IEC
Institute for Exceptional Care

ENVIRONMENT OF CARE

RESOURCE GUIDE FOR EMERGENCY DEPARTMENTS

A guide to building safe, welcoming, and effective care for people with IDD.

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EXECUTIVE SUMMARY

The Environment of Care (EOC) Resource Guide was developed as a practical tool for hospitals who want to enhance the physical environment and improve the experience of care for people with Intellectual and Developmental Disabilities (IDD), as well as strengthen staff capacity to deliver effective and inclusive care for people with IDD. The EOC Resource Guide includes a project overview, context setting on the importance of the environment of care in the hospital, a list of targeted suggestions to change the physical environment and training suggestions for hospital staff. This resource guide was developed from stakeholder input including health care and hospital system leaders, disability service organization leaders, subject matter experts on the environment of care, and people with IDD and their caregivers.

INTRODUCTION

Emergency departments (EDs) are inherently challenging and stressful environments for many people, including for emergency care doctors, nurses, and administrators. Patients who visit emergency departments are almost always in a state of vulnerability and in need of empathetic care. When patients with IDD require emergency care, the discomfort and unease felt by all emergency care patients is often amplified by crowded conditions, loud noises, bright lights, and other unsettling environmental factors common in EDs. Individuals in the ED often experience long wait times that can exacerbate anxiety or fear, potential communication barriers with hospital staff unfamiliar with common accommodations for people with IDD, and environmental design that does not prioritize patient comfort. These conditions may interfere with the coping skills of people with IDD and compromise interactions and assessments by providers.

The physical environment of emergency departments represents an opportunity to address some of the challenges that inherently make care in the ED more difficult for people with IDD. Across the country, some hospitals have implemented modifications in EDs and introduced supportive equipment aimed at improving the environment of care to ease the stress for patients, families, and staff. While there is not one universally accepted model for these changes, some best practices have been identified in case reports, real-world experiences, and expert insights.

Coupled with other measures, changes to the environment of care in the Emergency Department have the potential to improve overall care for people with IDD. These interventions can be part of a broader application of accessibility standards along with provider education on specific co-existing conditions and needs amongst people with IDD.

People with IDD often experience inherently worse outcomes when visiting the ED, including increased rates of hospitalization, overuse of chemical and physical restraints, and missed diagnoses. The reasons for this are layered. In particular, the amplified conditions of the environment within an ED make this a site for exemplar remodeling to reduce sensory overload, emotional dysregulation, and compromised communication. By changing the environment of care to reduce stressors, the experience of care may be improved for the person with IDD, their caregivers, and the hospital staff, leading to expected improved clinical outcomes.

This Resource Guide was created to establish a set of suggested modifications to the Environment of Care and a menu of recommendations—ranging from easy to moderate—from which healthcare leaders may select based on the needs and capacities of their organization. The intended use of this Resource Guide is for Emergency Department teams and hospital leadership to be able to implement a suite of environmental changes and staff learning opportunities to make care better and safer for people with IDD. Best practices included in this guide were selected in part to be low cost and easy to implement, with the potential to significantly improve the experience of care in the ED for people with IDD, their caregivers, and hospital staff.

BACKGROUND ON INSTITUTE FOR EXCEPTIONAL CARE (IEC)

Institute for Exceptional Care (IEC) is a national nonprofit based in Washington, DC committed to making healthcare better and safer for people with intellectual and/or developmental disabilities (PWIDD). IEC is changing how healthcare is taught, delivered, and paid for by bringing the healthcare and disability communities together and leveraging both healthcare expertise and wisdom gained through lived experience. Specifically, IEC aims to change:

- Healthcare training, so that all clinicians will feel confident and prepared to provide high-quality care and support for people with IDD.
- Care delivery, so that it addresses the priorities and needs of people with IDD.
- How healthcare services are paid for, so that providers can deliver whole person, coordinated care and services that meet the needs of the IDD population.

IEC occupies a unique position in the healthcare disability landscape. The team is composed of experienced national healthcare leaders and insiders who collaboratively develop solutions shaped by the perspectives of community members with IDD. These solutions are designed to help clinicians provide better care that addresses and aligns with patient preferences.

