BACKGROUND

- An opportunity to implement best clinical practice was identified for patients with developmental disabilities (e.g., Autism, ADHD, sensory processing disorders, cerebral palsy, and other learning or developmental delays)—collectively denoted as patients with special needs.
- Limitations in social interaction and nonverbal communication in patients with developmental disabilities impact the level of anxiety or distress during hospitalization.
- 1 in 6 children in the US have developmental disabilities.
- Autism is the fastest growing developmental disability in the US; affecting 1 in 59 children.
- Evidence supports multidisciplinary staff education, a screening tool, an individualized plan of care, and strategies to reduce anxiety or distress to enhance the perioperative experience for these patients with special needs.

PURPOSE

The project aimed to develop and implement a customized care plan for patients with developmental disabilities requiring anesthetics for diagnostic or surgical procedures to avoid exacerbating caregivers’ and patients’ stress levels during the preoperative phase.

OUTCOME MEASURES

- The primary outcome measure was the difference in the stress levels of adult and pediatric patients with special needs and their caregivers on a typical day and on the day of hospital visit.
- The quality measure were anecdotal statements or comments by parents/caregivers in the Press Ganey Survey on the assessment and implementation of customized care for patients with developmental disabilities, including autism spectrum disorder.

PROCESS OF IMPLEMENTATION

A multidisciplinary team composed of Adult and Pediatric Day Surgery Unit nurses and support staff, anesthesia providers, and a child life specialist was formed. The team developed strategies for an improved pathway and adapted the SNAP questionnaire with an individualized coping plan. An interdisciplinary handoff process was implemented using a visual cue for the PAUSE and look at the triggers and coping plan. The team implemented customized care throughout the perioperative process. Caregiver and patient stress level questionnaire was given to compare the parent and child stress levels on a typical day versus this hospital visit using a Visual Analog Scale after the patient goes into the procedure area. Post discharge call backs were done within 24-48 hours.

QUALITATIVE RESULTS

Press Ganey Survey Comments

- “It meant a lot that the nurse called before his procedure to see if he needed special attention in regards to sight and sounds.”
- “Moving us to stay with him until he was asleep really helped with his anxiety.”
- “This was a perfect visit. Having a sensory child usually makes every experience stressful. Everyone at Memorial made this experience stress free.”
- “Not everyone needs special care but my son does, so I really appreciated how caring they were.”

QUANTITATIVE RESULTS

Analysis of the parent and child stress levels on a typical day versus the hospital visit showed NO change or only mild stress for the children as well as for the parents.

PRACTICE IMPLICATIONS

- A multidisciplinary team to screen and provide individualized care for patients with developmental disabilities may help aid in avoiding exacerbation of caregivers’ and patients’ stress levels during the preoperative phase.
- Continuous PDCA cycles to improve the process. Currently working with IQ for electronic version of the SNAP form. Expansion of process in additional units is in progress.

REFERENCES


Giovanna Trainor BS CCLS, Melissa Webber RN

ASPAN Conference 2019
Nashville, TN

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Houston, TX

SPECIAL NEEDS ASSESSMENT AND PLAN (SNAP) FOR PERIOPERATIVE PATIENTS ON THE SPECTRUM OF AUTISM AND OTHER DEVELOPMENTAL DISABILITIES