See me ASD

Improving the experience and safety of children with autistic spectrum disorder (ASD) in the Paediatric Emergency Department.

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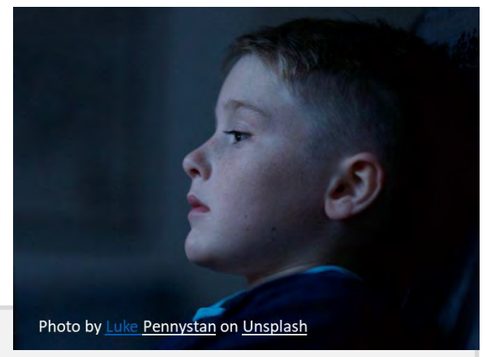


BACKGROUND

Approximately 3% of population are autistic [1].

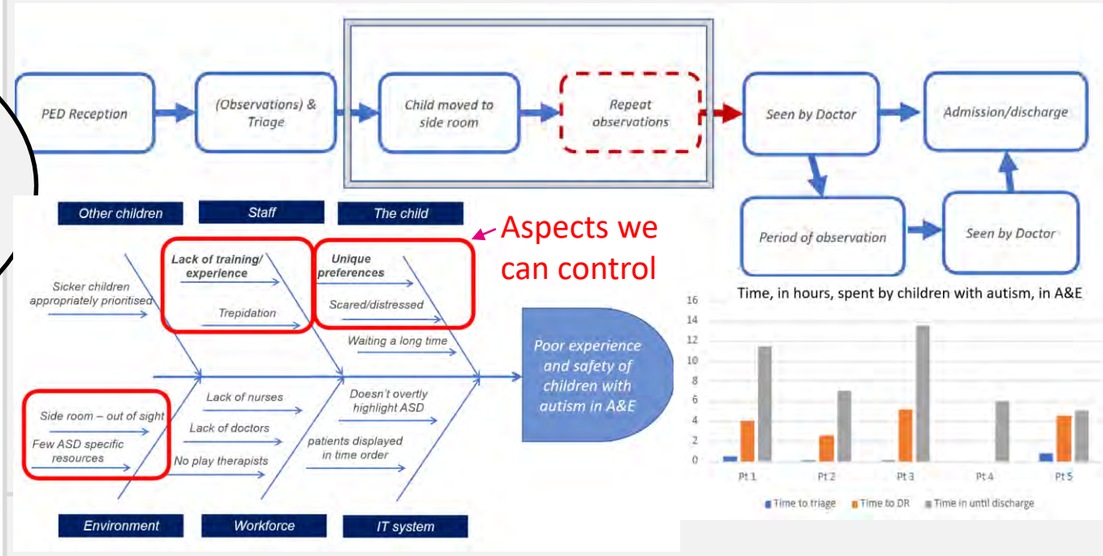
They have more medical comorbidities than the general population [2].

Life expectancy 16 years lower but this is preventable [3].

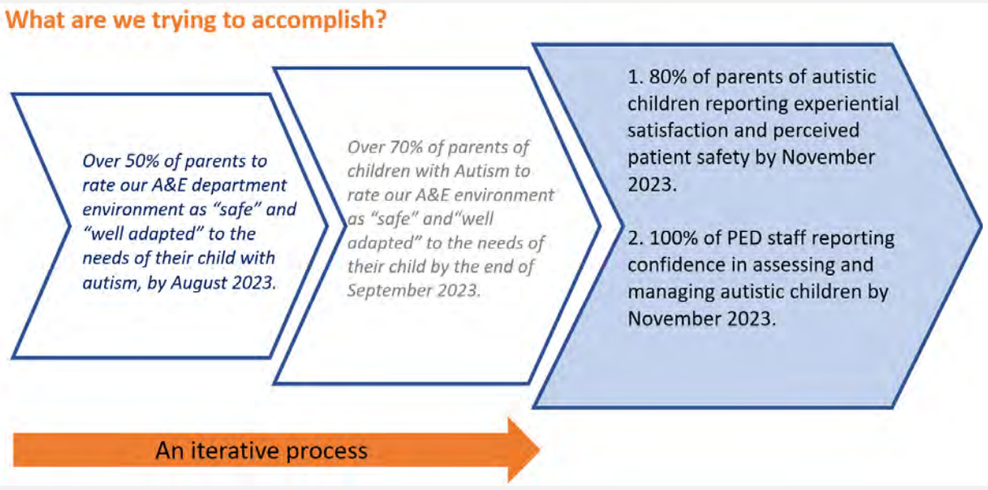
Distress due to unmet behavioural and/or sensory needs affects patient outcomes. Yet staff receive minimal autism specific training or resources in paediatric emergency departments (PED).

Problem: Children with autism in A&E, are often poorly understood. **We let down some of our most vulnerable patients**. Recently an autistic child waited over four hours, without observations, to be seen by a doctor. They later died of sepsis.

