Caring for the Adult with Intellectual Disability in the Acute Care Setting

A Nurse Education Program

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Disclosure

Donna Harmon DNP, RN, ACNP BC, CNE

- I have no relevant financial relationships with commercial interests to disclose.
- I have no actual or potential conflict of interest in relation to this program/presentation.
- No sponsorship or commercial support was given to the author.

Learning Objectives

- Discuss the gap in the educational preparation of nurses in caring for this population
- Discuss the impact the gap has on the care of this population
- Articulate best practices when caring for this population in the acute care setting

Overview

- Gap in the educational preparation of healthcare providers in the care of people with intellectually disabilities.
- People with intellectual disabilities have a substandard quality of health care, and increased rates of morbidity and mortality.
- Best practices for this population include education of the healthcare provider.

Background

- PWID have increased health care needs, poorer quality of care, and increased morbidity and mortality
- Contributing factors
 - provider lack of understanding or knowledge in the care of people with disabilities
 - delay in diagnosis
 - diagnostic overshadowing
- Negative attitudes about providing care to PWID has been linked to minimal education and experience with this population

Bultas, 2012; Lewis & Stenfert-Kroese, 2010; Vander Ploeg Booth, 2011

The Gap

- 1. The lack of knowledge
- 2. The lack of training
- 3. Nurses perceived low level of confidence in providing care of PWID.

The Gap

- Nursing Curricula
 - Less than 50% included educational courses in the care of the intellectually disabled
 - 60% of nurses in one study had no education during their formal education or since licensure in the care of PWID

Gardner, 2012, Temple & Mordoch, 2012; Trollor, 2016; Walsh, Hammerman, Josephson, & Krupka, 2000

Closing the Gap: Methods

- Quality improvement project
- Interprofessional Educational Seminar
- Objectives
 - Identify 2 signs and symptoms of common medical complications associated with this population
 - Discuss the unique needs of the patient and family during the hospitalization
 - Explain the nursing challenges of caring for adults with intellectual disabilities in the acute care setting
 - List 3 strategies to care for the adult with intellectual disabilities in the acute care setting.

Methods Used

- Two Hour Educational Program
 - Speakers: Nurses, Neurodevelopmental Physician, Parent, Nurse Practitioner
 - Video Why are we here? A families experience
 - Lecture Medical Issues for people with intellectual disability - Neurodevelopmental physician
 - Discussion Nursing Care Challenges
 - Discussion Parents Perspective
 - Lecture Care Planning for the patient with Intellectual Disability
 - Discussion/Q&A

Common Medical Issues

- Obesity
- Mental Health issues
- Heart disease
- Diabetes
- Infections- urinary, skin, GI
- Bowel obstruction complications
- Seizures
- Reflux and Aspiration pneumonia
- Dental infections
- Osteoporosis

Key Questions for Assessment

- What is the best way to communicate with the pt?
- What do we know about the patients hearing?
- What do we know about the patients vision?
- How do you know when something is bothering or hurting the patient?
- What seems different about the patient now compared to when they are well?
- Do you know their usual heart rate, blood pressure, temperature or respiratory rate?

Care Planning



Care Planning



BMC Nurse Practitioner Develops Activity Cart

As part of her doctorate of nursing practice education, Nurse Practitioner Donna Harmon (center in photo), developed an activity cart for patients with intellectual disabilities

