

Care for those with Developmental Disabilities in the Emergency Department



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Background

- There is a significant and critical gap in providing care that is patient centered, high quality, and free from coercive means when individuals with ID/ASD have behavioral health crises.
- Emergency Departments (ED) and psychiatric inpatient units are used to treat individuals with behavioral health emergencies such as aggressive behavior and suicide risk.
- Individuals with ID/ASD have increased rates of both ED visits and psychiatric admission.
- Patient reported outcomes associated with emergency and inpatient psychiatric care for this population are discouraging, indicating lower patient satisfaction and an increase likelihood of readmission (Iacono and Davis, 2003).
- Many caregivers report concern in regard to hospital staff's negative attitudes and lack of skills and knowledge in treating those with developmental disabilities (Lunsky, Gracey & Gelfand, 2008; Weiss et al., 2009)
- This gap in service delivery is evidenced by the use of interventions such as physical and chemical restraints.
- More research is critically needed to understand the supports and services necessary during psychiatric crisis to meet the complex needs of this population, improve outcomes, and increase delivery of patient-centered care.

Purpose

- Gain a better understanding of hospital staff knowledge of various populations and types of interventions frequently used to address problem behavior in the ED and on inpatient units.
- This information can then be used to identify needs for improvement in certain healthcare settings and ultimately improve outcomes and increase delivery of patient-centered care.

Procedure

- Survey healthcare professionals in the Ohio State University Emergency Department (ED) Harding Hospital psychiatric inpatient unit.
- Online survey using surveymonkey.com
 - 10 questions
- Survey goals included:
 - Assessing knowledge and attitudes surrounding various patient populations, including individuals with intellectual and developmental disabilities (I/DD)
 - Exploring types and frequency of intervention techniques used in an ED or inpatient setting.
- Participants were recruited via listserv and announcements at staff meetings.

