

Evaluation of Developmental Disabled patient in ER

Haitham Khalifa,
Emergency Physician EgFEM
Member EgSEM
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وزارة الصحة والسكان

مستشفى الشيخ زايد التخصصي
Sheikh Zayed Specialized Hospital

دائرة الإسعاف و التوليد و أمراض النساء
وحدة الطوارئ التخصصية

المدخل
الرئيسي



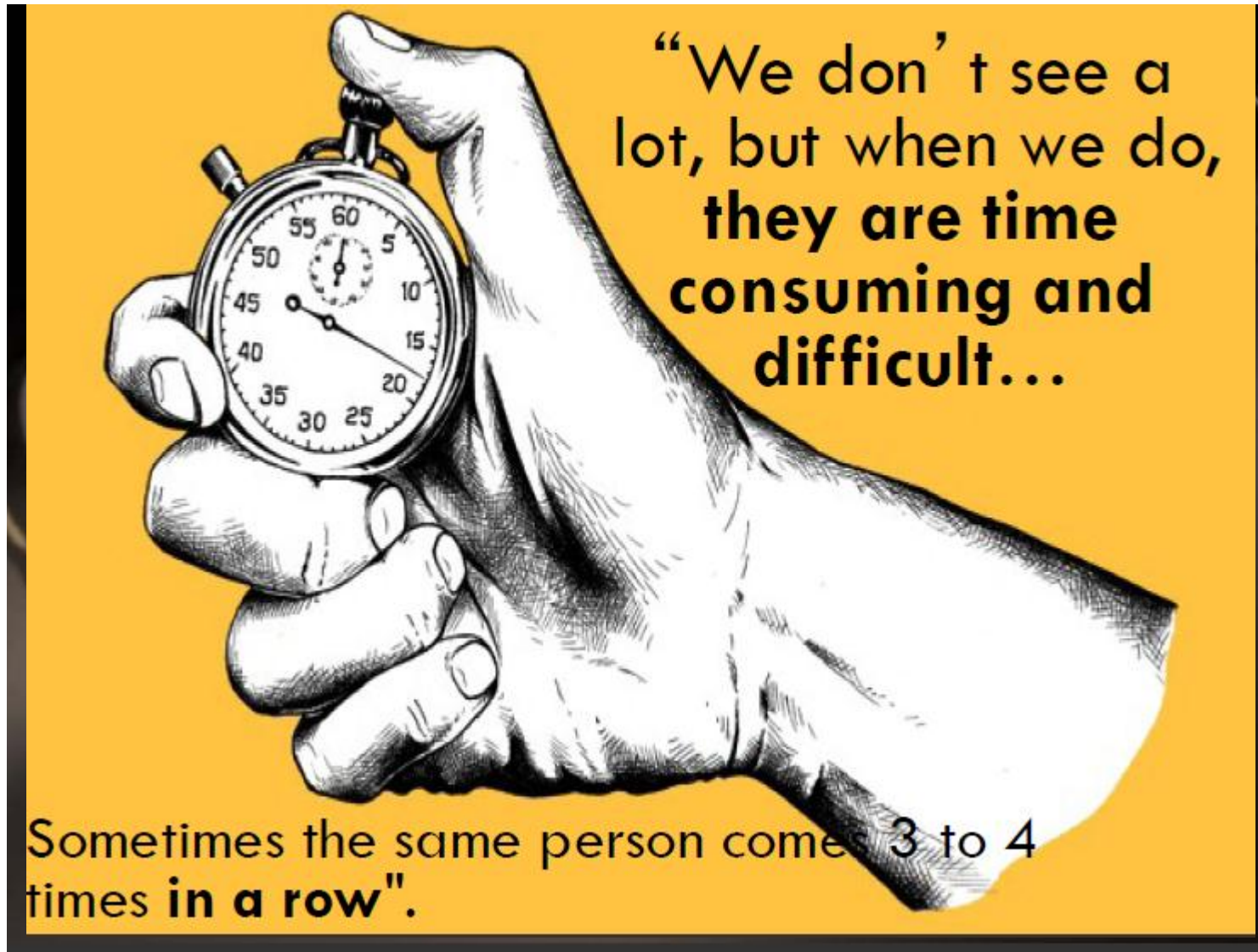


Case Scenario : Patient with DD (Agitated)

- Guess how long patient Had recurrent visits to ED?
- Guess what the final diagnosis was?



