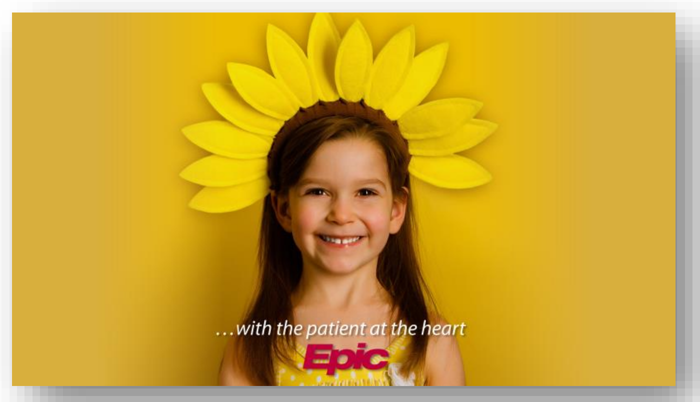
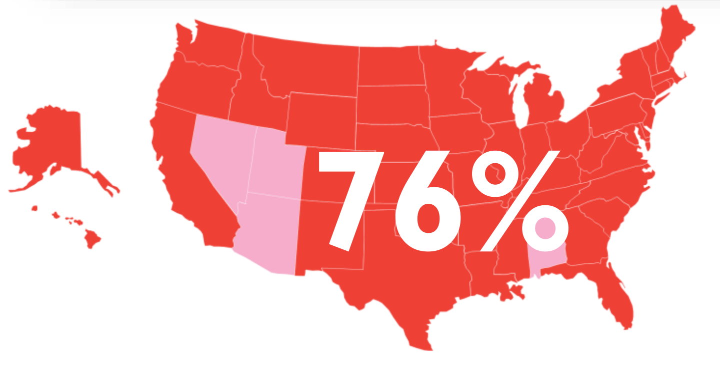
Trauma-Informed Care with Epic

Who We Are



- Founded in 1979 in Madison, WI, by our CEO Judy Faulkner
- 12,500 staff. Employee-owned and independent.
- 1,700 acres of campus. 30% used for farming.
- All R&D done on our Verona campus. Never go public.
- Support offices in US, UK, Australia, Denmark, Netherlands, Norway, Saudi Arabia, Singapore, & UAE



- **~2,700 hospitals** and **70,000 clinics**
- **~410,000** EHR physicians
- **~180M patients** in **Cosmos** and **6.6B encounters**
- **100%** of **Epic organizations** share patient information on the Epic network (50% of exchanges are with non-Epic)
- The **majority** of **retail clinics**

HEALTH GRID

bringing data together across an expanding network with the patient at the heart

National Telehealth Providers

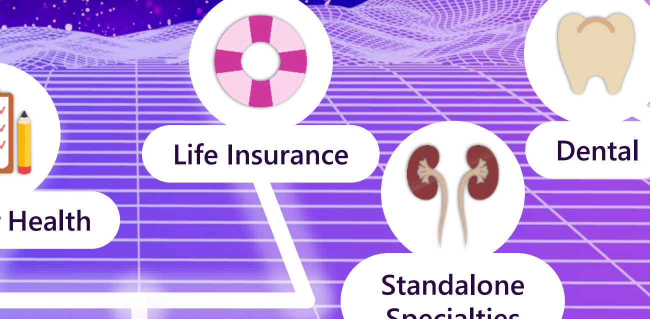
Home Health

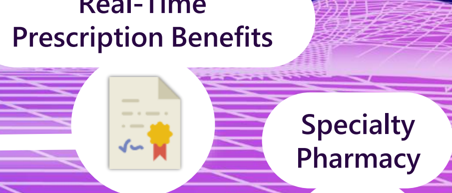
Employer Health

Life Insurance

Dental

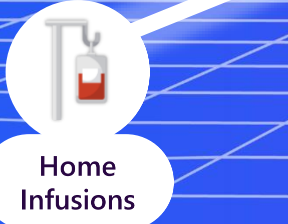
Real-Time Prescription Benefits





Standalone Specialties

Specialty Pharmacy



Home Infusions

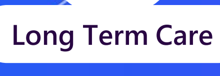
Hospice

Behavioral Health

Social Care

Retail Clinics

Specialty Diagnostics



Long Term Care

Long Term Acute Care

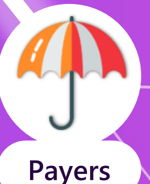
Outpatient

Inpatient

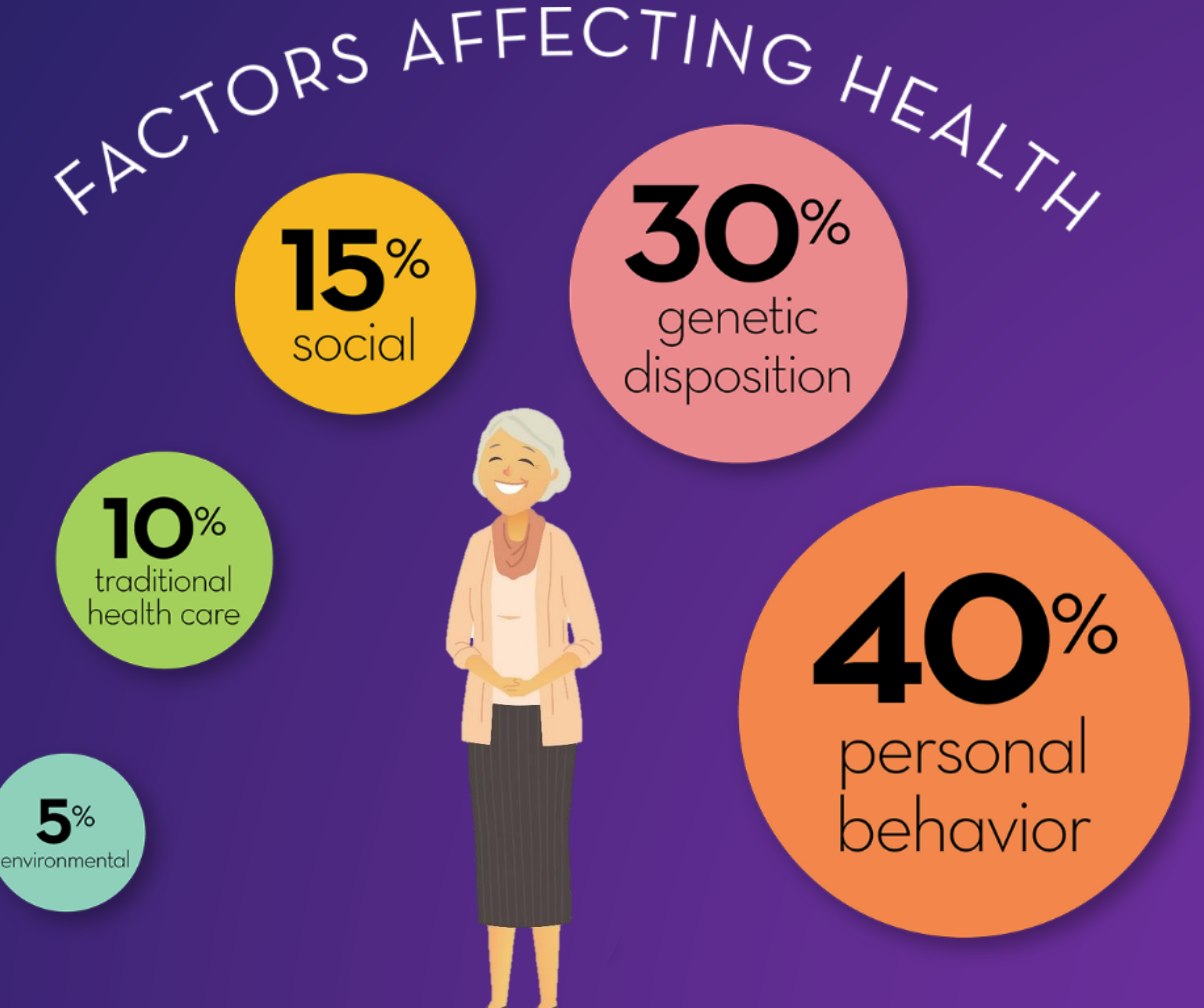
Life Sciences

Rehab

Urgent Care



Payers



McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy 6. 7. 8. 9. 10. attention to health promotion. Health Aff (Millwood) 2002;21(2):78-93.

