CENTRE FOR QUALITY AND PATIENT SAFETY RESEARCH

Monash Health Partnership





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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:

- problems in access and equity to healthcare services for people with ID;
- 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 In-reach service into GH Service **Episodic** illness success







Access and equity to healthcare for people with ID

Gaps in care for intellectual disability and ageing

High administrative burden impacts care

We are always there when they need us (RN)

- Responding to transitions and changing canneeds
- Timely support in acute illness







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













Acknowledgements

We acknowledge the contribution and support of the study participants and managers at the participating sites

2016 Australian College of Nursing Postgraduate Research Scholarship





