

Neonatal Embedded Social Support Team: A Novel Framework for Social Determinants of Health Screening

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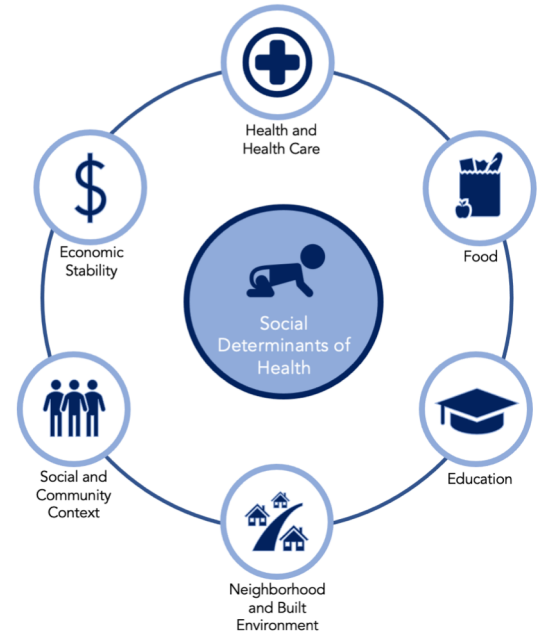
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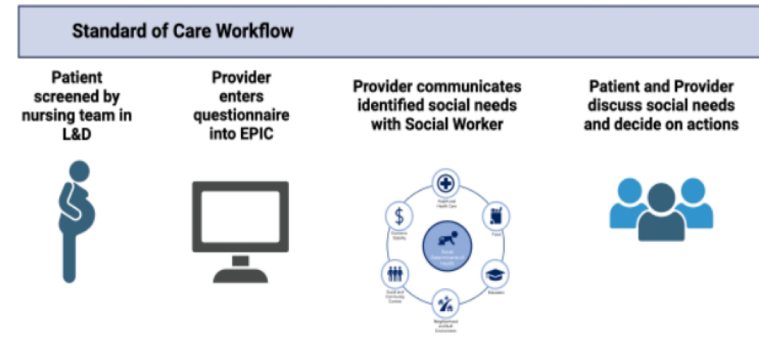
Background

- **The American Academy of Pediatrics recommends universal screening for social determinants of health (SDOH) in all infants.**
- Despite the increasing investment and enthusiasm in developing interventions to address unmet social needs, there remain gaps in our understanding of:
 1. Optimal strategies for implementation of social needs screening across health care settings
 2. Ways to design processes to ensure that families with unmet social needs are connected with useful, appropriate and available community-based resources.



Current State of SDOH Screening at Zuckerberg San Francisco General Hospital

- Zuckerberg San Francisco General Hospital (ZSFG) serves as San Francisco's public safety-net hospital
- ZSFG serves a diverse patient population with 67% of patients identifying as Latinx
- **The standard of care for SDOH screening at ZSFG for birthing parents:**
 - Patient is screened for SDOH needs using a standardized screener upon admission by the Labor & Delivery (L&D) nursing team, and then again, by a member of the pediatric team in the NICU/Nursery prior to discharge.



