negative live experiences with workers |
| Bedside nurses | -Strong relationships with families -They are already hearing about social needs | -Busy and competing priorities -Lack training on social screening |
| APRN | | |
| Trainees | provide social care | -Lack of training -Frequent turnover |
| Peer navigators | -Shared experience with family, this may minimize stigma/fear | -Lack of training in assessment -Rare in NICUs |
| *None (electronic or paper form) | -No one on one staff time to interview family needed -Possibly less stigmatizing | -Need strong system to ensure follow up and staff awareness -Less "personal" |

Our recommendation: Really depends on your NICU; social workers generally most well equipped to assess of social risks/needs, but other providers can be easily trained and set up system to collaborate with SW

When should we approach families for screening within NICU hospitalization?

| Implementation Options | Pros | Cons |
|--|------|------|
| Within 1-2 weeks of admission (e.g. social work first encounter or other time) | | |
| As part of first family meeting | | |
| Prior to discharge | | |

When should we approach families for screening within NICU hospitalization?

| Implementation Options | Pros | Cons |
|---|--|--|
| As part of first social work consult (usually within first 3 days of admission) | <ul style="list-style-type: none"> - Streamlines and standardizes social work assessment - Provides time to identify needs and connect to resources | <ul style="list-style-type: none"> - NICU team may not be aware of findings |
| With admission | <p>Our recommendation: Generally, earlier is better in order to allow time for connection to family resources; however, immediately after birth not optimal due to recent birth experience and stress related to NICU admission</p> | |
| As part of first family meeting | <ul style="list-style-type: none"> - Provides time to identify needs and connect to resources | <ul style="list-style-type: none"> - Relies on family meetings' occurrence and their timing - A lot of information for family to process |
| Prior to discharge | <ul style="list-style-type: none"> - May identify needs that emerge over hospitalization | <ul style="list-style-type: none"> - Limited time to connect with resources |

How many times should screening be performed?

| Implementation Options | Pros | Cons |
|--|------|------|
| Once | | |
| More than once (e.g. shortly after admission and near discharge, at regular intervals for longer admissions) | | |

Our recommendation: At least once near the beginning of the hospital stay!
But for families with very long lengths of stay, may consider repeating

Which families should be screened?

| Provider Type | Pros | Cons |
|--|------|------|
| All families, regardless of length of stay | | |
| Families with infants hospitalized at least 72 hours | | |
| Families with infants hospitalized at least 7 days | | |

Which families should be screened?

| Provider Type | Pros | Cons |
|--|---|---|
| All families, regardless of length of stay | - Increased screening reach | - Increased screening burden - May miss families if insufficient capacity of staff to facilitate screening |
| Families with infants hospitalized at least 72 hours | - Will reach vast majority of NICU families (and most high-risk families) | - Needs process to identify eligible families |
| Families with infants hospitalized at least 7 days | | |

Our recommendation: Families with infants hospitalized at least 3-7 days, but keep in mind the CMS measure is for any adult admission regardless of length of hospital stay

Which family member(s) should be approached for screened?

| Implementation Options | Pros | Cons |
|-----------------------------|------|------|
| Mother only | | |
| Mother or partner | | |
| Mother and partner together | | |

Which family member(s) should be approached for screened?

| Implementation Options | Pros | Cons |
|--|--|---|
| | <ul style="list-style-type: none"> - More frequent presence | |
| <p>Our recommendation: Since social needs/risks are generally geared towards the household-level, mother + partner together may be optimal, but really any option is better than delaying screening</p> <p>* Note, if IPV is on your screener, you need to talk with mother privately</p> | | |
| Mother and partner together | <ul style="list-style-type: none"> - May increase follow-through with referrals | <ul style="list-style-type: none"> - Not an option for IPV screening |

How should we handle positive screens?

| Implementation Options | Pros | Cons |
|--|------|------|
| Staff member gives out referral sheet for all + screens | | |
| Above + immediately page/flag social worker for all + screens | | |
| Above + immediate page/flag social worker for select domains (e.g. homelessness) | | |

How should we handle positive screens?

| Implementation Options | Pros | Cons |
|---|------------------|---|
| Staff member gives out referral sheet for all + screens | - Simple process | - If not social worker, staff may lack knowledge/comfort to discuss resources |
| <p>Our recommendation: If screener is social worker, develop processes to make NICU team aware (e.g. social work rounds). If screener is staff other than social worker, develop processes to communicate positive screens for follow up to social work team.</p> | | |

How should we handle follow-up with families on referrals?

| Implementation Options | Pros | Cons |
|--------------------------|------|------|
| Social work follow up | | |
| SW +/- community partner | | |
| SW +/- peer navigator | | |

Perspectives of families regarding experience with peer navigator in the NICU

“I think the most effective part was [navigator] following up with me afterwards, like an actual conversation, not just the paper.”