IEC's Authentic Engagement Model ensures disability self-advocates are involved in every IEC project at every level, because understanding what matters most to people with disabilities is fundamental to ensuring meaningful solutions to better care. This approach is one of the key strategies in successfully addressing mistrust in healthcare, fostering meaningful care relationships with patients at the forefront, and ultimately improving health outcomes.

WHAT IS IDD?

The following definition of IDD was created by adults with IDD and their family members.

IDD is present at birth or appears in childhood. IDD includes common conditions like autism, cerebral palsy, Down syndrome, intellectual disability, and attention deficit hyperactivity disorder (ADHD), as well as more rare conditions like Williams syndrome or Rett syndrome. An estimated 16 million Americans currently live with IDD, representing 3%-5% of the total US population.

- Conditions like Down Syndrome, autism, fetal alcohol syndrome, ADHD
- A **developmental disability/difference** starts when someone is born or is a child. They last for a person's whole life.
- Developmental disabilities can affect many parts of a person. They can affect how someone learns, grows, talks, and thinks, or how they get along with others.
- **Intellectual disabilities** are a type of developmental disability. They make it harder to learn.
- People with IDD have unique strengths. It's important to notice and use these strengths!
- It can be hard for people with IDD to do ***some*** things in their everyday lives. When the world around them doesn't try to help, it can be even harder. Figuring out what someone is good at and what they need help with is a good start. Then, you can work on helping people find roles that fit their strengths.

PROJECT BACKGROUND: SCANS (SEAMLESS CARE ALLIANCE OF NASSAU AND SUFFOLK)

The SCANS (Seamless Care Alliance of Nassau and Suffolk) Project is a community-based pilot program on Long Island, developed and coordinated by IEC, aimed at improving healthcare for people with intellectual and/or developmental disabilities. The SCANS project was designed by a multi-stakeholder coalition (SCANS Steering Group) of Long Island advocates, including self-advocates, care partners, hospital and healthcare systems, community-based organizations and payers. Launched in 2022 and funded by the Fay J. Lindner Foundation, in its initial three years, the project aims to address the specific challenges faced by people with IDD when seeking emergency care. Through nearly two dozen key informant interviews, and with the input of the SCANS Steering Group, the first two key project areas were identified:

***Always Uniquely Me* app (Digital Snapshot):** People with IDD may enter urgent care centers, emergency departments, or other clinical settings alone without a care partner or tools to communicate about themselves and their medical history, which can result in otherwise avoidable stress, and potentially unnecessary or inappropriate testing and treatment. Always Uniquely Me is a standardized digital summary of people's needs that travels with them and is shared with health care staff and clinicians to offer them the key information that is needed to make care better and safer. This snapshot might include a photograph or video of them at baseline so that healthcare providers know what the patient looks and acts like when they are calm; a list of their preferences and dislikes; triggers and ways to reduce anxiety for that specific patient; their mental, behavioral, and medical needs; their care circle, medications, and key documents; and areas where they may require support with daily activities.

Environment of Care[1]: The emergency department can be a particularly overwhelming and stressful environment for individuals with IDD and their families, with unfamiliar sights, sounds, and routines often leading to heightened anxiety, distress, and communication challenges. Tailoring the environment to support the needs of people with IDD not only helps PWIDD and their families but can also improve the experience of care for other patients and families, and that of hospital staff. When given a suite of tools that help address the challenges faced by patients, staff can more effectively and confidently provide care, resulting in improved staff satisfaction and safety.

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[1] ***This Resource Guide focuses on the Environment of Care Project.***

The following is a sampling of the elements and strategies identified and described in the **Environment of Care Recommendations** section of this Guide:

- Ensure patients have access to sensory items, such as fidget toys or noise cancelling headphones, and devices for communication that are essential to enabling some patients to communicate using their preferred methods.
- Create spaces that are more tailored to the needs of individuals with IDD, such as low lighting, fewer stimuli and calming wall colors.
- Strengthen team knowledge, skills and confidence in providing care and support for individuals with IDD and their families through a multi-modal approach that includes ambient as well as targeted, brief trainings.