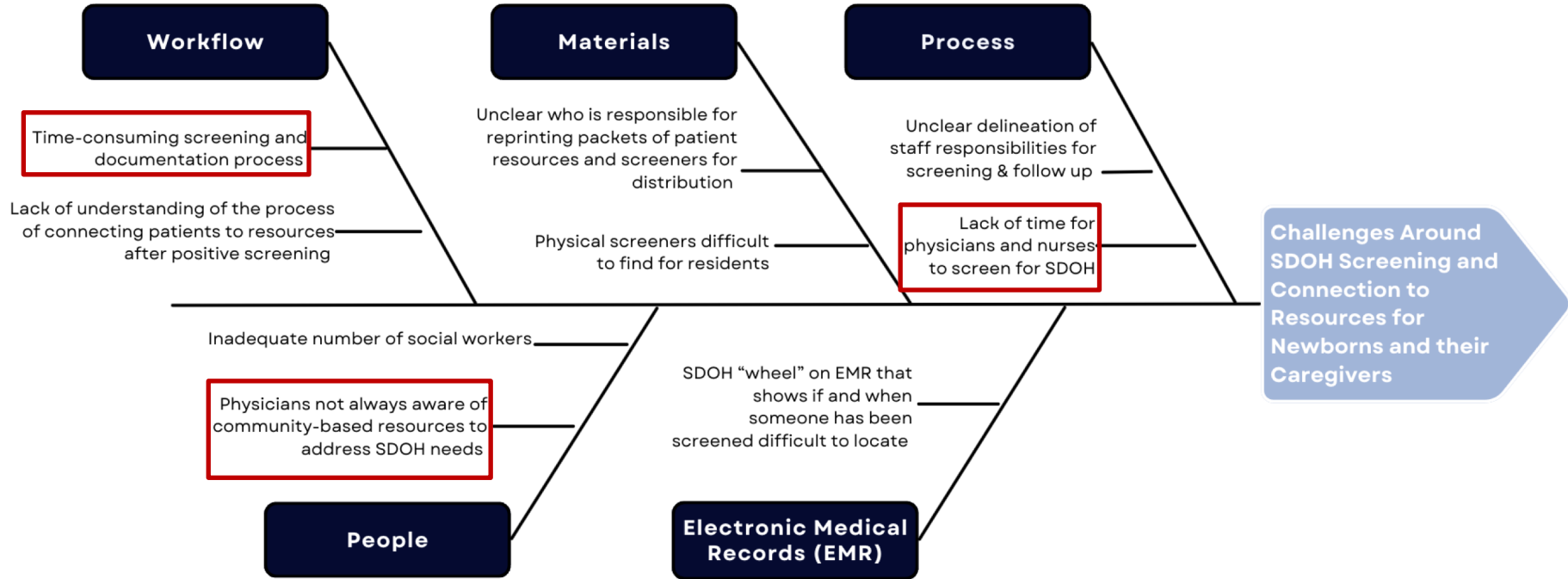
Problem Statement

- We conducted qualitative, semi-structured interviews with various stakeholders, including families, healthcare professionals, and social workers, to identify barriers to effective SDOH screening within the NICU and Nursery.
- The medical team identified time constraints and insufficient knowledge and training on follow-up procedures to connect families with resources as major obstacles.



Nurses and physicians lack the time, resources, and training necessary to effectively conduct SDOH screening and connect patients with the support needed to address their SDOH needs.

Root Cause Analysis



Project Goals

Create a standardized workflow in the NICU and Nursery that improves identification of SDOH needs and allows families and caregivers to more efficiently get connected with resources while reducing the burden of SDOH screening from members of the medical team.

Optimize screening rates

Ensure families are being connected to appropriate resources and SDOH needs are addressed

Project Plan

Through semi-structured interviews, we identified that:

- **ZSFG Health Advocates (HAs) Program** trains volunteers to carry out standardized social and legal needs screenings with families in the Children's Health Clinic.
- **Community health workers (CHWs) from the Homeless Prenatal Program (HPP) at ZSFG** are also trained in SDOH screening.



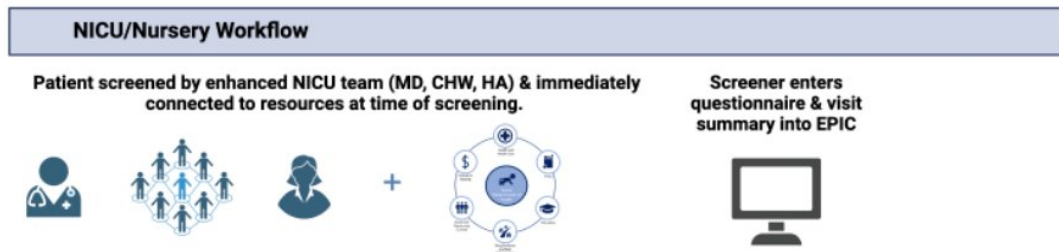
The presence of **trained SDOH screeners (HAs and CHWs)** at ZSFG provided an opportunity to integrate trained SDOH screeners within the Nursery and NICU workflow.

Intervention

Neonatal Embedded Social Support Team (NEST):

We established a new framework for SDOH screening in the NICU and Nursery by embedding HAs and CHWs into the workflow.

- We created a schedule for what days of the week HAs, CHWs, and members of the medical team would be responsible for SDOH screening.
- On the days HAs and CHWs screened patients, HAs and CHWs were able to discuss options for appropriate community-based resources and next steps for accessing resources immediately after a patient screened positive for any SDOH needs.