Epic's Invention History in a Nutshell

1979 Chronicles – patient-centered clinical system with user-defined data elements

1986 One database for clinicals, billing, & scheduling

1992 Graphical User Interface (GUI) EMR

2000 MyChart – the integrated patient portal

2007 Interoperability – first exchange with minimal user effort

2007 CONNECT – shared record for community providers

2014 HAPPY TOGETHER – data from multiple health systems incorporated into a single view

2018 Share Everywhere – patient-controlled interoperability

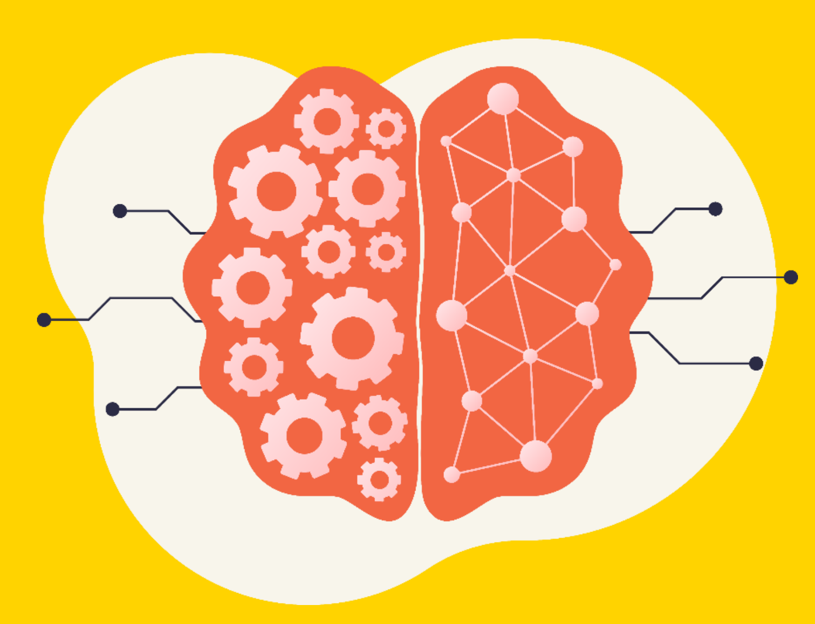
2019 First integrated social care with health care in Finland

2020 Payer-provider data collaboration for faster prior auths and fewer denials

2021 Epic Cosmos – the largest universe of EHR data for research and evidence-based medicine at the point of care

ENHANCING THE **PATIENT EXPERIENCE** & PROMOTING **POPULATION HEALTH**

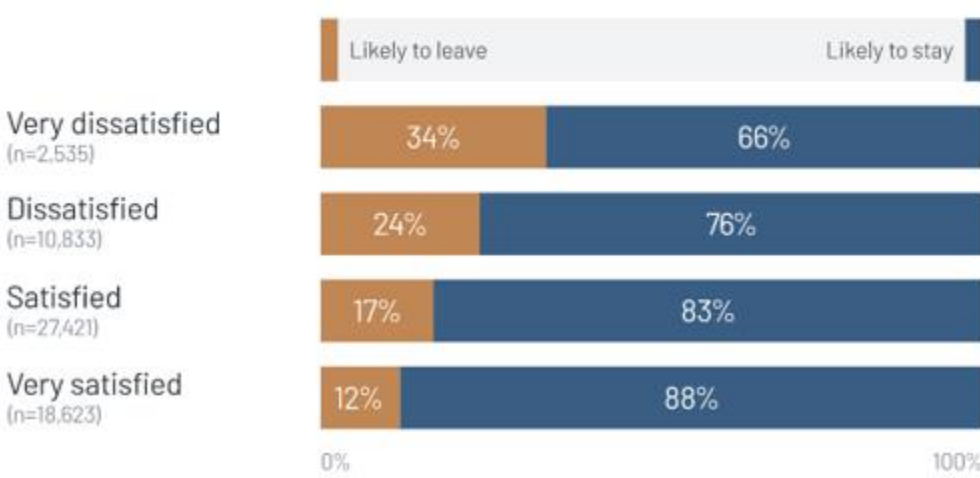
REDUCING **STAFF BURNOUT** & IMPROVING **EFFICIENCY**



ADVANCING medicine & ENABLING **NEW DISCOVERIES**

Users Who Are Satisfied with the EHR Are More Likely to Stay

Overall EHR satisfaction† is also correlated with the likelihood that a clinician is planning to leave their organization. Those who are very dissatisfied with the EHR have almost three times the proportion reporting they are likely to leave compared to clinicians who are very satisfied with the EHR. When clinicians feel the EHR is a help rather than a hindrance, they are more likely to want to stay at their organization. Healthcare leaders should focus on improving the areas of EHR satisfaction with the most room to improve. At a foundational level, organizations need to ensure their EHR has solid reliability (i.e., uptime) and quick response time, as these issues can overshadow even an otherwise good EHR experience. Additional insights on EHR satisfaction can be found in a number of other Arch Collaborative reports including the 2020 Arch Collaborative Guidebook and The Science of Improving the EHR Experience.



† The Overall EHR Satisfaction metric is calculated based on average responses to questions regarding core factors such as the EHR's efficiency, functionality, impact on care, and so on. Clinicians are divided into quartiles and then placed in the corresponding group—very satisfied, satisfied, dissatisfied, or very dissatisfied.

Physician Well-Being Playbook

OVERVIEW

Want to level up your physician satisfaction? Our Physician Well-Being team can help with any of the proven strategies below. We're here to discuss your top priorities, share how other Epic community members approached these ideas, and provide prescriptive next steps for each area.

PILLARS OF THE PROGRAM

Engage Physicians in Design, Build, and Governance
Physicians engaged with their EHR report higher overall satisfaction, turn build around quickly, support their colleagues, and free up your IT staff to focus on more complex build .

Provide Ongoing Training
Research shows 3-5 hours of ongoing efficiency training per year improves satisfaction and can turn physicians into local power users, benefiting them and their colleagues. Epic's free, remote Power User training also offers CME.

Measure with Signal and PEP
Reviewing physician usage data highlights bright spots, identifies outliers, and helps you prioritize interventions.

Work at Top of License with Team-Based Care
Physicians focus on patient care and clinical decision-making, not administrative tasks.

CONFIGURATION + SYSTEM

Implement Optimization Sprints
Focused, time-limited efforts on a specific specialty or department is shown to boost overall satisfaction.

Adjust User Settings
Similar to personalizing your smartphone, physicians who tailor the system to suit the way they practice are 2x more likely to be highly satisfied with their EHR.

Streamline Orders
Understand how physicians place their common orders to provide appropriate defaults and turn on features to help with typos and order suggestions.

Combat Alert Fatigue
Identify decision support that is not commonly acted on. Redirect or turn off alerts that are not improving patient care.

Reclaim the Note
Streamline your notes to focus on what's clinically relevant. SmartTools Tune-Up identifies potential sources of note bloat.

Use Hey Epic! for Cutting-Edge Care
Get up to speed quickly and place orders with your voice (additional licensing needed).

Reduce In Basket Clutter
Remove messages that don't drive patient care. Redirect messages to others when appropriate.

Expedite Care with Refill Protocols
Review key pieces of information directly from the renewal request rather than looking in the chart to find relevant criteria.

