Who We Are

• Petaluma & Rohnert Park, CA
  • Southern Sonoma County
• 34,000 Patients
  • 40% Monolingual Spanish-speaking
  • 50% Medi-Cal
• 2 Primary Care Sites
  • 2 School-Based Health Sites
  • 1 Homeless Shelter Site
• eClinical Works
PICC Element Selected: Assessing Health

- This element was the one that we gained the most traction on.
- Our team includes members from across departments, but many of us are involved in direct patient care.
- Assessing health was in our wheelhouse.
Share Your Work

- Template and Structured Data in EHR
- 10 Providers across 2 sites involved
  - 6% of population 1-5
**HPI:** Stress Related Symptoms
   Does your child have any of the following? ______.

Screening

ACEQ
   Section 1
   Section 2
   Total

**Current Medication:**

**Medical History:**

**Allergies/Intolerance:**

**Gyn History:**

**OB History:**

**Surgical History:**

**Hospitalization:**

**Family History:**

**Social History:**

**ROS:**

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**Objective:**

**Vitals:**

**Past Results:**
You can access the Progress Note from the date the ACE-Q was done from this icon.

If you don’t see the Peds Development Option, make sure you selected “All”.

Peds Development just after PAP History :)

<table>
<thead>
<tr>
<th>Development</th>
<th>New Flowsheet</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEQ</td>
<td>Low Risk: 0</td>
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<tr>
<td>All</td>
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All pass - Routine screen at next WCC
Lessons Learned

- Our biggest surprise working on Assessing Health is most families screened negative.
  - Half of high risk screenings were already connected to services.
  - Some families that screened negative still needed significant support either because they didn’t complete the screening accurately or there were elements that were not covered in the screening tool.
- If we could go back and do one thing different, it would be start with a model of universal education and identify resources early.
  - Specifically we would like to have a parenting class or support group for parents to offer all families.
  - Involve CPSP and parental ACE screening.
Gratitude

• What’s one thing you’re grateful to have learned from another team over the past year?
  • Seeing the variability in screenings other teams are using and the ways that teams are incorporating universal education into their workflows.
  • Specifically we have appreciated learning about screening tools that include SDOH and resiliency factors.
Next Steps

• In an ideal world one year from now, our team would be offering at least 2 discrete interventions to families of children 0-5 and tracking whether or not our high risk families were accessing services.

• In an ideal world 3-5 years for now, we would be universally screening adults and children and offering universal education and targeted interventions with community partners based on the level of risk.
Discussion Questions (1 min)

• How do you make universal education a meaningful intervention and not just a handout in a resource constrained environment when you aren’t going to add staff?

• What are the most effective interventions for addressing family health and resilience?