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BRIEF REPORT: Staff Experience of an Initiative to Improve Emergency Care for Patients With Developmental Disabilities

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Abstract

A Toronto emergency department (ED) implemented an initiative to improve emergency care for persons with developmental disabilities (DD). Feedback from ED staff was used to assess the process with respect to: (1) staff awareness of the initiative; (2) staff access to organizational support; (3) burden of the initiative on staff time; (4) fit of the initiative with current practices; and (5) what impact the initiative had on care provided to patients with DD. Overall, staff felt the initiative improved patient care through better awareness and a modified care approach, however some process gaps were identified.

Adults with developmental disabilities (DD) in Ontario are almost twice as likely to visit the emergency department (ED) than those without a developmental disability (Lunsky et al., 2011). A study by Lunsky, Balogh and Cairney (2012) identified that individuals with DD who visited an ED in the previous year were seven times more likely to visit again. This is particularly challenging for EDs where time and resources are limited, as well as for individuals with DD when their needs are not adequately met. Studies of hospital staff have found that inexperience caring for this population, challenges communicating, and lack of knowledge or understanding of individuals with DD are some important barriers to care (Lunsky, Gracey, & Gelfand, 2008; Sowney & Barr, 2007).

To address the need for evidence-based practice change, a Toronto ED implemented an initiative that aimed to improve awareness and identification of patients with DD; modify care approach during ED assessments; and enhance communication and transition to the community at discharge (for more details on this initiative, see Lunsky et al., 2014). This initiative was called "DD CARES." The present study used feedback obtained via survey from ED staff to assess implementation of this initiative to improve emergency care for patients with DD along the following dimensions: (1) staff awareness of the initiative; (2) staff access to organizational support; (3) burden of the initiative on staff time; (4) fit of the initiative with current practices; and (5) what impact the initiative had on care provided to patients with DD. We opted to survey ED staff members because it enabled broad reach across different disciplines, allowed responses to remain anonymous, and could be completed relatively quickly after seeing a patient with DD when the interaction was fresh in their memory.

Methods

Participants

Staff members who were involved in the care of an ED user with DD participated in this study. This included physicians (MD) and registered nurses (RN) directly involved in the care of individual patients, triage nurses who attend to individuals upon arrival to the ED, clinical care leaders (CCL; nurses who are responsible for patient flow), as well as patient administrative associates (PAA) who prepare medical charts, and social workers who become involved in patient care if extra support services are required. In total, surveys were completed by 13 physicians, 25 nurses (triage, CCL, RN), and five other ED staff (PAA and social workers).

Procedure

Following involvement in the care of a patient with DD, ED staff members were approached by a researcher and asked to complete a brief, follow-up survey. This survey included eight items which asked about fit and burden of the initiative, access to ongoing training and support opportunities, and how staff felt the process impacted patient care. The items in the survey were modified from the expanded evidence-based practice scale by Aarons, Cafri, Lugo, Sawitzky, 2012. The survey included three discipline-specific items about use of DD-specific tools (discipline-specific Tip Sheets, a DD resource binder kept in the ED for staff reference, and electronic discharge letters (Dear Doctor/Dear Patient) to be completed by physicians. For detail on these tools, see the Emergency Care Toolkit at www.hcardd.ca. This study received approval from the hospital research ethics board.

Analysis

Survey responses were analyzed using descriptive statistics, and responses to an open-ended question about impact on patient care were qualitatively analyzed for emerging themes.

Results

All staff who completed follow-up surveys were aware of the initiative and its purpose. Responses from staff regarding organizational support, and burden and fit of the process, are presented in Table 1. Most staff reported that training and ongoing support were provided. Additionally, most of staff were receptive to learning new procedures, and most responded that the process fit with their administrative work. Very few staff reported that the process did not fit with their clinical approach, and all staff agreed that patients benefited from the process.

Two themes, improved staff approach and improved patient care, emerged from responses to "How did the DD CARES initiative impact patient care?" Staff approach to caring for patients with DD was improved because staff obtained supplementary information from caregivers, spent more time with the patient, had better awareness of the patient's disability, identified additional needs, improved communication with the patient, and had a better understanding of common presenting issues in this population. The initiative also impacted patient care since patients felt more comfortable and important, they received more personalized care, extra support was available, and patient communication of issues was improved.