Reach out to your BFF and TC for more information or to schedule a Physician Experience Executive Review (PEER) call.

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Nurse Well-Being Strategy Handbook

Edit Mode Download Link Share Metadata Usage Dashboard

As always, remember your responsibilities for safe use of the software. Last Significant Update: 07/29/22

As nurses continue to face staff shortages, clinician efficiency and burden has become a focal point for many organizations. We've created this guide to share lessons learned from the community and provide a roadmap for organizations to improve nursing happiness.

We hope that no matter where you are on your journey in understanding the unique challenges within your organization, you can use this guide to help improve the lives of nurses by leveraging successes in the Epic community. While reading the recommendations in this guide can be helpful both comprehensively and in bite-sized topics, we invite you to start at a high level with the key strategies and checklists before diving deeper. As you continue to address acute surges and staffing issues, we encourage you to review the recommendations outlined in the following topics that address supporting staff:

- Strategies for Addressing Nursing and Support Staff Shortages
- Support Clinician Efficiency During a Surge

What does improving nurse well-being through the EHR look like? Here's what we see in the community and what this guide will help you achieve:

- Bedside nurses making decisions effectively
- Simple and effective workspaces
- Streamlined documentation
- Nurses who understand what they're supposed to document
- Hand-held device access for all nurses
- Nurses who document in real time
- Easy-to-use communication tools for the care team
- Specialty-specific content
- Automated processes to reduce nursing time spent on busywork
- Consistent use of effective reporting tools
- Regular check-ins with nurses on what's working and what's not working
- Good communication between leadership and nurses
- Helpful training for beginners and for seasoned users

If you have successes or insight to share with the community, communicate with your Epic BFF and consider submitting a presentation for XGM or UGM.

Key Strategies

What can you do to help improve nursing happiness using the Epic system? First, check out the key strategies in the table below. Then, dig into more of the "why" and "how" in rest of this document.

Legend				
Effort	None	Minimal	Moderate	Considerable
Build		<10 hours	10 to 50 hours	50+ hours
Operational Change		Little to no operational preparation required	Some operational planning needed, such as tip sheets	Significant operational preparation and/or training

Description	Build	Operational Change
Round to learn your users' biggest pain points, quickly address the "paper cuts" to help reduce nursing burden during high-patient volumes, and identify larger issues for your roadmap.	None	Moderate

XGM

EPIC EXPERTS

9,400 attendees

850+ sessions

SPRING

UGM

LEADERSHIP

7,300 attendees

from 14 countries

LATE SUMMER

The Comprehensive Health Record

"(Intersectionality is) basically a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other."

- Kimberle Crenshaw

"Those with intersectional identities have an added layer of complexity (with) regard to trauma."

- 26Health blog post

Workgroups at Epic

- Equitable Care
- Maternal Safety
- Sex, Gender and Names
- Suicide Prevention
- Trauma-Informed Care

SOFTWARE

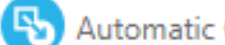
Inclusive language

Reports Search Staying Current Gold Stars Honor Roll

Search Nova:

Hyperspace > User Interface > Good for Analysts to Know

A More Inclusive System to Work In

752457  Automatic Change to Exi

Content Warning: This release note c

We recommend giving all analysts ac
notice any of these changes, conside
you create a build task to update the

Your System

Search A (results from RPT on 04/26/2

We searched your system and didn't
custom records or documents that us

What's Changed

As part of Epic's continuing commitm
software and documentation more in
negative racial connotations through

These changes span across many diff
of records such as conversions, exten
majority of changes are visible only t
Chronicles. Most users are unlikely to
is "allowlist" instead of "whitelist" in r
included on your organization's allow

The following list of updates is not ex
changes you'll see and the replaceme

Hyperspace > User Interface

A More Inclusive System to Work In - Part 2

768828 Includes Automatic Changes

Content Warning: This release note contains several terms with negative racial connotations.

We recommend giving all analysts across your organization a heads-up about changes they might notice in the system. We are updating an additional set of terms to make the language used in the system more inclusive. These updates are a continuation of those described in November 2020 release note 752457-A More Inclusive System to Work In. If your organization has any custom records or documents that use these terms, we recommend that you create a build task to update them as part of your upgrade to get the most benefit from this change.

Your System

Search A (use the logic below to search your system)

To determine whether you are using non-inclusive language in user-facing records, perform a Chronicles search for the following activity, menu, and navigator items that contain any variations of the terms dummy, blackout/black-out/black out, sanity check/sanity-check, or grandfathered:

- Activity records:
  - Display Name (I E2N 3)
  - Descriptor (I E2N 30)
  - Tooltip (I E2N 120)
- Menu records:
  - Descriptor (I E2U 30)
  - Caption (IE2U 100)
  - Tooltip (I E2U 120)
  - Activity Caption Override (I E2U 205)
- Navigator section (I LVN 100 = 3) records:
  - Caption (I LVN 1000)
  - Descriptor (I LVN 800)
- Navigator topic (I LVN 100 = 2) records:
  - Caption (I LVN 500)
  - Descriptor (I LVN 800)

This search is not exhaustive. It focuses on the custom records and the fields in those records that are most likely to be visible to your users.

If your search finds any records, of if you have any custom records or documents that use these terms, we recommend creating a build task to update them as part of your upgrade.

What's Changed

As part of Epic's continuing commitments to support equity and inclusion in healthcare and to make our software and documentation more inclusive of ev-eryone who interacts with it, we've updated several terms that have historically been used in the computer science field with more inclusive alternatives. This round of updates includes additional terms with negative racial connotations, as well as terms that are offensive to differently abled individuals and those with mental health issues.

These changes span many applications and include updates to the names and help text of records such as rules and EMR System Definition settings. The vast majority of changes are visible only to analysts in places like the Rule Editor, Record Viewer, and Chronicles. Most users are unlikely to notice the up-dates, but if you opt to let users know about these changes, the most likely update users will see is "generic" or "placeholder" instead of "dummy."

The following list of updates is not exhaustive. It's intended to give you an overview of the types of changes you'll see and the updated terms to expect:

Tasks

This note is not assigned to you or any team you are on and you don't have security to create tasks withou

Reviewers

This note has been marked as No Review Required. Check the Audit Trail tab for details.

Advice

No advice recorded.

206 development projects

238 issue notes fixed

>5,000 hours

ENGAGE WITH THE EPIC COMMUNITY

Community discussion on the Userweb

Sex, Gender, and Names

Epic functionality relating to Sex, Sexual Orientation , Gender Identity, and Names.

All Discussion | Announcements

Upcoming Webinars Show past webinars

No webinars are scheduled for this topic.

Search this topic

Top Contributo

Director, Value Intellige...

Director Nursing Inform...

Health Equity Sr Progra...

UGM 2023: Call f Names Submissi

• EpicCare-Inp

Sex, Gender, and Names

The call for UGM Sex, Gender, and 2023. SGN sessions highlight topi

- Using reliable sex logic, nam
- Improving access to PrEP, h disproportionately impact g
- Improved billing outcomes gender that differs from the

Sharing your successes and insight designed for those in healthcare le UGM presenters must also be from followed by 10 minutes of Q&A.

Safety Net

A hospital or ambulatory group that provides uninsured patients. Some safety net organiza designation.

All Discussion | Announcements

Upcoming Webinars

No webinars are scheduled for this topic.

Search this topic

Moderators

UserWebModerators-SafetyNet@epic.com

Permissions

extranet\All Access

FQHC Medicare

• Adminis

Safety Net

FQHCs that have a written contract with a Medicare Advantage (MA) plan are paid at the rate specified in that contract—nothing surprising there. But if that rate is less than the Medicare PPS rate, Medicare will pay the FQHC the difference, less any co-pay or other cost-sharing amounts the patient owes.

This additional amount paid directly by Medicare is called a "supplemental" payment—and it often represents substantial additional revenue.

Wondering who else is submitting claims and what you are doing about the recommended work flow from Epic that clones all the charges for an eligible visit.

