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Background

• We have long known that various social determinants of health (SDH) can affect health outcomes, including readmission rates, mortality and others.
• We sought to understand the role that social determinants may play in contributing to serious safety events at our institution and to incorporate that knowledge into consideration for corrective action plans following events.
• CM-KC is an urban free-standing pediatric hospital with a satellite community hospital and multiple outpatient centers.

Methods

• Each staff member interviewed after a potential serious safety event is asked a standardized, scripted question regarding the potential influence that any SDH may have played in the event.
• All identified factors are collected, and the clinical safety team ultimately determines the likelihood that the factors contributed to the adverse outcomes.
• The team continually assesses staff members’ reactions to being asked the question as well as interviewers’ comfort in asking it.

Results

• In a total of 20 events over approximately 30 months, 129 interviews were completed, of which 101 (78%) included the new question. (58% 1st year, 90% since then)

![](image)

• 21 Interviewees (in 11 cases) identified at least 1 SDH which they felt may have played a part in the event.

![](image)

• Average 1.36 factors identified (range 1-3).

Discussion

• Social determinants should be considered when evaluating adverse events in health care.
• Awareness of the potential effect of SDH on these events is important when creating action items to help mitigate the likelihood of future events.
• Success has led to incorporation of SDH questions within other improvement areas (e.g. QI, EBP products, PI, post-event huddles).
• Our ultimate goal is to incorporate an SDH question into the overall event reporting system to help inform future initiatives.

Special thanks to the CM-KC clinical safety team for their help with this practice change!