Improving emergency care for people with developmental disabilities

What does the research tell us?
What does the research tell us about barriers experienced by clients, families and ED staff?
1 in 2 adults with a DD will go to the ED
Epidemiology

Ontario population study on ED and DD, Lunsky et. al

- Average # of visits among ED users = 3.0 vs 1.7
- 1.7 times more likely to be admitted
- ED visits can be VERY IMPACTFUL
Epidemiology

Ontario population study on ED and DD

- 25% of 18-24 y.o DD patients $\geq 2$ meds
- 50% $\geq 2$ meds by age 35
Case Example

• 27 y.o. male w severe autism spectrum disorder. Non-verbal.
• Recent behaviour escalating to self-harm and harming caregivers after long stable period.
• ED referred to Psychiatry.
• Psychiatry referred to Medicine.
• Guess how long patient stayed in the ED?
• Guess what the final diagnosis was?
DENTAL ABSCESS

• ....After **4 days** in the ED, and a range of PRNs to ‘manage his behaviour’....

• Dental pain is one of the commonly missed diagnoses among adults with DD (*see the clinical Tip Sheets*), and is well-established precipitant of behaviour change.

• We all missed it.
Research Findings

Predictors of emergency visits in DD

• No crisis plan
• Living with family
• Previous emerg visits
• Gaps in primary care
What do we hear from patients and families?
Lack of respect
- Rights
- Forced procedures
- Treated for a different complaint

Consent
- Not given opportunity

Chemical and physical restraint
- Prior to alternative approaches

Lunsky & Gracey, 2009
“This lady said to me ‘you come in here all the time and this and that…’ She argued with me. I was upset about it so I just left and went to another hospital”
“They said they couldn’t keep her anymore so they sent her home...

The same day they sent her home, she ran away...

She has never taken the bus on her own but that day she took herself to another hospital.”
“It was a bit difficult because the more people came in with other problems, the more anxious she got. It's not like a regular individual who could understand the wait.”
“They don’t understand that it is hard to be cooperative when I am agitated.”
What do we hear from Emergency Department staff?
“How can I engage with this person?

...We don’t have that expertise.”
“We don’t see a lot, but when we do, they are time consuming and difficult...”

Sometimes the same person comes 3 to 4 times in a row".
"We are limited to medicate, control environment, and send them back. [There’s] not much crisis nurses can do. Everybody expects us to have a solution to a problem that’s been brewing for years."
How are we going to help improve outcomes in our ED?
Example of the ED Intervention for patients with Developmental Disabilities

1) Front-line staff are trained to look for signs of DD, as well as simple, non-threatening questions that can be asked to help identify a suspected DD. See Screening section in toolkit.

2) Agree on a term to document and communicate it to colleagues. This could be “DD” or “DD CARES” of “query DD”.

Consider if you can develop an electronic or automatic prompt that “pushes” this information out.*

Tips for medical and nursing staff are provided at the point of care. Includes assessment strategies & commonly missed diagnoses (see MD and RN Tip Sheets)

Tips for Social Work are provided at the point of care. Includes info on community services and resources for pt/caregiver. (See SW Tip Sheet)

Staff employ adapted approaches when interviewing, assessing and treating the patient.

Social worker liaises with caregivers; may call upon specialized DD services to see if additional supports are available.

1) Dear Dr. Letter is created. Ideally, it is shared electronically with Family Physician/Case Manager.

2) Dear Patient letters are shared with patient, provided a clear language summary. Further, and EXIT INTERVIEW (see Tool) can be completed w patient/caregiver to enhance follow up.

3) Crisis Planning is discussed, as are tips for preparing for future emergencies (by SW, RN, etc.).

*See electronic infrastructure tip sheet for ideas.
How will we get there?

• **Enhance Communication**
  • With patients: Practical interview tips
  • With each other: Document DD in the chart

• **Fill Knowledge Gaps**
  • Medical issues specific to DD clients
  • Community resources for this population

• **Fit these resources into our ED Context**
  • Recognize time and shift-work realities in the ED
  • Embed into electronic or existing infrastructure.
Identifying People with DD

Goal: Enhance Recognition to improve ED response

Barrier: Discomfort with “labelling”

Facilitator: Highlight benefits TO THE ED
Adapting Approaches

**Goal:** Use of best evidence tools, strategies & techniques

**Barrier:** Integrating resources into ED best practices & procedures.

**Facilitator:** Understanding ED best practices and procedures and customizing accordingly (e.g. electronic prompts, visual aids, just-in-time).
Recognize the ABC’s

A  All

B  Behaviour is

C  Communication
Adapting Approaches

• We know how to do this... we just have to remember TO DO it
• Slow down, sit down
• Body language is important
• Pick up on their verbal and non-verbal clues
• See the clinical TIP SHEETS.

• Laying down the law.... Not likely to help!
Educational Videos

‘poor care’ scenario:
https://vimeo.com/camheducation/review/73944562/2eec28eb53

‘improved care’ scenario:
https://vimeo.com/camheducation/review/73945180/97da0ee1aa
Discharge Planning

Goal: Improve information given to patients and providers & reduce future repeat visits

Barrier: WORK FLOW, WORKFLOW, WORK FLOW !!!

Facilitator: Ownership across the ED process & Minimizing additional work for staff
Today’s ER Visit: My Exit Interview

A summary of today’s visit, to improve continuity of care.

Name: ____________________________________________

Date: _____________________________________________

Hospital: _________________________________________

For ED Staff:
- Review and discuss the visit and next steps in clear language with the patient.
- Ask them to rephrase or repeat to see if they understand.
- Fax this Exit Interview to their caregivers/community workers if at all possible.
Submitted by: D. Heffron

2. Was the visit triggered by a behavioural issue (pick best response): No

3. Was the visit triggered by/ accompanied by mental health issues? (pick best response): No

4. Collateral information was obtained from: Not required

5. Was a DD CARES hospital passport/AboutMe document (or similar) used during this visit? □ Yes □ No □ Don't Know

6. Did the patient come to the emergency department with a crisis or care plan? □ Yes □ No □ Don't Know

7. Investigations □ Yes □ No
   - CBC
   - Electrolytes
   - Cardiac enzymes
   - Other bloodwork
   - Cultures
   - Any abnormalities detected □ Yes □ No

8. New medications: □ Yes □ No
   - Name of medication: Not applicable
   - Name of Medication:

9. Referrals made: □ Yes □ No

Dear JAMIE SMITH

You came to Sunnybrook hospital on 1/06/13 at 12:00 due to dizziness, no other C.O., freq. FVC, dizziness, no other C.O., freq. FVC.

While you were here, you saw D. Heffron.

You received new medication: Not applicable medication.

We think that you have:

You have been referred to the clinic.

If there is someone who helps you (doctor, family member, staff person), please share this letter with them.

If you have any questions, please ask the doctor, social worker, or nurse who is helping you today.

If you have not been given an exit package, please ask someone in the emergency department for one before you leave.

If you do not have a care plan or crisis plan, please complete one before your next visit. You can find blank care plans at: www.ddcares.ca

The emergency department social worker may contact you in a few days to make sure you understand what happened in the emergency department today. The social worker can be reached at: [phone number].

Patient Copy:
References