This results in charges being overstated on all the standard reports. How have others dealt with this?

Trauma-Informed Care

Trauma-informed health care (TIC) is an approach that recognizes the prevalence of trauma and its wide range of effects on physical and mental health. It seeks to mitigate those effects and reduce the stigma associated with acknowledging and discussing trauma.

All Discussion | Announcements

Upcoming Webinars Show past webinars

No webinars are scheduled for this topic.

Show upcoming webinars for all topics

Search this topic

Moderators

UserWebModerators-TraumaInformedCare@epic.com

Permissions

extranet\All Access

Public survey about developmental adversity (aka ACEs) education

Lisa Hofmeister • Epic Earth Quality Management • Epic — 6 days ago

Trauma-Informed Care

Sharing this invitation from yesterday's Campaign for Trauma-Informed Policy and Practice (CTIPP) Community Action Network meeting:

--

Dear Colleagues,

Because of your commitment to improving outcomes for young people, families, and communities, I am writing to invite your participation in an exciting new study that will shed light on the work that brings us together.

Over the past 25 years, biological sciences and public health have transformed understanding of trauma, adversity and significant stressors—collectively known as developmental adversity—on physical, mental, behavioral, and relational health, as well as psycho-social outcomes across the lifespan. Efforts to prevent developmental adversity and its consequences, including your work, have led to greater private and public investment in developmental adversity training and education. Currently, there are several well-known curricular approaches to DA learning, including ACE Study, NEAR Science, prevention science, toxic stress,

Health Disparities and Health Equity

A cross-application topic for tracking and eliminating disparities in healthcare, such as race/ethnicity, gender, and socioeconomic status.

All Discussion | Announcements

Show past webinars

d for this topic.

Show upcoming webinars for all topics

utility difficulties" (in reference to FY 2023 IPPS Final

• Sr. VP, chief health information officer • — 6 months ago

nd Health Equity, Healthy Planet (Population Health), Social Determinants of Health

ress the CMS requirement in the FY 2023 IPPS Final Rule that hospitals assess "the ed to the hospital who are 18 years or older and screened for food insecurity, rtation problems, **utility difficulties** and interpersonal safety."

least, partially) with the existing SDOH domains in Healthy Planet, but the one that s "utility difficulties".

ding one or more questions to the Housing Instability domain or as a separate

t (Population Health)

Show past webinars

is topic.

Show upcoming webinars for all topics

UserWebModerators-PopulationManagement@epic.com

Permissions

E2G\106

E2G\146

Maternal/Parental Depression screener

• Analyst • — 5 years ago

ry, Healthy Planet (Population Health)

titutions administering a maternal/parental depression screener and if so, is it stored arate parental chart?

4 replies · click to show more...

Write a reply

Healthy Planet Bulk Orders

• Director of Population Health • — 7 years ago

Healthy Planet (Population Health)

ENGAGE WITH THE EPIC COMMUNITY

A growing library of Strategy Handbooks

Equitable Care Strategy Handbook

Edit Mode Download

As always, remember your resp

Achieving health equity mea
have unequal access to healt
areas such as maternal morta

First, some definitions. There

- Health disparities are a healthcare. For example
- Health inequities are a poverty, and other soci mortality. And men with

While healthcare organizatio can intrude on patient care. E

- Equal care distributes h
- Equitable care consider opportunity to reach th

Providing equitable care for preventable health inequities

This handbook outlines how

- How to collect racial an
- Workflows for areas su health disparities.
- Suggestions for training
- Guidance for reporting

These recommendations are Organizations outside the U

Major Players

To have a consistent strategy across your organization. You strategy.

We recommend looking to s

- An executive sponsor. T such as your chief medi
- Operational leadership
  - Ambulatory and inp endocrinology for d
  - Patient access, for c

Sex, Gender, and Sexual Orientation Strategy Handbook (Epic 2018 and Later)

Edit Mode Download Link Share Metadata Usage Dashboard

As always, remember your respon

The relationship between a give What's your sex?

For some patients, this line of q this person says sex, do they me information does this person re

The functionality for supporting right foot, and then flows throu

Improving the health of any give Disease Control and Prevention risk for certain health threats. A patients specifically.

The information for strategy and

- Collect more complete and
- Let clinicians know when th patient to base their decisi
- Significantly improve the q

While much of the care for LGBT workflows. At a high level, maki

- Documenting patients' sex
- Documenting the names a
- Documenting transition-re
- Verifying patients' sexual o
- Verifying patients' legal sex

By consistently asking patients a comfortable and give your provi and nonbinary patients can prev

We also recommend that you fo in the following topics:

- How to make questions ab
- How to record this informa
- Best practices for treating

In combination, workflow chang

Preferred Names and Pronouns Setup and Support Guide

Edit Mode Download Link

As always, remember your respons

Think back to your last doctor's a clinician appeared and called you

It's a straightforward interaction or possibly their very first meetin

Epic supports providers and pati includes the name the patient go patient who's in the process of c the right name in the waiting roo

At the same time, Epic knows tha requires an assessment of where systems. Training is also a key co important, but should also be ab names and pronouns implement

Giving providers and sta in providing care to tran documenting informatio Orientation Strategy Har

Understand Ho

A patient's preferred name is doc information in the Preferred Nam (SOGI) SmartForm, and the syste

Why "Preferred

A preferred name is the name a certificate. Epic's use of the term and not the patient's "real" name referred to as a person's "deadna

The term "preferred name" in Ep Deciding what to call this field is "preferred" might be an accurate

Social Determinants of Health Setup and Support Guide

Edit Mode Download Link

As always, remember your responsibi

Starting in Epic 2018

Social determinants of health (SDO clinicians with a more complete pat access to food with a local food pa

SDOH data can help clinicians impr

- Tailoring clinical recommenda
- Facilitating referrals to commu
- Understanding additional fact

The following topics describe how

How It Works

Starting in Epic 2018

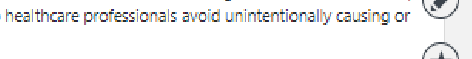
Both the National Academy of Med clinically validated assessments int

- Alcohol Use
- Depression
- Financial Resource Strain
- Food Insecurity
- Housing Stability (starting in
- Intimate Partner Violence
- Physical Activity
- Postpartum Depression (starti
- Social Connections
- Stress
- Tobacco Use
- Transportation Needs

Starting in August 2020, clinicians

Trauma-Informed Care Strategy Handbook

Edit Mode Download Link Share Metadata Usage Dashboard



As always, remember your responsibilities for safe use of the software. Last Significant Update: 02/01/23

Trauma-informed care (TIC) is an approach that recognizes the prevalence of trauma and its wide range of effects on physical and mental health. It seeks to mitigate the effects of trauma, which are intensified when unacknowledged or untreated, and to reduce stigma around discussing trauma. TIC also aims to help healthcare professionals avoid unintentionally causing or exacerbating traumatic experiences for their patients and themselves.

Trauma is a term that is used to mean different things in different contexts. It is sometimes used to refer to experiencing exceptionally stressful events and sometimes used to refer to the set of effects that those experiences have on a person's long-term wellbeing. It is also used to indicate different thresholds of stress. In discussions of post-traumatic stress disorder (PTSD), a traumatic event is one that meets diagnostic criterion A, defined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5*; 1) as exposure to actual or threatened death that is violent or accidental, serious injury, or sexual violence. This exposure must occur by directly experiencing the event, witnessing the event in person, learning that such an event happened to a close family member or friend, or experiencing repeated or extreme exposure to aversive details of such events, such as with first responders. The Substance Abuse and Mental Health Services Administration (SAMHSA) uses a broader definition that incorporates both the experience and its effects. For SAMHSA, trauma is an event, series of events, or set of circumstances that an individual experiences as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and well-being. Because SAMHSA's broader definition of what types of events can be traumatic is more commonly used in the field of trauma-informed care generally, that is the definition we use in this handbook except when we are specifically discussing criterion A events related to PTSD. In this handbook, we try to distinguish between exposure to traumatic events and symptoms of trauma, especially when discussing how these different definitions affect decisions about screening and treatment.

