



Improving emergency care for people with developmental disabilities

What is the research about?

One in two adults with developmental disabilities in Ontario will visit their emergency department (ED) at least once in two years. They are more likely than other adults to visit the ED, and they are more likely to have repeat visits. ED visits are stressful for those with developmental disabilities, their caregivers, and ED staff. The quality of visits could be improved with better recognition, communication, planning and linkages between hospital and community resources.

What did the researchers do?

The Health Care Access Research and Developmental Disabilities (H-CARDD) program worked with three emergency departments in Ontario to improve the quality of the visit for patients with developmental disabilities. The researchers worked with a team at each ED to identify and implement relevant practice changes. The researchers assessed barriers and facilitators to implementation, and evaluated the extent to which the planned changes were implemented.

What did the researchers find?

Each site implemented the intervention slightly differently to fit with their unique context. Implementing change in EDs is difficult and the three sites achieved varied levels of success in their change efforts. Obtaining senior leadership support was key to creating interest and momentum for change, and implementation was helped by having committed onsite clinical leads who protected some staff time to implement the changes. It was also important to align the changes with existing hospital initiatives and priorities.

What you need to know

Recognizing and communicating information about developmental disabilities in the emergency department is the first step to improving care practices. Hospital staff can improve their approach through education and the use of clinical tools.

The practice changes focused on three core components: (1) Develop a process for identifying patients with developmental disabilities. Some staff were concerned about making the right diagnosis and using the right language but flagging potential disability issues is key so that the clinical team is alerted to remember to adapt their care; (2) Provide staff with education about developmental disabilities and with ready access to resources such as local area resource lists, communication tip sheets, discharge forms; (3) Improve communication between the ED and the community. This includes health care passports that provide staff with important information about the patient, and tailored discharge forms that can provide important follow-up information for the patients and their families, and also for community providers they see after they leave the ED.

At the end of the study, two thirds of staff reported being aware of strategies to identify developmental disabilities, most communicated whether a patient had a developmental disability to colleagues and almost all reported adapting their approach at least sometimes. However, results indicated that staff need further education and training, with awareness of community resources still low.

Many staff recognized the need to improve care, but some were worried about having enough time to do so.

Continuing this improvement work will require embedding practice changes into normal ED work flows. One site is creating systematic processes to help staff identify patients with developmental disabilities at triage, documenting the disability in the patient's chart, informing medical staff when they arrive in the ED, and alerting ED social workers to assist with discharge planning. Ongoing evaluation is important.

How can you use this research?

Emergency departments interested in improving their practices for patients with developmental disabilities can access clinical resources and read about implementation strategies in the Developmental Disabilities Emergency Care toolkit, through H-CARDD.

Community agencies and community-based health care providers can work together with hospitals to develop patient care plans, and encourage the use of communication tools such as the 'About Me' passport. It is important that local communities collaborate to encourage consistent use of tools and communication mechanisms. Individuals with developmental disabilities and their caregivers can prepare for emergencies and use resources developed for them.

About the researchers

Jacques Lee, Research Director in Emergency Medicine at Sunnybrook Health Sciences Centre worked together with **Yona Lunsky**, Director of H-CARDD and Clinician Scientist at the Centre for Addiction and Mental Health and **Andrea Perry**, implementation facilitator, to develop this intervention. **Janet Durbin**, an Independent Scientist in the Provincial Support Services Program at the Centre for Addiction and Mental Health led the evaluation of this project with the support of **Avra Selick**, **Natasha Spassiani**, and **Megan Abou Chacra**.

Do you want to know more/additional resources?

You can find more information about this research and access the ED toolkit on the Emergency Care project [page](#).

Watch a [Video](#) for patients and caregivers on what to expect when you visit the emergency department

Our website also has [patient](#) and [caregiver](#) tools to help prepare for an emergency department visit

About H-CARDD

Health Care Access Research and Developmental Disabilities (H-CARDD) is a research program with the primary goal of enhancing the overall health and well-being of people with developmental disabilities through improved health care policy and services. H-CARDD research is conducted by dedicated teams of scientists, policymakers, and health care providers.

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Keywords

Developmental disabilities, emergency departments, quality improvement

