## AAP Addressing Social Health and Early Childhood Wellness (ASHEW)

## Practice Level Key Driver Diagram FINAL

	Secondary Drivers	Interventions
Primary Drivers           1. Prepare practice           environment for trauma           and resilience-informed           care	<ul> <li>1.1 Understand need and create infrastructure for a trauma and resilience- informed environment</li> <li>1.2 Understand the patient population and other influencers</li> </ul>	<ol> <li>Obtain leadership buy-in for practice changes to create trauma and resilience-informed care environment</li> <li>Establish a trauma and resilience informed team including a physician champion to drive improvement</li> <li>Establish family partners and create conditions for an active role</li> <li>Engage providers in review and agreement on selection of SDOH assessment tools and a consistent process</li> <li>Utilize community mapping to understand patient demographics and barriers to care and supports</li> <li>Provide materials to staff to underscore the importance of psychosocial health</li> <li>Recognize and address self-care needs of staff</li> </ol>
2. Foster and continually expand referral networks	<ul> <li>1.3 Create and support a healthy office environment</li> <li>2.1 Establish communication channels based on mutual agreement</li> <li>2.2 Build formal referral pathways</li> </ul>	<ol> <li>Identify and meet with potential partners</li> <li>Develop communication systems between collaborating partners</li> <li>Facilitate the referral and follow-up communications including closing the referral loop</li> <li>Identify and initiate process for referrals and prioritize warm hand-offs</li> <li>Improve process of obtaining consent for exchange of information</li> <li>Standardize bi-directional communication between referral partners</li> <li>Build a comprehensive list of community resources available, considering multi-lingual when feasible</li> <li>Implement a care coordination role to support families with the outside referral process</li> <li>Establish process to seek family feedback on referral process</li> <li>Ensure office environment is welcoming, promotes emotional wellness, and respects families of different backgrounds</li> <li>Engage in family-centered discussion at the start of each visit</li> <li>Share information with families about link between trauma/stress and health</li> <li>Routinely elicit risks and protective factors</li> <li>Utilize communication approach and common factors approaches including HELLPPP</li> <li>Provide parenting and developmental guidance about preventing and soothing child stress response</li> <li>Use results of assessment for engagement</li> <li>Support caregivers who have experienced trauma</li> <li>Foster longitudinal relationship that is characterized by trust</li> <li>Use assessment conversation as opportunity to educate and engage family</li> <li>Provide tailored support and resources to caregivers</li> </ol>
	that include closing the referral loop	
3. Utilize family-centered, strength-based approach	3.1 Create a welcoming, stigma- free, culturally sensitive environment	
	3.2 Communicate to families the rationale for assessing social and environmental factors	
	3.3 Prioritize families' social needs and access and match child/family needs to appropriate resources	
4. Establish and maintain effective systems to support assessment, primary care intervention, referral, and follow-up	<ul> <li>4.1 Establish standards, protocols, pathways and processes for effective documentation</li> <li>4.2 Secure resources including billing and coding to sustain trauma-resilience informed practice</li> <li>5.1 Ensure ongoing training</li> </ul>	<ol> <li>Establish clear roles and responsibilities for staff</li> <li>Develop a current state process flow map for assessment, referral, and follow-up and engage staff to improve flow and consistency</li> <li>Develop and agree to standards, protocols and pathways that will be followed across practice care teams/clinicians</li> <li>Implement primary care interventions and follow-up</li> <li>Establish standards for documentation, considering safety and stigma and patient/family confidentiality</li> <li>Standardize decision support to ensure validated questions are utilized</li> <li>Utilize a registry and recall/reminder system and EHR tracking alerts</li> <li>Collect coding resources and establish billing process</li> </ol>
5. Ensure care is delivered to advance race and ethnic equity	addresses barriers to health care 5.2 Ensure ongoing training includes understanding structural racism and equity and its impact on health care access	<ol> <li>Develop cultural humility in race/ethnicity and equity and health disparities and understand/utilize appropriate communication methods for audiences of different backgrounds and cultures</li> <li>Provide education and training on-structural racism</li> <li>Provide education and understanding regarding implicit biases</li> <li>Understand the importance of being sensitive to patients' cultural and racial backgrounds</li> <li>With your AAP chapter, identify one or more experts to provide ongoing consultation training and support</li> </ol>