METHODOLOGY

To develop the list of recommendations outlined below, IEC completed a detailed review of the landscape and consulted with subject matter experts (SMEs). These steps included:

- Reviewing literature on hospitals/EDs aimed at improving the experience of people with IDD, their families and staff
- Compiling learnings gleaned from literature and SME feedback into an initial list of possible adaptations
- Convening an Environment of Care Work Group composed of SCANS Steering Group members and professionals from other clinical organizations to categorize elements into domains and prioritize elements for inclusion
    - Elements were prioritized based on the degree to which they would:
        - Create a safe environment
        - Improve patient or family experience of care
        - Provide patient comfort or reduce discomfort
        - Reduce patient anxiety
        - Improve staff experience or safety
        - Improve hospital-specific performance or quality metrics
        - Be cost effective, straightforward to implement, and/or timesaving
- Convening two EOC Training Guide Work Groups—one comprised of individuals with IDD and their care partners and another that included hospital clinicians—to develop a training methodology.

ENVIRONMENT OF CARE RECOMMENDATIONS

This section of the Resource Guide highlights adaptations in EDs to improve the environment of care. It is organized by domains and highlights those that are low cost and easy to implement. These recommendations offer a robust menu of options, but by no means capture all possible adaptations.

The following sections outline adaptations to the environment of care in four domains:

- **Sensory**: things that impact the five senses
- **Furniture/Equipment**: items that can be placed in a room, but don't require construction
- **Physical Space/Design**: items that require construction or changes to the built environment
- **Hospital Practices**: changes to the way that the hospital provides care to people with IDD and their care partners

Sensory Adaptations

Within emergency departments, as well as many other healthcare settings, responses or behaviors that create barriers to providing care for people with IDD may be brought on or exacerbated by the experience of sensory overload.[2] Adaptations described in this section are aimed at reducing the experience of sensory overload experienced by individual's five senses.

Table 1 describes each sensory adaptation (i.e. elements), including senses they address and an assessment of cost and ease of implementation. Note that many of these interventions involve touching the patient or providing them with a specific item. *In all cases, we recommend confirming with the patient and/or their care partner whether they would like this adaptation and if they believe it will be of benefit, rather than making assumptions.*

[2] https://pmc.ncbi.nlm.nih.gov/articles/PMC7018453/

Table 1. Sensory Adaptations

Element	Description	When to Use	Low Cost?	Ease of Implementation	Senses addressed
Closed doors	Close doors when safe to reduce external sound and visual stimulation	Always keep the doors closed, unless it is unsafe	✓	Easy	Hearing, Sight, Smell
Room Selection	Choose rooms with doors over areas separated only by a curtain	Universal recommendation when feasible	✓	Easy	Hearing, Sight, Smell
Noise Cancelling Headphones	Provide, or allow use of headphones from home to block out external noises	For patients overwhelmed by sound		Easy	Hearing
Remove ticking clocks	Replace analog ticking clocks with silent digital versions	Universal recommendation for all patient rooms	✓	Easy	Hearing
Weighted blankets or vests	Keep weighted blankets or vests (in multiple sizes) available	When a patient shows signs of sensory dysregulation or anxiety		Easy	Touch
Softer gowns, sheets, and ID bands	Maintain a stock of softer materials and reserve for patients with sensory sensitivities	For patients with tactile sensitivities or who express discomfort		Easy	Touch

Allow clothing choice	Allow individuals to stay in their own clothes	When their clothing allows access to the body as needed for exams and intervention	✓	Easy	Touch
ID band location	Affix ID band elsewhere, such as taped to the bed, clipped to clothes or worn on foot	For patients who find the ID band difficult to wear around their wrist	✓	Easy	Touch
Sensory Cart (see details below)	Offers many options for patients who have sensory needs	Whenever a patient needs sensory support	✓	Easy	Depends on sensory item
Virtual Reality Tools	Provides distraction and calming to reduce stress	During high stress situations, or when patient requests support		Easy	Sight, hearing
Management of light	Replace harsh lights with dimmable LEDs or use light covers, curtains, and/or shades to control lighting	Universal recommendation for all patient rooms, bright lights use should be restricted to when necessary for medical procedures		Moderate	Sight

Offer integrative therapies (e.g., guided imagery, aromatherapy)	Provide calming therapies to reduce stress	During high stress situations, or when patient requests support		Moderate	Smell, Hearing
Flavor/texture medication options	Pharmacy offers alternative medication forms for patients with sensitivity or refusals or medication can be crushed and added to food	When a patient has oral sensitivity or refuses medication due to taste/texture or		Moderate	Taste, Touch (oral)

