**Narrative Script**

**Introduction:** Good morning everyone. Today, I am excited to share with you an important initiative that will significantly enhance our patient care by integrating Social Determinants of Health (SDOH) into our clinical workflow. This new approach not only streamlines our processes but also ensures that we provide holistic care to our patients, addressing both their medical and social needs.

**New Workflow Steps:** Let’s walk through the steps of our new workflow.

1. **Patient Check-In**: As patients check in, they will be given an electronic tablet to complete the SDOH screening. This step is crucial for capturing essential social information right at the start.
2. **Data Integration**: The completed screening data is automatically entered into our Electronic Health Records (EHR) system. This seamless integration saves time and reduces errors associated with manual data entry.
3. **Alerts and Notifications**: Once the data is in the system, our Clinical Decision Support (CDS) tool, which functions as a calculator, assesses the severity of the identified social needs. Alerts are then sent to the clinical staff if any significant needs are detected.
4. **Review and Intervention**: Nurses will review these alerts and discuss potential interventions with the patient. This may involve connecting the patient with local food banks, housing support services, or other relevant resources. These interventions are then documented in the EHR.
5. **Follow-Up**: Finally, follow-up appointments or check-ins are scheduled as needed to ensure the patient’s social needs are being met.

**Data, Information, and Knowledge:** In this new process, we will handle critical data that transforms into valuable information and actionable knowledge. The SDOH screening data collected from patients will be stored in our EHR, where it becomes accessible information. This information allows us to identify trends and patterns, transforming it into knowledge that informs our clinical decisions and interventions. By leveraging this knowledge, we can provide targeted support to our patients, ultimately leading to better health outcomes.

**Motivation and Kotter’s 8-Step Process:** To ensure the success of this initiative, we need to embrace Kotter’s step of **“Creating a Vision for Change”**. This vision helps us understand why these changes are necessary and how they will benefit our patients and us. Our vision is clear: **to provide comprehensive care that addresses both the medical and social needs of our patients, improving their overall well-being and quality of life**.

By integrating SDOH into our workflow, we are not just treating symptoms; we are addressing the root causes of health issues. This holistic approach will lead to healthier, more satisfied patients and a more fulfilling work environment for all of us.

**Conclusion:** I want to emphasize that this change is a team effort. Each of you plays a critical role in making this initiative successful. Your dedication to learning the new workflow, using the new tools, and engaging with patients about their social needs is vital.

Let’s embrace this opportunity to make a real difference in our patients’ lives. Together, we can lead the way in providing holistic healthcare that truly meets the needs of our community. Thank you for your commitment and hard work. Let’s make this vision a reality!

**Closing:** If you have any questions or need further clarification on the new workflow, please feel free to reach out. We will also be providing training sessions to ensure everyone is comfortable with the new system. Thank you again for your dedication to improving our patients’ health and well-being.