

BACKGROUND

- Approximately 60% of the American population experience one or more ACEs, defined as abuse, neglect, parental separation or psychiatric/substance use disorder.²
- ACE exposure increases risk for health conditions including hypertension, cancer, and psychiatric disorders, exacting costs greater than \$124 billion over the lifespan.¹
- There is great interest in identifying ACEs clinically to facilitate trauma-informed care as tertiary prevention and ACE screening has been suggested as a quality measure to improve health-related quality of life.²
- Despite reports of ACE screening feasibility and acceptability, clinical implementation is low due to the lengthy and time intensive nature of most screening tools.³

AIM

The primary aim of this project was to implement a streamlined ACE screening tool and trauma-informed care practices in primary care.

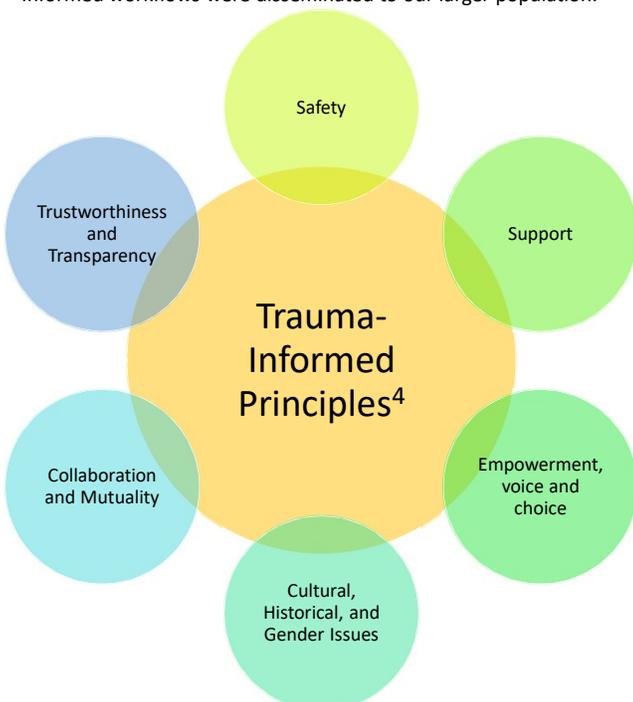
ACE SCREENING TOOL

Please check “yes” or “no” to the following 4 questions. If you have any questions before you answer them, please feel free to ask your physician.

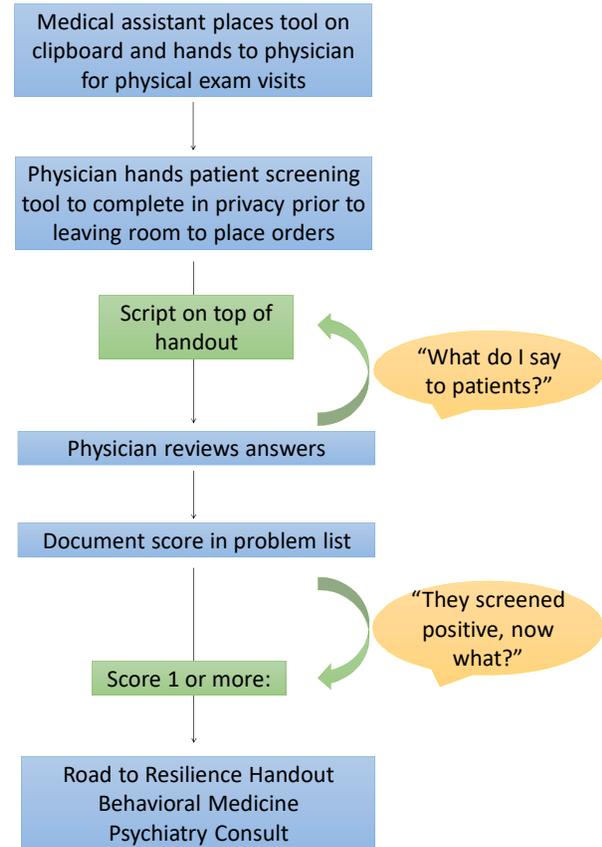
1. As a child, did you experience abuse of any sort (physical sexual, emotional, or bullying)? __ Yes __ No
2. Were you neglected as a child or was a parent absent for any reason? __ Yes __ No
3. When you were a child, did your parents use drugs or have mental health problems? __ Yes __ No
4. Were you exposed to violence in your home? __ Yes __ No

ACTIONS TAKEN

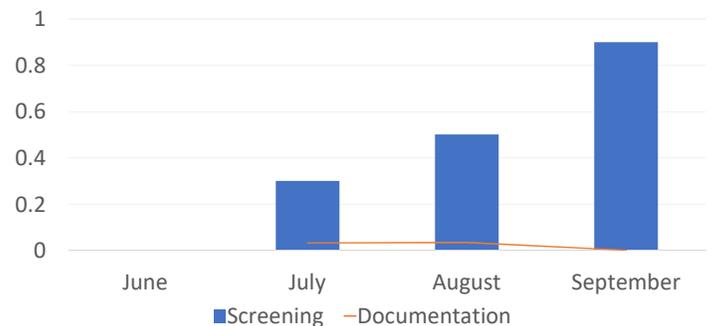
- Planned with key stakeholders.
- Piloted screening during physical exams.
- Screening rates, along with referrals to resilience-building resources, were measured.
- Feedback from stakeholders regarding the screening and referral process, along with strategies to build provider knowledge of trauma-informed care, were gathered.
- Informed workflows were disseminated to our larger population.



WORKFLOW



Screening and Documentation Rates



SUMMARY OF RESULTS

- Stakeholders embraced trauma-informed practices and reported increased understanding of their patients.
- Screening and referral was fast; referral to resiliency resources increased to 100% of patients with a positive screen.
- Patients reported appreciating screening and referral.

BARRIERS AND FUTURE DIRECTIONS

- Barriers to screening included paper screening tools, streamlining referral resources, and addressing staffs' own ACEs.
- Develop a smart phrase for ACE screening documentation.

REFERENCES

- ¹<https://www.cdc.gov/violenceprevention/acestudy>, accessed 9/28/18
- ²Srivastav et al (2017) *Academic Pediatrics* 17(7) S136-143
- ³Finkelhor, D. *Child Abuse & Neglect* (2017), <http://dx.doi.org/10.1016/j.chiabu.2017.07.016>
- ⁴<https://www.samhsa.gov/nctic/trauma-interventions>, accessed 9/28/18