

QIP-NJ SDOHLC DATA COLLECTION FORM

This form contains 4 measures, as described in the SDOH Learning Collaborative (SDOHLIC) Measurement Strategy. Monthly data submissions are due by the 15th of each month (starting in October '24). A monthly reminder email will be sent the first week of each month, and deidentified data reports will be available in the SDOHLIC portal a week after the deadline. We encourage you to fill each submission to the best of your ability. Your data will inform many topics of discussion in our monthly group coaching sessions and learning sessions!

Name *

First Name

Last Name

Email *

example@example.com

Health System *

Hospital *

What month are you filling this survey for? *

Please Select

Which domain(s) will you submit data for? *

- ☐ Housing Supports
- ☐ Meal Supports
- ☐ Transportation Supports

Quantitative Measures

Measure 1: Completion Rate for Follow-Up Services after SDOH Screening

Denominator: Number of patients who had an identified social need from a (positive) screening, who accepted help, and were subsequently referred to the appropriate services.

Numerator: Number of referred patients who attended scheduled follow up appointments or began receiving services after an SDOH screening identified social needs within 30 days of discharge from the ED or in-patient settings (general and/or OB).

Allowable Exclusion: Patients who did not accept help with services. It is acknowledged that there may be patients who screen positive but choose not to accept help. If this constitutes a large percentage of your population, it is recommended that your team reviews and understands the underlying reasons. This could be a target area for patient experience data collection.

What did you test in practice this past month to improve your outcomes for Measure 1?

Qualitative Measures

Measure 2: Patient Experience

Teams should seek patient experience feedback from those who are screened for SDOH needs. Teams can learn unique and useful information from individuals representing each category:

1. Patient who accepted help.
2. Patient screened positive but did not accept help or referrals.
3. Patient who was referred to services.

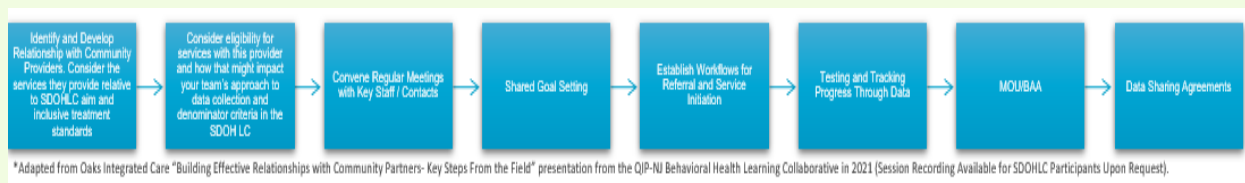
Please insert any feedback received from your patient experience data source (SDOH screening data, EHR, patient follow up surveys, provider reports, collaboration with CBOs).

The target is to engage with 5 patients per month, from whom you will report concise anecdotal insights gathered during patient discussions.

Measure 2: How many patients did you receive experience feedback from this month?

Please summarize the feedback received from your patient experience data source (SDOH screening data, EHR, patient follow up surveys, provider reports, collaboration with CBOs).

Measure 3: Establish a Relationship with Community Organization who Provides Most Needed Services



Measure 3: Considering the SDOH LC Relationship Building Roadmap, which step would you say your team is at in the CBO relationship milestone process? Please select one option that reflects your progress in the past month.

- ☐ 1. We're still doing research to identify a CBO that meets our needs
- ☐ 2. We've identified a CBO that is able to meet the needs of our domain(s)
- ☐ 3. We've started outreach and are having conversations with CBO contacts
- ☐ 4. We're convening regular meetings with key staff/contacts from CBO
- ☐ 5. We've established a workflow for referrals and service initiation with CBO
- ☐ 6. We're testing this workflow and tracking progress through data
- ☐ 7. We've established a MOU/BAA or Data Sharing Agreement with CBO

Measure 3: What is the name of the CBO(s), affinity group(s), or other org type?

Measure 3: Is there any additional context that you would like to provide for your selection (Steps 1-7) above?

Measure 4: SDOH Training for Staff

Measure 4: Have you established and completed a training for 100% of staff engaged in SDOH screening and connection to services including all front-line staff?

- ☐ 1. No, we do not have a training in place yet!
- ☐ 2. No, but we are building a training mechanism for our staff!
- ☐ 3. No, but we have a trauma informed training in place, and many of our staff are undergoing training currently!
- ☐ 4. Yes, we've established and completed a training for 100% of active staff that includes a trauma-informed approach and teaches cultural humility!

Measure 4: Is there any additional context that you would like to provide for your selection (Options 1-4) above?

Please provide comments (if any) on the following: 1. What reflections does your team have in the past month of collaborative activities? 2. What additional support would you like from the SDOH leadership?

0/300

Submit