Mother of 34 week infant

“Every time I came in the hospital, she [navigator] checked on me, how I was doing, if I had met with the people she recommended, if they were helpful or not.”

Mother of 25 week infant

How should we handle follow-up with families on referrals?

| Implementation Options | Pros | Cons |
|--------------------------|--|--|
| Social work follow up | - Routinely follows up with families in most NICUs | - Difficult for centers with limited SW capacity - Often non-standardized |
| SW +/- community partner | - Knowledge about specific community resources | - Time investment to build/maintain partnership |
| SW | <p>Our recommendation: Will depend on your NICU staff structure and resources. We strongly suggest specific follow up on helpfulness of referrals provided to (1) troubleshoot barriers to receipt of resources, and (2) iterative improve quality of referrals.</p> | |
| | | |

How should we communicate results to out-patient providers after discharge?

| Implementation Options | Pros | Cons |
|---|------|------|
| Include in discharge summary (e.g. free text, dot phrase, embedded in discharge template) | | |
| +/- Message through EHR to outpatient provider (e.g. social worker, navigator) | | |

How should we communicate results to out-patient providers after discharge?

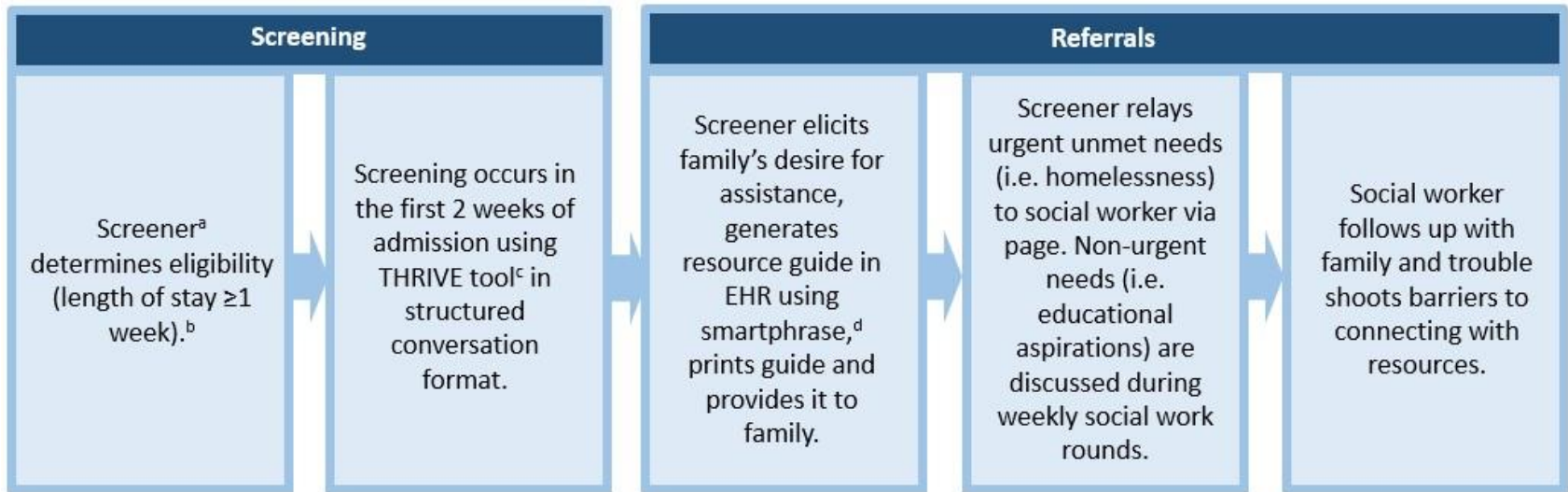
| Implementation Options | Pros | Cons |
|---|--|---|
| Include in discharge summary (e.g. free text, dot phrase, embedded in discharge template) | - Embedding in template/ dot phrase pulls automatically from EHR | - Free text/ dot phrase require provider to remember to include |
| +/- Message through EHR to out wor | - Increased accountability | - Requires established |

Our recommendation: Seek to understand the structure and what works best for the out-patient team in your health system. Include results of both screening and referrals provided in discharge summary.

