Providers commonly express concerns about the ability to address systematic signs/symptoms of a trauma & Castro with only brief training and engagement. Clinical culture can be strengthened for clinical teams of Park Street Clinic. A survey was used to complete the ACE measure. After initiating the pathway, 33 of 69 (48%) completed screening. This represents a statistically significant shift in the proportion of patients who completed ACE screening (p<0.001).

Of those 8 that scored 3+ on the ACE, one (13%) had an appropriate Behavioral Health referral or Warm Hand-Off documented in the medical record. This patient did not complete an assessment for potential trauma-related symptomology.

The clinical team also completed Pre and Post-measures to assess team member’s beliefs about 1 (not at all) to 10 (very high) barriers to providing trauma informed care. Objective Measures:

- Percent of new patients who completed the ACE measure. After initiating the pathway, 33 of 69 (48%) completed screening. This represents a statistically significant shift in the proportion of patients who completed ACE screening (p<0.001).
- Of those 8 that scored 3+ on the ACE, one (13%) had an appropriate Behavioral Health referral or Warm Hand-Off documented in the medical record. This patient did not complete an assessment for potential trauma-related symptomology.
- The clinical team also completed Pre and Post-measures to assess team member’s beliefs about 1 (not at all) to 10 (very high) barriers to providing trauma informed care. Objective Measures:
  - Percent of new patients who had an ACE completed.
  - For patients who scored 3+ on ACE, percent with appropriate Behavioral Health referral or Warm Hand-Off.
  - For patients with a Behavioral Health Assessment, did the Behavioral Health Assessment include use of the PTSD Smartphrase & PCLS scores.
  - For Clinical Teams of Park Street Clinic: A survey was used to measure confidence in delivering trauma-informed care and identified barriers to working with patients with trauma.

CONCLUSIONS

- The inclusion of a brief screener within new patient appointments reliably increased the assessment of ACEs, which demonstrates feasibility within primary care.
- The 52% of patients who did not complete ACE screening could have been due to unprovided documents, un-entered data, and patient refusal (per clinical team report).
- Patients reporting 3+ ACEs within this study replicate the prevalence of ACEs for the state of Oregon and nationally.
- With only brief training and engagement, clinical culture can be influenced:
  - More confidence in assessing/discussing adversity.
  - Believing it is less relevant to their position.
- The team also observed barriers in needing specialty training and role integration of trauma-focused care.

**REFERENCES & ACKNOWLEDGEMENTS**

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**CLINICAL PATHWAY & NEXT STEPS**

Clinic team education and skills training, including:
- Signs/symptoms of a trauma response
- Assessing and responding to a trauma response
- Supporting engagement with services using Motivational Interviewing
- Reducing Stigmatization
- Addressing systematic influences of social stress

Extension into clinic-wide screening with ACEs and trauma-informed care