**CASE STUDY**

for the entire health care ecosystem

# How Rush Incorporated SDOH into Patient Care

Equipping nurses with skills and tools to discuss social determinants of health

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# Overview

### The challenge

Nurses often feel uncomfortable and ill-equipped to identify and address their patients' social determinants of health (SDOH). This discomfort can stem from:

- Discomfort discussing patients' personal issues
- Lack of education and/or fluency around social determinants of health
- Lack of tools or standardized process to screen for SDOH

### The organization

Rush University Medical Center (RUMC) is an academic medical center that includes a 671-bed hospital, the 61-bed Johnston R. Bowman Health Center, and Rush University.

### The approach

Nurse leaders at RUMC created a tailored SDOH education strategy, based on staff strengths and areas of development. They then designed an SDOH screening tool to help nurses feel confident and comfortable discussing social needs with patients.

### The result

Nearly all nurses participated in the education sessions and demonstrated increased knowledge and confidence in identifying and addressing SDOH.

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# Approach

### RUMC recognized need to address SDOH

On the West Side of Chicago, where RUMC is located, patients are more likely to have serious health challenges and less likely to access and afford the care they need. Compared with primarily white downtown Chicago neighborhoods, such as the Loop, West Side residents are:

| | |
|---|---|
| 4x | more likely to die from diabetes |
| 3x | more likely to die as an infant |
| 2x | more likely to die from cancer |

To reduce these health inequities caused by social, economic, and structural determinants of health, RUMC recognized the importance of identifying and addressing the SDOH needs of their patients. RUMC collaborated with nurses across the system to implement this initiative. As patient advocates on the front lines providing direct patient care, nurses were well positioned to screen RUMC patients for SDOH.

Source: "Public Health Statistics- Selected public health indicators by Chicago community area," https://data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-public-health-in/iqnk-2tcu.

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## The three steps

To support nurses in their efforts to screen for and address social needs, nurse leaders at RUMC took three steps:

01 Assess RNs' knowledge and confidence in discussing SDOH with patients

02 Equip RNs to screen for SDOH through tailored education

03 Implement an SDOH screening tool to standardize the process

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# 01 Assess RNs' knowledge and confidence in discussing SDOH with patients

Nursing leaders at RUMC understood that the success of a new SDOH protocol wasn't possible if nurses did not feel comfortable talking about SDOH with patients. So, leaders at RUMC started this work by surveying nurses across the Rush Health System about their knowledge of SDOH and comfort discussing social needs with patients.

Leaders adapted a 71-item SDOH survey that measured:

- General knowledge of the SDOH
- Frequency discussing SDOH with patients
- Familiarity with patients' social and economic conditions
- Awareness of RUMC's health equity strategic plan to achieve health equity

Additionally, RNs were asked to share barriers they faced incorporating the SDOH into practice. The survey took about 15 to 20 minutes, and nurses completed it at their convenience.

From August 2018 through March 2019, RUMC surveyed 768 nurses across three hospitals: RUMC, Rush Oak Park Hospital, and Rush Copley Medical Center. Facility CNOs emailed their staff and invited them to fill out the survey. To make sure they got as many responses as possible, the CNOs later sent out reminders via email.

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### Sample SDOH assessment survey questions

- How confident are you in your ability to discuss the following social determinants of health (social needs) with patients?
- How likely are you to ask patients about the following SDOH?
- How knowledgeable are you about the following SDOH?
- How knowledgeable are you about Rush's community efforts in addressing SDOH?
- How knowledgeable are you about Rush's inpatient efforts in addressing SDOH?

The survey results revealed that many of the nurses felt knowledgeable and comfortable discussing access to care, housing, and transportation issues with patients. However, nurses needed further education on other SDOH such as access to food, civic participation, crime and violence, discrimination, employment status, environmental conditions, health literacy, income, interpersonal violence, education level, social support network, and utilities.

Responses also suggested that the largest barriers to incorporating SDOH into practice included not having enough time to address identified needs and not being familiar with internal and external resources available to address social needs.

These survey results allowed nurse leaders to create a framework for educating and supporting nurses to ensure their confidence in asking patients questions about their social needs. Nurse leaders at Rush recommend that other organizations use a similar survey or focus group to get a baseline assessment of nurse skills and education and to better understand what nurses need to screen patients for SDOH.

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# 02 Equip RNs to screen for SDOH through tailored education

Nicole Wynn, DNP, RN-BC, assistant director of a postsurgical inpatient unit at RUMC, and Jennifer Grenier, DNP, RN-BC, CNML, CENP, then director of clinical operations for RUMC's cardiac service line, used findings from the survey to design educational sessions for nurses. Together they created handouts, flyers, a PowerPoint presentation, videos, a script, and offered educational sessions to prepare nurses to screen for SDOH. one example of an education session is outlined below.

## Tailored education on food insecurity

Based on data that revealed a high prevalence of food insecurity among RUMC's ED patients, Wynn and Grenier created RUMC's Food Is Medicine Program.[1] The program screens RUMC patients for food insecurity upon admission. In the initial phases of the program, patients who screened positive for food insecurity were provided with food to take home upon discharge and connected with resources to continue to meet their needs.

