



IDENTIFYING PATIENT SAFETY COMPETENCIES FOR HEALTHCARE STAFF TREATING CHILDREN AND YOUNG PEOPLE WITH INTELLECTUAL DISABILITY IN HOSPITAL: A DELPHI STUDY

Ong, Natalie^{1,2}, Boulton, Kelsie³, Milne, Jacqueline², Tomsic, Gail², Guastella, Adam³, Silove, Natalie², Weise, Janelle⁴, Long, Janet⁵, Walton, Marilyn⁶, Burgess, Annette¹

1 Sydney Medical School, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia.

2 Child Development Unit, The Children's Hospital at Westmead, Sydney, Australia.

3 Brain and Mind Research Centre, The University of Sydney, Sydney, Australia.

4 National Centre of Excellence in Intellectual Disability Health, Sydney, Australia.

5 Australian Institute of Health Innovation, Macquarie University, Sydney Australia.

6 Faculty of Medicine and Health, The University of Sydney, Sydney Australia.



Email: natalie.ong@health.nsw.gov.au

Background and Objectives

Children and young people with intellectual disability are at increased risk of patient safety events in healthcare when compared to the general population^{1,2}. Despite the importance of timely, equitable and safe care for children and young people with intellectual disability, many deficits remain, leaving children and young people with intellectual disability receiving poor quality care^{3 4}. The aim of the study was to complete a data visualisation and a modified eDelphi process which would identify, in order of priority, the competencies required of the health workforce to meet the needs of children in young people with intellectual disability in hospital.

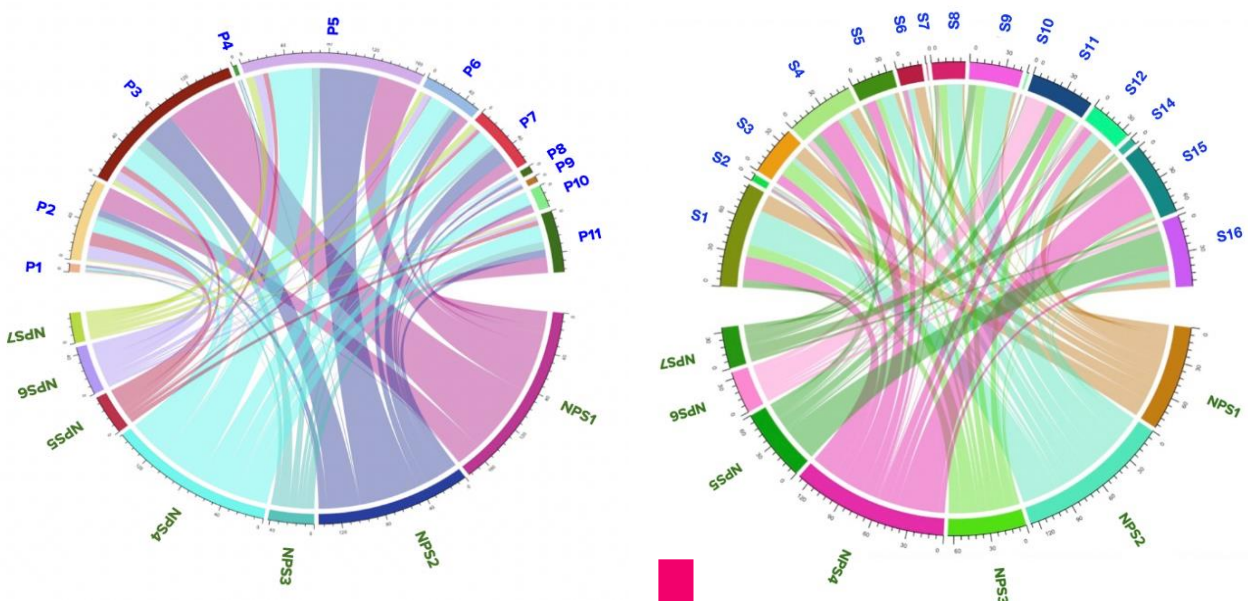
Study Design, Participants and Data Analysis



A scoping review of the literature pertaining to domains of the National Patient Safety Education Framework was completed⁵



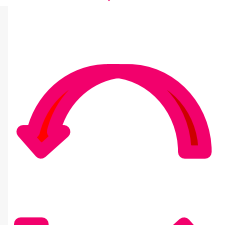
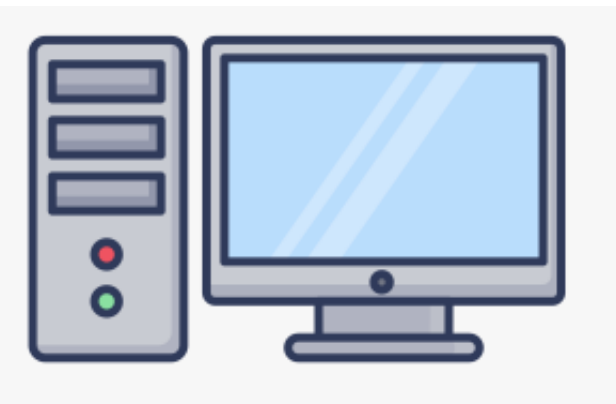
Staff and parent interviews were undertaken identifying Patient Safety issues for children and young people with intellectual disability^{6 7}



A data mapping process consisting of assigning a unique code to the qualitative categories and sub-categories to the staff and parent interviews was undertaken⁸



A draft framework was developed based on the mapping of the qualitative categories to the domains of the national framework⁵



A modified eDelphi survey aimed at reaching consensus on core competencies required of the paediatric healthcare workforce. Four rounds of the e-survey was completed with descriptive and thematic analyses⁹.



Fig.1. Steps in developing the Adapted Patient Safety Education Framework

Results

Consensus was achieved for 120 competencies across seven domains.

Need for adaptations in all the domains, particularly communication, working safely and specific areas unique to this population.

Key Adaptations

- Involving the child or young person with intellectual disability, parents and carers as partners in healthcare in care processes and information exchange
- Communicating with the child or young person with intellectual disability and their families using developmentally appropriate and adjusted ways
- Adapting open disclosure practices and obtaining informed consent
- Being inclusive, respectful and responsive
- Engaging with the child or young person with intellectual disability, parents/ carers during complaints processes
- Understanding complex organisations, processes and systems issues impacting care of the child or young person with intellectual disability
- Providing continuity of care including the transition to adult services
- Managing staff fatigue and stress and its influence on emotional care
- Being a workplace learner or teacher in reasonable adjustments
- Preventing or reducing errors in diagnosing and managing health conditions for the child or young person with intellectual disability
- Medication safety in the context of a child or young person with intellectual disability
- Addressing risk of multiple family, health and/ or psycho-social adversity and child protection concerns

Discussion and Conclusion

This study demonstrates that the existing competencies in the National Framework **do not meet the needs of the child and young person with intellectual disability** and therefore **significant adaptations incorporating patient safety issues** that often occur in this group and unique to the general population are sorely needed to improve safety and quality of care.

Further resource development and workforce education/ implementation strategy is required to further operationalise these framework competencies.

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Profile	Category	n
Gender	Female	10
	Male	5
Age	25–55+	15
Years in intellectual disability health or patient safety	15–40 years in intellectual disability health	6
	2–21 years in patient safety	4
	Both intellectual disability health and patient safety	4

Table 1. Participant Demographics