Implementing Food Insecurity Screening in the NICU at Maynard Children's Hospital

Kevin Travia¹, MS4, John Kohler¹,², MD, MBA, Uduak Akpan¹, MD
¹East Carolina University, Brody School of Medicine ²Vidant Medical Center, Greenville, NC

INTRODUCTION

- Food insecurity (FI) is the lack of sufficient food for an active, healthy life; with the potential to impact health starting early in life

AIM

To achieve 95% screening for FI amongst the families of neonates admitted to the Maynard Children’s Hospital NICU within 6 months.

METHODS

- A multi-disciplinary team was formed
- A 2-question FI screening tool, recommended by the American Academy of Pediatrics, was added to the family social work interview on admission
- Intervention was carried out over 6 months with monitoring for a further 3 months

Measures

- Process Measure
  - Percentage of families in the NICU screened for FI.
- Outcome measure
  - Percentage of families connected to resources after a positive screen for FI

RESULTS

![Food Insecurity Screening Rate Graph]

- PDSA 1: Social workers trained
- PDSA 2: Train cross-covering social workers on incorporating screening
- PDSA 3: Include language to inform families of screening rationale and assure families of the lack of adverse outcomes following a positive screen

DISCUSSION

- We achieved our FI screening rate goal of 95%
- Identified 6.75% FI rate in NICU families and connected 91% to community resources for assistance
- QI Project is proving sustainable as social work intake interviews continue despite monitoring period ending
- Four social workers surveyed reported FI screening questions added less than 5 min to interview
- However, compiling a packet of resources for positive screen added 15 to 30 min to workflow
- This QI project is reproducible and may be adapted for other NICU settings to improve FI screening

ACKNOWLEDGMENTS

Angela Puuri, MSW, McKeller Knox, MSW, Dmitry Tumin and Leaders In Innovative Care (LINC) Distinction program at ECU

Publication