To prepare nurses to screen for food insecurity, Wynn and Grenier created an education program on food insecurity for three pilot units. The two-part education program informed nurses of the purpose of the Food Is Medicine Program, workflow process changes, screening procedures, and how to develop SDOH conversations with patients.

1. Since summer 2019 Laurie Ouding, a pediatric staff nurse, has served as the newly appointed SDOH nurse liaison for RUMC. Ouding works closely with Rush's Office of Community Health Equity and Engagement to sustain and expand the Food Is Medicine Program. She consults with leaders across the medical center to ensure that the program is running on the targeted units. Ouding and colleagues work with community organizations such as TopBox to ensure one-time food delivery to hospitalized patients who screen positive for food insecurity.

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### Part 1: Comprehensive education

Two months before the launch of the Food Is Medicine Program, Wynn and Grenier distributed the comprehensive education material to nurses via email. The material took 15 minutes to review. Nurses could complete the education during a break period, before or after a shift, or during another convenient time. The materials included:

- PowerPoint with information about SDOH
- Brief literature review
- Information about the goal of the Food Is Medicine Program
- Map and video outlining workflow changes for the screening tool
- Script to guide nurses when screening for SDOH needs

### Part 2: Demonstration sessions

During shift changes on the pilot units, Wynn and Grenier led 10-minute demonstrations on how to screen for SDOH. These sessions gave nurses hands-on experience with the functionality of the screening tool to promote their comfort and confidence.

#### Recommendation

Role-playing is a great way to help nurses practice key skills and translate new knowledge into practice. To get nurses comfortable screening for SDOH, consider providing a script and allow time to practice so nurses feel prepared to talk to patients about their SDOH needs. Additionally, consider organizing interdisciplinary role-playing activities that include physicians, social workers, and case managers.

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# 03 Step 3: Implement an SDOH screening tool to standardize the process

To facilitate SDOH screening at RUMC, the information technology team added an eight-item screening tool to their EHR. The screening tool addresses the five main SDOH domains: food insecurity, primary care and insurance status, housing, transportation, and utilities. Information technology embedded the screening tool into the admission navigator to ensure all patients are screened. For each of the eight questions, patients may respond with "yes," "no," or "decline to answer."

### RUMC's SDOH screening tool

1. Do you have a primary care physician or nurse you see regularly?
2. Do you have health insurance or a medical card?
3. Are you worried that your food will run out before you have money to buy more?
4. In the past 12 months, have you run out of food that you bought and didn't have money to get more?
5. In the past two months, have you had difficulty paying your electric, gas, or water bill?
6. Do you have a hard time finding transportation to and from your medical appointments?
7. Do you currently have a place to stay/live?
8. In the next two months, will you have a place to stay/live?

Nurses conduct screening assessments during the patient admission process. After screening is complete, the EHR generates a report on SDOH needs. This report is visible to nursing and case management staff, so they are aware of a patient's SDOH needs. When a patient screens positive for an SDOH need, nurses use a one-touch launch to access NowPow, a community referral platform integrated into the EHR. Using evidence-based matching algorithms, NowPow connects patients with resources within five miles of their home for any identified SDOH need.

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# Results

Nurses who participated in the food insecurity education sessions had greater knowledge about food insecurity and patients' social needs. Nearly all (97%) nurses participated in the sessions and demonstrated increased knowledge and confidence ($p < .001$). This increase in nurses' knowledge and confidence improved their ability to discuss access to affordable and nutritious food with patients.

To further nursing's efforts to address SDOH and promote health equity, Angelique Richard, SVP COO/CNO at Rush University Medical Center, and Dr. Janice Phillips, Director of Nursing Research and Health Equity, established the Rush System Nursing Health Equity Council (Rush System NHEC). Dr. Phillips is the Chair for the Council, which meets periodically to address how nurses can further advance health equity across the Rush Health System. The council includes representation from most of the hospital's service lines. These representatives serve as ambassadors on their units and support their coworkers in making SDOH an integral part of their nursing practice. Council members also sit on other committees throughout the hospital, bringing a nursing perspective to the health equity work done across the health system.

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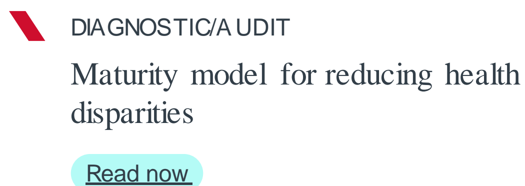

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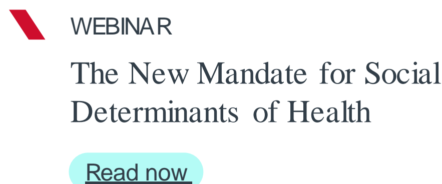

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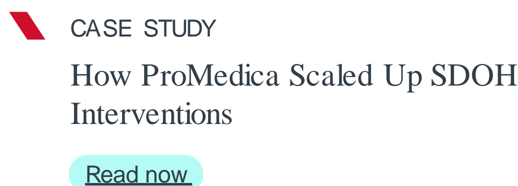

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JOURNAL OF NURSING CARE QUALITY

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