Demographic Results

	Frequency	Percent
Age		
33-52	10	71.4%
55-62	3	21.4%
63-71	1	7.1%

Not included here is 1 student, 1EMT and 1 personal care attendant

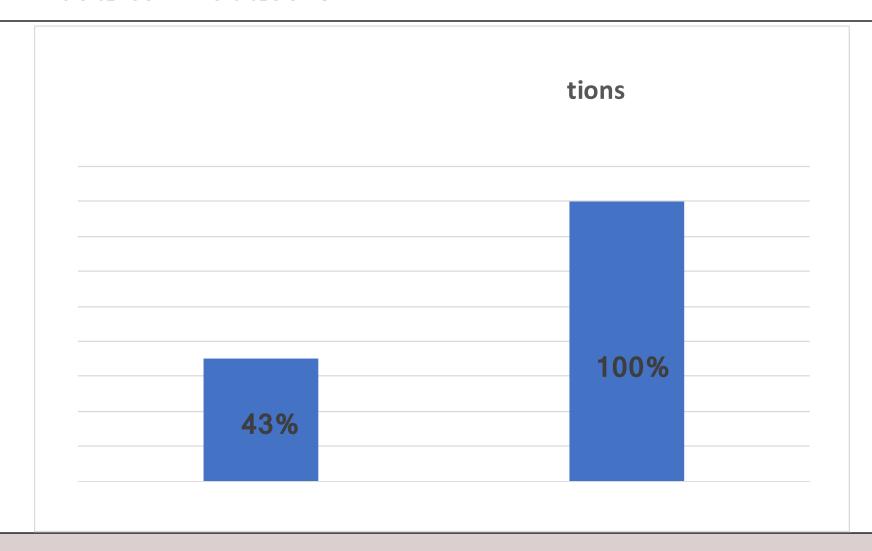
Results

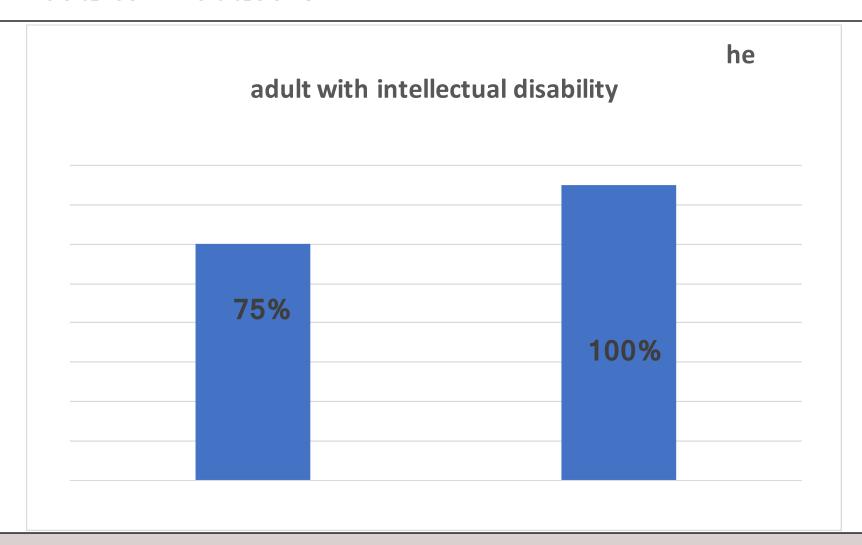
	Frequency	Percent
Education Level		
Diploma	1	7.1%
Associate	4	28.6%
Bachelor	4	28.6%
Masters	5	35.7%

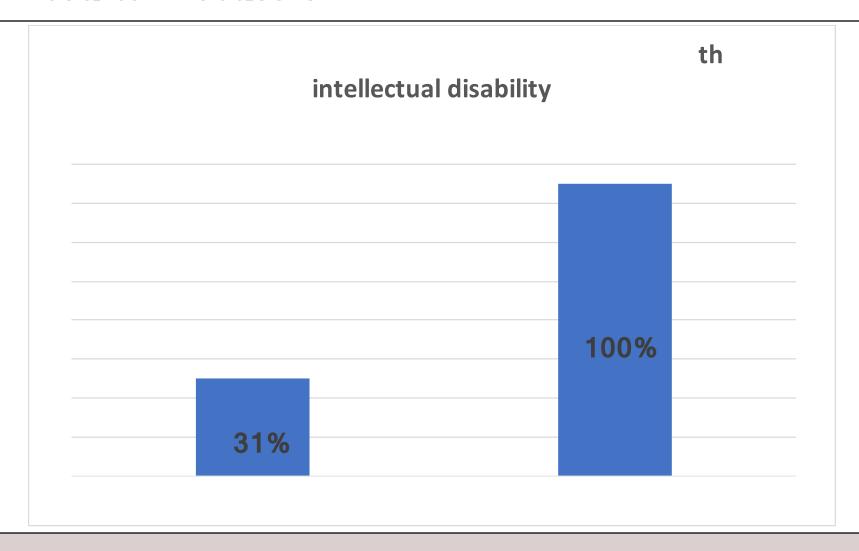
- Intellectual disability significant limitation in intellectual function and adaptive behaviors, onset before the age of 18
- Significant difference in:
 - Feeling confident in ability to co-ordinate care with an interprofessional team (p=.002)
 - Level of comfort in providing resources to caregivers experiencing caregiver role strain (p = .011)
 - Self- confidence in understanding the patient needs
 - Confidence in the ability to communicate effectively(p=.002)

Discussion

- Significant difference in:
 - Ability to identify symptoms of common medical complications in this population (p=.003)
 - Understanding of nursing challenges (p=0.046)
 - The ability to list three nursing strategies in caring for this population (p=.002)







Conclusion

Results of this program demonstrate when given education nurses perceive themselves to be

- Confident in coordinated and interprofessional team
- Comfortable in providing resources to caregivers experiencing caregiver role strain
- Understand the patient needs
- Confident in their ability to communicate effectively

Conclusion

Results of this program support

 Inclusion of courses in nursing programs about caring for the intellectually disabled person

 Continuing education to ensuring practicing nurses have the competencies to care for this population

Conclusion

Limitations

Sample Size

All participants from same organization

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