Management of acute episodic illness in intellectual disability group homes: a case study exploration of professionals’ experiences

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Team

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Learning Objectives

• Role of residential in reach services in Australia

• Challenges of acute illness for people with intellectual disability (ID) living in Specialist Disability Group Homes (GH)

• Experiences of service provision from perspectives of:
  – In-reach nurses
  – Disability care workers
Key terms

• Intellectual disability
• Group Homes
• Disability Care Workers
• In-reach services
• In-reach nurses
Background

• People with intellectual disability are ageing
  – Early onset problems of ageing
  – High incidence of chronic and complex disease
  – Supported living arrangements
  – Increase demand on health services as health needs change

• Hospital care not suited to needs

• High risk for poor quality care, poor outcomes
Research Purpose and aim

- **Purpose** is to inform strategies to support in-reach services to meet healthcare needs for people with ID living in GH.

- **Aim**
  
  - Explore and describe the perspectives, experiences and practices when providing healthcare during inter-current illness for people with ID living in GH, from the perspectives of:
    - Disability Care Workers
    - In-reach service Registered Nurses
Research design

• Qualitative exploratory study
• Setting was catchment of a single large health service in Melbourne, Australia
• Convenience sample of 7 participants:
  – 4 RNs with experience of providing healthcare in GH
  – 3 Disability Care workers
• In-depth interviews using case study vignettes
• Audio-recorded and transcribed for analysis
• Content and thematic analysis
Findings

Three themes:
1) problems in access and equity to healthcare services for people with ID;
2) difficulties associated with providing healthcare for clients living in GHs when they experience an acute illness; and
3) factors contributing to the success of in-reach services to provide acute care for people with ID living in GHs.
Access and equity to healthcare for people with ID

• Gaps in care for intellectual disability and ageing

• High administrative burden impacts care

• Responding to transitions and changing care needs

• Timely support in acute illness

We are always there when they need us (RN)
Difficulties providing acute healthcare in GHs

- Limitations of DCW practice and skill
- DCW as client advocate
- Ripple effects in GH

Another impact is on the other clients in the group home. ...their [social] outings become limited...Then we get the [challenging] behaviours in the house (DCW)
Factors for successful in-reach services

• Collaboration

• Long term strategies and care alternatives

we...save the patient from being transported to the outpatient appointment at hospital. We can [send] the referral...directly to the patient [home] (RN)
Conclusions

• Highlights ongoing problems in equity and access to healthcare for people with ID

• Uncovered difficulties associated with providing acute episodic care in a GH

• Inform ongoing development of service models
Contribution to practice and scholarship

• Findings inform policy development and service improvement

• Addresses a gap in current literature

• Highlights need to capture the voice of people with disability

• Novel approach for a complex problem and vulnerable group
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