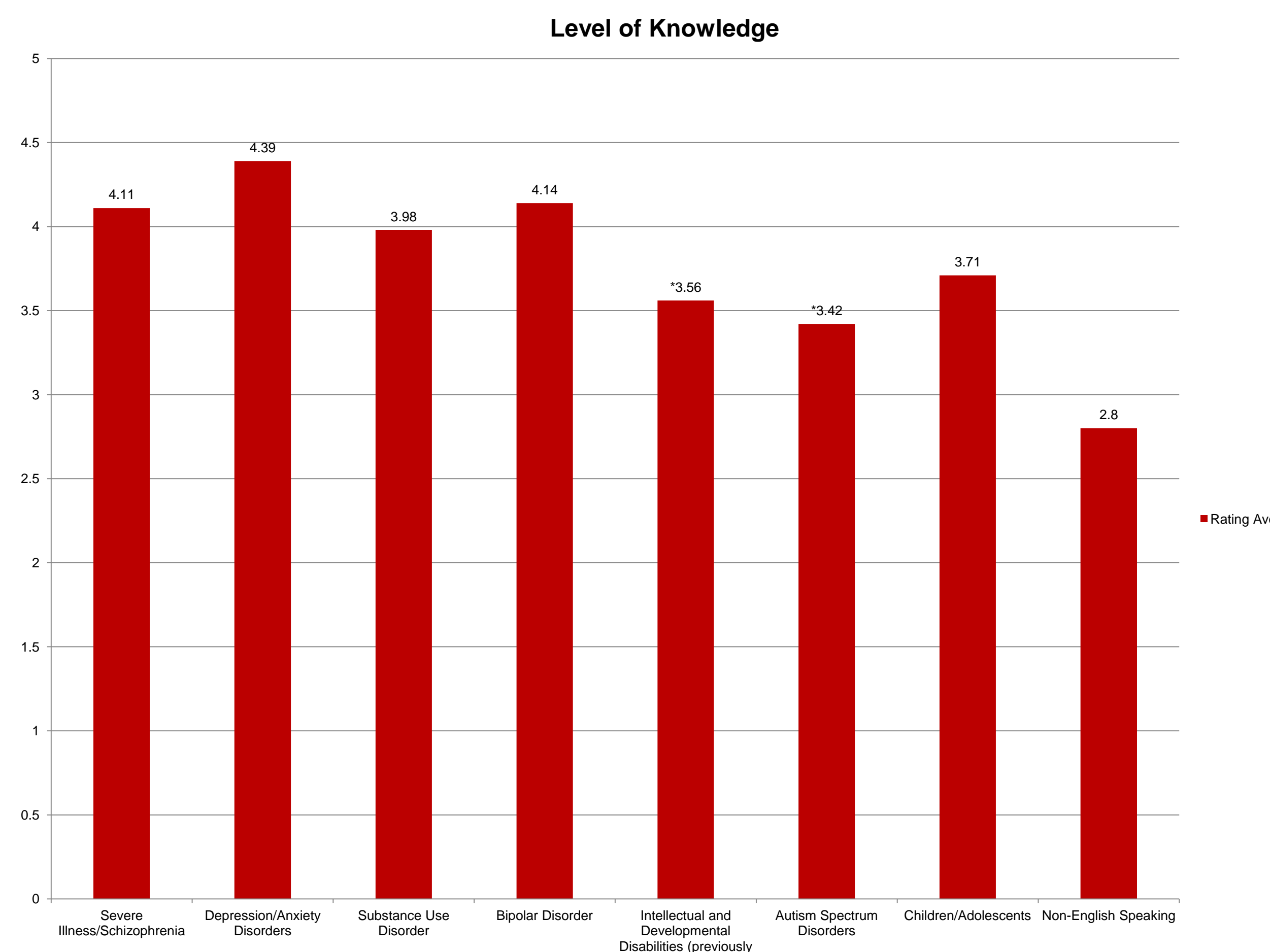
Respondents

- Included physicians, nurses, medical assistants, security, staff etc.
- N=66
- Typical interactions with patients occurred in the following settings:
 - 37% in the ED
 - 48% in the Adult Inpatient Unit
 - 41% in the Child and Adolescent Inpatient Unit

Graph Keys:

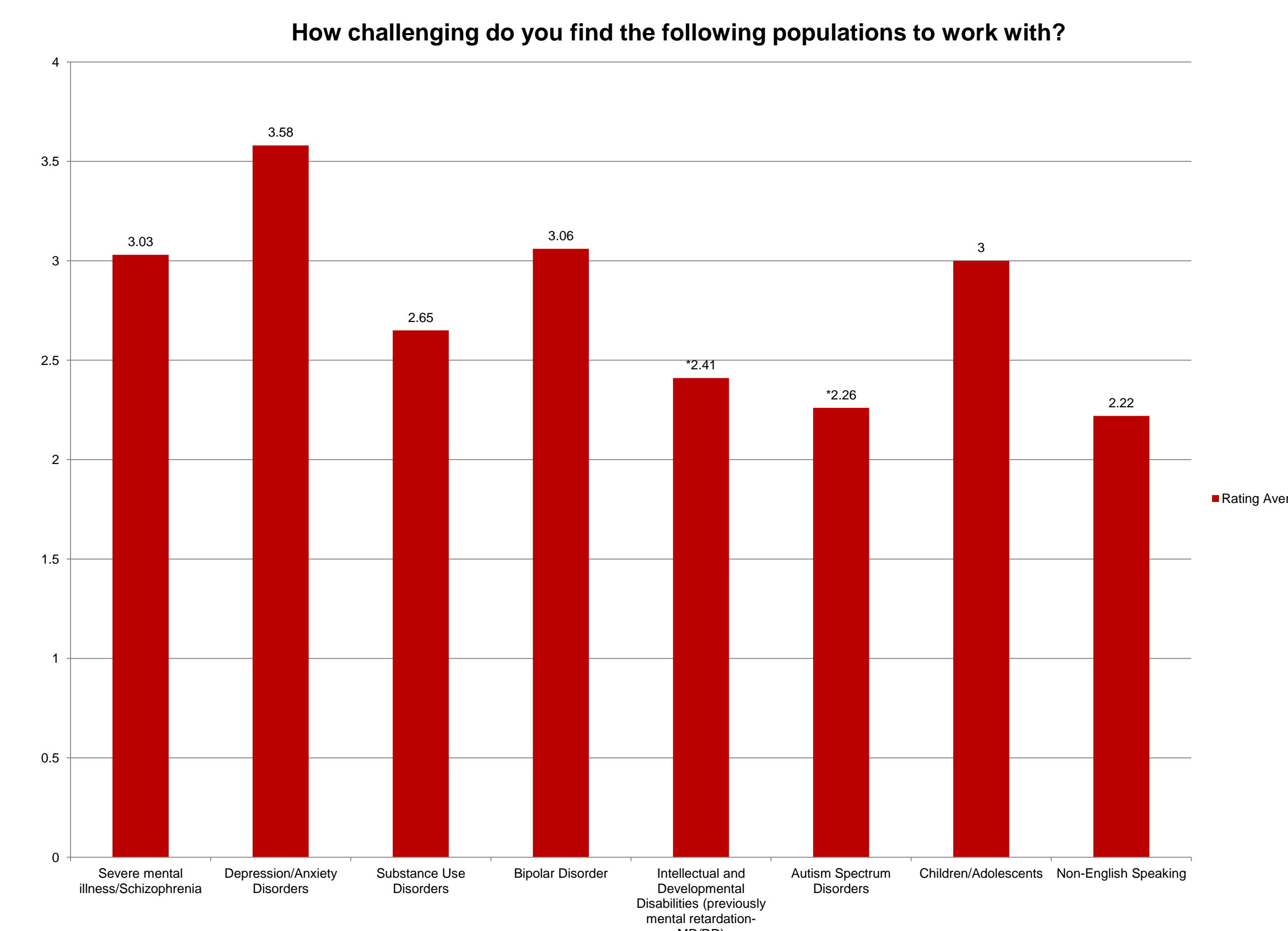
- Level of Knowledge
 - 1=poor, 2=fair, 3=average, 4=good, 5=excellent
- How challenging do you find...
 - 1=very difficult, 2=difficult, 3=neutral, 4=easy, 5= very easy

Results



Which population do you feel you have the least knowledge about?

