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Continuous Service Quality Improvement and Change Management for Children and Young People with Autism and Their Families: A Model for Change

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ABSTRACT

A case study approach was used that included data collection from a wide range of sources, e.g., a stakeholder conference, audit, questionnaires, and evaluative feedback from carers, families, staff, and Autism Champions. Integrated pathways for patient care improvement were developed. Families and carers were involved in raising awareness of the needs of children with autism and policy development to meet these needs. Increased involvement from interdisciplinary working strengthened the work of the Recognising Autism Management Programme (RAMP) and improved patient care outcomes. The interventions undertaken by the RAMP resulted in improved patient /carer satisfaction, the reduction of challenging behaviour, complaints, and treatment refusal. The Autism Champions played a significant role in signposting resources and the cascading of education and practice development. All children and young people (0–25 years) on the Autism Spectrum and their families benefit from safe, individualised, high quality care in a supportive environment. Education of staff and families and targeted actions in adapting attitudes and behaviours in communication and care management will result in positive experiences for staff, children and families and financial benefit to the NHS Trust by reducing cancellation of appointments and operating theatre slots.

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Introduction

Autism is a spectrum of developmental disorders characterised by deficits in verbal and emotional communication, social reciprocal interaction with stereotyped, repetitive, or unusual behaviours or interests (Inglese, 2009; Levy, Mandell, & Shultz, 2009; Rapin, 2002). Autism is referred to as a spectrum of disorders because its manifestations can occur in a variety of combinations and be present in varying degrees of severity (Inglese, 2009). Although the term autism will be used in this article, it also refers to children and young people with Asperger's

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syndrome, pervasive developmental disorder, and learning disabilities as there appears to be a strong correlation between learning disability and co-morbidly occurring as autism. Although there is a dearth of specific data, it appears that children with learning disabilities may also have a reduced ability to understand new and complex information (DH, 2009; Howlin, 1998). This inability to comprehend complex information is related to limited language skills, which reduce the child's ability to report their symptoms or distress, which may be manifested as challenging behaviours (MENCAP, 2004).

Autism is an increasingly recognised condition and it is suggested that 1–2% of the primary school aged population in the United Kingdom may be affected (Baron-Cohen, Scott, Matthews, & Brayne, 2009). In 2014 within the Greater Manchester health district, it was estimated that approximately 89% of all children referred to child and adolescent mental health services (CAMHS) had a diagnosis of autism (unpublished data). It is recognised within the United Kingdom that Greater Manchester as a conurbation has the largest population of children with a diagnosis of autism.

For Royal Manchester Children's Hospital (RMCH), a tertiary provider of paediatric health care in the north west of England this therefore has a large impact upon service provision. Approximately 82% of children and young people with autism have co-existing disorders such as language disorders or attention deficit hyperactive disorder (ADHD), which also affect their behaviour (Levy et al., 2009). In addition, children and young people with autism often have coexisting health care needs such as seizures, gastrointestinal problems, allergies, and sometimes intellectual disabilities, which require continued management and access to a comprehensive range of healthcare services (Liptak, Stuart, & Auigner 2006). This poses difficulties for health care providers as the child's behavioural responses to medical investigations and interventions are frequently not predictable (Scarpinato et al., 2010; Volkmar, Weisner, & Westphal, 2006).

Children with autism often find the experience of attending a medical setting frightening because of their inability to cope with change and comprehend what is happening to and around them (Bultas, 2012; Jones, 2006; Vaz, 2010). Sensory overload from lighting, noise, crowded and busy areas, as well as unpredictability of waiting times may result in overwhelming anxiety, withdrawal, or negative behavioural outbursts (Sanz-Cervera et al., 2015; Vaz, 2010).

The Department of Health (DH) (2015) clearly sets out the expectations of all healthcare professionals and services in meeting the individual needs of children and young people with Autism as stipulated within the Monitor Framework (DH, 2015a) and Autism Act, 2009.

Context

Within RMCH a group of multi-professional healthcare practitioners (children and young peoples' nurses, doctors, radiographers, physiotherapists, and specialist

play staff) became aware of the unmet needs of patients with autism who, when receiving hospital care, presented with challenging behaviour. The healthcare staff realised through their shared clinical experiences that patients with autism had individual communication, behavioural and sensory needs (Appendix) Some children and young people became stressed, agitated, or distressed because of their difficulty in understanding changes to their routine or when faced with unfamiliar or busy surroundings. Others could not tolerate being touched or having to participate in any activity that was new to them; such as radiological investigation procedures, general anaesthesia being administered for procedures/surgery, or when undergoing blood tests or complex wound care (Kennedy & Binns 2014; Khan, 2007).

