Screening for Adverse Childhood Events leads to Increased Provider Awareness of Trauma

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Purpose
- The purpose of this project was to increase healthcare provider awareness and use of screening for Adverse Childhood Events (ACEs) in the primary care setting.
- This project utilized the Planning for Implementation of Evidenced-Based Practice Model to take knowledge gained from ACEs into clinical practice.¹

Synthesis of Evidence
- Despite having known for over 17 years that ACEs cause long-term health complications, few primary care providers are routinely screening for childhood trauma.²

Adverse Childhood Events & Health Risks ³

Barriers to Addressing ACEs

- Setting: A community-based primary care residency clinic
- Potential barriers to practice change were identified to guide project implementation.

Practice Change
- Practice change was screening for ACEs in adult patients with chief complaint or follow-up for depression.
- Screening was administered by nursing staff prior to physician entering room.
- Physicians were required to follow-up with patients regarding results and how it impacts patient health.

Implementation Strategies
- Project was deemed not human subjects research

Create Awareness & Interest
- Staff meetings to highlight awareness of ACEs screening
- Use of Center for Disease Control & Prevention ACEs graphic
- Administration of survey to personalize data to clinic setting

Building Knowledge & Commitment
- Obtaining staff buy-in & commitment with pilot providers
- Dissemination of research to providers & champion
- Establishing office champion Rhonda McCinroy
- Sharing survey results shared with stakeholders
- Sharing knowledge with RN staff

Promote Action & Adoption
- Provider skill competence in ACEs & Trauma
- Data collection performed by providers
- Meeting to identify and overcome barriers
- Meeting to report progress & updates

Pursue Integration & Sustained Use
- Ensuring sustainability by identifying unit champion (Rhonda McCinroy)
- Sharing of project findings with clinic staff

Evaluation
- Providers felt that ACEs screening was most useful as a gateway to discuss trauma and increased provider awareness of types of trauma in primary care.
- Minimal additional time was added to discuss trauma.

- Limitations:
  - Using only two first year resident providers limited data collection and did not allow for patient-provider rapport.
  - Small sample size (n=10 & n=6).
  - Clinic logistics did not allow consistent nursing staff and thus providers were responsible to remind nurse of survey.

Conclusions
- Implementation of ACEs screening tool led to increased provider awareness and comfort in addressing trauma in primary care.
- Plans for sustainability:
  - Rhonda McCinroy, staff educator and ACEs champion, will take over ACEs education for resident physicians and continue to utilize ACEs in her practice.
  - Dissemination:
    - Project manager and participating physicians will share findings and areas for growth with clinic staff.

References

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