

Understanding variability in acute hospital care of adults with a learning disability

Clare Y Crowley, Rosemary H Lim, Nick Woodier, Scott Hislop

Health Services Safety Investigations Body, United Kingdom

SUMMARY

There is inequity in the care of adults with a learning disability, urgently admitted from a community to an acute hospital setting. Functional Resonance Analysis Method (FRAM) was used to identify and describe how everyday care is usually provided (work as done), variability in performing core functions (tasks), understand the potential impact of output variability, and indicate where action to improve the system might best be focussed. The FRAM model developed consisted of 15 interdependent core functions, with differing types and sources of variability in the function output, showing a high level of complexity. Six key factors were identified that may contribute to variability in the care commonly provided to this cohort. Three common adaptations to the care processes were reported.

KEYWORDS

Learning disability, hospital healthcare, safety, FRAM

Introduction

A person with a learning disability has a reduced ability to understand new or complex information, learn new skills and live independently. In the UK, it is estimated that approximately 2% of adults have a learning disability. When adults with a learning disability need urgent hospital care, 'reasonable adjustments' should be made to ensure access to and the receipt of health and care services is as easy as it is for people without a disability. Despite the use of reasonable adjustments and numerous other initiatives to address the inequity in care received by adults with a learning disability over many years, there has been little progress on this issue.

This work explored the care for adults with a known learning disability admitted to hospital, as an emergency, from a community setting in order to understand how staff adapt to the conflicts and 'trade-offs' inherent in everyday clinical work as part of a wider investigation.

Methods

Functional Resonance Analysis Method (FRAM) (Hollnagel, 2012) was used to explore care provision. The work was conducted between June 2022 and March 2023. To understand the key tasks and their potential variabilities, the following data sources were used: 1) findings of a literature review 2) local policies and guidance 3) semi-structured interview transcripts, and 4) observational visit field notes. Convenience and purposive sampling were used to identify acute hospitals with varying size, number of base sites, and liaison service models in rural and urban locations across England. Once permission was granted by the Trust, non-participant observations of acute learning disability liaison nurses were conducted (n=4, 22 hours). Observational field notes were recorded by hand. Interviews (typically one hour) were conducted with acute learning disability liaison nurses, experts in learning disability, people with lived experience, safeguarding

and mental capacity staff, hospital managers and executives. These were recruited from ten acute hospital Trusts, a specialist learning disability provider, a community learning disability care provider and national bodies that influence policy and strategy within the NHS. Interviews were either recorded and transcribed or detailed notes were taken.

The observation and interview data were thematically analysed to identify and describe: the functions (tasks), interactions between/among functions and variability with the output of each function. The FRAM visualisation software (FRAM Model Visualiser Pro, version 2.1.4) was used to represent the model. Each function was described according to six aspects: inputs, outputs, time, control, resources and preconditions. Couplings between different aspects of the functions and the potential consequences of variability in the output of the functions were identified.

Results

Fifteen core functions were identified in the FRAM model (see figure 1). These functions were coupled many-to-many with each other, showing their dependence on one another for their functioning. There was variability in how each of the 15 core functions was performed. The nature and sources of variability also differed; ranging from those proximal to the person with a learning disability e.g. staff knowledge and skills about caring for people with a learning disability, to those within the wider system e.g. provision of specialist learning disability staff, availability and accessibility of information about the person and their needs from family, friends, carers, health and social care. Multiple interdependent functions and the different types and sources of variability in how each core function was performed highlighted the complexity of this care pathway.

Key factors that may contribute to variability in the care of an inpatient with a learning disability were the: 1) lack of timely access to information about the person's needs to enable staff to make any reasonable adjustments required, 2) unreliable mechanisms for sharing information about the person e.g. care passport, alert flag/s on the person's records, 3) limited provision and accessibility to a learning disability specialist, 4) limited support for staff who are not specialist in caring for patients with a learning disability (e.g. training and access to learning disability specialists), 5) high workload and competing work demands, and 6) inadequate assurance of the quality of care provided. Commonly reported adaptations that staff made to manage conflicting goals and priorities were: 1) staff proactively seeking information about the person to support their care from family/friends and/or carers to support their care, where the patient was unable to provide this, 2) waiting for specialist learning disability input to assess whether any reasonable adjustments were required and plan how this care was delivered and 3) providing input to those admitted from an area where the Integrated Care Board (ICB) does not commission specialist learning disability support.

