University of California
San Francisco

UCSF School of Medicine | Department of Family and Community Medicine | Office of Developmental Primary Care

Emergency Department Protocols for People with Developmental Disabilities

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Biography

- Professor of Family and Community Medicine
- Director of Developmental Primary Care
- Primary care of medically and behaviorally complex people with developmental Disabilities
- Parent of Autistic young adult with complex needs

What will I talk about?

- What is the difference between primary care and emergency department care?
- How can we prevent emergency department visits?
- How can we prepare to go to the emergency department?
- What can emergency department do to make our visits more successful?
- What should we do after emergency department visits?

What are Emergency Departments for?

Emergency rooms are not there to diagnose and treat illness!

- Decide if something needs to be done immediately
- Save your life or prevent permanent complications
- Decide if you need to stay at the hospital or go home

What is Primary Care for?

- Understand everything about your health
- Help you live a healthy lifestyle
- Prevent disease
- Diagnose and treat common illnesses
- Refer you to specialists when necessary
- Document important medical history and keep track of your medical problems and treatments
- Educate you about your conditions
- Put your advance directive in your chart
- Coordinate your care

Good emergency care starts with good primary care.

Office of Developmental Primary Care: https://odpc.ucsf.edu/

Policy/Procedure Recommendation

See Primary Care 2-12 times per year

- Health Advocates
- Home Visit Programs (Nurse, Phlebotomist, Physician)
- Home based therapists
- Complex care clinics with longer appointments, smaller panels and fewer staff
- Telehealth

Preventing Emergency Department Visits

Prevention:

- Immunizations
- Cancer and other Disease Screening
- Dental care
- Tracking of vitals, weight, urine, bowel movements, menstruation
- Diet and Feeding to prevent choking, poor nutrition and aspiration
- Adaptive equipment and supplies adequate in good repair and fitting well
- Disability placard and programs
- Exercise prescriptions
- Emergency planning and supplies
- Home modifications or equipment to prevent falls and injuries
- Plans for psychiatric and behavioral emergencies that don't involve police.
- Sexuality Education and Care
- Abuse detection and Prevention including human trafficking
- Caregiver Assessments (separate from appointment for person with DD)
- IHSS paramedical services and protective supervision
- Health Passports/Advance Directives/Supported Decisionmaking Agreements

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Preventing Emergency Department Visits

Chronic Disease Management:

- Managing medication errors, side effects, complications, polypharmacy
- Constipation management
- Tracking of medication administration, side effects and seizures
- Hygiene and urinary tract infection prevention
- Alcohol and substance use disorder treatment (Marijuana)
- Recommendations for adequate supports like IHSS protective supervision and paramedical services to get maximum hours eligible
- Home modifications or equipment to prevent falls and injuries
- Plans for psychiatric and behavioral emergencies that don't involve police.
- Sexuality Education
- Abuse detection and Prevention including human trafficking
- Caregiver Assessments
- Health Passports/Advance Directives
- Psychiatric and Behavioral Supports

Policy/Procedure Recommendation

Make primary care visits more useful

- Check lists, prompts in the electronic medical record
- Toolkits and algorithms
- Transition programs
- Training for physicians, social workers and staff
- Longer appointments, smaller patient panels

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Policy/Procedure Recommendation

Protocol and support for behavioral or psychiatric crises that doesn't involve 911

- Mobile Psychiatric Emergency Services
- CBEM
- START
- Family/Staff Training
- Communication Supports
- Mental Health Access (specialized in DD)
- Avoid physical restraint
- Support people in their homes if possible

Policy/Procedure Recommendation

Never use a hospital to solve residential placement problems. It is dangerous.

- Create a calm, safe environment at home with push in supports
- If that isn't possible or safe, consider carefully changing staff or home or temporary respite
- Ensure adequate access to crisis homes that can handle medical and behavioral issues

Policy/Procedure Recommendation

Special services and population-based programs for specific issues:

- Minor procedures: Homecare or special clinic for immunizations/phlebotomy
- Dental: RDHDP (advance practice dental in the home) services
- Behavioral Crisis: Mobile services for deescalations and/or transfer to hospital
- Communication Disabilities: Access to Augmentative Alternative Communication services
- Health Education including education of Self-Direction and IHSS staff

Preparing for Emergency Department Visits

You have responsibilities!

- Communication is the foundation of patient care. Everybody Communicates. Find a way.
- Go bag with the things you need for an ED visit (insurance, Advance Directive/POLST, calming things, Health Passport, communication or adaptive equipment)
- Health Passport (accommodations and basic lists of problems, medications, allergies, feeding and other routine, disability care protocols, contact information for supporters, and key medical history especially about baseline function – cognition/communication, sensory, mobility, seizure, mental health/behavior)
- Supporters available and authorized to help.

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Policy/Procedure Recommendation

Every Individual Program Planning Meeting should document the emergency plan and supporters

- Communication
- Medical Insurance
- Advance Directive/POLST
- Health Passport
- Supporters available and authorized to help
- Protocol for Informed Consent

Policy/Procedure Recommendation

Educate all stakeholders about how to implement Supported Decisionmaking and the Next of Kin law

Hold Regional Center Agencies accountable for ensuring there are plans for healthcare decisionmaking and support in every IPP and there is someone available 24/7 to provide information and timely informed consent, if necessary

What can the Emergency Department do to Make Our Visits More Successful?

- Ask about communication and communicate directly with the patient
- Ask about accommodations
- Include supporters (it's the law!)
- Explain what will happen and why
- Call Supporters, Primary Care, and the Regional Center
- Use "no tears" protocols--do not use physical restraint, threats, or patronize
- Be kind
- For difficulty cooperating: ask patient and supporters, sedate if necessary, trauma informed process, reduce stimulation, provide privacy, either provide time to acclimate and process or work efficiently

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Policy/Procedure Recommendation

- Regional Center agencies have regular meetings with local hospital staff (grand rounds, meet ethics committee, administration, discharge planning staff- especially around a teachable moment)

- No tears protocols and trauma informed practice

- Reduce barriers to information sharing among the support team

Policy/Procedure Recommendation

Ensure every client has services and supports to maximize communication.

Accommodate communication.

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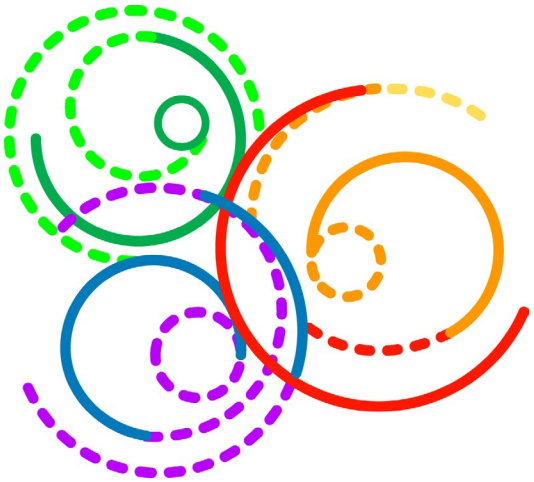
What should we do after an ED visit?

- Assess services and supports. Emergency Department visits are often caused by a break down in services and supports or lead to a change in needs.
- Follow up with primary care
- Review Advance Directives, Supported Decisionmaking agreements, POLST, go bags
- Assess adequacy of Circle of Support and plan to engage or build it.

Policy/Procedure Recommendation

Data is the foundation of public health. Track why people with DD are going to the hospital and look for patterns. Many of them can be addressed with targeted interventions.



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