

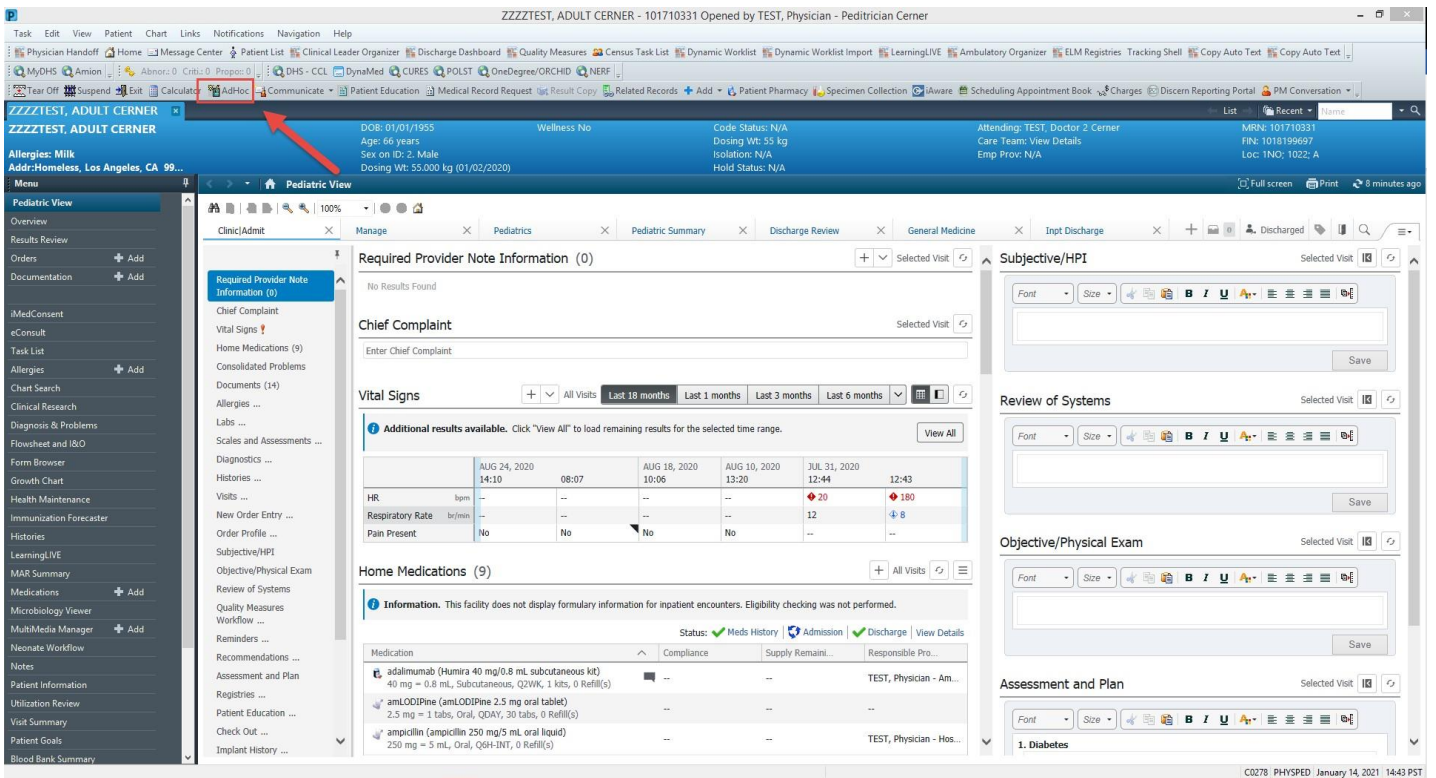
Charting Guidelines for ACES Screen in Health Maintenance

Job Aid v3.27.22

Charting Guidelines for ACES Screen in Health Maintenance

This job aid shows providers and clinic staff how to chart ACE/SBDOH screening in ORCHID for patients of all ages. Please contact the ACES-LA team at aces-la@dhs.lacounty.gov for more information.