What do we hear from Emergency Department staff?



Epidemiology :



What do we hear from Patients with DD & Their Families?



- **Lack of respect**
 - Rights
 - Forced procedures
 - Treated for a different complaint
- **Consent**
 - Not given opportunity
- **Chemical and physical restraint**
 - Prior to alternative approaches

Prepare to your visit :

- Essential Information
- Things make you comfortable



How are we going to improve outcomes in our ED?

- 1 Building Awareness in your site
- 2 Identifying your patients + alerting the team
- 3 Adapting clinical approaches (*Resources for Staff*)
- 4 Enhancing discharge information
& preventing future emergencies

1

Building Awareness in your site

2) Come Up with a term
that staff comfortable
using
1) Find Champions
and build a team
Developmental
Disability



1

Building Awareness in your site

What are criteria for Development

Originate before age of 18

Life Long in nature

Affect major life activity



1

Building Awareness in your site

3)Remember your ABC's

All Behavior is Communication

All Behavior is Communication

1

Building Awareness in your site

4)Staff engagement survey

- ➡ 1. What is your role in the ED (e.g., RN, MD, NP, Registration, Resident, SW, Physician Assistant, Crisis Worker, etc.)?
- _____
2. In the last year, have you been involved in caring for a patient with a suspected DD? **YES or NO**
3. Are you aware of strategies to help identify if a patient may have a DD? **YES or NO**
If yes, please share any of these strategies: _____
4. When caring for a patient with a suspected DD, how often do you: (1= never, 2=sometimes, 3= often)
- A. Document DD in the chart: 1 2 3
 - B. Communicate the DD verbally to your colleagues (even if not the presenting problem): 1 2 3
 - C. Check to see if noises, lights, smells, or touch can trigger challenging behavior: 1 2 3
 - D. Seek out appropriate accommodations: 1 2 3
 - E. Adapt your approach: 1 2 3
 - F. Adapt your process at discharge (e.g., clearly explain what happened during visit & next steps, ensure patient is connected with services in the community, connect with caregivers): 1 2 3
5. Which of the following are strategies of adapting your approach? (check all that apply)
- ☐ Lower your voice
 - ☐ Consider body language
 - ☐ Carefully explain procedures
 - ☐ Ask patient/caregiver for helpful strategies
 - ☐ All of the above
6. When caring for a patient with DD, how do you feel:
(1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree)
- | | |
|---|-----------|
| a. Comfortable discussing the individual's disability with the patient or caregiver? | 1 2 3 4 5 |
| b. Knowledgeable about comorbidities and care issues in DD? | 1 2 3 4 5 |
| c. Familiar with community resources for people with DD? (e.g. developmental services, Community Networks of Specialized Care, funding opportunities like the RDSP or Passport Funding, etc.) | 1 2 3 4 5 |
| d. Skilled in adapting your communication and approach to a person with DD? | 1 2 3 4 5 |
| e. Equipped with proper resources to make desired accommodations? (e.g., time, | 1 2 3 4 5 |
7. Place an **x** next to the statement that most closely reflects your position toward improving care for patients with DD:
- ☐ Improving care for people with DD is important, but I'm not sure I have the time or resources to commit to it.
 - ☐ I plan to be involved in implementing DD CARES tools in our department.
 - ☐ Our department does not need the DD CARES initiative. People with DD already receive excellent care.
 - ☐ I am already well connected and enthusiastic about the DD CARES initiative and tools.