For more information about TIC generally, refer to the following resources:

- What is Trauma-Informed Care? (an overview from the Trauma-Informed Care Implementation Resource Center)
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (developed by SAMHSA's Trauma and Justice Strategic Initiative)

While the care principles of trauma-informed care vary in number and phrasing from organization to organization, the Centers for Disease Control and Prevention (CDC) and the SAMHSA offer the following guiding principles:

ENGAGE WITH THE EPIC COMMUNITY

Brain Trusts

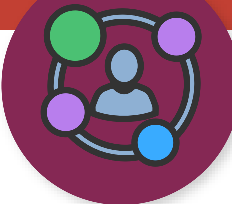
Equitable Care

Sex, Gender, & Names

Ethical Machine Learning

Coming soon!

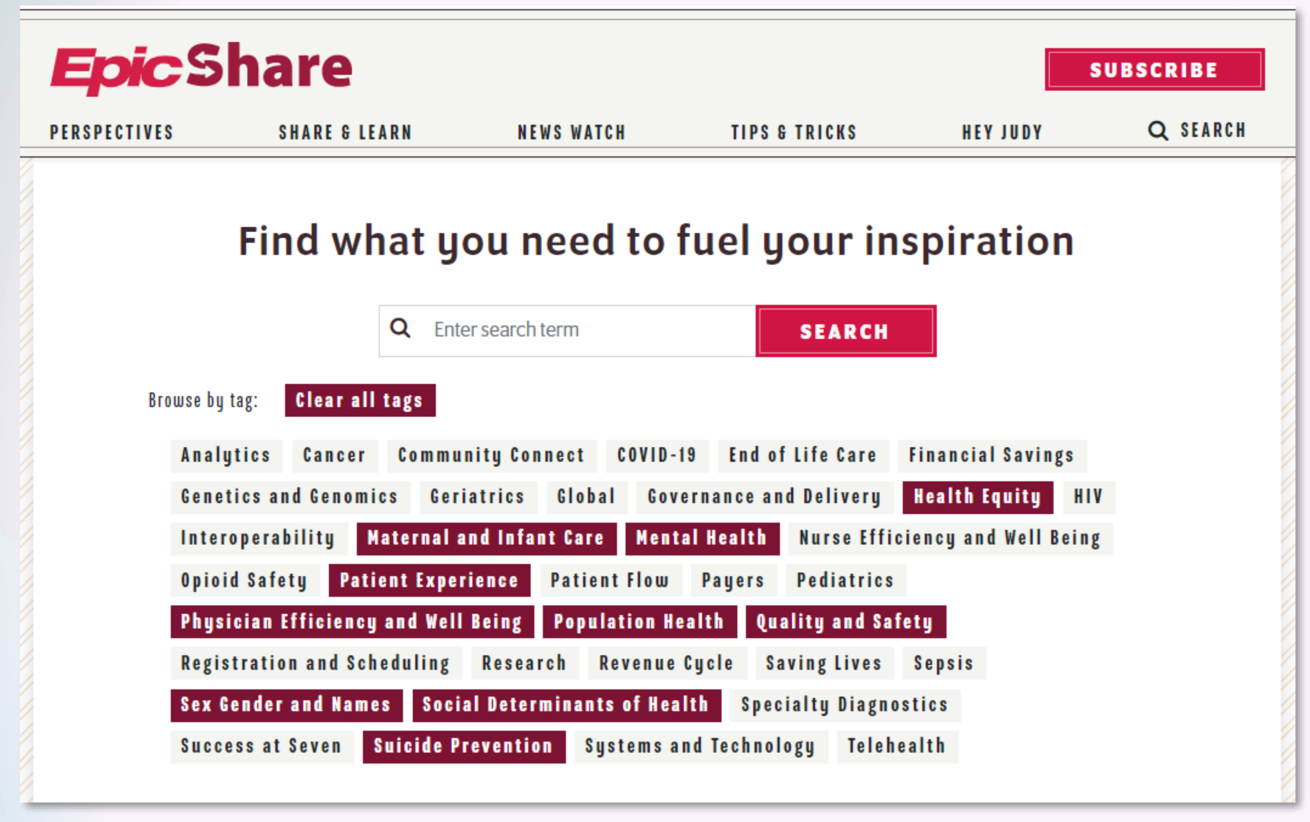
Interpretation and Translation



Trauma-Informed Care

ENGAGE WITH THE EPIC COMMUNITY

Share what you've done, Learn what you can do



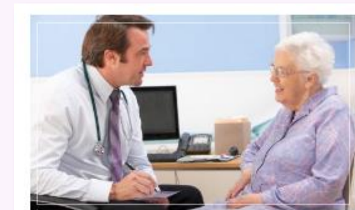
Using Trauma-Informed Care to Serve Patients Experiencing Homelessness

WakeMed Health and Hospitals

SHARE & LEARN September 20, 2021

WakeMed's Homeless Engagement Assistance & Resource Team (HEART) in Raleigh, N.C. is a street outreach team providing free physical exams and mental health services to unsheltered individuals and connecting them to community care resources.

READ MORE »



Study Finds Narrative Medicine is an Important Tool to Help Care for Older Adults

Medical Xpress

NEWS WATCH February 13, 2023

Medical students at Boston Medical Center are now trained to include a patient's values, goals, and life experiences in their note in the Epic EMR. If patients arrive for acute care later on, it helps other providers know how to best care for the patient.

READ THE ARTICLE

ACE-ing Childhood Trauma Screening with Digital Questionnaires

Loma Linda University Medical Center

SHARE & LEARN October 10, 2022

Loma Linda University Medical Center used digital questionnaires to increase screening for adverse childhood experiences by at least 50%, connecting more patients with resources and increasing reimbursement by $780,000 in two years.

READ MORE »

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Cosmos and epicresearch.org

Epic EpicShare Cosmos MyChart UserWeb

Epic Research

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COSMOS STUDY

Pediatric Suicide-Related Hospital Encounters for 13- to 15-Year-Olds Up 60% Since 2017

Dual-Team Study • April 22, 2022

OTHER EPIC DATASET

'The New Nurse' Is the New Normal

Dual-Team Study • June 2, 2022

COSMOS STUDY - COLLABORATION

Signs of Progress: Data Suggest Racial Gap for ASD Diagnosis is Closing

Dual-Team Study • April 6, 2022

IMPLEMENT INTERVENTIONS

Professional development: Lurie Children's

Benefits of Simulation

- Practice and feedback on asking sensitive questions
  - "I liked talking through how to approach different parent reactions. It is helpful to have other people provide input on how to promote comfort with these sensitive questions".
- Social work stakeholder present to assist with questions
  - "Discussion and debrief and helpful to talk through good interactions and bad interactions"
  - "I liked that our SWs reviewed the resources available and to talk over various scenarios".

- Social worker led
- Trained 149 clinicians in pilot
- Additional avenues
  - On-line course
  - Tip sheets
  - Epic Learning Home
  - Mandatory yearly training for reinforcement

- Recent update: evolving into on-line + mentorship program to scale

COLLECT QUALITY DATA IN A TRAUMA-INFORMED MANNER

Scripting

Front Desk - Collect Race, Ethnicity, and Preferred Language

Edit Mode Download Link Share Metadata Usage Dashboard

As always, remember your responsibilities for safe use of the software. Last Significant Update: 05/11/21

Collecting racial, ethnic, and preferred language information from patients allows your organization to monitor trends in care tha organization provide equitable care. The best way to collect this information is to encourage patients to self-report it in MyChart follow the steps in this guide to ask for and record it yourself.