Case Examples



Example of NICU workflow integration



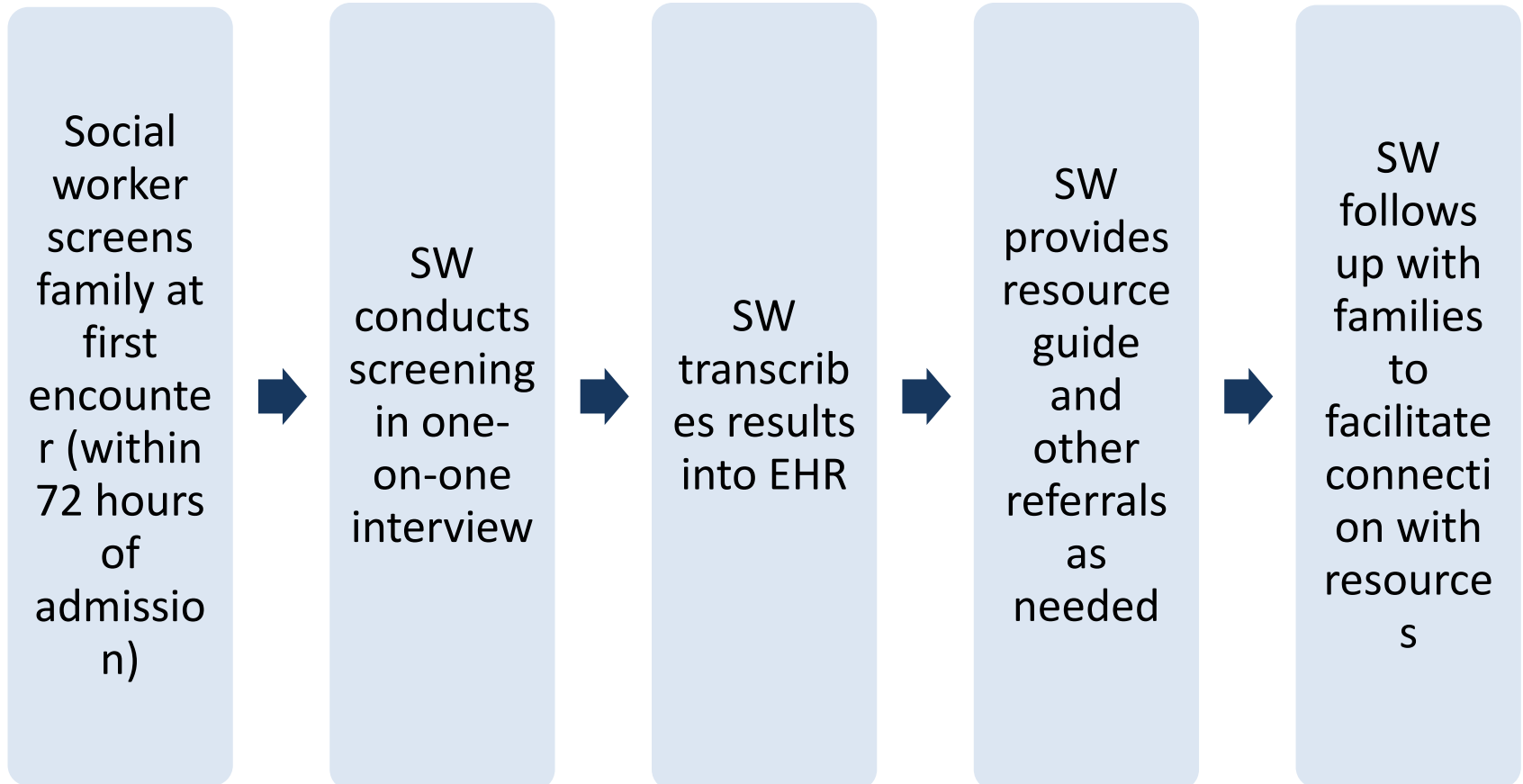
^aScreeners: Bedside primary nurses

Cordova-Ramos et al. Implementing social risk screening and referral to resources in the NICU. *Pediatrics* 2023

Example of NICU workflow integration



UMassMemorial



Take home points

Engage families throughout all implementation stages!

Make adaptations to screening and referral processes, modality, and workforce conducting tasks to fit your own NICU context and resources.

next
up...

More strategies and tools to assist with your implementation

Wrap Up and Next Steps

Aviel Peaceman, MPH

Next Steps for Hospital Teams

- Keep working on tool adaptation and integration into your EMR
- Keep working on your local resource guide
- Identify if there is anyone else from your team who should attend the next data training.
- Begin implementation if you are ready!

Any Comments, Reflections, or Questions?



Thank you!
We look forward to seeing you again
on the next webinar!