Sensory Cart Items					
Fidget toys	To keep hands engaged	For patients needing to self-soothe	✓	Easy	Touch
Therapy putty	Used for stress relief	For patients needing to self-soothe	✓	Easy	Touch
Liquid motion relaxation toys	Visual toys with slow-moving liquid	For visual focus and to promote calming	✓	Easy	Sight
Sensory balls	Textured or squeezable balls	For patients needing to self-soothe	✓	Easy	Touch
Sunglasses	Used to reduce visual overstimulation from light	For patients with light sensitivity	✓	Easy	Sight
Hats	May provide comfort and reduce sensory exposure	When patients feel overwhelmed or exposed	✓	Easy	Touch, Sight
OT devices (e.g., chewable necklaces, hand grippers)	Offers oral or proprioceptive input	For patients needing oral input		Easy	Touch, Taste
Items that make music	Provide soothing auditory input	When a calming sound is desired or auditory overstimulation is present	✓	Easy	Hearing

Visual timers	Help patients understand time passage visually	For patients needing help with transitions or routine	✓	Easy	Sight
Noise-reducing earmuffs	Muffles environmental noise but not as isolating as headphones	When complete sound blocking isn't ideal, but noise reduction is needed	✓	Easy	Hearing
Aromatherapy chapstick	Offers a simple aromatherapy support	When calming scents sooth an individual	✓	Easy	Smell
Small weighted lap items (e.g., lap pets, bean bags)	For some people these may be preferable to weighted vests or blankets	While seated or during rest to promote calm		Easy	Touch (deep pressure)

Note: While we have attempted to provide links to appropriate equipment where available, we encourage organizations to use their own procurement guidelines to secure appropriate equipment for the institution.

Table 2. Furniture and Equipment Adaptations

Within hospital spaces, standard furniture and equipment may exacerbate the stress felt by PWIDD. While the authors understand the necessity of standardization in the hospital environment, the adaptations described in this section can be implemented without impacting patient safety. As some of these elements also address sensory challenges, we group them as furniture and equipment that may be placed in a room, but do not require construction.

Element	Description	When to Use	Low Cost?	Ease of Implementation	Senses Addressed
Tents (pediatric)or Screens around the Bedside	Used to reduce visual and auditory stimuli	When patients feel overstimulated by noise or visual stimuli	✓	Easy	Sight, Hearing
Stickers on the Floor	Used to indicate personal space boundaries for staff positioning	When patients are sensitive to personal space	✓	Easy	Sight, Touch
Remove Unnecessary Medical Equipment from Line of Sight	Adjust room layout or use covers to conceal medical equipment	When visible equipment leads to stress or fear in patient		Easy	Sight

Bubble Tubes or Bubble Columns	Calming visual stimuli with moving lights/bubbles; can be portable or wall-mounted	For patients needing to self-soothe	Portable versions are low cost	Moderate	Sight
Projectors	Projects soothing images or patterns on walls or ceilings to reduce visual stress; can be portable or wall-mounted	When a patient responds well to calming visuals	Portable versions are low cost	Moderate	Sight
iPads or Other Technology	For communication (AAC Tools), entertainment to soothe (such as favorite videos or playlists), or preparation for procedures (pre-recorded videos from hospital)	This technology can be used to address various needs: Communication support, Comfort and soothing Prep for medical procedures		Moderate	Sight, Hearing, Touch
Equipment Noise Management	Route beeping/alarming sounds to nursing stations rather than patient rooms, barring safety concerns	When patients feel overstimulated by noise		Moderate	Hearing

Alternative Seating	Provide flexible seating like bean bags or stability balls for sensory comfort	When traditional hospital chairs cause distress or for patients who find it difficult to sit for long periods		Moderate	Touch
Alternatives to Hospital Beds	Use of larger or more comforting beds, including bariatric beds or allowing co-sleeping where safe	For patients needing comfort from a caregiver, or who are uncomfortable with standard hospital beds		Moderate	Touch

Table 3. Physical Space and Design Adaptations

As described in the above "Furniture and Equipment Adaptations" physical space in the hospital can negatively impact the experience of people with IDD. The physical space and design adaptations differ from the furniture and equipment adaptations in that they require construction or design changes. The authors are also aware that some of these adaptations do address sensory inputs but have categorized them here to reflect the type of change required by the hospital.