Feel free to adapt these scripts as needed (for example, if you're speaking to a patient's guardian rather than directly to the patie

Access Demographics

Collect race, ethnicity, and preferred language while you collect other demographic information during registration or check-in.

1. In Registration, click the **Demographics** link on the Interactive Face Sheet.
2. For guidance on how to collect this information from the patient, use the scripts below.

Ask about race, ethnicity, and preferred language

Ask about ethnicity

1. Tell the patient: "To make sure all patients get the best care possible, we would like you to tell us about your race, ethnicity,
2. Ask: "Are you of Hispanic, Latino, Latina, or Spanish origin?"
3. Record the answer in the **Ethnicity** field.

Ask about race

1. Ask: "Which of the following categories best describes your race? You can choose more than one answer."
2. Click the magnifying glass in the **Race** field and read all the options to the patient.
   - If your organization has a large number of options, you can instead provide the patient with a printed list.
3. Record the answer or answers in the **Race** field. If their answer is not an option, select **Other**.

Ask about preferred language

1. Ask: "In what language do you want us to communicate with you?"
2. Record the answer in the **Preferred language** field.
3. Ask: "Do you need an interpreter for us to communicate with you?"
4. Record the answer in the **Needs interpreter?** field.
5. Thank the patient and continue with registration.

Respond to patient concerns

You might encounter patients who feel uncomfortable providing their racial or ethnic information. It's important to be sympathet care systems can be intimidating. Some might also be worried about their immigration or refugee status. Remind these patients t to answer if they're uncomfortable.

The table below contains recommended staff answers to some additional patient responses.

Patient Response	Staff Response
"Can't you tell by looking at me?"	"I'm trained not to make assumptions so that I can record the information accurately. Would y like to hear the options again?"

Front Desk - Update Sex, Gender, and Names

Edit Mode Download Link Share Metadata Usage Dashboard

As always, remember your responsibilities for safe use of the software. Last Significant Update: 07/23/21

Collecting sexual orientation and gender identity information from patients allows your organization to monitor trends in care that are in that patients receive appropriate care for risks they might face or organs they have present. Having easy access to information like the ge facilitates positive interactions between providers and patients. You can update this information in Demographics.

Most of the time, patients enter their legal sex, gender identity, sex assigned at birth, and sexual orientation in MyChart, or they discuss i recommend that you ask these questions, since the front desk is in a public area, and the patient might be accompanied by someone the front of. However, there might be times when a patient volunteers this information to you, so it's important to know how to update it.

Update a patient's name

Document a patient's preferred name

If a patient goes by a name other than their legal one, record the name so that staff members interacting with the patient see what the p

1. Ask: "Do you use a different name than your legal name that I should refer to you by?"
2. Open the Demographics activity by accessing Registration for the patient and clicking the patient's name from Storyboard or the D
3. Click next to the patient's name to open Name Edit.
4. Enter the name by which the patient should be addressed by in the **Preferred name** field and press **Tab**.
   - When you add the patient's preferred name, the **Preferred type** field defaults to First name, Preferred. If you're recording a con **type** field to reflect that.
5. Save your changes.
   - The patient's preferred name now appears on all patient documentation. The patient's legal name still appears on guarantor ac appear on the Interactive Face Sheet.

Update a patient's legal name

1. Open Name Edit.
2. Enter the new legal name in the appropriate field or fields.
3. Click **Accept** to close Name Edit.
   - In the Demographics activity, the patient's old legal name appears in the **Aliases** field. This allows staff to find the patient record name.
4. Click **Accept** to close Demographics.
5. If the Reason for Identity Change window appears, confirm that the patient record is not a duplicate of another record, enter a reas

! Names on the patient's guarantor accounts and coverages do not automatically update when you change the patient's legal na Demographics. Follow your organization's policies on when to change the patient's name in these locations.

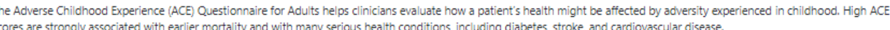
Document information about a patient's sex, gender, and sexual

If a patient volunteers information or corrects an assumption about their sex, gender, or sexual orientation, update their information in D patient appropriately.

Update a patient's legal sex

1. Open the **Demographics** activity.
2. To unlock the Sex and Gender Information fields, click next to **Basics**.
   - Hover over next to any field in the Sex and Gender Information window to learn more about what it means and how it's used in Epic.

Clinical Staff - Collect the Adverse Childhood Experience (ACE) Questionnaire



Edit Mode Download Link Share Metadata Usage Dashboard

As always, remember your responsibilities for safe use of the software. Last Significant Update: 12/17/22

<Principal trainer: This guide is intended to be distributed to users who have completed training on your organization's trauma-informed care and ACE screening protocols. Update this guide based on your organization's protocols. When you are done updating the guide, remove this text.>

The Adverse Childhood Experience (ACE) Questionnaire for Adults helps clinicians evaluate how a patient's health might be affected by adversity experienced in childhood. High ACE scores are strongly associated with earlier mortality and with many serious health conditions, including diabetes, stroke, and cardiovascular disease.

Collecting ACE scores helps providers ensure that patients receive appropriate care for their risk level. It's also an important part of a trauma-informed approach to care, helping providers understand and support patients with histories of trauma and encouraging those patients and their caregivers to become active participants in their own care.

This guide contains recommended content and wording to use when introducing and completing both the identified and de-identified versions of the ACE Questionnaire and is based on 2022 recommendations from ACEs Aware.

Introduce the questionnaire

Before asking the patient to answer potentially sensitive questions, introduce and explain the questionnaire.

Include the following in your explanation:

- I would like to ask you to complete a questionnaire.
- This questionnaire asks personal questions in order to screen for stressful events you might have experienced in childhood.
- These experiences are very common and can have serious impacts on your health throughout your lifetime, so we ask <all/many> of our patients to complete this questionnaire.
- Having these experiences during childhood can put you at a higher risk of certain health problems, including diabetes, cardiovascular disease, stroke, and cancer.
- A high score on the questionnaire is associated with increased health risks, but it doesn't mean that you are guaranteed to experience negative health effects.
  - Positive influences you experienced in your childhood (called protective factors) can reduce the effect of childhood adversity, even in people with very high ACE scores.
- We're asking these questions so that we better understand your risk of these health problems, which will help us work with you to decide on the best plan of care and connect you with any necessary resources.
- We recommend this questionnaire, but it is not mandatory. You don't have to fill it out if you're not comfortable doing so.
- Would you like to complete the questionnaire?

Complete the identified version of the questionnaire

<Remove this section if your organization is not using the identified version of the questionnaire.>

Have the patient fill out the questionnaire on their own

<Remove this section if your organization will not have patients complete the questionnaire on their own (electronically or on paper).>

- If handing a physical or electronic copy of the questionnaire to the patient, begin by saying:
  - Please check the box next to each adversity that you experienced during childhood.
  - <I/another member of the team> will review your answers and talk to you about the health risks you might have as a result of your score and the support we can provide for you.
  - Those involved in your care <and anyone with proxy access to your MyChart account> will be able to see your results.
  - You're also welcome to ask me any questions you have.
- Transcribe the patient's responses <in Flowsheets or your assessment navigator>.

