



Exemplar Project

Behavioral and Mental Health

This document summarizes an exemplary quality improvement project that was submitted to the American Board of Pediatrics and earned the participants 25 points of MOC Part 4 Credit.

Santa Barbara Resiliency Project: Implementation of Screening and Intervention for ACEs in Pediatric Practice

- **Location:** Santa Barbara Neighborhood Clinics
- **Submitting Physician:** Andria Ruth, MD
- **Key Takeaway:** Positive impact of providing scripts for clinicians to discuss screenings with families, respond to common parent concerns, and staff debriefings to identify barriers when a family rejected a screening; project published in the *American Journal of Community Psychology*

WHAT PROBLEM (GAP IN QUALITY) DID THE PROJECT ADDRESS?

Adverse childhood experiences (ACEs) are stressful or traumatic events that take place during childhood and include abuse, neglect, caregiver mental illness, incarceration of family members, domestic violence, substance abuse within the home, and parental divorce or separation. ACEs are significantly associated with poor mental health outcomes and numerous health conditions such as heart disease, stroke, cancer, and asthma. Given these health risks, it is critical to identify the exposure to ACEs at an early age and to intervene by providing interventions that promote resilience in children and families. A community clinic was not routinely screening for exposure to ACEs, resulting in missed opportunities to provide education and appropriate referrals to children and families affected by trauma and adversity.

WHAT DID THE PROJECT AIM TO ACCOMPLISH?

This project aimed to improve screening and referral rates for infants and parents exposed to ACEs to > 85% in infants and parents at the four-, six-, and nine-month well-child visits within 15 months.

MEASURES:

- **Measure Name:** Percentage of patients who are screened for exposure
- **Goal:** > 85%
- **Unit of Measurement:** *Numerator:* The number of patients that were screened with an ACEs questionnaire; *Denominator:* The number of patients presenting for a four-, six-, or nine-month well-child visit which had not previously been screened
- **Data Source:** EHR
- **Collection Frequency:** Monthly

- **Measure Name:** Percentage of patients with a positive ACEs score that have an appropriate referral
- **Goal:** > 75%
- **Unit of Measurement:** *Numerator:* The number of patients that were referred for additional services or resources related to the positive ACEs screen; *Denominator:* The number of patients that were identified as having a "positive" ACEs screen (in our population defined as a child ≥ 1 , parent ≥ 2)
- **Data Source:** EHR
- **Collection Frequency:** Monthly