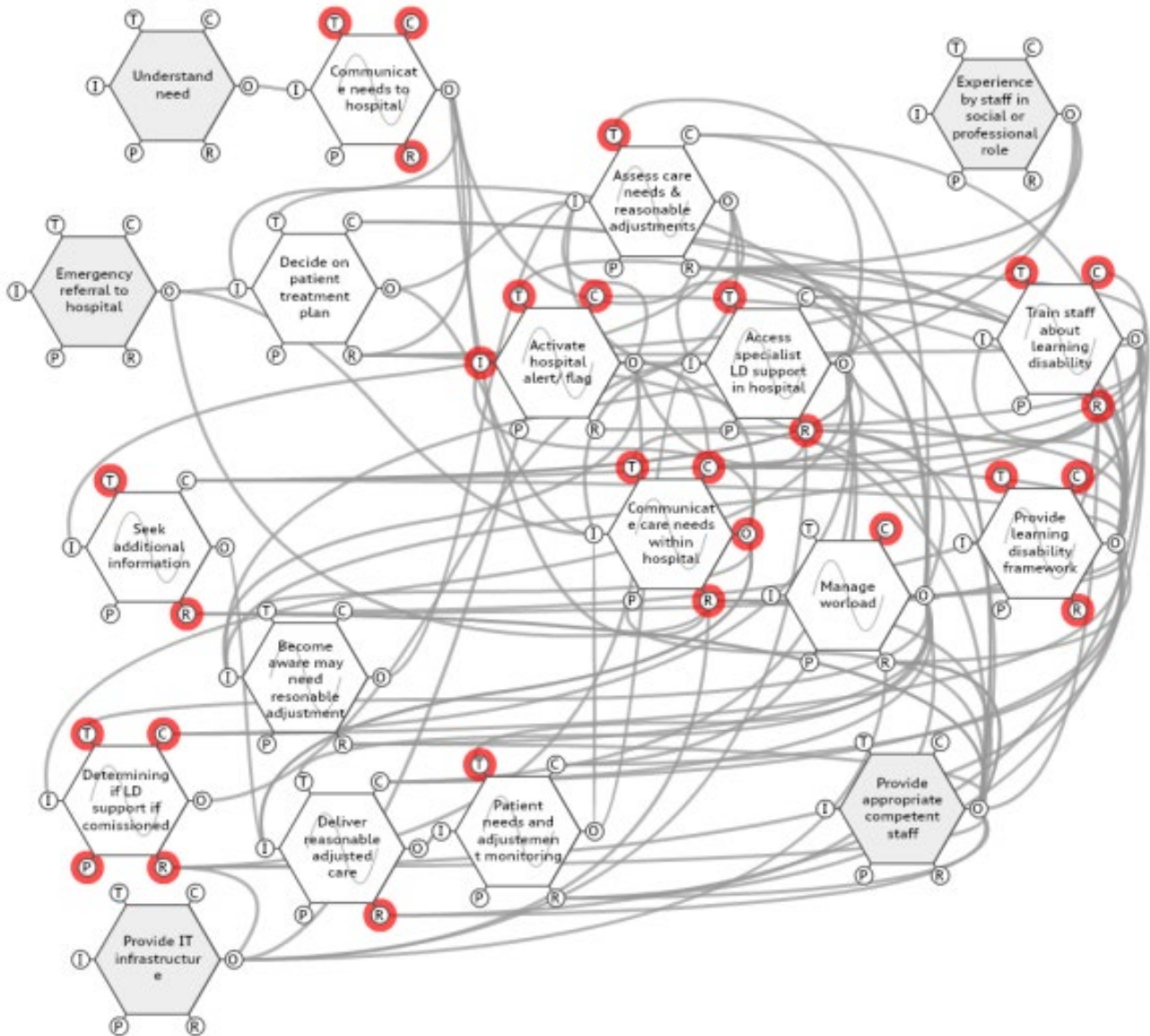


Figure 1. FRAM model of the care of adults with a learning disability in an acute hospital setting

Discussion and conclusion

This study highlighted the highly interdependent nature of all the functions and complexity of providing reasonably adjusted care to adults with a learning disability admitted from a community to an acute hospital setting. This cohort of people require individually tailored care to ensure their needs are adequately met. The FRAM analysis provided evidence on where why and how variability exists with positive and negative implications, and shows that there is a lack of systemic controls to provide assurance on the quality of care provided.

This FRAM study used a different approach to understand every day clinical care, which acknowledges the adaptations staff make to balance conflicting priorities and demand to resource misalignments. The FRAM model can be used to identify opportunities to strengthen the resilient capabilities of the system, which may lead to improved patient outcomes. The FRAM model could be used proactively to explore the potential impact of planned changes intended to improve systems performance.

References

Hollnagel, E. (2012) FRAM: The Functional Resonance Analysis Method. Modelling complex socio-technical systems. Farnham: Ashgate Publishing Ltd.