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BACKGROUND

Social Determinants of Health (SDOH) play a crucial role in shaping patient health outcomes, influencing factors ranging from access to care to social support and economic stability. To address these challenges and enhance healthcare delivery, it is essential that clinical staff, particularly nurses, social workers, and care transition navigators, are equipped to identify and address SDOH in a patient-centered, culturally sensitive manner. Methodist Healthcare System aimed to improve staff awareness of SDOH by developing and deploying SDOH Sensitivity Screener Training across all six Methodist Healthcare System (MHS) facilities.

AIM & METHODOLOGY

AIM

This initiative aimed to develop and implement SDOH Cultural Sensitivity Screener Training for healthcare staff, targeting an 80% completion rate by December 31, 2024, to meet Centers for Medicare and Medicaid Services Inpatient Quality Reporting (CMS IQR) regulatory requirements.

IMPROVEMENT METHODOLOGY

A quantitative pre-and post-intervention study design was employed, involving clinical staff across various departments (e.g., nurses, care management, and allied health professionals). The intervention consisted of an SDOH Cultural Sensitivity Screener Training program and the development of an online interactive eLearning module. The module was developed with input from experts in Nursing Operations, Nursing Education and Professional Development (NEPD), Nursing Informatics, Care Management, CMS IQR expertise, and Patient Experience/Organizational Effectiveness to ensure comprehensive and culturally appropriate content. A baseline knowledge assessment was conducted before training development, followed by regular data collection on progress toward the 80% training completion target. The module was deployed to the targeted audience with a go-live date of October 1, 2024.

IMPACT

Our ultimate goal was to equip our staff with the skills and understanding to build a trusting relationship with the patients. We also wanted staff to be aware of how their personal biases or preconceived notions could negatively impact their interactions with our patients. We understood that having a multidisciplinary team would allow everyone's skills and knowledge to be translated into our eLearning module.

1. A multidisciplinary team developed the eLearning content to ensure that the staff know how to ask the question in the right way.”
2. The LMS Admin created an interactive module using the content..
3. The employee received CE for completing the eLearning module.
4. Leadership supports innovation. Staff were informed about the initiative through staff meetings, huddles, and email communications
5. The module was assigned to the appropriate staff on October 1st with a due date of December 31, 2025.

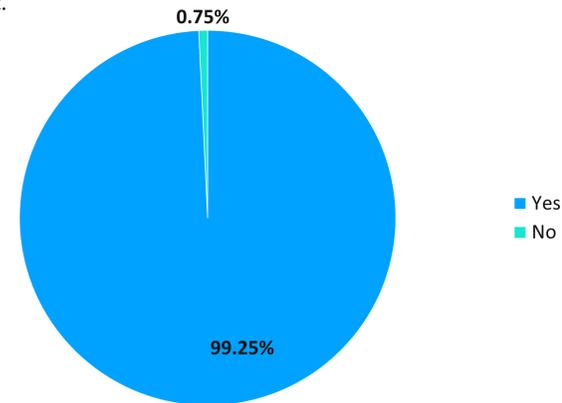
Impact			
	Baseline:	Current:	Percent Change:
↑ Upward Trend Favorable	0%	83.67%	↑ 83.67%
Top Change Ideas Implemented: <ul style="list-style-type: none"> • Developed and deployed Social Determinants of Health (SDOH) training content, effectively targeting Inpatient Nurses and Care Management teams to enhance their understanding and skills. • Identified and initiated a new eLearning Platform as an outcome of this project. 		<ul style="list-style-type: none"> • CMS IQR Regulatory Requirement met • 83.67% of Targeted Staff trained • 1,206.50 NCPD contact hours given • Estimated cost avoidance of producing MHS content: ~\$123,063 	

MEASURE

To measure the impact of our work, we implemented a quantitative pre- and post-intervention study design, engaging clinical staff across multiple departments. We started from the ground up—with 0% of staff trained at baseline. Our data collection approach combined real-time performance tracking, longitudinal analysis, and program evaluation, enabling us to monitor our progress and identify areas for course correction closely. To ensure we stayed on track, we established biweekly data tollgates—a structured cadence for reviewing progress toward our goal of 80% staff completion.

DRIVING MEASURABLE IMPACT

To evaluate the effectiveness of the training module, we incorporated both qualitative feedback and quantitative analytics into our post-module evaluation strategy. We created a feedback loop with our end users: 99.25% of staff reported that the learning outcome was successfully met.



RESULTS

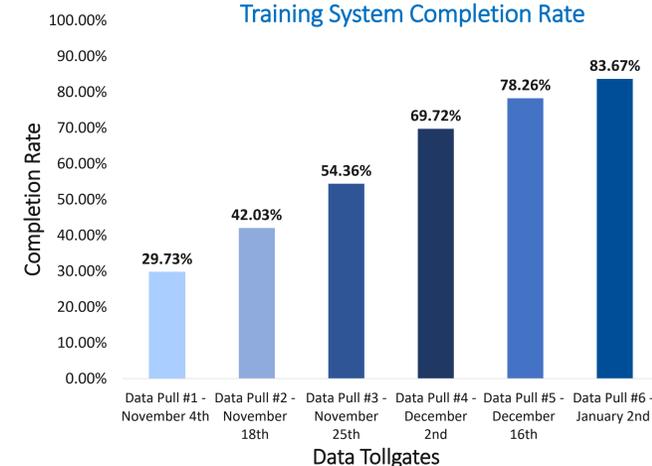
Data collection combined quantitative performance tracking, longitudinal analysis, and program evaluation. The baseline audience size (n) was established as a reference point, with biweekly tracking of completion rates calculated using the formula:

$$\text{Completion Rate (\%)} = (\text{Number of Completions} / n) \times 100.$$

Implementation and Achievements: The SDOH Sensitivity Training was successfully implemented across all six MHS facilities. By the target date, the training had achieved an 80% completion goal, and the final data showed a completion rate of 83.64%, demonstrating substantial engagement from staff across all relevant departments.

DATA TOLLGATE

Health Equity and Social Determinants of Health Training System Completion Rate



DISCUSSION AND CONCUSSION

Key Health Equity is crucial for ensuring that all individuals have the resources to achieve optimal health, irrespective of their social or economic circumstances.

1. Addressing Social Determinants of Health (SDOH) in a holistic patient care approach leads to improved health outcomes and reduced health disparities
2. Health Inequity results from avoidable, systemic differences in health outcomes that disproportionately affect marginalized populations
3. Culturally Sensitive Communication is essential when discussing sensitive topics, such as housing instability, financial strain, and access to social support, as it fosters trust and openness

Moving forward, to sustain the progress made, Methodist Healthcare System will continue to track training completion rates, gather ongoing feedback from staff and patients, and strengthen collaboration with community resources to address social factors that affect patient health.

TEAM

Nursing Operations
NEPD
Informatics
Case Management
Patient Experience
Organizational Effectiveness
System Quality.

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REFERENCES