1. Upon opening patient's chart in the correct encounter FIN, select Ad-Hoc.



The screenshot shows the ORCHID patient chart for 'ZZZZTEST, ADULT CERNER'. The top navigation bar includes 'Ad-Hoc' (highlighted with a red box and arrow), 'Communicate', 'Patient Education', 'Medical Record Request', 'Related Records', 'Add', 'Patient Pharmacy', 'Specimen Collection', 'iAware', 'Scheduling Appointment Book', 'Charges', 'Discern Reporting Portal', and 'PM Conversation'. The patient information bar shows: DOB: 01/01/1955, Age: 66 years, Sex on ID: 2, Male, Dosing Wt: 55.000 kg (01/02/2020), Wellness No, Code Status: N/A, Dosing Wt: 55 kg, Isolation: N/A, Hold Status: N/A, Attending: TEST, Doctor 2 Cerner, Care Team: View Details, Emp Prov: N/A, MRN: 101710331, FN: 1018199697, Loc: 1NO; 1022; A.

The left sidebar menu includes: Overview, Results Review, Orders, Documentation, iMedConsent, eConsult, Task List, Allergies, Chart Search, Clinical Research, Diagnosis & Problems, Flowsheet and I&O, Form Browser, Growth Chart, Health Maintenance, Immunization Forecaster, Histories, LearningLIVE, MAR Summary, Medications, Microbiology Viewer, Multimedia Manager, Neonate Workflow, Notes, Patient Information, Utilization Review, Visit Summary, Patient Goals, Blood Bank Summary.

The main content area shows:

- Required Provider Note Information (0)**: No Results Found
- Chief Complaint**: Enter Chief Complaint
- Vital Signs**:

	AUG 24, 2020 14:10	08:07	AUG 18, 2020 10:06	AUG 10, 2020 13:20	JUL 21, 2020 12:44
HR bpm	--	--	--	--	20
Respiratory Rate br/min	--	--	--	--	8
Pain Present	No	No	No	No	--
- Home Medications (9)**:

Medication	Compliance	Supply Remains...	Responsible Pro...
adalimumab (Humira 40 mg/0.8 mL subcutaneous kit) 40 mg = 0.8 mL, Subcutaneous, Q2WK, 1 kits, 0 Refill(s)	--	--	TEST, Physician - Am...
amlodipine (amlodipine 2.5 mg oral tablet) 2.5 mg = 1 tabs, Oral, QDAY, 30 tabs, 0 Refill(s)	--	--	--
ampicillin (ampicillin 250 mg/5 mL oral liquid) 250 mg = 5 mL, Oral, Q6H-INT, 0 Refill(s)	--	--	TEST, Physician - Hos...
- Subjective/HPI**: Empty text area
- Review of Systems**: Empty text area
- Objective/Physical Exam**: Empty text area
- Assessment and Plan**: 1. Diabetes

- Select Ambulatory. Chose the age-appropriate ad hoc ACES/SBDOH form. “ACES/SBDOH – Child” is for ages 0-11 years. “ACES/SBDOH – Teen/Adult” is for ages 12+ years. Once the appropriate ad hoc form is selected, click Chart.

The screenshot shows the 'Ad Hoc Charting' window for patient ZZZZTEST, LUZ. The window title is 'Ad Hoc Charting - ZZZZTEST, LUZ'. The interface includes a left sidebar with navigation options like 'Pediatric View', 'Orders', 'Documentation', etc. The main area displays a list of charting items. Two items are highlighted with red boxes: 'ACES/SBDOH - Child' and 'ACES/SBDOH - Teen/Adult'. At the bottom right of the window, there is a 'Chart' button, also highlighted with a red box. The background shows patient information and a table of vital signs.

- A new window will open displaying questions and answers for the ACES/SBDOH screening tool. Ensure you are charting in the age-appropriate form by referencing the title at the top of the form window.

The screenshot shows the 'Child PEARLS/SBDOH Screening (ages 0-11 years)' form. The title bar of the window is highlighted with a red arrow. The form contains 10 screening questions about parental/caregiver stressors and child safety. A 'Patient Declined ACES/SBDOH Screening?' checkbox is checked, and the 'ACES/SBDOH Screening Declined' checkbox is also checked. The questions are as follows:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues? For example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder.
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver? For example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available.
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child? Or has any adult in the household ever hit your child so hard that your child had marks or was injured? Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse? For example, anyone touched your child, asked your child to touch that person in a way that was unwanted, made your child feel uncomfortable, anyone ever attempted or actually had oral, anal or vaginal sex?
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? For example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out?

At the bottom of the form, there are fields for 'Total PEARLS Part 1 score Identified:' and 'Total PEARLS Part 1 score de-identified: (only enter if identified score above is blank)'. The 'Patient Declined ACES/SBDOH Screening?' checkbox is checked, and the 'ACES/SBDOH Screening Declined' checkbox is also checked.