Particularly challenging environments for this group of patients were the Accident & Emergency and Outpatient departments. This is supported by the work of Vaz (2010) who argued that the lack of time to prepare for emergency hospital treatment was a significant factor (Pratt et al., 2011). Discussions by interested parties in response to parent/carer feedback concluded that the care provided for children and young people with autism who attended RMCH could be significantly improved as in some cases children did not receive the healthcare needed.

On reflection, it was evident that many healthcare professionals involved in delivering care to children and young people with autism did not fully understand the disorder or the impact of the condition on patients and their families accessing hospital services (Kennedy & Binns, 2014).

National Guidance on Inclusiveness

The DH recognises that people with autism find it harder than others to make sense of everyday situations; whilst acknowledging that organisations should be inclusive (DH, 2006, 2009, 2010, 2014a 2015a; NICE Guidance CG170, 2013). DH (2015b) indicates that organisations must, therefore, make reasonable adjustments to lights, sounds and smells; as well as physical design to ensure that services are accessible to each individual patient. In order to make meaningful, positive adjustments to the care milieu and improve the experience of children with autism and their families it is recognised that staff would need education and training (DH, 2015a)

A diverse range of legislation states that children and young people with neurodiversity such as autism need to be given the same opportunities as neurotypical children without autism, and where possible to understand and support them in making choices about their health care (Autism Act, 2009; Children and Families Act, 2014; DH, 2006, 2008, 2009, 2010, 2014a 2015a; NICE Guidance CG170, 2013; NICE Guidance NG11, 2015; NHS Confederation, 2009). Organisations that hold responsibility for children's services need to therefore understand the particular needs of children and young people with a vulnerability

due to their specific individual needs and requirements and provide targeted communication and training resources.

Method

Parent Engagement, Shared Decision Making and Identification of Client Group

In order to support anecdotal evidence and to improve the care pathway for children and young people with Autism, information was gleaned from several RMCH stakeholder events (Figure 1) which revealed that most parents of children and young people with autism felt stressed before they

Figure 1. Consultation with families, carers and healthcare providers & service evaluation.

even arrived at the hospital as they anticipated challenges with staff, hospital processes, and their child's' behaviour (Gordon 2012). This reportedly stressful experience had a negative impact on the whole family and the staff involved in delivering patient care (Gray 1993, 2002). Perceived barriers to satisfactory hospital experiences included environmental factors such as poor car park facilities or busy waiting areas. These often resulted in failed medical interventions, such as cancellation of operating theatre slots, out-patient appointments, or investigations as well as radiology appointments not proceeding as planned. A multidisciplinary RAMP Steering Group including representation from the local National Autistic Society, the children's hospital, parent carer representatives, and a higher education institute was formed with the aim of raising awareness and redesigning the hospital care provision for children and young people with autism. In response to local need and national guidance, RAMP's vision was to ensure that the specific requirements of children and young people with autism were met on each visit to the RMCH. A 5-year comprehensive work plan was developed which included autism training for different specialty teams across RMCH.

As patients with autism have both general and specific health care needs it was recognised that an important first step was to identify this group of patients more consistently for both planned and unplanned admissions that meet the expectations indicated by the Department of Health (2015) framework.

Pilot areas were initially identified through auditing current practice including the Elective Treatment Centre and Radiology departments. Through staff education, training to raise awareness, and the changing of expected processes, children and young people with autism began to be identified at pre-admission clinics. Parents and carers of children with autism reported that advance preparation and information sharing are key factors to their child having successful planned medical appointments (Figure 2).

Staff also observed that some children and young people coped much better if familiar staff and parents dealt with them for subsequent hospital visits. Quiet zones and the utilisation of "patient pagers" were instituted for children and families unable to wait or cope with crowds or noisy environments. Other patients benefitted from having a minimum waiting time agreed or by entering the hospital through a different entrance. Families were offered an opportunity to visit the hospital prior to their procedure to familiarise them and were provided easily read information about the environment, equipment, and staff through a range of communication methods (Figure 3 and Figure 4).

