

Hospital Emergency Department Staff Training for Effective Documentation of Intellectual and Developmental Disabilities

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BACKGROUND: Individuals with intellectual and developmental disabilities (IDD) have poorer health outcomes and shorter life expectancies than those without. Lack of training for healthcare professionals working with individuals with IDD contributes to poorer health outcomes. One of the outcomes of this lack of knowledge is that an IDD diagnosis can go undocumented in the patient's health record, impacting the allocation of effective, coordinated care and reimbursement. Individuals with IDD utilize the emergency room at higher rates than those without IDD and their hospital stays most often initiate in the emergency department (ED). The aim of this study was to investigate the efficacy of a training module for Emergency Department (ED) personnel at an academic medical center to increase identification and documentation of IDD as a secondary diagnosis.

DESIGN: The pre-post research design included providing a online training module to ED providers (n = 94) including nursing staff (48%), physicians and other advanced practitioners (39%), students (6%), and patient support staff (6%).

METHOD: The online training module was developed by graduate nursing and occupational therapy students with input from expert faculty members. A pre and post survey of knowledge, behaviors and beliefs about documenting IDD was administered. Descriptive analysis of the survey results along with Wilcoxon signed rank tests were conducted to identify the impact of the training on providers' perceived ability to identify and document IDD. Emergency Department data on the number of visits that included an IDD diagnosis was collected for a three month period before and after the training and were analyzed using *t*-tests to identify changes in documentation and billing.

RESULTS: Results indicate that 70% of participants never received training on identification and documentation of IDD, and 74% of participants reported the training was helpful. Increases in participants' confidence in ability to identify ($z = -4.42, p = 0.00, r = -.57$) and document ($z = -4.21, p = 0.00, r = -.73$) IDD, and their belief that documenting IDD impacts hospital finances ($z = -6.03, p = 0.00, r = .62$) were noted between pre and post-test. There was no significant difference in perceived overall importance of documentation of IDD. There was no significant change in the percentage of patients with a diagnosis of IDD before and after the training.

CONCLUSION: These results confirm a lack of training for healthcare professionals regarding IDD. Prior to training, participants understood the identification of people with IDD as an important issue but lacked specific knowledge about why and how to document. Although the final coding of IDD did not increase after training, this results may indicate that additional training of coding staff is an important aspect to consider. Results of this study indicate potential for use of an online training as a means for increasing identification and documentation in the ED which could ultimately improve health outcomes. This study exemplifies the important role that occupational therapy practitioners can take in advocacy for health equity for individuals with IDD and the role of occupational therapy within interdisciplinary teams addressing health disparities.

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