Work through the identified questionnaire with the patient

<Remove this section if your organization will not have providers and patients work through the questionnaire together.>

Goals

TIC Workgroup

Educate ourselves and Epic staff about being trauma-informed

Help create a TIC community within the Epic community

Support TIC in Epic's software and documentation

TIC Brain Trust

Create a collaborative, diverse space for Epic organizations to **share** ideas and lessons about TIC in the context of EHR workflows

Collect feedback to **inform** Epic's TIC-related future development and documentation

Time Constraint
Retraumatization
Lack of Support
Limited Knowledge
New Concept
Non-Prioritized
Validation
Funding
Staffing
Documentation
Clinicians
Systems
Private
Physician
Attending
Training
Others
Keep
Less
List
Robust
Answers
COVID-19
Implementation Time
Ensure
Utilize
Social
Leadership
Appropriate
Patient History
Realize
Within
Consistency
Diagnosis
Access to Questionnaires
Population Health tools
Basic
Worked
Broader
More
Live
Resources
Adding
CMS
Out
Lot
Poor
Problem
Continuum
Prevent
Busy
Accessibility
Limited
Community
Occur
Knowledge
Large
Flowsheets
Forward
Between
Education
Issues
Overcome
Concept
Visit
New
Bringing
Talked
Emotional
Always
Carve
Cycles
Rates
Needing
Required
Discomfort
Becomes
Expertise
Incidents
Organizational
Varying
Pandemic
Moving
Nature
Administer
Consistent
Throughout
Experience
Demands
Understand
Ongoing
Plays
Uptake
Resistance
Encountered
Role
Sites
Staffing
Screeners
Center
Project
Currently
Suspect
Follow
Clinical
Difficult
Related
Inconsistent
Critical
Scratch
Up
Build
Given
Groups
Priority
Tools
Being
Moment
Primary
Universally
Population
Leadership
Network
Focusing
Management
Request
Registries
Productivity
Integrated
Development

Epic TIC Brain Trust Participants

TIC Brain Trust Topics

July ‘22 – Provider well-being/managing trauma in the workplace
August – (continued July topic)
September – TIC / ACEs relationship; organizational assessment
October – Resilience
December – Stigmatizing Language in Notes
February ‘23 – Measuring what matters in TIC

Future:
- TIC Care Planning
- Integration with SDoH
- + participant suggestions…

TIC Sessions and Webinars

Experts Group Meetings (XGM)

- Denver Health: Substance Use History Reimagined: Lessons from a Center for Addiction Medicine – May 10, 2023
- Brigham & Women's/Rady Children's: TIC in the Epic Community | recording from May '22
- Panel discussion: TIC in the Epic Community | recording from May '22

User Group Meeting (UGM)

- AltaMed - Pediatric Screening for Adverse Childhood Experiences | recording from Aug '22

Trauma-Informed Care in the Epic Community – Spotlight series

- Children's Wisconsin – October '22 | slides/recording
- University Health (TX) – October '22 | slides/recording
- *We'd love to schedule more!*

What our TIC Community Has Been Up To…

A street medicine team delivers care to patients experiencing homelessness, including trauma therapy designed to improve mental and physical health by addressing trauma.

Providers and patients discuss potential trauma exposure, strengths, triggers and patient-suggested interventions in a trauma and resilience-informed plan of care. Other providers have easy access to this insight from Storyboard and feel empowered to build trust / avoid retraumatizing patients.

In response to a 2019 CMS ruling requiring TIC in long-term care and swing bed facilities, implemented a 2-question trauma screening (PCL-2). A positive screen triggers a notification for a consult to Social Work. Re-traumatization is prevented by allowing users to add specific notes such as "Knock first to avoid startling patient."

Prioritizes staff healing and resilience while focusing on the 10 key development areas recommended by the Institute on Trauma and Trauma-Informed Care (ITTIC)

What We've Been Up To…

Released various screening tools
- PC-PTSD-5
- Adult ACE (CA DCHS)
- Brief Resilience Scale

CURRENT

Released Trauma Wellness Plan in MyChart Care Companion

Pilot BWH's Trauma and Resilience-Informed Plan of Care

BRIGHAM AND WOMEN'S HOSPITAL

Identify, then discourage the use of stigmatizing language in notes (in pilot)

Measure athletes' trauma, adversity & equity in Epic

Yale NewHaven Health

IDEA

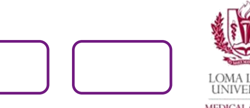
Design a Trauma Exposure Registry

Yale NewHaven Health

Where We're Going...

Design a
TIC ROI
dashboard

Reimagine
SDOH
informatics



Your
ideas
here!

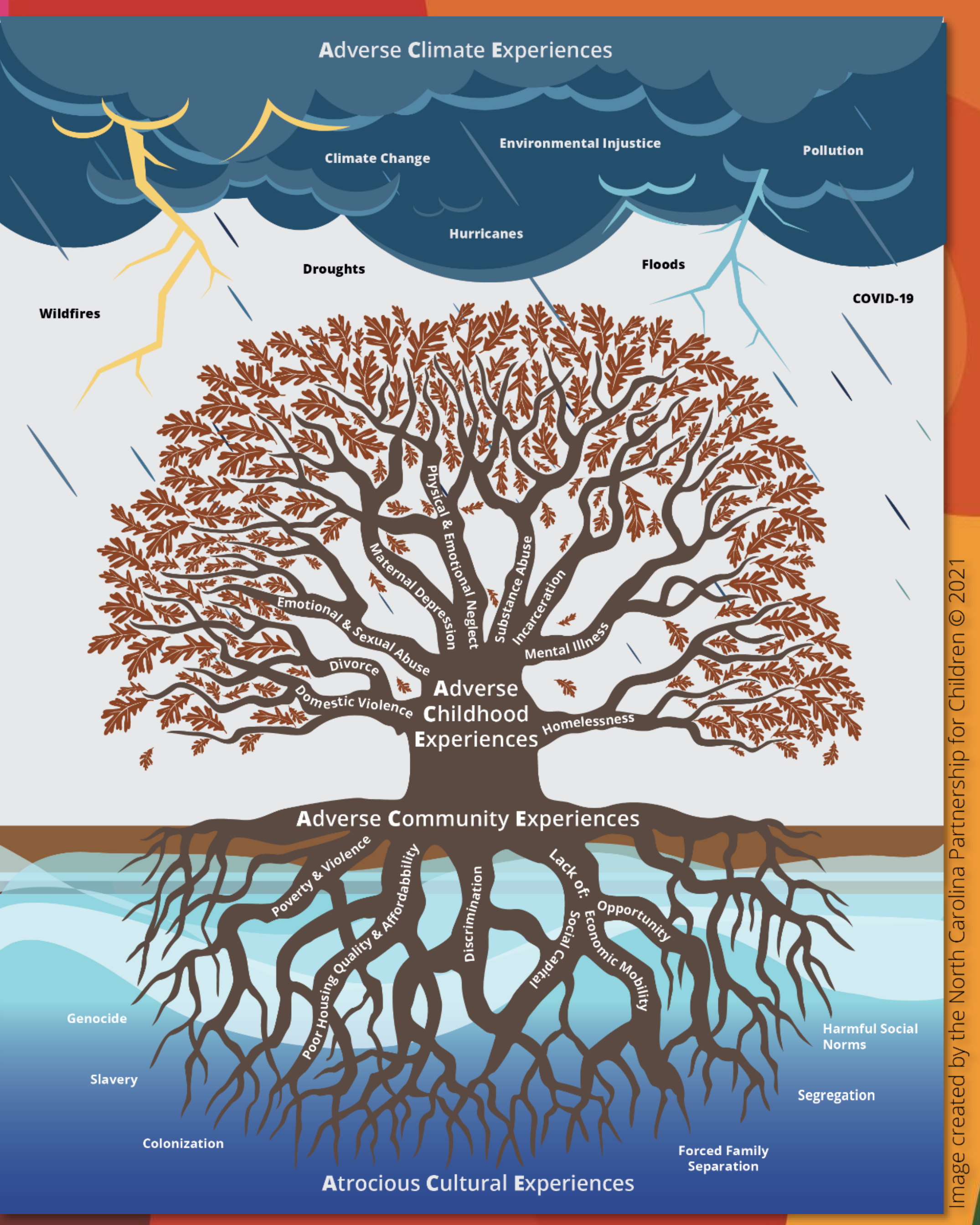


Image created by the North Carolina Partnership for Children © 2021

Four Types of ACEs

Screening

Our general approach:

Build screener content in Epic if we can, but... provide a way to turn it off,

and supplement with recommendations for robust training

Adverse Childhood Experience (ACE) Questionnaire

Prior to your 18th birthday:

1. Did a parent or other adult in the household **often or very often**...
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household **often or very often**...
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you **ever**...
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you **often or very often** feel that ...
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you **often or very often** feel that ...
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if needed?
6. Was a biological parent **ever** lost to you through divorce, abandonment, or other reason?
7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
10. Did a household member go to prison?