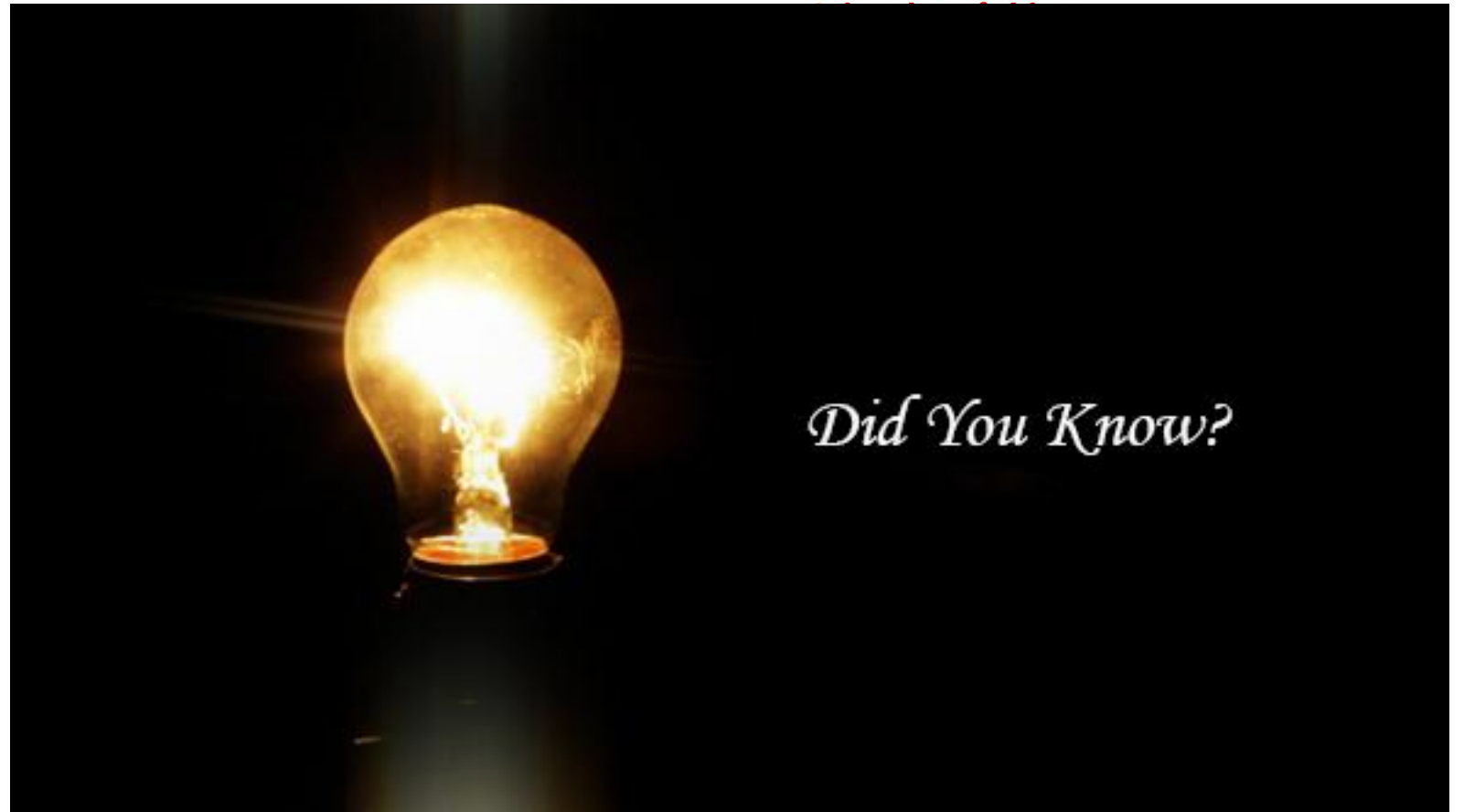
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Building Awareness in your site

I am Mark.

**5)Build the case to
your colleagues:**

**I am Campaign
Email Blasts**



GET TO KNOW ME



I am more than my disability.

1

Building Awareness in your site

6)Embed tools & Resources:

DD CARES Acronym Posters

Safety & Support



Working with patients with developmental DD can be challenging if staff do not feel equipped .

Work together with the family/caregivers to identify useful strategies to ensure safe and supportive interaction



What techniques can you use to create a positive experience for both the patient and yourself ?



