

Getting Ready: An Overview of ACE Screening Implementation

Creating conditions for ACE screening implementation clinically, administratively, operationally, and emotionally

The purpose of this article is to provide basic information and considerations regarding the process for successfully implementing Adverse Childhood Experience (ACE) screening in clinical practice, which includes not only administering the ACE screening questionnaire (to determine the ACE score), but also assessing for clinical manifestations of toxic stress (ACE-Associated Health Conditions), and protective factors. The first two components are used in assessing clinical risk for toxic stress and all three help to guide effective responses.¹

Drawing on learnings from ACE screening implementation studies, learning collaboratives, pilot evaluations, as well as other health care innovations that have been successfully integrated into clinical practice, this ACE Screening Implementation How-To Guide (How-To Guide) walks through four stages of implementation:

Stage 1. Prepare the Foundation: The team explores the scientific and clinical foundations for addressing ACEs and toxic stress and implementing ACE screening, builds internal buy-in, and learns from others' implementation experience.

Stage 2. Select the Approach: The team prepares for ACE screening implementation by identifying opportunities and barriers, and makes decisions about how screening will be conducted and integrated into the practice.

Stage 3. Implement the Program: The team launches, monitors, and adjusts the approach to continue to improve ACE screening, toxic stress risk assessment, and response.

Stage 4. Build Sustainability: The team develops organizational policies and procedures to help keep clinicians and staff engaged and ensure that ACE screening and toxic stress treatment is integrated into routine clinical care and that goals are sustained.

As your organization embarks on implementing ACE screening, toxic stress risk assessment, and clinical response, the process may look different from what you imagined, with unexpected learnings influencing how you proceed. That's fine! These learnings will ultimately make your planning – and the initiative – better. Also note that your progress may not follow a straightforward path. For example, you may decide to tackle challenges in a different order than described in this How-To Guide. No matter where you start or how you progress, it is important to be open to the lessons learned and let your approach continue to evolve.

Full-scale change takes time, but a stepwise approach can get you started

There is no set timeline for ACE screening implementation. The time it takes to go from preparation to sustaining can depend on a variety of factors, such as staff availability, leadership buy-in, previous experience, existing partners, and clinic size. Consider past successful efforts of integrating new practices at your clinic to estimate your timeline.

Creating the conditions for implementation

To achieve widespread clinical practice change, it is necessary to create an organizational climate that will support and sustain ACE screening and treatment of the toxic stress response as part of routine practice. Leadership, clinical, and non-clinical staff all have critical roles to play in establishing this environment. Following are key clinical, administrative, operational, and emotional considerations for the team to potentially address.

Leadership helps set the tone

Organizational leaders may not be the first to learn about ACEs and their role in triggering the toxic stress response, but they play an important part in creating an environment that supports and sustains the adoption of ACE screening and toxic stress treatment over the long term. Implementation research on a range of health care innovations shows leadership best supports the adoption of new clinical practices when they:

- Are knowledgeable about the issues and innovation
- Set an expectation that the innovation will be adopted
- Support staff through allocation of resources and rewards
- Persevere through setbacks or challenging circumstances that may come up

Source: Aarons et al., 2014; Moullin et al, 2019

Clinical considerations

It is critical for leadership, clinical, and non-clinical staff to understand the core concepts of ACE screening, assessing risk of toxic stress, and how evidence-based interventions and trauma-informed care can improve health outcomes. Clinical teams and staff will need training, tools, and resources to feel comfortable communicating about ACEs and toxic stress to patients and incorporating ACE screening and toxic stress mitigation strategies and clinical response into routine patient care.

Administrative considerations

Because ACE screening may affect many administrative functions, it is important to involve registration staff, billers, and information technology staff from the beginning. One way to ensure you understand the administrative challenges and can effectively address needs is to include representatives of the various administrative functions on your [ACE screening implementation team](#) and/or ask colleagues in these roles to advise the team.

You may also need to:

- Update policies and procedures
- Assign staff or hire for new roles
- Develop and manage relationships for additional internal and external resources/supports and referrals
- Customize the electronic health record (EHR)
- Put quality improvement protocols in place

Operational considerations

Changing the standard of clinical care to incorporate ACE screening as well as treatment of the toxic stress response and ACE-Associated Health Conditions (AAHCs) is an exciting opportunity to improve patient care that will involve clinical and non-clinical staff time and support. The ACE screening implementation team will need to work together to address many operational considerations, including:

- Explaining your practice's rationale for ACE screening and clinical response
- Determining how screening protocols will be integrated into your existing workflow
- Identifying strategies to mitigate the toxic stress response and clinical management of AAHCs (through your own clinical practice and in partnership with other internal and external supports)
- Determining how to monitor and improve ACE screening and toxic stress treatment over time

Documenting screening results, follow-up, and referrals in a standardized format in an electronic health record may facilitate billing, reporting, and individual as well as population-based analytics. Initially some practices may manually maintain documentation, scan documents into an EHR, or transcribe paper-based screening results. However, ultimately, customizing technology to support direct data entry by the clinical team or electronic integration of electronic forms can support automation for billing, reporting, creating flags or alerts, and connecting to referral resources or platforms.

Emotional considerations

Practice change is hard work and can be both exhilarating and draining. ACE screening by its nature can be associated with a spectrum of emotional reactions (both negative and positive) in patients and the staff conducting the screenings. Anticipating, acknowledging, and determining how to address potential challenges from the start can help prevent staff burnout and vicarious trauma (emotional strain of hearing about other people's trauma). For example, just as we seek to establish conditions that enable strong patient-clinical team relationships, team performance is optimized when the work environment is supportive.

It is important to put education and support in place for clinical teams and staff, including training, team meetings, and other mechanisms that help staff sustain change as well as prepare for and continue to address the emotional challenges of this work.

Keeping everyone on board

The implementation team plays an important role in a key factor that supports the adoption of a new clinical practice: “implementation citizenship.” This means you:

- Help others learn about and implement ACE screening and toxic stress treatment
- Keep yourself and others informed and up-to-date with your clinic's ACE screening and toxic stress mitigation efforts

Source: Ehrhart et al., 2015

Using a high-level plan as your guide

There are many moving parts the implementation team will need to manage in order to plan for, launch, and sustain ACE screening and toxic stress treatment. This overview of the key areas that should be considered will help you anticipate what work needs to be done, what resources you will need, and ensure you do not overlook a critical piece of the implementation planning effort. And remember, you can always adjust your plan as needed as implementation progresses.

ACEs Aware is here to help guide you through the process!



Endnotes

- 1 Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health*. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812

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