Exemplar Project

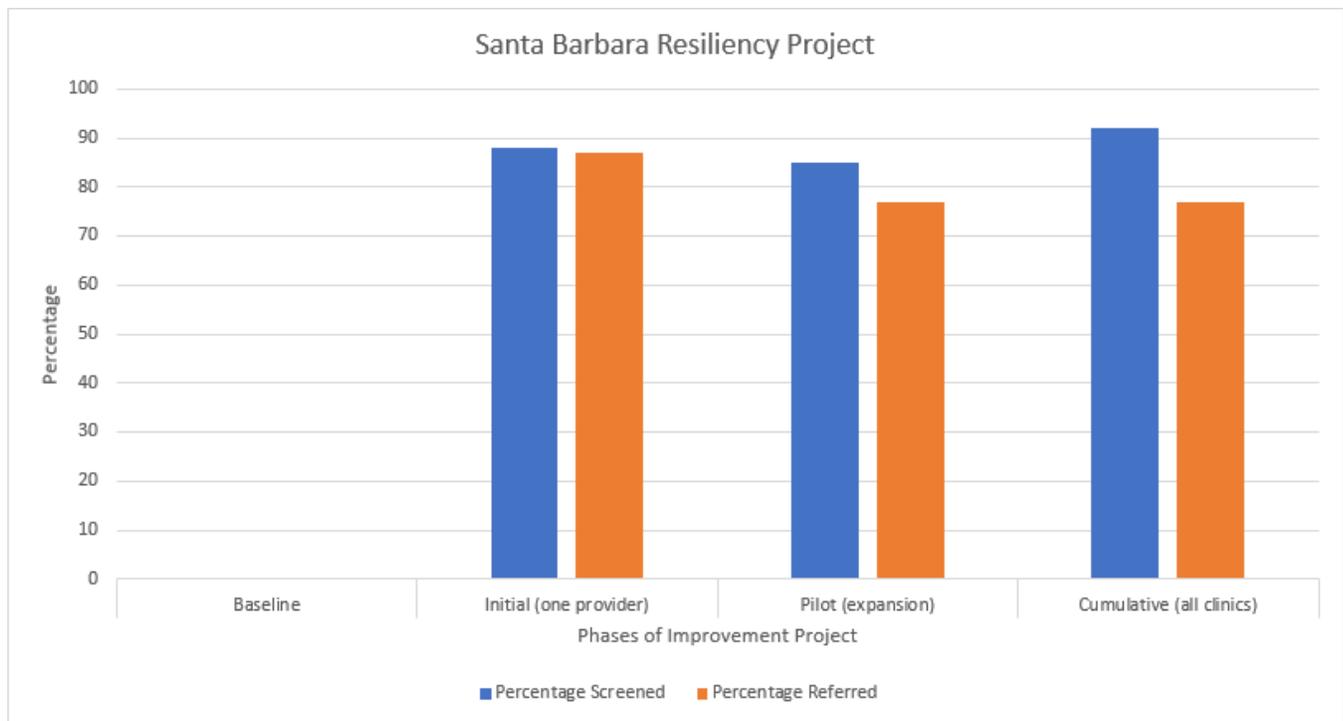
Behavioral and Mental Health

This document summarizes an exemplary quality improvement project that was submitted to the American Board of Pediatrics and earned the participants 25 points of MOC Part 4 Credit.

NOTABLE CHANGE STRATEGIES:

- **Education:** Provide all staff education on ACEs, toxic stress, and resilience when giving a mandate for reporting. Address staff resulting concerns of secondary traumatic stress and self-care practices.
- **Scripts:** Give providers scripts to discuss screenings with families and respond to common parent concerns.
- **Weekly Pre-Visit Planning:** Run EHR reports weekly to identify well-child patients coming in to assess the need for screening.
- **Follow Up on Screening Rejections:** Identify and discuss possible barriers with staff when a family rejected the screening. This informs staff training gaps and opportunities to improve further.
- **Network:** Participating in a national screening collaborative provides the benefit of training, monthly coaching calls, and external evaluation of de-identified data.
- **Workflow PDSAs:** Identify barriers in screening workflow throughout the project, not just at the beginning, to increase provider buy-in and refine an effective process.

DATA:





Exemplar Project

Behavioral and Mental Health

This document summarizes an exemplary quality improvement project that was submitted to the American Board of Pediatrics and earned the participants 25 points of MOC Part 4 Credit.

| | Well Child | Prev. screen | Eligible for sc | Screened | Not Screened | Eligible | Referred | Refused | |
|----------------------------|------------|--------------|-----------------|----------|--------------|----------|----------|---------|--|
| January-Sept 2017 | | | | 0 | | | | 0 | Baseline |
| October 2017-Feb 2018 | 44 | | 44 | 39 | 5 | 16 | 14 | 2 | Notes: October-February was one provider |
| March | 21 | 8 | 13 | 12 | 1 | 4 | 4 | 0 | March-June expanded screening to all providers at Goleta site |
| April | 20 | 9 | 11 | 11 | 0 | 8 | 3 | 5 | |
| May | 24 | 11 | 12 | 10 | 2 | 5 | 4 | 0 | 1 moving |
| June | 10 | 7 | 3 | 3 | 0 | 1 | 1 | 0 | |
| July GO | 14 | 13 | 1 | 1 | 0 | 1 | 1 | | |
| JULY ES | 10 | 0 | 10 | 7 | 3 | 4 | 3 | 1 | July expanded screening to all providers at Eastside Clinic site |
| AUG GO | 23 | 10 | 13 | 8 | 5 | 3 | 2 | 1 | undecided |
| AUG ES | 5 | 0 | 5 | 5 | 0 | 2 | 2 | | |
| Pilot Summary | 171 | 58 | 112 | 96 | 16 | 44 | 34 | 8 | |
| October 2017-December 2018 | | | 164 | 151 | 13 | 71 | 55 | | Includes patients screened at 4, 6 or 9 month visit Includes all four clinics and all pediatric providers |

OUTCOME:

Over 14 months, screenings cumulatively increased from 0% screenings at baseline to 92% screened, and 77% of positive screens received referrals for follow up with a behavioral health specialist.

Published in the American Journal of Community Psychology and profiled by the National Pediatric Practice Community on Adverse Childhood Experiences.

QUESTIONS?

To learn how to create your own quality improvement project, visit <https://www.abp.org/content/your-own-qi-project> or contact our MOC Support Center at 919-929-0461 or moc@abpeds.org.