Implementing a Process for Universal Food Insecurity Screening for Hospitalized Adults at Strong Memorial Hospital

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Background

- 12% of Monroe County residents are food insecure
- Food insecurity is linked to poor glycemic control and hypertension
- Screening inpatients can optimize discharge planning and capture patients at risk
- No standardized approach to food insecurity screening at Strong Memorial Hospital
- Baseline data on unit 6-1400: 1 patient (of ~114 encounters/month) identified as food insecure

Purpose

- Develop and implement a collaborative, sustainable process to screen all hospitalized adults for food insecurity
- Connect food insecure patients to appropriate resources

Program Description

- Pilot on unit 6-1400, a 26 bed unit, began on June 7, 2021
- AIM: screen 80% of patient encounters by the end of Sept 2021
- Validated 2-question screening tool (U.S. Household Food Insecurity Scale) incorporated into E-Record RN admission workflow
  1. Within the past 12 months, you were worried that your food would run out before you got the money to buy more.
  2. Within the past 12 months, the food you bought just didn’t last and you didn’t have money to get more.
  - Answered as Never, Sometimes, or Often true
- Process implementation:
  - RN education during unit safety huddles daily for 2 weeks
  - Interactive simulations of potential patient interactions
  - Plan-do-study-act (PDSA) cycles guided workflow adjustments

Results

- After 14 weeks, a total of 236 patients had been screened
- This amounted to 64.2% of all patient encounters
- Of those screened, 10 patients were identified as food insecure which equated to about 4.2% of screened patients, which is lower than Monroe County estimates

Conclusions and Future Plans

- Screening greatly increased after workflow implementation
- PDSA cycles promoted timely workflow adjustments and emphasized the importance of re-education
- Even though screening rates were variable, it was overall a large, sustained improvement from baseline
- Limitations include: inability to screen patients with encephalopathy or other medical issues affecting cognition
- In partnership with the Health Equity and Antiracism Technology Program, the process will be expanded to other medicine-surgical units
- We plan to follow-up with patients who were connected with resources to evaluate if resources had been utilized

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References