Staff responses regarding the use of discipline specific tools are presented in Table 2. The majority of CCLs and PAAs (89%) reported printing Tip Sheets for RNs and physicians, and attached them to the patient's chart. However, fewer than 30% of RNs or physicians reported *seeing* a Tip Sheet. Just over half of physicians and nurses (53%) were aware of the DD Resource Binder and knew where it was located in the ED. Only one-quarter of physicians (25%) completed an electronic, autofill discharge letter designed to help patients understand what happened during their ED visit, as well as communicate information to their primary care physician.

Discussion

The high level of awareness of the initiative among surveyed ED staff indicated communication about the practice-change initiative was effective. Findings also suggested that staff had the time and opportunity to learn about and implement the process. Staff did not view the initiative as a burden and felt it fit with their current role. The process appeared to serve as a reminder to staff to adjust their clinical approach when providing care for persons with DD, and as a result, staff noted better communication with these patients. Critically, staff felt the process improved emergency care for patients with DD. However, areas of improvement at the time

Table 1. ED Staff Assessment of Organizational Support, Burden and Fit of the ED Practice-Change Initiative (N = 43)

	Frequency of Responses (%)				
Degree of agreement with statement	*Not at all*	*To a slight extent*	*To a moderate extent*	*To a great extent*	*To a very great extent*
Organizational Support					
Training was provided to learn about DD CARES	14.6%	4.9%	22.0%	17.1%	41.5%
Ongoing support was provided to learn about/use DD CARES	4.9%	12.2%	14.6%	34.2%	34.2%
Burden					
I don't have time to learn anything new	74.4%	9.3%	9.3%	7.0%	0.0%
I don't know how to fit DD CARES into my administrative work	65.1%	18.6%	2.3%	11.6%	2.3%
Fit					
DD CARES fits with my clinical approach	2.7%	8.1%	13.5%	29.7%	46.0%
Patients benefit from DD CARES	0.0%	0.0%	8.1%	29.7%	62.2%

Table 2. ED Staff Awareness and use of Discipline-Specific ED Tools

Survey Question	*Respondents*	*Yes (%)*
"Did you print the MD and RN Tip Sheets and attach to the patient's chart?"	Clinical care leaders (CCL) & patient administrative associates (PAA)	88.9%
"Did you receive a Tip Sheet?"	Registered nurses (RN) & physicians (MD)	28.6%
"Are you aware of the resource binder?"	Physicians (MD) & nurses (triage, CCL, RN)	52.9%
"Did you complete a Dear Doctor/ Dear Patient letter at discharge?"	Physicians (MD)	25.0%

of evaluation were identified as clinical tools were not being used by all clinicians.

Feedback from staff surveys has allowed the ED team to evaluate its efforts thus far and identify areas for improvement. Process gaps, such as low uptake of DD-specific tools printed and attached to the chart and limited distribution of patient information at discharge, indicated that continued refinements to the process could help ensure information is effectively relayed among ED staff. It is possible that some tools such as the "Dear Doctor" letter are perceived as taking too much extra time, but it is also quite likely that tools, although useful, are simply not remembered from visit to visit because the patient group is seen infrequently.

Limitations of the study include limited detail from a brief survey, not all staff provided feedback, and the results cannot speak to the maintenance of the initiative. Since the surveys were completed, a more extensive evaluation of this initiative, along with two related initiatives at other hospitals was carried out. The more recent evaluation combined survey data with individual interviews and focus group information (see Selick et al., 2018; www.hcardd.ca for more information). Importantly, staff feedback was specific to implementation at one hospital and may not apply elsewhere. Other sites may also not have the same electronic capacity of this hospital, or the same staffing combination. Differences between hospitals can impact which tools are selected within the initiative, as well as its outcomes.

Efforts at this ED are continuing and lessons learned from implementation of the initiative are being applied. For example, e-mail blasts continue to remind staff of DD-specific tools in the ED, and some tools and process steps have been adapted to better fit with existing ED procedures. An implementation toolkit has been developed for emergency care providers at other hospitals interested in improving care for this population (visit www.hcardd.ca to download the Emergency Care Toolkit).

Key Messages From This Article

People with disabilities. This is a project to help make care better for people with disabilities when they come to the emergency department. We found that giving doctors and nurses information about people with disabilities helped do this.

Professionals. The goal of this project is to improve care for people with developmental disabilities when they come to the emergency department. Hospital staff can use tools in the hospital to help them provide better care.

Policymakers. If hospitals are more prepared to support their patients with developmental disabilities, they can make the experience at the emergency department better. Staff are open to improving the care they provide and should be encouraged to do so.

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