ASD	30%
Non-English speaking	24%
I/DD	17%
Children/Adolescents	15%
Substance Abuse	6%
Schizophrenia/Severe Mental Illness	3%
Bipolar Disorder	1.5%

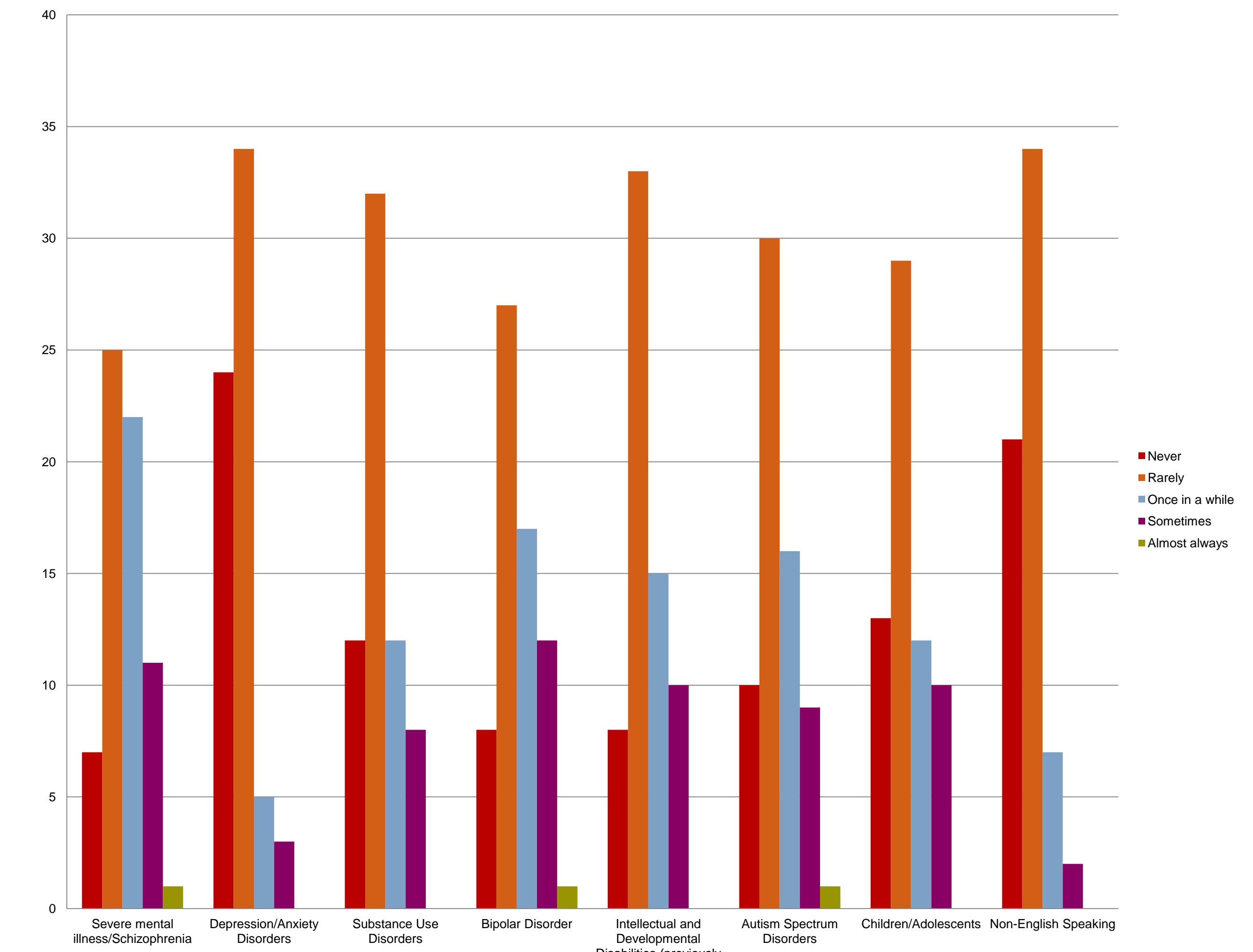


Which population do you find the most challenging?