Prior to attending for treatment, other young people with autism found a pictorial view of their hospital journey using photographs and social stories useful (Gray 1993, 2002). Hospital staff worked in collaboration with parents, schools, and community healthcare staff to gather information about patients' specific needs in advance of hospital procedures and working in partnership to deliver safe and individualised care (Autism Act, 2009; Children and Families Act, 2014; DH,

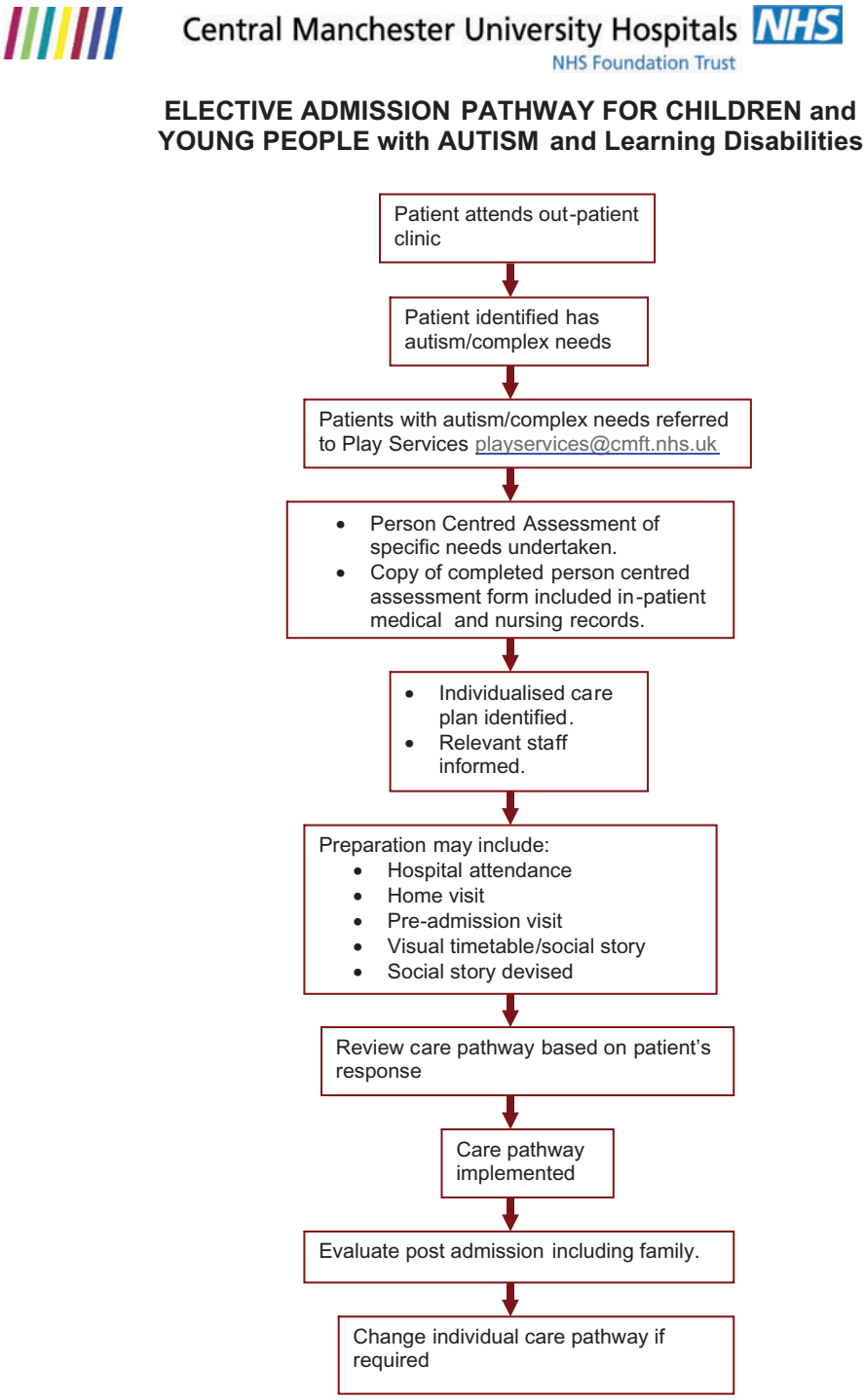

Figure 2. Pathways developed to meet the specific needs of group of children and young people with Autism.

Figure 3. Communication tools to wards/departments.