ACES/SBDOH - Teen/Adult - TEST_PATIENT0VM

Performed on: 03/23/2022 0948 PDT

Teen & Adult PEARLS/SBDOH Screening (Ages 12 years and older)

The following questions are about potentially stressful experiences that can impact yours and your family's well-being. We ask these questions to help us to better care for you and prevent long-term health issues related to these stressful experiences.

Patient Disclosed ACES/SBDOH Screening? Yes No ACES/SBDOH Screening Disclosed

Section 1: PEARLS, Part 1 - ACEs

1. Have you ever lived with a parent/caregiver who went to jail/prison? Yes No
2. Have you ever felt unsupported, unloved and/or unprotected? Yes No
3. Have you ever lived with a parent/caregiver who had mental health issues? For example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder. Yes No
4. Has a parent/caregiver ever insulted, humiliated, or put you down? Yes No
5. Has your biological parent or any caregiver ever had, or currently has, a problem with too much alcohol, street drugs or use of prescription medications? Yes No
6. Have you ever lacked appropriate care by any caregiver? For example, not being protected from unsafe situations or not cared for when sick or injured even when the resources were available. Yes No
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched/beaten up or hurt with a weapon? Yes No
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you? Or has any adult in the household ever hit you so hard that you had marks or were injured? Or has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt? Yes No
9. Have you ever experienced sexual abuse? Specifically, has anyone touched you or asked you to touch that person in a way that was unwanted, or has made you feel uncomfortable, or anyone ever attempted or actually had oral, anal or vaginal sex with you? Yes No
10. Have there ever been significant changes in the relationship status of your caregiver(s)? For example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out? Yes No

Total PEARLS Part 1 score identified:

Total PEARLS Part 1 score de-identified:
(only enter if identified score is blank)

4. If patient disclosed individual Yes/No answers, select the corresponding radio button for each question. When a radio button answer is selected for each question, the section will automatically tally a total in the “score identified” box at the bottom of the section.

If patient does not disclose answers to all section questions, tally and enter the total Yes answers in the “score de-identified” box.

ACES/SBDOH - Child - TEST_PATIENT0VM

Performed on: 03/23/2022 1000 PDT

Child PEARLS/SBDOH Screening

4. Has a parent/caregiver ever insulted, humiliated, or put down your child? Yes No
5. Has the child's parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use? Yes No
6. Has your child ever lacked appropriate care by any caregiver? For example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available. Yes No
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched/beaten up or hurt with a weapon? Yes No
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child? Or has any adult in the household ever hit your child so hard that your child had marks or was injured? Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt? Yes No
9. Has your child ever experienced sexual abuse? For example, anyone touched your child, asked your child to touch that person in a way that was unwanted, made your child feel uncomfortable, anyone ever attempted or actually had oral, anal or vaginal sex? Yes No
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? For example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out? Yes No

Total PEARLS Part 1 score identified: ← Score auto-tallies here if each question in the section is answered.

Total PEARLS Part 1 score de-identified: ← If not all section answers are known, manually enter tallied Yes answers here.

Section 2: PEARLS, Part 2 - Traumatic Stress

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school? For example, targeted bullying, assault or other violent actions, war or terrorism. Yes No
2. Has your child experienced discrimination? For example being harassed or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities. Yes No
3. Has your child ever had problems with housing? For example being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members. Yes No

- When all section answers/scores are entered, click the green check mark in the top left window corner to complete and sign the form.

*** For those individuals charting who are not providers, please be sure to notify the provider of the status of screening by sending them a message in ORCHID. This will prompt providers to review responses AND identify the action(s) taken.**

- Once signed, question responses and scores will appear as a Final document in the Documents section of the patient's chart. This document is for reference, and does not satisfy the Health Maintenance requirement.

The screenshot displays a medical software interface for a patient named TEST, TEST. The patient's demographic information includes DOB: 01/01/1999, Age: 21 years, Sex: Female, and Allergies: Shrimp. The interface shows a 'Documentation' section with a list of notes. The selected note is a 'Final Report' for ACES/SBDOH screening, dated 11/20/2020 00:31 PST, performed by Shekarchi, Amy Jaleh. The report includes the following information:

