What Happens in the Hospital? **Incidence and Outcomes for Persons with Intellectual and Other Developmental Disabilities** Tara Sharpp, PhD, RN; Shannon Adamo, MS, RN; Eden Donahue, DNP, RN; Dian Baker, PhD, APRN-BC

Medical Center in a two-year period (2015-2016)

Background

- Concerns about patient safety and effective care delivery in acute care hospitals
- Patients with intellectual disabilities (ID) or neurodevelopmental disabilities (NDD) experience:
- More frequent admissions
- Higher levels of care during admission
- Increased likelihood of experiencing complications
- Healthcare providers struggle with how to effectively care for this population of patients
- Patients and families perceive that providers are under-trained

Method

Retrospective Chart review

Dataset

- University Medical Center
- 2015 2016
- Sample Keywords: developmental delay, autism, seizures
- 27,133 original data points
- 13,288 unique data points
- 1,133 patients admitted in the 2-year period

Demographics

Demographic Characteristics:

Mean age 14.36 +/- 16.52 (range from 0-93) Female 45% (n=510) Male 55% (n= 623)



Purpose: To create a demographic and descriptive analysis of the population of patients with intellectual and neurodevelopmental disabilities and services admitted to a University

Resu	lts
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Subset of Adult only Admissions N= 249 Female 46.6% (114) Male 53.8% (134) Age 34.3 +/- 16 (18-93) Mean length of stay 6.75 days +/- 16.8 (1-213) 24% (60) admitted in ICU ICU length of stay 8.93 days +/- 11.8 (1-61) Hospital-acquired risk factors Sepsis 4.8% (12) Pneumonia 9.6% (24) Dehydration 2.8% (7) Restraints 3.6% (9) **Hospital Stay** Mean length of stay 5.66 days +/- 17.7 (range 0* – 269) 35% (394) admitted to ICU Mean length of ICU stay: 10.39 +/- 25.7 days (1-268) Costs Total payment 31,623.99 + - 129,643.81 (from 0 – 2,402,870.39) • Total charge \$150,171.74 +/- 544,049.51 (from 0 - \$10,076,559.54) Most frequent admit diagnosis: Seizures Agitation Paroxysmal spells Developmental delay Cerebral Palsy *includes newborns and admits to ED with same day discharge Admitted from





Image credit: Kazoo Kid (2018)

- acute care hospitalizations
- Dataset challenges Not-present on admission codes inconsistently
- entered
- Various ICD coding labels

- needs
- safety
- \bullet system

Next Steps

- personnel

References

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Limitations

 Probably under-represented sample Included ED admission & discharge to home &

Seizure dx included patients without IOD

Implications

Clinicians on adult units do not receive training for unique needs of persons with IOD • Over two years, over 1000 acute care hospital patients were admitted unique and specific

Secondary diagnosis are concerns for patients'

For newborns dx with IOD, currently limited use of care coordination that translates into clinic

 Develop a patient health passport system Establish education classes for health care

Beta-test classes & national distribution

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