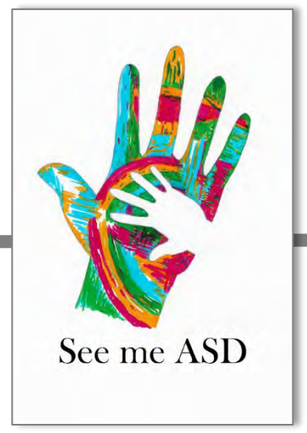
DIAGNOSTICS



AIM & MEASUREMENT DEFINITION



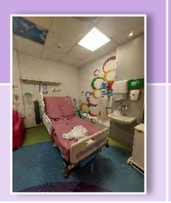
Outcome measures: staff confidence, parental satisfaction and perceived safety
Process measures: Staff and parent responses to intervention specific questions



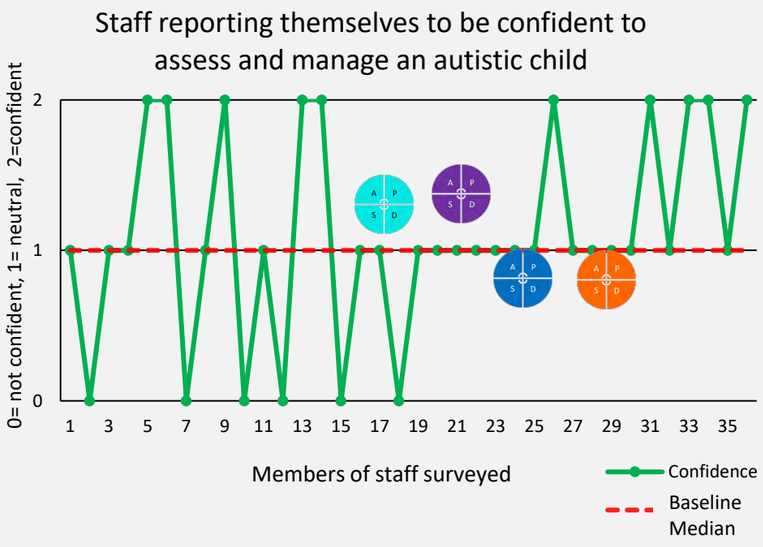
Multidisciplinary team & patient parent co-produced these changed ideas:

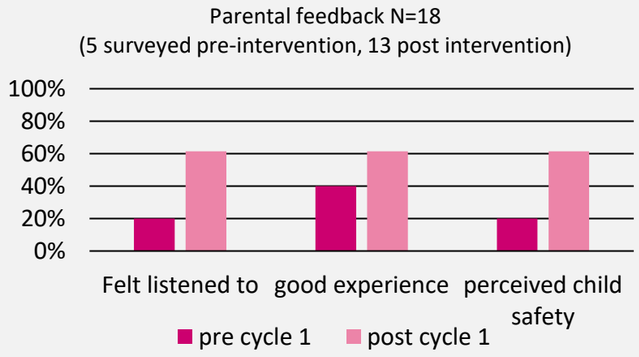
1. Ask parents about the needs of the child at triage.
2. Environmental adaptations
3. Autism specific simulation

PDSA cycles

Test #	PLAN	DO	STUDY	ACT
1.	@Triage, **all parents of autistic children asked** about their child's sensory/behavioural needs	Nurse led initiative for culture change	Immediate change noted in staff and parent feedback	Ongoing encouragement and reminders
2.1	**Environmental changes** Developed in collaboration with community expertise	Distraction box; cubicle assigned 	Distraction box poorly used; no visual aids, cubicle location sub-optimal 	Optimisation of changes
2.2	Resources optimised: Expert and parent discussions and design meetings	Visual/social stories, cubicle re-assigned	Visual stories sub-optimal but useful	Optimisation of visual stories and cubicle space
3.1	**Autism SIM** for PED staff developed	Triage sim carried out with PED staff	A&E staff absent, need Dr sim, popular, confidence rise	Repeat with new scenarios/staff

RUN CHART





Post-intervention parental feedback:

"Lovely nurse - asked if any accommodations were needed, **the simple act of being asked this question** made the whole experience less stressful"

"The nurses really listened to us and did a great job of keeping him calm."

REFLECTIONS & LEARNING

Collecting patient/parent experience data is hard and it meant we were unable to make run chart, but worthwhile!

The drop from confident to neutral after cycle 1 could be because we helped staff discover personal knowledge gaps around ASD.

A **multidisciplinary team, including a parent/patient is game-changing.** Their ideas and engagement were crucial.

Even if the first change is hugely impactful, further interventions help maintain culture changes.

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[2] Al-Beltagi M. Autism medical comorbidities. World J Clin Pediatr. 2021 May 9;10(3):15-28. doi: 10.5409/wjcp.v10.i3.15. PMID: 33972922; PMCID: PMC8085719.
[3] BBC. (2023). Young autistic people still dying despite coroner warnings over care. *BBC*, [online] Available at: https://www.bbc.co.uk/news/uk-66731265 [Accessed 23/10/2023. Photo from Pexels.com, photographer: Meruyert Gonullu

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