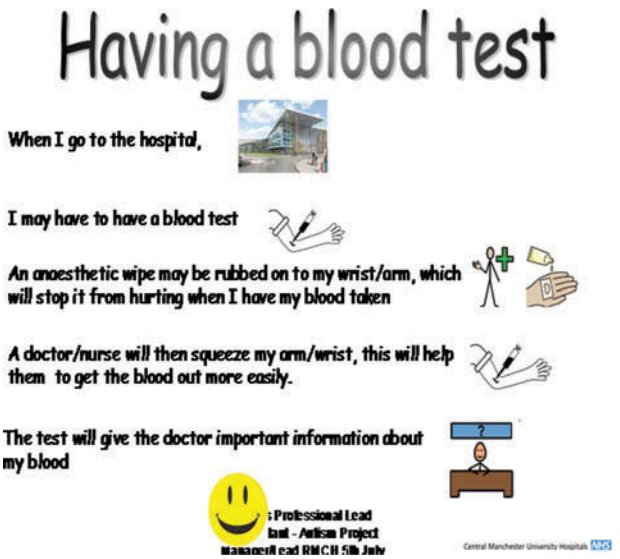

Figure 4. Social story board to support communication and understanding

2006, 2008, 2009, 2010, 2015a; NICE Guidance CG170, 2013; NICE Guidance NG11, 2015; NHS Confederation, 2009).

Key elements of the redesign process are captured in Figures 1–7.

Increasing Health Care Staff Awareness

A regular training programme was developed to help raise awareness of the condition and help healthcare staff to deliver care to patients with autism more creatively. The bespoke teaching sessions delivered by Positive About Autism have been interactive, visual and fun (Positive About Autism, 2014).

Through evaluative learning, staff have reported acquiring a better understanding of a variety of complex behaviours, often associated with patients and families with autism, and feel better equipped to use simple yet effective communication tools in their clinical practice.

For staff dealing with emergency situations, having a positive understanding of sensory issues and communication differences for patients with autism potentially makes a real difference to the patient's journey and quality of care delivered. For example, a young child with a diagnosis of autism being cared for in the paediatric critical care department may have an sensory processing disorder (Plowden, 2015), not being able to process or understand the myriad of different technological noises going on about them, i.e., ventilator and invasive monitoring alarms. The child responds by becoming combative and "difficult" to manage in the eyes of the unaware critical care practitioner, resulting in the child receiving unnecessary sedation. An aware practitioner may have offered ear defenders to the child to reduce the sensory overload and address the overstimulation caused as a result of the sensory processing disorder; the child therefore becoming calmer as their behaviour de-escalates and they become more easily cared for.

To date several hundred hospital staff have participated in bespoke training including representatives from audiology, counselling, patient complaints, dietetics, occupational therapy, orthotics, physiotherapy, play service, psychology, radiology, and reception. Including reception staff is particularly important as often receptionists are the first point of contact for patients with autism and their families; for example arranging appointments and answering queries. Different ways of working in clinical areas continue to evolve as staff become more confident using different communication techniques and become familiar with making reasonable adjustments to their environment (Figure 5). These measures help optimise clinical outcomes for children, young people, and adults with autism to improve their hospital experience. Industry and business are following a similar model in order to ensure they are truly "Autism Friendly" as determined by statutory requirements enshrined in law (Autism Act 2009, DH, 2014b).

Awareness was also raised by inviting parents and carers of children with autism to share their experiences and reflect upon the impact of living with autism and accessing healthcare services. This included presentations on the medical Grand Round and Autism Champion training as well as evaluations of proposed clinical documentation including care plans and policy development. To support the process of training Autism Champions throughout different specialities across the organisation, "Ten Top Tips" for professionals, parents, and carers were requested and developed in partnership with the Greater Manchester Autism Consortium (GMAC, 2014) to support the process of embedding knowledge of autism into practice.

Figure 5. Educating staff about Autism: "Communication Do's and Don'ts".

Undergraduate Education About Autism

Locally the RAMP has had a positive influence on undergraduate health professional education programmes by raising awareness of the impact of autism. Examples of collaborations included taught lectures and experiential learning for a range of multi-professional students who undertook their role-emerging placement at RMCH looking at the individual needs of patients with autism in an acute hospital setting. Case studies have been used as the vehicle for teaching

undergraduate student nurses about the manifestations of autism and appropriate communication strategies for children and young people who have these specific needs (Levy, 2009; Levy et al., 2010; May, 2005; Moton-Cooper, 2004).