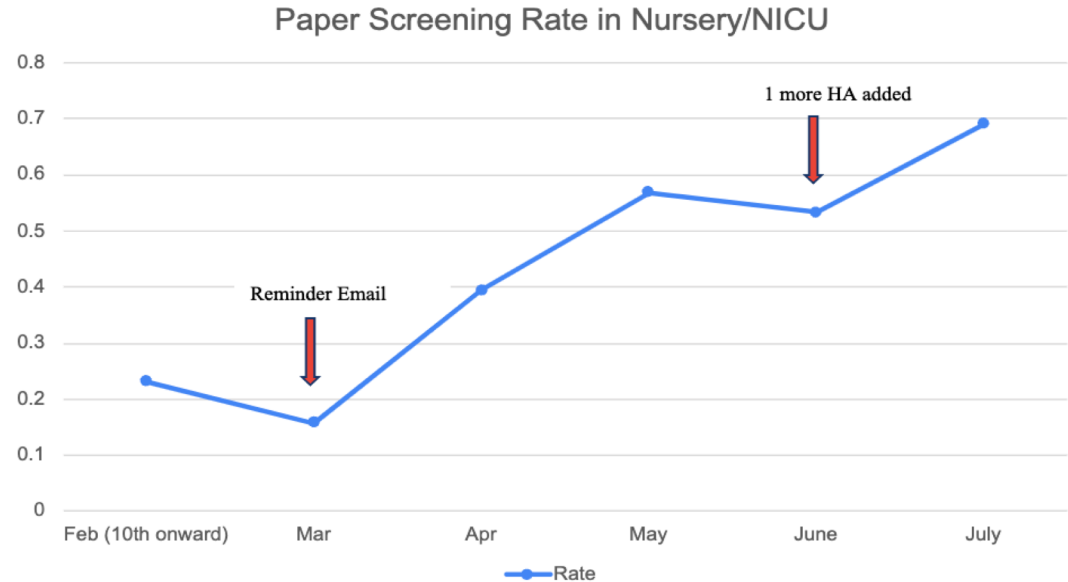
Launching the NEST Pilot Program

February 2024



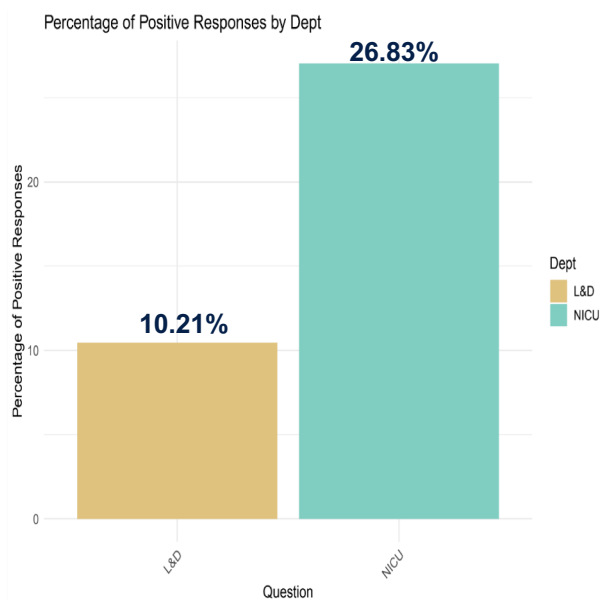
Implementation

- Started implementation of NEST on February 10th, 2024
- Data collection of positive responses to the SDOH screener for the L&D and Nursery/NICU departments occurred between February 10th, 2024 to July 31, 2024
- We experienced an initial drop in overall screening rates in the Nursery/NICU during the initial implementation, but returned to baseline screening rates of about 70%

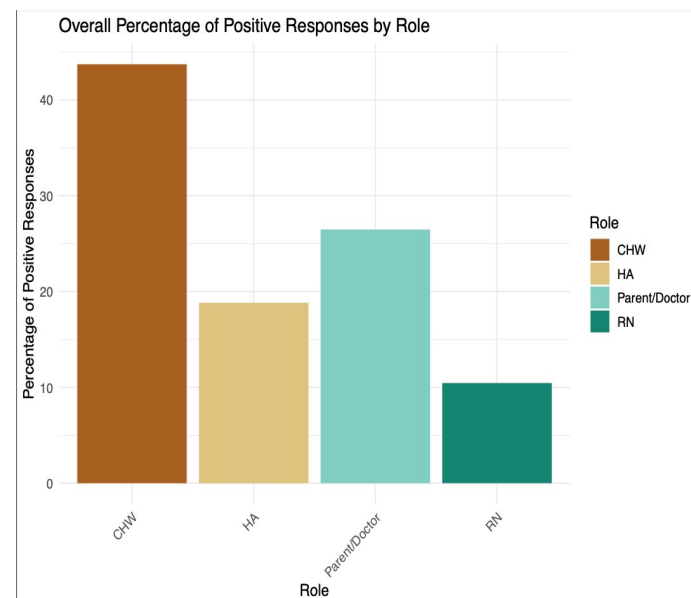


Project Outcomes

- The NICU/ Nursery team consisting of HAs, CHWs, and physicians had over double the positivity rate compared to L&D.



- CHWs in the NICU/ Nursery detected the highest percentage of positive SDOH needs compared to HAs, Physicians, and RNs.



Conclusions

The heightened stress and physical demands of labor may make it challenging for parents to fully engage in the screening process when screened in the L&D unit, leading to underreporting of social needs.

Time constraints in the L&D unit may limit thorough discussions about social needs.


In contrast, the longer stays in the Nursery/NICU allow for more interactions with the healthcare team, including specialized CHWs and HAs, leading to more comprehensive screenings and higher detection of social needs.

Next Steps

The NEST workflow currently continues to be implemented within the ZSFG Nursery and NICU.



We want to focus on the qualitative aspects of the program by conducting interviews with patients to explore their preferences and comfort levels with being screened by different healthcare professionals.



Understanding patient perspectives could provide valuable insights into optimizing the screening process and ensuring that screenings are both effective and sensitive to patient needs.