CONFERENCE ABSTRACT

ADMISSION 2 DISCHARGE TOGETHER (A2D) - improving the hospital journey for people with an intellectual disability

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Introduction: People with intellectual disability (ID) living in supported accommodation have complex health needs and poorer health outcomes. Their average age of death is 25 years younger than the general population*.

Clinicians and support workers report challenges in caring for this population in hospital because of "inadequate information, not understanding the person's wants and needs, and challenges in communication with the person and their carers".

Practice change: The development and implementation of the A2D Folder promotes carer and hospital engagement to provide safe clinical care. The training of hospital staff raises disability awareness and challenges staff attitudes to people with disability.

Aim & theory of change: Co-design and capacity building principles:

• Underpin the development and implementation of a simple and cost-effective solution to optimise transfer of information between group homes and hospital.

• Assist health and disability staff with knowledge and strategies to meet the needs of persons with an ID in the hospital setting.

• Increase the integration of care and smooth transition in and out of hospital for residents of supported accommodation.

Targeted population and stakeholders:

• 128 residents of government funded group homes in the catchment of three hospitals

• Disability carers

• Hospital staff

Timeline: Two years (18 months currently)

Highlights:

• Development of the A2D Folder and staff education packages

• Completed A2D Folders for 128 residents

• Trained 560 medical, nursing and allied health staff

• Formative evaluation shows a positive effect on attitudes

• High demand for broader implementation and training

• Health district innovation award nomination

Sustainability:

• Hospital culture shift with local champions propagating new clinical attitudes and skills

• Development of a web-based A2D Toolkit including training resources, train-the trainer packages and a film clip

Transferability:

• Several other local health districts in NSW and 5 non-government service providers have implemented the A2D folder and training package

• Families providing care in their own homes are requesting an A2D Folder

Conclusions:

• The project has demonstrated that an equal partnership model using co-design principles can enhance outcomes for residents in supported accommodation.

• Targeted rights based training can change staff culture and attitudes.

• Preliminary analysis of 55 admissions since the start of the project show a reduction in duplication of services, length of stay and in readmissions.

Discussion:

• Co-creating a normative vision for an optimal admission to discharge journey for a person with ID facilitates the functional integration of interagency services.

• Case example of nursing staff using the Top 5 to decrease client anxiety by singing a favourite song rather than using physical restraint.

Lessons learned:

• Simple strategies can have significant outcomes

• Patient stories are a powerful tool to change staff and organisational culture across agencies

• Integration of care between acute health and community based disability services is possible when working in true partnership with a shared vision.

* 2015 NSW Ombudsman's Report of Reviewable Deaths in 2012 and 2013; Volume 2: Deaths of people with disability in residential care.