Element	Description	Low Cost?	Ease of Implementation	Senses Addressed
Recommendations for Waiting Rooms and Common Areas				
Separate triage/waiting areas	Dedicated spaces for intake and waiting to reduce sensory input		Moderate	Sight, Hearing
Seating modifications	Reduction in seating to reduce sensory input from overcrowding or face seating away from the center of the room	✓	Moderate	Sight, Touch
Floor tile color changes	Color changes in flooring to delineate spaces (e.g. moving between departments) to make transitions more obvious		Moderate	Sight
Recommendations for Universal Patient Rooms				
Devices that play soothing sounds	Devices or installed sound systems that play soothing sounds, with options for multiple sounds or encourage individuals to use their personal devices	✓	Easy	Hearing

Nature views (murals, posters, projectors)	Visuals of nature provided via static options or digital media to create calming visual stimuli	✓	Moderate	Sight
Recommendations for Dedicated Sensory Rooms				
Soundproof walls	Walls designed to reduce ambient noise or acoustic baffles		Moderate	Hearing
Wall murals	Provide calming visual stimuli with creation of a dedicated wall mural		Moderate	Sight
Natural light	Use of daylight to reduce reliance on fluorescent lighting (when feasible)	✓	Moderate	Sight
Windows with views of nature	Windows providing outdoor views (when feasible)		Moderate	Sight

Table 4. Hospital Practice Adaptations

Standard operating procedures in the hospital are critical for patient safety and compliance. With that understanding, this section highlights minor modifications to hospital practice that are likely to have minimal, if any, impact on patient safety but could vastly improve patient experience. All adaptations can be used at the discretion of hospital staff based on assessment of each individual patient's needs.

Element	Rationale	Description and/or Examples	Low Cost?	Ease of Implementation?
Respect for Communication Preferences	People with IDD communicate in different ways, which may change based upon their level of stress. Respecting communication preferences not only makes communication easier, it also sets the standard for mutual respect	Identify and work to interact utilizing their communication preferences. It is important not to assume that all people with IDD have communication challenges.	✓	Easy
Partner with patient and/or their care partners and empower them to share	Patients and care partners have deep knowledge of their needs, triggers and calming strategies and are the best partners for improving their own experience of care	Empower the patient/care partner to speak up, share their needs: LISTEN. Presume competence: Communicate directly with the people with IDD, even if non-speaking. Only ask for clarification from the caregiver when necessary. This is an important element of building trust.	✓	Easy

		Examples: • Review the Always Uniquely Me App • Ask patient/care partners about their sensory needs and their potential triggers • Involve the patient/care partners in decision-making/offer supported decision making		
Increase staff awareness of patient's sensory needs	Enables staff the situational awareness that patient has an IDD diagnosis/sensory sensitivity so that they enter the room prepared	Examples: • The use of an EMR alert • A dedicated symbol on the door	✓	Easy
Modify the physical exam	There are many ways to alter how a physical exam is done to meet the needs of an individual to reduce their stress during the experience	Examples: • Modifying the order of the exam • Allow the patient to feel equipment prior to the exam • Offer choices (i.e. left or right arm for blood pressure)	✓	Easy

Decrease wait times	Although waiting is hard for everyone, people with sensory needs and intellectual disability may experience this challenge more acutely	Examples: • Expedite the move from waiting room to ED room or bay by elevating triage acuity • Ask if the patient or caregiver would prefer to wait in the car and call them when the room is ready or allow them to be mobile in spaces in which it is safe to do so • Consider investing in a beeper, as restaurants offer to alert them to return to triage • Frequently update individuals about expected wait times	✓	Moderate
Allow flexibility in hospital protocols	Allowing small tweaks in hospital protocols that allow patients with IDD to reduce their stressors/triggers, when safety is not impacted, can vastly improve the experience of care	Examples: • Not requiring patients to wear a hospital gown; instead, allowing them to wear their own clothes whenever possible • Allowing both parents/care partners to be in room (so that care partner also has support • Offering patients the option to sit in chair rather than lie in a gurney • Remove lab coats when they are triggering to the patient	✓	Moderate

Bunch Care	This allows the individual and/or their care partner to give their history a single time and allows for more down time	Rather than multiple clinicians and staff members entering the room at various times, plan to have several clinicians meet with patient/caregiver together.	✓	Moderate
Create virtual tours	Simply being aware of what the ED looks in advance of an ED visit may reduce anxiety for some individuals	Virtual tours of the ED can be circulated to primary care providers and community partners who serve patients with IDD		Moderate

EXEMPLARS:

Throughout the country, and abroad, hospital systems have been adapting their environments to more fully meet the needs of people with IDD. This section highlights a few examples of hospital systems who have successfully integrated these changes and some of the benefits of doing so.

