

Cerner Flash

Beginning **December 27, 2023**, the *Social Needs Section*, addressing Social Determinants of Health (SDOH) will be required documentation on nursing admission history forms and the Transitional Planning Initial Assessment form for Case Management.

Additionally, a Community Resources link will be added to the Depart Patient Summary, connecting patients with resources located within their specific county. This enhancement will occur over time, with the goal of having it on all Discharge Summary templates in early January.

Social Needs Screening Tool

Living Situation
 What is your living situation today? Think about the place you live. Do you have problems with any of the following? Choose all that apply.

I have a stable place to live
 I have a job or financial aid to help me pay my rent or mortgage
 I do not have a steady stream of income
 I am not able to afford my housing
 I am not able to afford my utilities
 I have a problem with my landlord or property manager

Food
 Some people have made the following statements about their food situation. Please answer whether the statements were often, sometimes, or never true for you and your household in the last 12 months. Within the past 12 months, you worried that your food would run out before you got money to buy more. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Often true Patient decides Never true
 Sometimes true Patient asks to move Sometimes true
 Rarely true Patient asks to move Rarely true

Transportation
 In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things you need for daily living?

Yes Patient asks to move No
 No Patient asks to move No

Utilities
 In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

Yes Patient asks to move No
 No Patient asks to move No

Safety - HHS
 Please read each of the following activities and select the response that best indicates the frequency with which your partner acts in the way specified.

How often does your partner?

Physically hurt you	Insult or talk down to you	Threaten you with harm	Scared or curse at you
<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently <input type="checkbox"/> Very often <input type="checkbox"/> Not applicable	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently <input type="checkbox"/> Very often <input type="checkbox"/> Not applicable	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently <input type="checkbox"/> Very often <input type="checkbox"/> Not applicable	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently <input type="checkbox"/> Very often <input type="checkbox"/> Not applicable

Initial score: _____

A score greater than 20 indicates a risk of domestic violence abuse.

Financial Status
 How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Do you want help finding or keeping work or a job?

Very hard Patient decides Yes, I'd like to find Patient decides
 Somewhat hard Patient asks to move No, I'd cover what I can Patient asks to move
 Not too hard Patient asks to move

Community Support
 If for any reason you need help with day-to-day activities such as banking, preparing meals, shopping, managing finances, etc., do you get the help you need? How often do you feel lonely or isolated from those around you?

I get the help I need I don't get the help I need Never Patient decides
 I get the help I need I don't get the help I need Rarely Patient asks to move
 I get the help I need I don't get the help I need Sometimes Patient asks to move
 I get the help I need I don't get the help I need Frequently Patient asks to move
 I get the help I need I don't get the help I need Very often Patient asks to move
 I get the help I need I don't get the help I need Not applicable Patient asks to move

Education
 Do you speak a language other than English at home? Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.

Yes Patient decides No Patient decides
 No Patient asks to move Yes Patient asks to move

Physical Activity
 In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)? On average, how many minutes did you usually spend exercising at this level on one of those days?

<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50	<input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50
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Exercise Summary Score: _____

- Under 5 years old: You can't find the physical activity need for people under 5.
- Age 5 to 17: Less than 100 minutes per week shows a health-related social need.
- Age 18 or older: Less than 150 minutes a week shows a health-related social need.

Substance Use
 One question is about illicit or illegal drug use, but we only ask in order to identify community services that may be available to help you.

How many times in the past year have you used prescription drugs for non-medical reasons? How many times in the past year have you used illegal drugs?

Never Once Sometimes Frequently Very often Patient decides
 Never Once Sometimes Frequently Very often Patient decides
 Never Once Sometimes Frequently Very often Patient decides
 Never Once Sometimes Frequently Very often Patient decides

Disabilities
 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older). Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older).

Yes Patient decides No Patient decides
 No Patient asks to move Yes Patient asks to move

**McLAREN HEALTH CARE
COMMUNITY
RESOURCES**

McLaren Health Care is committed to connecting our patients to community resources within their surrounding counties.

Please use the link or QR code below to access the community resources available to you across Michigan.

McLaren Community Resources:

mclarenhealthcare.org/mpppatientresources