Introduction

Adverse Childhood Experiences (ACEs)

- Events in the life of a child that impact growth and development
- Three types measured by screening tool: abuse, neglect, and household dysfunction
- Scored from 0 to 10 - with 10 as highest number of ACEs

Problem

- 45% of American children have an ACEs score of 2 or higher
- Less than 7% of primary care clinics screen for mental health issues or ACEs
- American Academy of Pediatrics recommends screening for ACEs at all well-child visits
- Pediatric practice of study was not screening for ACEs at any clinic visit

Purpose

Facilitate a change in practice to screen and document adverse childhood experiences (ACEs).

Methodology

Lewin’s Change Theory

- Creation of a project team from the different staff members to include two providers
- Four meetings for change and process decisions
- Weekly check-ins for screening data and review of process: 15 months well-child visit and children with ADHD

Results

- 100%-participation and inclusiveness in formative evaluations after each meeting
- Pre-and Post-test revealed a change in knowledge base to include ACEs screening in ALL well-child visits
- Summative evaluation results reveal a score of 4.66/5 or higher in a Likert-type scale with 5 being strongly agree

Screening Results of both categories

- Total screened = 235
  - ADHD 31%
  - 15-months 69%

Results for 15-months

- Total screened = 163
  - 2 or more 6%
  - 0-1 94%

Results for ADHD

- Total Screened=72
  - 2 or more 33%
  - 0-1 67%

Conclusion

1) Findings presented to providers and staff with implications to a change in the current practices to include ACEs in each well-child encounter
2) Protocol development to refer patients and families with a score of 2 or higher on screening
3) Participation in a pilot study for the prevalence of ACEs
4) Add to the data Alabama data base related to the prevalence of ACEs

Implications for Practice

- Project reveals the successful change in practice using Lewin’s change theory to include the screening of children for adverse childhood experiences (ACEs)
- Documentation of ACEs gives the provider evidence to effect a positive health outcome for children at risk
- Continued evaluation of practice changes will insure adherence to guidelines for the screening of all children in a pediatric practice

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