Bee Mindful (Northwell Health)

With an understanding that medical environments often do not promote healing and wellness and that people with special needs require high quality healthcare, Northwell Health, originated at Cohen's Children's Medical Center, developed the Bee Mindful Program, which received the 2020 ANCC (American Nurses Credentialing Center) Magnet Prize. The Bee Mindful Program provides:

- A sensory cart filled with items that can be used with patients who have sensory needs
- Increased staff awareness of patients with special needs via the use of the Bee Mindful symbol
- BEE PASS – which facilitates expedited and calm entry into the facility
- Staff education on the needs of people with special needs

The Bee Mindful program has spread beyond the walls of Northwell Health and provides support to community partners, most notably by designing sensory rooms for UBS Arena.

TriStar Centennial:

Based on experiences caring for children with sensory needs, TriStar Centennial undertook a process to make changes to the Emergency Department that would improve the care for these individuals. To develop a list of possible accommodations, an internal staff committee was developed which included staff members that had children or grandchildren on the autism spectrum and input was sought from Autism Tennessee. Accommodation included a number of sensory adaptations that were aimed at:

- Noise reduction: removal of ticking clocks, noise cancelling headphones, medical equipment sounded only at the nursing station and not in the patient rooms
- Light management: dimmable lighting (non-fluorescent), tents to go over the medical beds
- Touch: softer hospital gowns, softer medical ID bracelets, weighted blankets

- Visual stimuli: covering medical equipment with a curtain, adding a kaleidoscope to the room
- A dedicated sensory cart was created that could be moved from room to room, these carts included items such as sunglasses, fidget toys, and putty
- To improve communication "First, Then" boards were incorporated, which allowed clinical teams to explain how things will be done to the patient
- A dedicated sensory room was created and whenever possible, individuals with IDD were assigned to that room upon entry into the ED
- Short trainings were introduced, about 10-minute blocks weekly at shift changes, where the Child Life Team provided brief topics, such as:
    - What is Autism?
    - Why is it different?
    - How is a temper tantrum different from an autism melt-down?
    - Sensory simulations

As a result of these changes, positive feedback was received from staff, patients, and their families. A blueprint was developed for this intervention that was shared with multiple colleagues. The hospital administration at TriStar was fully supportive of these changes. As a result, the hospital to market is now able to market itself as "sensory friendly".

Inova Loudon Hospital: As a partnership between the Arc of Loudon, The George Washington University and the Outpatient Specialty Rehabilitation Center, Inova Loudon Hospital created a sensory-friendly Emergency Room. Focus groups and polling were completed with more than 350 individuals as part of the planning process. The hospital then implemented new protocols and physical changes to the Emergency Department. Adaptations included:

- Improved communication: parents complete an intake form which includes information on their "child's preferred communication style, motivators, stressors and sensory challenges"
- Sensory Adaptations: dimmed lighting, soft music, weighted blankets, fidget toys
- Unnecessary medical equipment is removed from line of sight
- Development of protocols that are specific to the treatment of patients with sensory needs
- Implemented a sensory-friendly training program for its staff in the Emergency Room

As a result of these changes, staff have seen a shift in culture in the ER that positively impacts patients with sensory needs.

Sentara Williamsburg Regional Medical Center: In response to patients who had felt overwhelmed by the environment of the hospital, the hospital implemented a suite of changes. Changes included:

- Two sensory rooms that provide a soothing environment, with bubble tubes, swings, and tactile toys
- Mobile sensory bags that include items such as noise cancelling headphones, fidget toys and a "feelings" thermometer
- Training: annual training for staff, so that they are able to recognize the signs of sensory overload and respond to patients needs

These changes have supported not only patients with IDD, but have been beneficial to support other patients, including veterans with PTSD.