All new staff within RMCH receive a robust induction programme that incorporates and facilitates the underpinning awareness of autism friendly working. Further pathways have been identified for development, e.g., a Transition Pathway.

Supporting Transition to Adult Services

Many of the comorbidities are chronic/lifelong conditions that warrant continued care into adulthood and transition into adult healthcare. Many families demonstrate anxiety when moving into the adult environment for continued care, with concerns raised about the competency of healthcare staff to care for their child (Department of Health, 2003, 2010; Hamdani, Jetha, & Norman, 2011; Singh et al., 2010). Literature suggests that transition should be holistic and a person centred approach (Colver et al., 2013), however, whilst specialist children's services are delivered via a dedicated children's hospital, the variety of specialist teams required when transitioning young adults with multiple healthcare needs are not necessarily available within this trust. This therefore potentially results in difficulties meeting their individualised needs to access appropriate healthcare.

It was evident when listening to service users that transition has not always been discussed, especially regarding future specific needs and reasonable adjustments. Brammer (2015) considers that parents of patients in their late teens have demonstrated concerns regarding transition, for example, the mother of a 16-year-old boy who hits her when he experiences something unpredictable being petrified when asked if the topic of transition had been discussed with her. The families of younger children had not considered transition as something they required. Despite the myriad of experiences that patients with autism and their families have had at RMCH, they have built relationships and confidence with the healthcare workers throughout their hospital journey support by the RMCH RAMP (Hamdani et al., 2011). Parents of children in their late teens expressed concern that the level of support for families with a child with autism would not continue when their care inevitably transferred to adult services (Hamdani et al., 2011). Brammer (2015) indicates that a working party within the Trust develop an action plan for young people with autism moving into adult care.

Evaluation

Once a child or young person with autism was referred or identified, reasonable adjustments via a person-centred tool (Appendix) assessing

their unique patient journey was facilitated in partnership with parents /carers and the young person by the relevant healthcare professionals. To improve quality care provision a "Toolkit" consisting of a range of autism-friendly initiatives has been introduced. This includes a children's hospital-wide Autism Care Standard, an Autism Training & Education Strategy, and development of the Autism Champion role.

With new ways of working established, significant improvements in care for patients with Autism were reported not only by parents, but also by staff from various wards and departments. Formal service user evaluations of personal experiences helped inform the future direction for the RAMP and as a result measurable hospital standards for patients with Autism have been ratified and agreed in line with statutory requirements (Autism Act 2009; NICE 2013, 2014; DH, 2014b).

Figure 6 and 7 capture perspectives of carers who experienced reduced stress levels on bringing their child to hospital and accessed hospital treatments safely and successfully.

Next Steps

The goal is now to ensure this level of care to all children and young people with autism at RMCH is maintained especially during transfer of their care to adult services. Hospital care standards for patients with autism have been ratified; thus providing an embedded audit tool and service user evaluation process. This process offers assurance for service users, commissioners and the organisation that quality of care for patients with autism continues to improve. Information leaflets for Clinical Care Commissioning Groups, education settings and acute

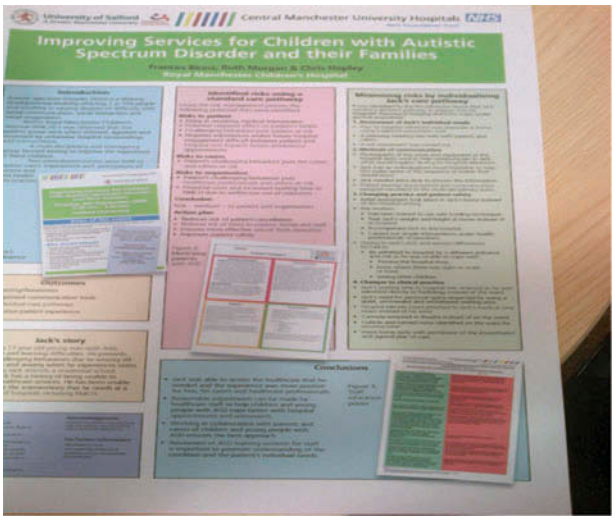

Figure 6. Parent /Carer Experience feedback.

"Your open and positive response was surprising in itself but your determination to improve the system was amazing … those early meetings between the families of youngsters with autism and hospital staff from all disciplines were hugely productive and the zeal with which the raising of autism awareness was embraced by practitioners was breathtaking in its speed and depth."