1

Building Awareness in your site

6)Sample Role Description

Assign Roles



1

Building Awareness in your site

7) Celebrate small wins & achievements



2

Identifying your patients (Screening & Alerting)

2

Identifying your patients (Screening & Alerting)

1) Observations to Look out for:

Observations to Look out for:

- ☐ Slow response time
- ☐ Difficulty filling out forms/paperwork
- ☐ Repeat visits for same issue(s)
- ☐ Difficulty following instructions
- ☐ Chronic social or legal troubles
- ☐ Concrete/literal thinking
- ☐ Difficulty rephrasing information
- ☐ Frequently misses follow-up
- ☐ Difficulty with basic math



2

Identifying your patients (Screening & Alerting)

2) Questions to Ask :

Questions to Ask:

- ☐ Education Level
- ☐ Day time activity
- ☐ Functional abilities
- ☐ Support level



2

Identifying your patients (Screening & Alerting)

3)About Me : Patient Communication Tool:

Other Information About Me

Things that I like to do to feel good:

Information about my medications:

Allergies:
What I am allergic to:

What happens to me:

Patients/Caregivers: If you would like to provide feedback on how you used this tool, please contact the DD CARES team at: ddcares@camh.ca

About Me:
My Health Information

My Information:
My name: _____
My birthday: Month _____ Day _____ Year _____
My address: _____
My phone number: _____

Other Information:
I receive ODSP: yes ___ no ___ For Staff: If yes, list of medications available in Drug Profile Viewer
I live (choose one): in my own house/apt ___ with family ___ group home ___

Who to call for help:
Name: _____
Phone number: _____
Relationship to me: _____

My family doctor:
Name: _____
Phone number: _____

For Staff: *medication and allergy information on back page

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Adapting clinical approach

1)Environmental adaption

2)Head to Toe Assessment

3)Communication Tips

3

Adapting clinical approach

1)Environmental adaption:

Case :Difficult Blood Drawings



3

Adapting clinical approach

1) Environmental adaption:

↓ Case : Improved Intervention ↓



90% of DD Experienced Trauma or Abuse

3

Adapting clinical approach

2) Head-to-Toe Assessment : **Common Missed Diagnosis**

- | | |
|-----------------------------------|--|
| H Headache , Hydrocephalus | T Tummy |
| E Epilepsy | O Osteoporosis |
| A Aspiration Pneumonia | E Etiology of The Cause of IDD |
| D Drugs | S Serious illness present a typically |
| T Teeth | S Screen for abuse |
| O Ocular , Otorhynology | |



3

Adapting clinical approach

3)Communication Tips

Case :Aggressive Patient



3

Adapting clinical approach

3)Communication Tips

Case :De-Escalating aggression (Improved Practice)

Familiarity

Simple
Words

Slow
Voice

Body
Language

Tell,Show,
Do

Positive
praise

Aids



Wt
Behavior
Tell us?

Baseline

If Pain??
Missed
Causes

Sensitive
to Change

Emotional
Need

3

Adapting clinical approach

3)Communication Tips

What about Rapid Tranquilization?