- Final Report**
- ACES/SBDOH - Teen/Adult Entered On: 11/20/2020 00:31 PST
- Performed On: 11/20/2020 00:31 PST by Shekarchi, Amy Jaleh
- ACES/SBDOH - Teen/Adult
- Total Adult Teen PEARLS Section 1 (ACES) score de-identified: 7
- Total Adult Teen PEARLS Section 2 (Traumatic Stress) score de-identified: 2
- Adult Teen Resilience Question 1: Don't Know/Refused
- Total Adult Teen PEARLS Score De-identified: 9
- Result type: PEARLS
- Result date: November 20, 2020 00:31 PST
- Result status: Auth (Verified)
- Result title: ACES/SBDOH - Teen/Adult
- Performed by: Shekarchi, Amy Jaleh on November 20, 2020 00:31 PST
- Verified by: Shekarchi, Amy Jaleh on November 20, 2020 00:31 PST
- Encounter info: 1020045168, HAR PC, Outpatient Message, 04/16/2020 -

- Go to the Health Maintenance tab in the patient's chart once screen results reviewed. Under the ACES/SBDOH Screening expectation, select "Screening Reviewed and Action Taken" to complete charting and satisfy charting requirements. If screening not completed, select the most appropriate expectation response available.

The screenshot shows the 'Health Maintenance' interface. On the left is a navigation menu with 'Health Maintenance' highlighted. The main area is divided into two sections:

- Pending Expectations:** A table listing upcoming tasks. The first entry is 'ACES/SBDOH Screening 30m' with a status of 'MEDIUM' and a due date of '11/20/2020'. A red arrow points to a button labeled 'Screening Reviewed & Action Taken' next to this entry.
- Recently Satisfied Expectations:** A table showing completed tasks from 'November 2015 - Present'. It includes entries for 'Influenza Vaccine' and 'Peds Audiometric Screening' with columns for Status, Satisfy Type, Administration, Satisfy Reason, Priority, Last Satisfied By, and Approximate Date.

8. Selecting “Screening Reviewed & Action Taken” will open a new window for the provider section of the ACES/SBDOH screening form. Complete question regarding symptoms. Complete the yellow highlighted risk question. Only the age-appropriate risk score options will be highlighted yellow. The ACEs score (from section 1 of the screening tool) will populate in the score box to guide your risk assessment. Check all “actions taken” options that apply. Once finished, click on the green check mark in the left top corner.

The screenshot shows the 'ACES/SBDOH - Provider - TEST, PATIENT/OWM' form. It is titled 'PEARLS/SBDOH Screening For Provider'. The form is divided into two main sections:

- 1. Are symptoms/conditions present, regardless of score, related to adversity and/or toxic stress?** This section includes radio buttons for 'Yes', 'No', and 'Unknown'. Below this are risk stratification options:
 - Low Risk:** Provide anticipatory guidance and education.
 - Intermediate Risk:** Provide anticipatory guidance and education; Link to support services and treat as appropriate.
 - High Risk:** Provide anticipatory guidance and education; Link to support services and treat as appropriate; Total ACEs score (PEARLS Section 1) = 6+ requires Social Work Consult.
- 2. Actions taken to respond to screening or patient's needs:** This section includes a list of checkboxes for various actions:
 - None/None Need
 - Family/patient already receiving appropriate services
 - Anticipatory Guidance
 - Social Work Referral
 - Community Organization(s) referral
 - Developmental/behavioral services referral (developmental delay, ADHD, Autism, etc.)
 - Mental health referral (therapy, psychiatry, etc.)
 - Family/Patient declined action
 - Other:

The 'High Risk' section and the 'ACES/Teens/Adult Risk' section are highlighted in yellow in the original image.

9. ACES/SBDOH screening only needs to be completed when visible as an expected practice in the Health Maintenance tab. If screening is not due, and the expectation is not found in Health Maintenance, providers can access the same risk stratification and action taken form through the ad hoc form menu. Select “ACES/SBDOH –

Provider.” Follow charting guidelines from #8. Once completed and signed, this response is available to view in the Documents tab of the patient’s chart.

The screenshot displays an EHR interface for a patient named TEST, TEST (DOB: 01/01/1999, Age: 22 years). A window titled "Ad Hoc Charting - TEST, TEST" is open, showing a grid of checkboxes for various clinical tasks. A red arrow points to the checkbox for "ACES/SBOOH - Child".