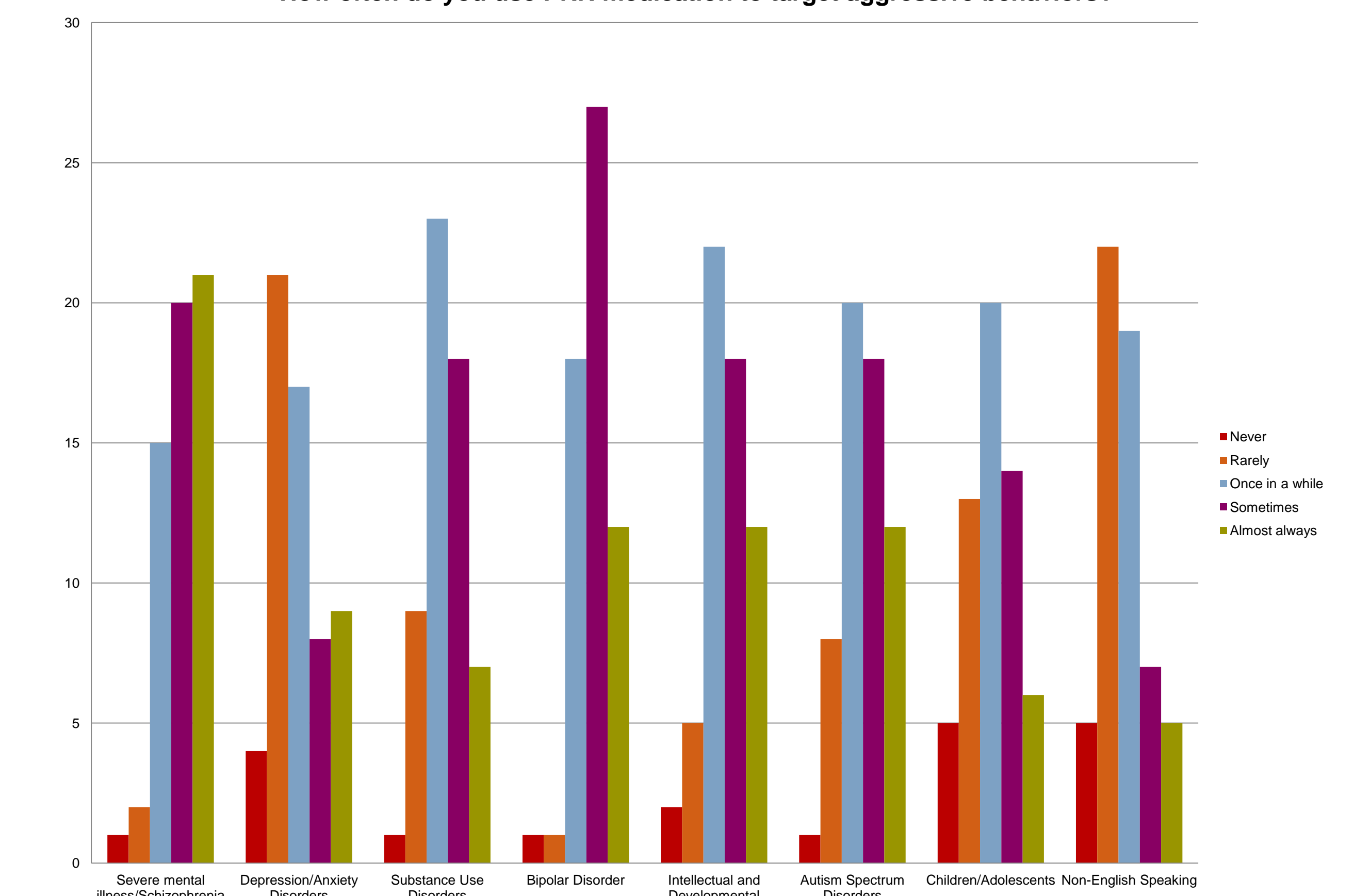
ASD	22%
Non-English Speaking	21%
I/DD	18%
Substance Abuse	18%
Other	18%
Children/Adolescents	12%
Schizophrenia/Severe Mental Illness	3%

*respondents could indicate more than one group

How often do you need to use Physical Restraints?



How often do you use PRN medication to target aggressive behaviors?



For individuals with I/DD, which interventions do you think would be useful to improve services and patient outcomes?

- 77% Behavior Support Specialist consultation
- 65% Staff Education

Discussion

On average, staff feel they have the least amount of knowledge and most challenges surrounding patients with ASD, I/DD and non-English speaking individuals. While staff reported rarely using physical restraints to manage behavior, use of PRN medication is more frequent especially in patients with severe mental illness. Most staff endorsed a behavior specialist and staff education as ways to improve service delivery and patient outcomes. This data will help inform future targeted interventions.