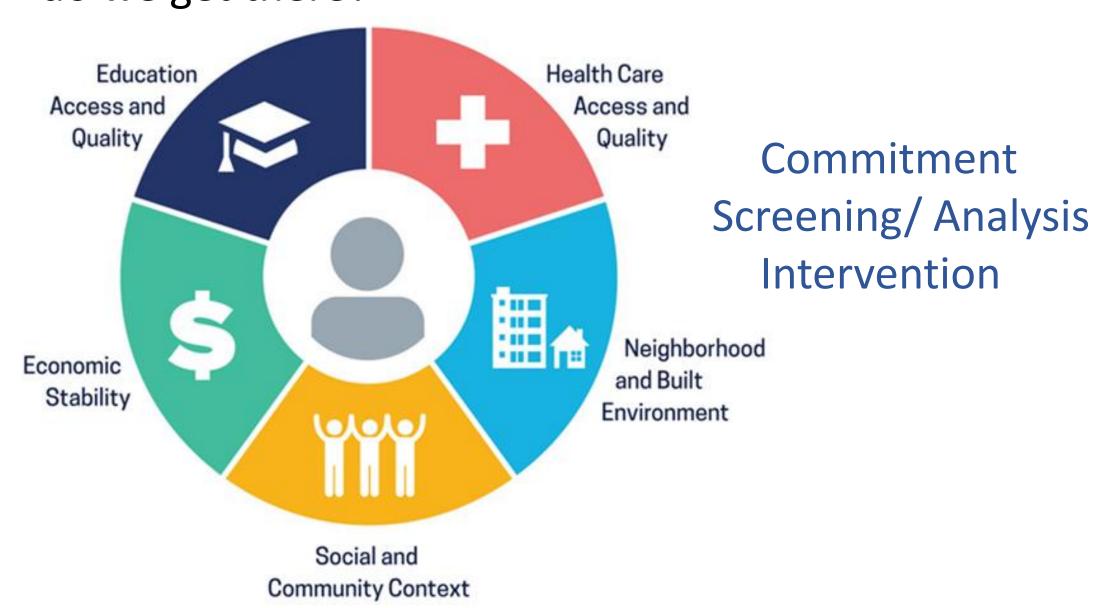
Becky Jizba MSN, MBA, RN, NE-BC

Background

Health Equity is essential to improve patient safety, decrease mortality, and improve quality of care. How do we get there?

