Documentation of Adverse Childhood Experiences

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Structured Abstract

LOCAL PROBLEM
Adverse childhood experiences (ACEs) affect 45% of the nation’s children, and evidence points to a direct correlation with poor patient outcomes in the pediatric population. The American Academy of Pediatrics (AAP) recommends screening of all well children annually for ACEs and other mental health issues; but recent data reflect a less than 7% rate of mental health screening in most pediatric practices. In the population of study, the pediatric practice had no existing protocol in place to document or screen for the prevalence of ACEs in any age group.

PROJECT PURPOSE
The purpose of this project was to establish a plan to institute the screening for and the documentation of, the prevalence of ACEs in a local pediatric practice.

METHODOLOGY
Lewin’s change theory was used to guide this project by providing a systematic approach to practice change. The practice setting included a pediatric practice of six providers who provide daily care to as many as 150 children between the ages of newborn to 18 years. A project team was formed and included two providers (a nurse practitioner and a physician), a receptionist, a billing clerk, two medical assistants, and the student. The project team assessed the need for screening for ACEs, formulated a plan for screening, designed a format for documentation, reviewed and evaluated the ongoing change process, and evaluated strategies for continuing the practice of screening and documentation of ACEs. The project was accomplished with four team meetings and weekly check-ins until the project was completed.

RESULTS
Evaluations related to the change process were completed by the project team participants after each team meeting, and results revealed a strong affirmation (100%) of inclusion in the decisions related to the change in practice. Pre- and post-testing results related to knowledge of ACEs screening revealed a change in knowledge base related to the need for documentation and screening of all children at all well-child visits instead of the previously held belief of only screening certain age groups. At the conclusion of the project, summative evaluations were completed by each team member. The final evaluation tool revealed a score of 4.66 on a 5-point Likert-type scale indicating the positive aspects of the new process of screening, the value of team member participation, the importance of screening to the care of children, and information related to ACEs. ACEs screening results were as follows: (a) total of 163 children screened at a 15-month well-child visit revealed 10 children (6%) having a 2 or higher ACEs score, and (b) screening of a total of 72 children with a diagnosis of
attention deficit hyperactivity disorder revealed 48 children (67%) having an ACEs score of 2 or higher.

**IMPLICATIONS FOR PRACTICE**
The findings related to the prevalence of ACEs in the pediatric practice were presented to the providers and staff with the implication for a change in current clinical practices to include ACEs screening and documentation in each well-child encounter. A plan was adopted to integrate these changes slowly and to reflect the documentation of ACEs on the current electronic medical record for future data retrieval. Implementation of changes for the practice were discussed, and decisions for a change in practice included the following; (a) a protocol development to refer patients with an ACE score of 3 or higher for counseling and support, (b) participation in a pilot study for the Center of Youth and Wellness related to ACEs, and (c) the use of documentation to add to the state data banks related to the prevalence of ACEs. Continued monitoring of ACEs screening and data collection will be done at 3, 6, and 12-month intervals.

*Keywords*: adverse childhood experiences (ACEs), screening, documentation,

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