1 Goals

2 Special Considerations

3 Initial ttt

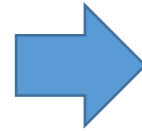


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Adapting clinical approach

3)Communication Tips

Case :Frequent Visitor



3

Adapting clinical approach

3)Communication Tips

Case :Frequent Visitor

Involve the Patient

Explain in own words

Collateral Information

Developmental Service



Sensitive to change

Like / Dislike

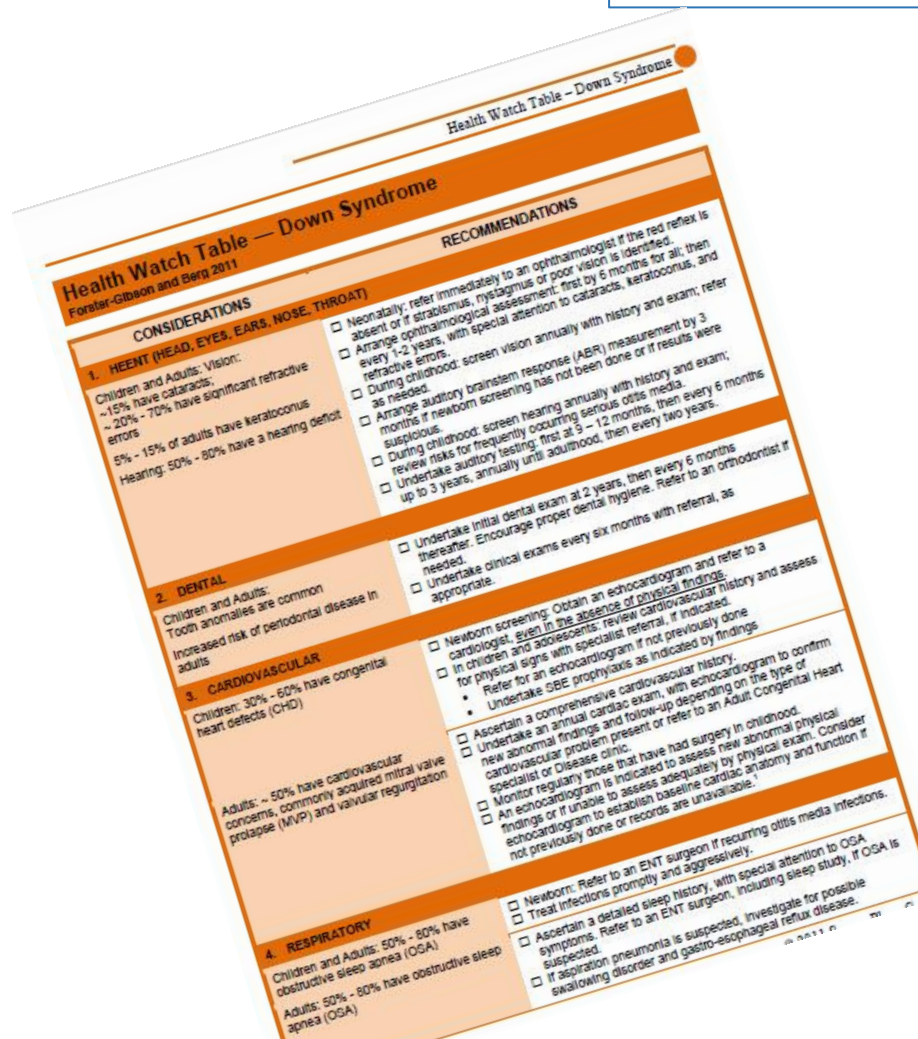
Crisis Plan

Exit Interview

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Adapting clinical approach

Developmental Service



ODSP Ontario Disability Support Program

This is money from the government for people with disabilities. A doctor will need to fill out forms that explain to the government that you have a disability and that you need some help.

To get your ODSP forms, you have to go an ODSP office. If you call 2-1-1, they can help you find the closest ODSP office. Then, bring the forms to your doctor.

Everyone on ODSP can have:

- ☒ Medications.
- ☒ Eye exam every 2 years.
- ☒ Eyeglasses every 3 years.
- ☒ Dentist care.

☒ Use the drug and dental card you get each month.

Extra forms can help some people get other things, like:

- ☒ Travelling to healthcare appointments.
- ☒ Healthy food (a "Special Diet").
- ☒ Helping to buy wheelchairs, walkers.
- ☒ Medical supplies, like diabetes needles or bandages.

☒ You will need extra forms for this!

If you decide you would like to start working, contact your ODSP worker. They can help you!

This booklet is meant as a guide only.

For financial advice, please speak to a financial expert or someone you trust.

St. Michael's  Health Care Access Research and Development for Disability

Getting extra money

Learn about how you can get more money.



4

Enhancing discharge information (Prevent Future Visits)

1)Exit Interview

Today's Visit:

Problem that brought me to hospital:

Tests that hospital staff did:

What hospital staff found out:

What hospital staff did to help me:

Name(s) of ED staff member that I saw today: (MD, NP, SW, RN, etc.)

Additional Information for Primary Care:

Medications and Follow-up instructions:

Was a new medication prescribed? YES or NO

If Yes:

Medication:

I am to take this _____ times per day.

I am to stay on this for _____ days

Reason prescribed:

Medication: _____

I am to take this _____ times per day.

I am to stay on this for _____ days

Reason Prescribed: _____

I should come back to hospital if:

This is someone at the hospital that me, or my caregivers can speak with to plan for any future emergencies:

Name: _____

Appointments

Were any other appointments made?

YES or NO

If Yes,

Name: _____

Appointment Location: _____

Reason for the referral: _____

Will they call me? Yes or No

If I should call them, their number is: _____

I should try to see my Family Doctor within _____ days.