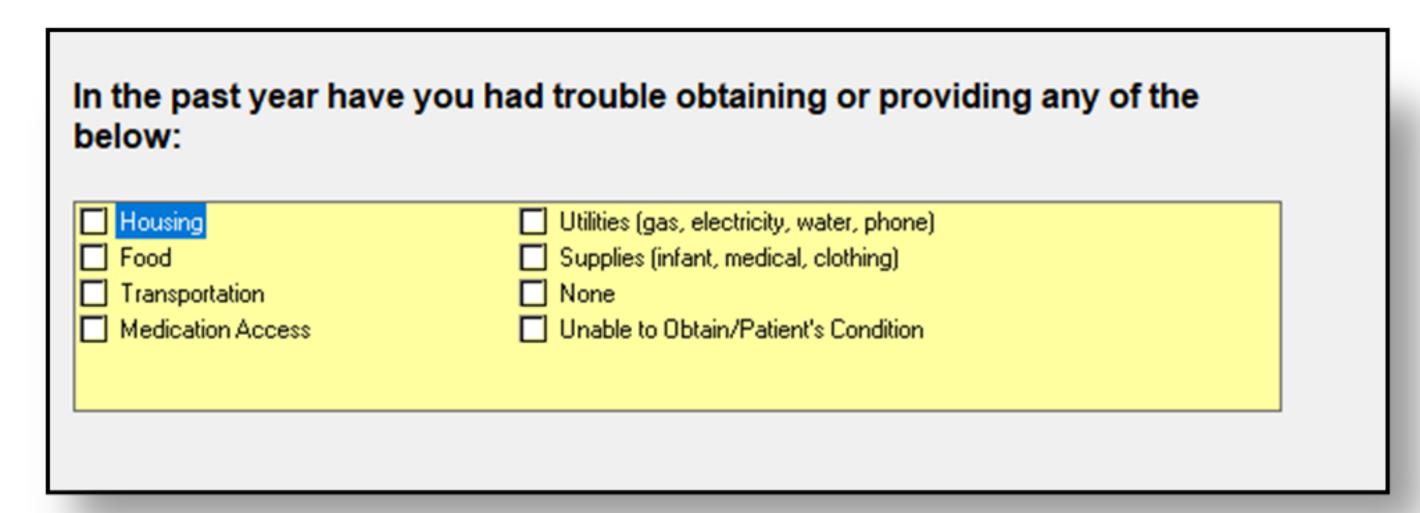


Purpose

Ensure each hospital affiliate developed

Methods

SDOH Assessment incorporated into admission historymandatory on every hospital admission to all hospital affiliates. For any positive screen (any box checked other than none/no) a social work will then receive a consult to see patient.



Results

and implemented a health equity plan outlined by CMS and TJC.

CMS: Hospital Commitment to Health Equity (HCHE): Social Determinants of Health

TJC: LD.04.03.08 Reducing health care disparities for the organizations patients is a quality and safety priority:

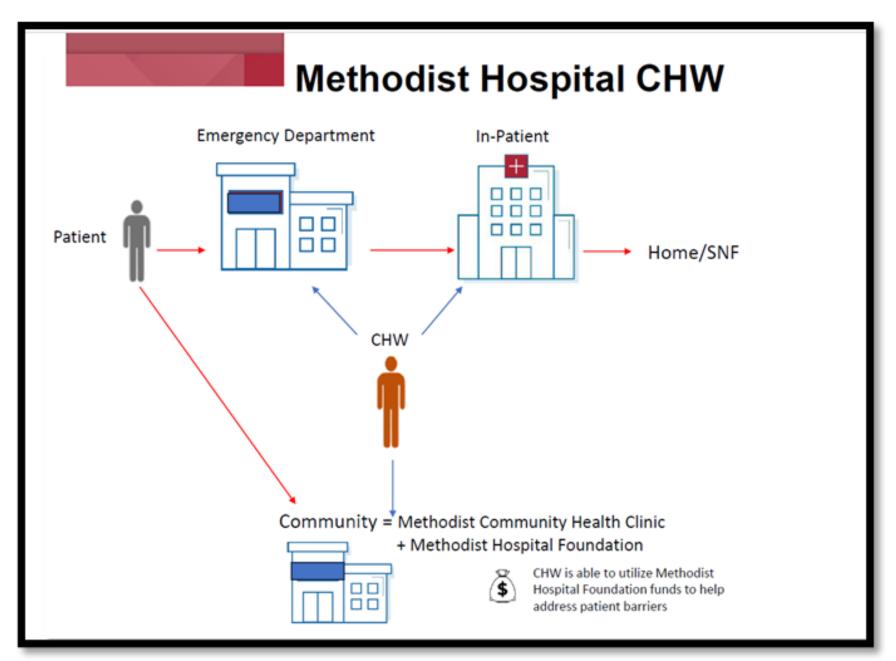
Health- related social needs (HRSN)

410	y Plati					
		Socioeco	nomic Fc	ıctors]	
		Education	Work			
	40%	n Tin Tin	Monay	Community		
	10%	Physical Environme		_		
	30%	Health Behaviors	Tobacco Use	Food	Alcohol Use	Sexual Activity
	20%	Health Care	Health	_	_	

SDOH Name	Total 🟺	% of SDOH Identified
Homelessness	554	8.26%
Medication access	1015	15.14%
Food	1070	15.96%
Housing	1484	22.13%
Supplies	534	7.96%
Transportation	1281	19.1%
Utilities	768	11.45%

Conclusion

SDOH challenges exists in over 6% of the population we serve. Resources needed to be implemented to address these needs. A community health worker can be pivotal in meeting the patient needs and what matters most to them.



Next Steps

Integrate a resource platform to refer patients to for the community they live in. Build relationships with community partners to better serve our patients.

Capture coding opportunities through documentation.
Ensure the coding is documented on claims.

Tell our patient's story!