Task	Task	Task
<input type="checkbox"/> Provider Required Documentation	<input type="checkbox"/> ACES/SBOOH - Child	<input type="checkbox"/> Immunization Screening - Adult
<input type="checkbox"/> Prior Authorization	<input checked="" type="checkbox"/> ACES/SBOOH - Teen/Adult	<input type="checkbox"/> Inactivated Injectable Influenza Vaccination
<input type="checkbox"/> Provider Note	<input type="checkbox"/> ACES/SBOOH - Teen/Adult	<input type="checkbox"/> Interdisciplinary Patient/Family Record of Learning Needs
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Acute Condition Follow Up	<input type="checkbox"/> Intensity Transfer
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Adult Acute Complaints	<input type="checkbox"/> Live Attenuated Intranasal Influenza Vaccine
<input type="checkbox"/> POC/POD Testing	<input type="checkbox"/> Advance Care Planning (ACP)	<input type="checkbox"/> LIVE Transcribed Results
<input type="checkbox"/> Public Health	<input type="checkbox"/> Adult Ambulatory Quick Intake	<input type="checkbox"/> MDS: Out of Network Letter of Agreement (LOA) Request
<input type="checkbox"/> Nursing Standardized Procedures	<input type="checkbox"/> Adult Ambulatory Care Intake and History	<input type="checkbox"/> Modified Rankin Scale
<input type="checkbox"/> Care Management HIMP	<input type="checkbox"/> ALS Functional Rating Scale	<input type="checkbox"/> Smoke Required Documentation
<input type="checkbox"/> Advice Line Nurse	<input type="checkbox"/> Anticoagulation	<input type="checkbox"/> O2 Sat Reading/Event
<input type="checkbox"/> Behavioral Health Provider Forms	<input type="checkbox"/> Anxiety Screening	<input type="checkbox"/> OB Patient Call to Physician Office
<input type="checkbox"/> OB Outpatient Forms	<input type="checkbox"/> Asthma Control Test (ACT)	<input type="checkbox"/> Ophthalmology
1/14/2021	<input type="checkbox"/> Aurologia	<input type="checkbox"/> Optical Fix (Gas Permeable Contacts)
12/9/2020	<input type="checkbox"/> Bilirubin Total POC	<input type="checkbox"/> Optical Fix (Scleral)
11/20/2020	<input type="checkbox"/> Case/Watch Form	<input type="checkbox"/> Orthostatic Vial Sign
9/1/2020	<input type="checkbox"/> Community Referral	<input type="checkbox"/> Outpatient No Answer Form
9/1/2020	<input type="checkbox"/> CRAFT Screening	<input type="checkbox"/> Pain Assessment - Amb
8/28/2020	<input type="checkbox"/> Dental Treatment Exam	<input type="checkbox"/> Pains Op/Inhalational Sedation Scale
8/28/2020	<input type="checkbox"/> Depression Screening	<input type="checkbox"/> Patient Language and Interpreter Needs
7/6/2020	<input type="checkbox"/> Diabetes Foot Exam	<input type="checkbox"/> Patient/Parent Outreach
7/7/2020	<input type="checkbox"/> DMP - Diabetes Intake	<input type="checkbox"/> PCBH Collaborative Case
4/22/2020	<input type="checkbox"/> DMP - Heart Failure Intake	<input type="checkbox"/> Pediatric TB Exposure Risk Screening
4/22/2020	<input type="checkbox"/> ED ID Risk Screening	<input type="checkbox"/> PEG Pain Screening Tool
4/22/2020	<input type="checkbox"/> Evaluation of Thrombolytic Candidacy	<input type="checkbox"/> Periodontal
4/16/2020	<input type="checkbox"/> Fall Risk Screening	<input type="checkbox"/> Preprocedure Check list
4/14/2020	<input type="checkbox"/> Functional Status	<input type="checkbox"/> Psychosocial Screening
11/15/2019	<input type="checkbox"/> Genetic Depression Scale	<input type="checkbox"/> Psycho Pain Scale
10/18/2019	<input type="checkbox"/> HIV - Additional Intake	<input type="checkbox"/> Reminder Call Attempts
10/9/2019	<input type="checkbox"/> IHA Outreach	<input type="checkbox"/> Return to School
9/19/2019	<input type="checkbox"/> Immunization Screening - Peds	<input type="checkbox"/> Return to Work Status
5/2/2019		<input type="checkbox"/> RPT Score

At the bottom of the charting window, there is a table of recent notes:

Date/Time	Author	Category
5/2/2019 14:31:00 PDT	Patient Language and Interpreter Need	Patie
4/10/2019 08:26:00 PDT	Free Text Note	Phar
4/9/2019 15:20:00 PDT	pharmacy obtained	Phar
4/9/2019 15:13:00 PDT	Pharmacy Obtained Prior to Admission Medication List, Freetest Note *	Phar
3/15/2019 18:26:00 PDT	Pediatric Ambulatory Well Child Intake	Pedi
3/15/2019 18:24:00 PDT	Ambulatory Office Visit Note	Adult