4

Enhancing discharge information (Prevent Future Visits)

2)Crisis Plan

Crisis Prevention and Management Plan ²

Overview of Behaviour Stages and Recommended Responses

Stage of Patient Behaviour	Recommended Caregiver Responses
Normal, calm behaviour	Use positive approaches, encourage usual routines <ul style="list-style-type: none"> Structure, routines Programs, conversation, activities, antecedent interventions, reinforcement
Stage A: Prevention (Identify early warning signs that signal increasing stress or anxiety.) Anxiety may be shown in energy changes, verbal or conversational changes, fidgeting, sudden changes in affect, attempting to draw people into a power struggle.	Be supportive, modify environment to meet needs <ul style="list-style-type: none"> Encourage talking, be empathetic, use a non-judgemental approach, be supportive, increase positive feedback, offer choices. Use calming object or usual calming approach (e.g., deep breathing). Use distraction and environmental accommodation (e.g., noise stimuli, personal space).
Stage B: Escalation (Identify signs the patient with DD is escalating into possible behavioural crisis.) Increasing resistance to requests, refusal, questioning, challenging, change in tone and volume of voice, sense of loss of control, increasing physical activity, loud self talk, swearing to self.	Be directive (use verbal direction and modelling), continue to modify environment to meet needs, ensure safety <ul style="list-style-type: none"> Use verbal intervention techniques, set limits, remember distance. Use visual aids if helpful. Reassure, discuss past successes, show understanding. Describe what you see, not your interpretation of it. If the patient with DD is able to communicate verbally, identify his/her major feeling state (angry, frustrated, anxious), provide answers to questions, generate discussion, state facts, ask short clear questions. For a non-verbal patient with DD, adjust responses to him/her.
Stage C: Crisis (Risk of harm to self, others, or environment, or seriously disruptive behaviour, e.g., acting out.) Verbal threats of aggression, or aggression: <ul style="list-style-type: none"> Swearing at people Explosive, threatening Using threatening gestures to others or self Physical aggression to self or others: <ul style="list-style-type: none"> Hurting self Kicking, hitting, scratching, choking Using objects to hurt self or others 	Use safety strategies <ul style="list-style-type: none"> Ensure your own safety, safety of others, and safety of individual. Use personal space and supportive stance. Remove potentially harmful objects. Use clear, short, calm and slow statements. Remind the patient with DD of pre-established boundaries; remind him/her about the consequences of his/her behaviour but do not threaten him/her. Get assistance to keep safe. Use crisis response strategies Everyone should agree on a plan for what happens at the time of crisis and the follow-up. For example: <ul style="list-style-type: none"> Phone 9-1-1 In Toronto: call the Mobile Crisis Unit 416-299-2434 Have caregiver accompany distressed patient to Emergency Take the patient to ED with the following: <ul style="list-style-type: none"> List of medications from pharmacy Essential information for Emergency Department Crisis Prevention and Management Plan
Stage R: Post-crisis resolution and calming <ul style="list-style-type: none"> Stress and tension decrease Decrease in physical and emotional energy Regains control of behaviour 	Re-establish routines and re-establish rapport <ul style="list-style-type: none"> Attempt to re-establish communication and return to "calm" and normal routines.

Crisis Prevention and Management PlanOverview – Escalation Stages and Recommended Interventions for Agitated or Aggressive Patients with Developmental Disabilities ¹

Stage	Intervention
A: Prevention: Anxiety or Agitation	Ensure safety of patient and staff. Strengthen environmental supports, decrease stressors.
B: Escalation: Defensive/Verbal Threats	Be Directive - Verbal de-escalation and modelling As above, modify environment to meet patient's needs and ensure safety for everyone.
C: Crisis: Acting Out/Overt Aggression	Crisis Intervention and Safety Strategies: <ul style="list-style-type: none"> Continue attempts at verbal de-escalation. Use physical interventions. Get PRN medication if ordered and indicated. Consider calling for help or calling 9-1-1.
R: Post-Crisis Calming: Crisis Resolution	Support patient's return to normal behaviour and activities. Document, and debrief with patient, caregivers, team.

Take home message :

All Behavior is Communication

Head-to-Toe Assessment

- 1 Building Awareness in your site
- 2 Identifying your patients + alerting the team
- 3 Adapting clinical approaches
- 4 Enhancing discharge information

El Shiekh - Zayed Emergency team

24 / 7



Any questions?

