



# Petaluma Health Center



# 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? Frequent abdominal pain , Obesity.

**Screening**  
ACEQ

Section  
Section  
Total

**Current Medical History**  
**Medical History**  
**Allergies/Intolerances**  
**Gyn History:**  
**OB History:**  
**Surgical History**  
**Hospitalization**  
**Family History**  
**Social History:**

**ROS:** ▼

**Objective:**  
**Vitals:**  
**Past Results:**

**HPI ROS Examination Procedures Orderset**

Screening ▼ **ACEQ** [X]

Section 2

1 ▼

Total

☒ High Risk: 4+ or 1-3 with symptoms  
☐ Intermediate Risk: 1-3 without symptoms  
☐ Low Risk: 0

**High Risk**

☐ Scheduled future BH appointment  
☐ BH Services-Warm Hand-off  
☒ Referred to community based services  
☐ Offered BH services - family declined  
☐ Family currently receiving services

**OK** **Cancel** **ROS**

**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:** ▼

**Objective:**

**Vitals:**

**Past Results:**

**HPI** **ROS** **Examination** **Procedures** **Orderset**

Stress Related Symptc ▼ Does your child have any of the fol... ❌

☐ ☐ Frequent asthma exacerbations

☐ ☐ Frequent abdominal pain

☐ ☐ Obesity

☐ ☐ Constipation

☐ ☐ Frequent colds

☐ ☐ Frequent ear infections

☐ ☐ Poor growth

☐ ☐ Enuresis/Encopresis

☐ ☐ Behavior problems

OK Cancel ROS

Date 03/06/2018 ... to 03/06/2019 ... ☐ Hide Empty Columns ☐ Hide Empty Rows ☐ Show Future Orders ☐ Show Lab Range ☐ Virt

☒ All ☐ My Favorite

Flowsheets

Grid View

Graphical View

ACO

ACOG

Anticoagulation Review

Asthma Flowsheet

BH Flowsheet

Breast Health

Case Mangement

Chronic Pain

COPD flowsheet

Depression

Diabetes Flowsheet

Glaucoma

Health Maintenance

Hep C Blank Flowsheet

Hep C treatment flowshe

HIV Management

Hyperlipidemia

Hypertension

LTBI

MAT

Obesity

PAP History

Peds Development

If you don't see the  
Peds Development  
Option, make sure  
you selected "All"

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

Peds Development,  
just after PAP  
History :)

	Name	03/05/2019	02/22/2019	12/11/2018	04/13/2018	04/03/2018	04/02/2018	Notes
-	Miscellaneous							
	ASQ3							All pass - Routine screen at next WCC
	MCHAT							
	ACEQ	Low Risk: 0						

# 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 from 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?

