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

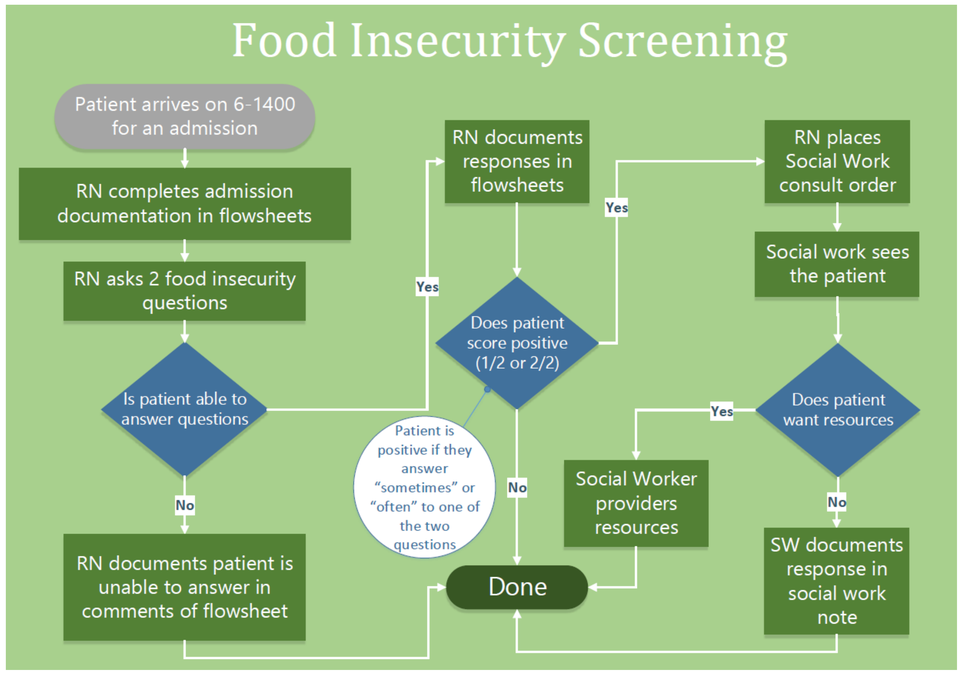
Purpose

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

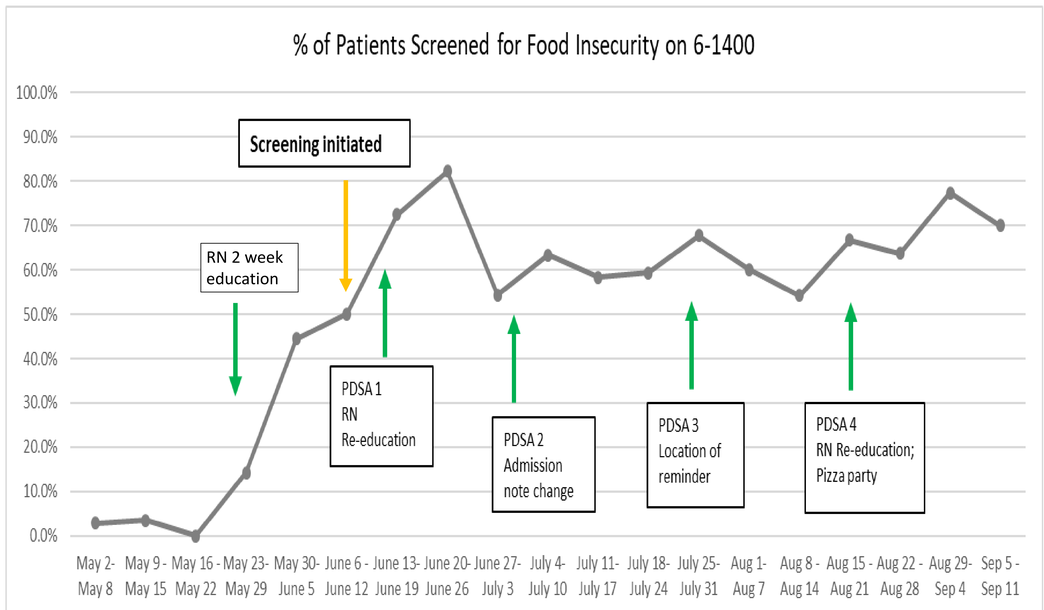
Program Description

- 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

Work Flow



Results



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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