

CHECKLISTS FOR DELIVERING HIGH QUALITY CARE FOR PEOPLE WITH COGNITIVE DISABILITIES IN HOSPITAL



Accompanying
Person/s



Hospital Staff



Processes



Environment
and Resources



ENQUIRIES

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Why use these checklists?

Background

A study of the journeys through **hospital care of people with intellectual disabilities and traumatic brain injury** identified that Support, Information, Collaboration and Reciprocal Knowledge are fundamental to delivering high quality hospital care, and thereby ensuring positive experiences and good health outcomes for people with cognitive disabilities. The full report of the study is available from <http://hdl.handle.net/1959.9/563533>

Support

The primary need of **people with cognitive disabilities** across the hospital journey is **Support** to accommodate their needs. Support is required from the triggering event through investigation and successful resolution or management of the health problem to discharge. Support is provided by hospital staff, family members and disability support workers who accompany people with cognitive disabilities at different times and in various environments during the hospital encounter.

Information

The primary need of **hospital staff** in providing care to people with cognitive disabilities across the hospital journey is **Information**. Staff need readily available health and care information that is reliable, current and person-specific. Such information enables staff to provide high quality care and reassurance during assessment, diagnosis, treatment and discharge processes, and facilitates a hospital experience to be as comfortable and stress free as possible for the person.

Collaboration

The support needs of people with cognitive disabilities and the information needs of hospital staff are best met when health care practices are underpinned by a positive attitude towards **Collaboration between hospital staff members, the person with cognitive disability, family members and disability support workers** who accompany them.

Reciprocal knowledge

Reciprocal knowledge across the hospital and disability systems supports collaboration, the flow of information, the provision of support, and ultimately, the outcome of the hospital encounter for the person.

The checklists

Four checklists for ensuring high quality hospital care for people with cognitive disabilities were developed from the study. They are based on the good practices regarding Support, Information, Collaboration and Reciprocal Knowledge that were observed and heard about. These practices relate to the whole hospital journey – from the event that triggered a trip to hospital to discharge.

There are two checklists for the key people providing direct support during the hospital journey – Accompanying People and Hospital Staff – and two checklists for Hospital Managers and Administrators about the Processes and Environments that underpin support good support, collaboration, and reciprocal knowledge.



Good Practice Checklist for Accompanying People, Family Members and Disability Support Workers

- ✓ **Has the patient been accompanied by a person who knows them well in terms of their**
 - personal details
 - likes and dislikes
 - ability and needs
 - living situation
- ✓ **Has the accompanying person informed hospital staff of their role and relationship with the patient**
- ✓ **Does the accompanying person know or have a prepared summary of the patient's health background**
 - Any disabilities or disorder in addition the person's primary disability (e.g., autism, hearing impairment)
 - chronic health conditions
 - ongoing medications
 - allergies
 - treating health practitioners
- ✓ **Does the accompanying person know about the patient's current health problem**
 - what may have caused or contributed to it
 - what happened in the hours prior to coming to hospital
- ✓ **Can the accompanying person advise staff on how best to interact/communicate with the patient**
- ✓ **Can the accompanying person support others to interact/communicate effectively with the patient**
- ✓ **Does the accompanying person know the patient's typical behavioural responses (positive and negative)**
- ✓ **Can the accompanying person advise staff on how to reduce the patient's anxiety and allay fears**
- ✓ **Can the accompanying person advise staff on strategies to reduce boredom for the patient during extended hospital stays or waiting periods**
- ✓ **Can the accompanying person contact others who know the person well and can provide support**
- ✓ **Is the accompanying person confident to advocate if necessary for timely, individualised care for the patient**
- ✓ **Is the accompanying person available and able to provide information and explanations on multiple occasions and to multiple people**



Good Practice Checklist for Hospital Staff Members

- ✓ **Do staff treat the patient with respect and dignity**
- ✓ **Do staff modify their communication/interaction style to promote the patient's understanding**
- ✓ **Do staff give their name and identify their role and function in the care process**
- ✓ **Do staff know the role and the relationship of accompanying person/s to the patient**
- ✓ **Do staff have basic and accurate knowledge about**
 - disability service systems
 - disability support services
 - the role of disability support staff
- ✓ **Do staff accept/support continuation of**
 - home-based personal care
 - medication
 - diet and meal time practices and preferences
- ✓ **Do staff respect and support the patient's right to participate in decision making**
- ✓ **Do staff know that cognitive disability can have an impact on a range of functions**
 - comprehension and expression
 - memory - immediate, recent and longer term
 - judgment and inhibition
 - fatigue and mood
- ✓ **Do staff provide clear messages and reassurance about**
 - what is happening in the moment
 - what to expect next
- ✓ **Do staff work collaboratively across the health team and with accompanying persons, family members and disability support workers**
- ✓ **Do staff recognise and enlist the input of allied health professionals to address specialised areas of function and outcome**
- ✓ **Are staff prepared to repeat information about the patient's condition and progress on multiple occasions and to multiple people**
- ✓ **Do staff recognise that providing quality care to people with cognitive disabilities often requires additional time**
- ✓ **Do staff check the patient's situation regularly and not leave the patient unattended for long periods of time**
- ✓ **Do staff notify the patient if a change of staff or change of routine is taking place**



Good Practice Checklist for Managers and Administrators about Hospital Processes

- ✓ **Do hospital records include history and personal detail options that are sensitive to characteristics of people with cognitive disabilities**
 - such as categories for living circumstances that include the types of accommodation likely for people with disability
- ✓ **Is there potential to use a clinical flag in the medical file to alert staff to the presence of cognitive disability**
- ✓ **Do hospital processes allow for mechanisms and procedures to activate additional support when judged necessary by hospital staff**
- ✓ **Do hospital processes acknowledge the need for additional time required to provide quality care to patients with cognitive disabilities**
- ✓ **Can a staff member be nominated to act as the primary contact person for the duration of the hospital journey**
- ✓ **Are there processes in place that facilitate feedback and timely responsiveness to concerns and complaints**
- ✓ **Do hospital processes allow for a focus on continuity of care**
 - across hospital environments (e.g. Emergency to Short Stay to Ward)
 - discharge destinations (e.g. the family home, disability group home, aged care)
- ✓ **Is there a focus on timely discharge to a safe destination of the patient's choice**
- ✓ **Is there a requirement for a written plan for ongoing management following discharge that covers**
 - what to do and when
 - what medication to take and when
 - who to see and when
 - action to take if problem returns/worsens
- ✓ **Do staff have access to information about**
 - the disability service system
 - disability services
 - the role of disability support staff



Good Practice Checklist for Managers and Administrators about Environment and Resources

- ✓ **Does the part of the hospital where the patient is located provide a space that can be flexibly organised**
- ✓ **Is there quiet space available away from crowded areas**
- ✓ **Can signage be seen and easily understood through the use of**
 - large print
 - colour coded, pictorial or other easy to understand symbols
- ✓ **Is the patient in line of sight of hospital staff**
- ✓ **Can a patient's personal possessions be stored in a secure place so that the patient can**
 - access their possessions
 - be reassured of the location of their possessions
- ✓ **Is it possible to avoid unnecessary change when the patient is settled in a particular environment (cubicle, room, ward)**
- ✓ **Does the patient have access to communication aids**
 - hospital pictorial pain scales
 - hospital basic needs boards
 - the patient's own communication aid
- ✓ **Is information/expertise about delivery of disability specific care (e.g. PEG management) or use of assistive devices (e.g. speech generating devices) readily available and accessible**