Total ACE Score (add up "Yes" answers):

A Variety of Opinions

NEJM Catalyst | Innovations in Care Delivery

CASE STUDY

Universal Adverse Childhood Experience Screening in Primary Care

Kathryn K. Ridout, MD, PhD, Samuel J. Ridout, MD, PhD, Brooke Harris, PhD, Vincent Felitti, MD

Vol. 4 No. 3 | March 2023
DOI: 10.1056/CAT.22.0106

Adverse childhood experiences (ACEs) — defined as abuse, neglect, or household dysfunction before age 18 years — are consistently associated with a higher risk for many chronic health conditions and harmful health behaviors. Many organizations have recommended ACE screening to support preventive medical care and have provided examples of screening strategies. However, despite the consistent evidence linking ACEs with chronic health conditions and harmful health behaviors, routine ACE screening in primary care populations is rarely clinically implemented. The 1998 seminal Kaiser Permanente (KP)–Centers for Disease Control and Prevention ACEs study was born from ACE screening implemented in the Department of Preventive Medicine at KP San Diego in the 1980s. The goal of the 2018

AJPM Focus
Volume 1, Issue 2, December 2022, 100039

From ACPM

Recommendations for Population-Based Applications of the Adverse Childhood Experiences Study: Position Statement by the American College of Preventive Medicine

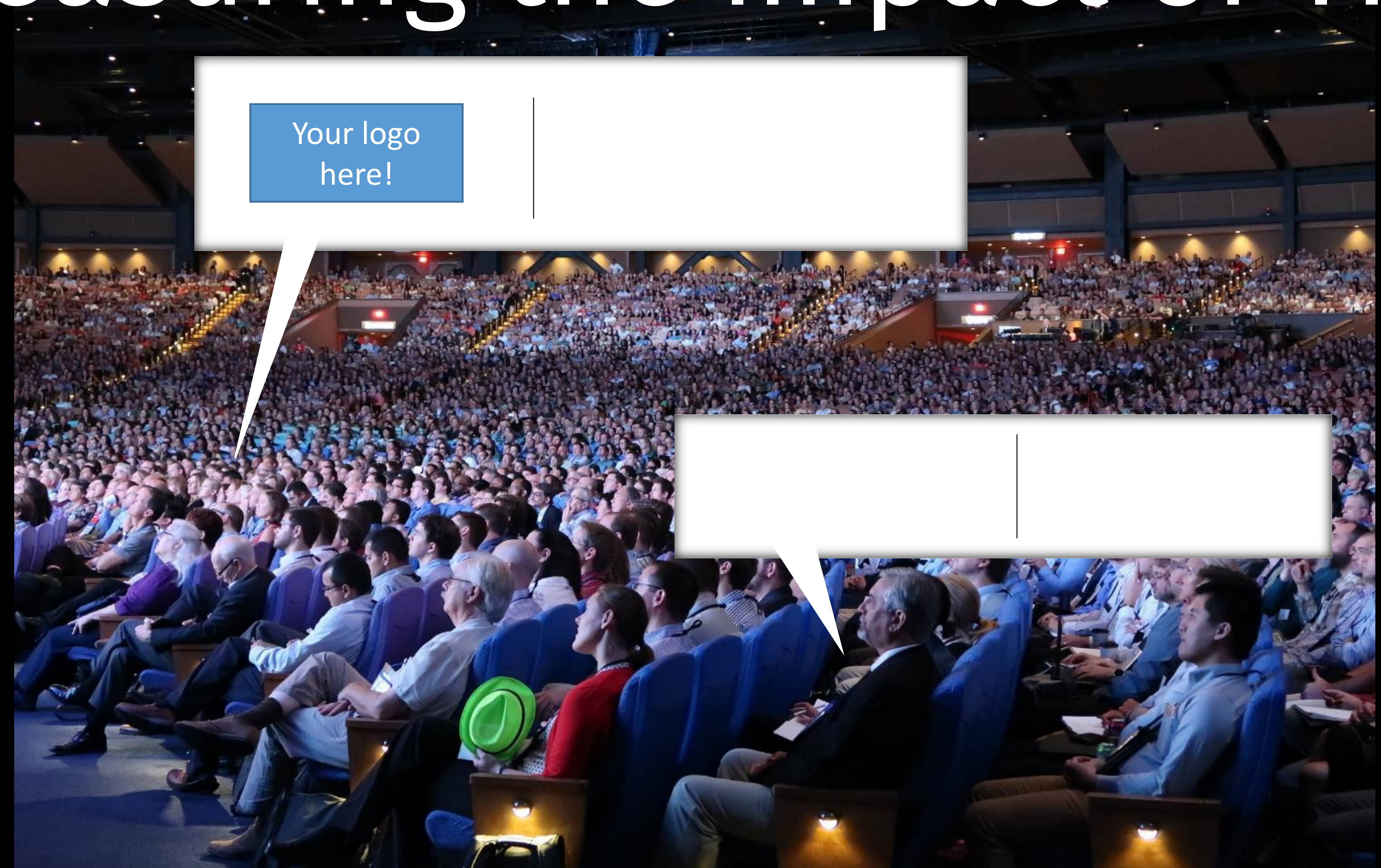
Kevin M. Sherin MD, MBA, MPH [1 2], Audrey J. Stillerman MD [3], Laxmipradha Chandrasekar MD [4 5], Nils S. Went MD [6 7], David W. Niebuhr MD, MPH, MSc [8]

Secondary Prevention of Adverse Childhood Experiences

Although ACPM recommends against ACE screening in clinical practice given the potential risk of harm and current lack of resources and systems supporting evidence-based interventions, real-world models that include ACE screening in clinical practice exist.[47,49] Bayview Child Health Center and the Resilient Beginnings Collaborative, both in San Francisco, have included ACE screening in pediatric care.[48,50,51] Montefiore Medical Group is also conducting ACE screenings for adult participants of Healthy Steps.[52] Montefiore found that their Healthy Steps program, an evidence-based population-level program to promote pediatric well-being, was more impactful for children who had mothers with high ACE scores.[52] Rigorous evaluation and dissemination of the results of these real-world programs will be important to more fully assess their risks and benefits.

KAISER PERMANENTE
72% drop in high-risk, long-acting opioid prescriptions
98% drop in high-volume, short-acting opioid prescriptions
THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
Reduced the use of antibiotics and saved $7.7M
Sparrow
Reduced catheter line days by 20%
MERCYHEALTH
Saved more than $42 million with a standardized formulary
JOHNS HOPKINS
MEDICINE
Decreased appointment wait times by 27 days with MyChart FastPass

Measuring the impact of TIC



Measuring the impact of TIC

If you had a dashboard that showed improved metrics after implementing TIC initiatives, what would those metrics be?

Length of Stay?

No-Show Rates?

ED Utilization?

What else??

How can we help the healthcare community succeed with trauma-informed care?

Are there workflows we could support?

Is there content that would be useful to build into the system?

Is there research that could leverage our vast de-identified patient database?

Are there CMS, ONC or other government policies that would be helpful?

Questions?

TraumaInformedCare@epic.com

Resources

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Galaxy Documentation Library & Collaboration Sites

- Galaxy - Promoting Trauma-Informed Care with Epic and the Epic Community (white paper)
- Trauma-Informed Care Strategy Handbook
- TIC topic on UserWeb
- TIC topic on Epic Earth

XGM and UGM Content

- Denver Health: Substance Use History Reimagined: Lessons from a Center for Addiction Medicine – May 10, 2023 (registration opens 3/2)
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