TRAINING RESOURCES

Background:

In today's demanding clinical environment, where workforce shortages remain a significant challenge, ED teams often face time constraints that limit opportunities for training. ED team members are more likely to use adaptations to the environment of care if they can access brief, practical guidance on the rationale for and how best to apply each EOC adaptation.

Purpose of the Guide

- This Training Guide offers a range of training options. Some adaptations require minimal to no training while others involve only a small investment of time.
- Instead of depending on time-intensive training programs, this guide focuses on leveraging ambient learning opportunities that naturally arise within daily emergency department operations. It also promotes the use of non-traditional and efficient training methods.
- The guide provides recommendations based on input from subject matter experts (SMEs) and best practices identified in the landscape review.

Scope and Audience

- This Training Guide is intended to support the training of ED teams and the administrators who oversee relevant decisions.

Training Delivery Considerations

Training Timing and Location This Resource Guide is focused on identifying short training opportunities or existing learning spaces, rather than adding burdensome training requirements. Some suggestions for training timing and location are described below.	
Training During Shift Changes	Short (5–10 minute) training opportunities can be integrated into shift changes. These sessions can provide concise insights and training, led by in-house subject matter experts such as physicians and nurses with particular expertise in IDD or Child Life teams.
Ambient Learning	Ambient learning refers to an environment that inherently facilitates education. When EDs implement incremental changes that improve the care experience for individuals with IDD, these improvements naturally promote learning for staff members. For example, a staff member might explain to another staff member why fluorescent lights were replaced with dimmable LED lights, fostering shared understanding and enhanced care practices.
Maximizing Existing Training Opportunities	ED staff are often inundated with training requirements and meetings that take away from their scheduled clinic time. Rather than creating new and separate training opportunities, capitalize on existing requirements to incorporate the EOC training topics.
Training Modality This Resource Guide suggests ways to tap into staff and patients to learn best practices and share stories of success and overcoming barriers.	
Learning from Patients and Caregivers	Individuals with IDD and their caregivers are experts in their own needs. Providing staff with dedicated opportunities to connect directly with individuals and care partners fosters better understanding, improved care, and increased staff satisfaction. This can be done via one-on-one interactions or the creation of a Steering Committee that includes people with IDD and their care partners. IEC has developed Principles of Authentic Engagement, which guides meaningful, respectful, and inclusive communication.

Peer-to-Peer Training	Within the ED teams, there are likely individuals who have personal experience knowing and/or supporting individuals with IDD. Empowering these individuals to become champions of this work allows them to share their expertise, such as providing education during shift changes and being a departmental or organizational resource.
Note on Storytelling	Both types of training can and should include a focus on storytelling, which is an impactful way to motivate behavior change. Hospital systems are strongly encouraged to engage with their staff to share stories, including patient care and personal stories. Storytelling offers a number of benefits in health care, including, but not limited to: - Humanizing the experience - Enhancing communication - Building community and support - Supporting education and training
Sensory Overload Simulations A distinct type of training aimed at helping clinicians understand the lived experience of someone with sensory sensitivities.	
Sensory Overload Simulations	Helping clinicians understand the sensory experiences of individuals with IDD is essential. This understanding enables them to address sensory challenges in real time. Virtual reality tools and online resources, such as sensory overload simulation videos (e.g., YouTube), can facilitate this learning.
Escalation Prevention Training	
A note on escalation prevention and de-escalation training: While escalation prevention and de-escalation trainings are critical to improving the experience of care in the ED, they are beyond the scope of this training guide.	

Training Tips and Tricks

- Hospitals may want to identify champion(s) to serve as training lead(s)
- Training is not a one-time intervention, but requires repetition (i.e., see one, do one, teach one)
- Training on environment of care changes can occur in any order, but we recommend the following phasing:
    1. Teaching about the use of the sensory tools that are available
    2. Sharing the rationale for the changes in the physical environment and furniture or space
    3. Training on adaptations that can be made to hospital practice

Community Engagement Strategies

The engagement of community members to advise and participate in the EOC changes is vital. IEC recommends the following strategies to engage community members:

1. Engage with local community-based organizations to establish relationships
2. Engage with patient advocacy organizations
3. Reach out with personal invitations to engage patients
4. Cultivate trust with patients by listening to their needs and opinions
5. Leverage a community for patient advocates (e.g., PFAC)
6. Employ IEC's Principle of Authentic Community Engagement: Partnership, Empowerment, Accessibility, Respect, Trust, and Personalized Supports

Note: *IEC can provide more in-depth consultation on community engagement. Contact Mai Pham, mai.pham@ie-care.org for more information.*

Training Suggestions by Domain	
Domain: Sensory Adaptations	
Training Goal	Teach staff how to use tools that are designed to minimize sensory overstimulation and provide calming techniques and to proactively make offer changes in the patient's room or equipment, by asking questions of the patient and their caregiver(s).
Learning Objective	Staff will be able to select appropriate sensory adaptations to improve the patient experience, while respecting the input of the patient and their caregiver.
Key Tools	Sensory cart items, noise cancelling headphones, weight blankets or vests, management of light, closed doors, softer gowns and bands, integrative therapies, medication flavor/texture options
Training Delivery Considerations	Peer-to-peer learning and ambient learning opportunities support on the job learning, while dedicated sensory overload simulations help hospital staff understand the lived experience of their patients
Suggested Training Resources	• https://youtu.be/KurXpARairU • Simulations for Educators to Understand ADHD and LD Students • https://youtu.be/VwxFuYqWiXE
Associated Metric	Increased staff confidence in using sensory tools
Domain: Furniture and Equipment and Physical Space and Design	
Training Goal	Educate staff about the physical changes to the environment that have been made at the hospital level to reduce sensory stimulation for the patients
Learning Objective	Staff will understand the rationale for making changes to the environment of care and how to use the tools and modifications to improve the patient's experience of care

Key Tools	Tents or screens around the bedside, stickers on the floor, bubble tubes or bubble columns, projectors/iPads, limiting noise by equipment, soundproof walls, alternative seating and bedding options, soothing sounds, colors and natural light, reduced seating density or separate triage/waiting areas
Training Delivery Considerations	Capitalize on existing training spaces to educate staff on the rationale behind the physical changes, rely on storytelling: offer opportunities for staff to learn from patients/caregivers about how these changes impact their experience of care and for staff to share with each other how any of these changes have impacted how they care for their patients
Associated Metrics	Improved patient satisfaction, reduced chemical and physical restraint use
Domain: Hospital Practices	
Training Goal	Educate staff about the changes to hospital practice and policy changes that are designed to foster flexible, empathetic and individualized care partners. Share rationale for these changes
Learning Objective	Staff will be able to implement patient-centered adaptations that accommodate the needs of people with IDD and improve their experience of care
Key Tools	Respect for communication preferences, partner patient and/or their care partners, increase staff awareness of patient's sensory needs, decrease wait times, flexibility in hospital protocols, modify the physical exam, bunch care, create virtual tours
Training Delivery Considerations	Ambient learning allows staff to learn on the job, learning from patients and caregivers to increase awareness of sensory needs and rely on peer-to-peer learning to modifying protocol and exams

Suggested Training Resources	• Microsoft PowerPoint - Kalichman.ExamStrategies 4 13 12.ppt [Compatibility Mode], • How to Provide the Best Care for Patients with Intellectual and Developmental Disabilities (IDDs) | Center to Advance Palliative Care • Exam Room Etiquette | Office of Developmental Primary Care • Bridging the Gap: Improving Healthcare Access for People with Disabilities (short version) - YouTube • Assistive Technology in Action - Meet Elle • Communication Simulation Exercise: Tools for Trainers | Office of Developmental Primary Care • https://youtu.be/eGfG7J3ibdI
Associated Metrics	Reduced escalation incidents
Additional Training Resources	• Adults with Developmental Disabilities: A Comprehensive Approach to Medical Care | AAFP • For Clinicians: H-CARDD Best Practice Series - YouTube • Intellectual & Developmental Disabilities, Neurodevelopmental Disorders (IntellectAbility)

APPENDIX

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Research That Supports the Need for Changes to the Environment of Care for People with IDD

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WORKING WITH IEC

IEC is available to provide consulting services to hospitals and health care agencies who are interested in pursuing environment of care changes in their facilities. For more information contact info@ie-care.org.

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