"When my child needed a number of teeth to be extracted, we were in dread. But as the process unfolded, we became more and more impressed. Every effort was made by the hospital to put the needs of the child first and for the experience to be as stress free as possible."

"Provision was made so that we waited in a quiet area away from the hustle and bustle of a busy reception area. At all times my child was treated with kindness and respect.

There was recognition that his behavioural and sensory needs would benefit from him being in a room on his own, pre-op and post recovery, this was organised along with a DVD player and his favourite Lion King DVD."

"Please keep up the good work, the prospect of adult services fills us with dread. It seems to me that your programme of awareness training is such that exposure to it by those working with adults who have autism would hugely benefit all."

Figure 7. Service user feedback.

hospital environments exist to extend RMCH RAMP's communication strategy as a mechanism to trigger the legal requirement for reasonable adjustments as early as permissible to improve access for patients and families with autism. A routine administrative alert (flag) is applied as part of the pathway process to facilitate inclusion at each stage of care delivery.

Conclusion

Caring for children and young people with autism presents challenges for multi-professional teams. It is important that all professionals communicate effectively with each other and with the child and family, adjusting their behaviour and the environment so that the patient's journey is dignified and tailored for their individual needs. Experience has highlighted that children with autism have protracted hospital stays and appear not to have all of their psycho-social needs met. Reflection on practice shows that lack of staff awareness is the key indicator and is associated with concerns related to patient/staff experience, rights, safety, and behaviour when providing care.

Optimising the patient experience and that of their carers therefore supports the management and safety of everyone involved. One essential factor in the development of hospital care provision and improving practice is alerting health professionals well in advance that the individual has autism; preferably before the patient even comes to hospital. This allows staff to carry out a comprehensive assessment in collaboration with the child, their parents, and key members of staff. Parents being supported and encouraged to advise upon their child's care. Identifying any known triggers that cause a young person to present with challenging behaviours and how best to de-escalate or avoid a crisis is critical. Building a holistic picture of the child and agreeing on a pathway for their hospital journey helps meet the specific needs of the child or young person and maintain a safe, autism-friendly environment for everyone involved. The achievement of this necessitates a person-centred flexible approach to the adjustment of established pathways of care delivery; such as waiting times, environmental set up and recovery times which may need to be altered significantly to accommodate the patient's individual needs. Staff need to be aware that the benefits of taking such action far outweighs the drawbacks as the outcome may be less frequent incidents of refusal of treatment and reduced anxiety levels for the child and the family; which often leads to dissatisfaction. An in-house multi-professional e-learning package on Autism is to be developed to supplement the bespoke training; targeting a wider audience and raising levels of awareness in all professional groups.

The RMCH RAMP has shown to achieve high-quality, cost-effective patient care it is equally important that healthcare staff access training in autism. Healthcare professionals are therefore empowered and better able to work creatively with patients and families with autism to meet the legal requirements in making reasonable adjustments.

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Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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Appendix Person-centred individual needs assessment.

Central Manchester University Hospitals NHS
NHS Foundation Trust

Royal Manchester Children's Hospital

Reasonable Adjustments Required
Person Centred Assessment of Child's Individual Specific Needs

(To be placed on the front of Childs notes/care plan)

Patients Name ..... **Hospital No**..... **Clinician**.....
Patient with Autism ☐ **Learning Disability** ☐ **Medical Complexity** ☐
Communication Flag requested on ☐ **PAS** ☐ **Bedman** ☐ **Other** ☐
Reasonable Adjustments Completed: Yes ☐ **No** ☐ **PCA Enclosed: Yes/No**
Translator /Interpreter required Yes/No Requested Yes/No/ N/A
Date to be Admitted/Seen .....

Ward/Area .....

Actions Required.....

Room required due to individual sensory needs ☐

Important points to be Aware of on Admission or Appointment :

Red **High Priority /Dislikes**
-
-
-
-

Amber **Medium priority**
-
-
-
-

Green **Likes/Interests**
-
-
-

Assessment Completed Via:

Telephone ☐ Ward/Department ☐ Other ☐

Parent ☐ School/Nursery/Senco ☐ Learning Disability Nurse ☐

Signed ..... **Name** .....

Professional Status ..... **Date Completed** .....

Central Manchester University Hospitals NHS
NHS Foundation Trust

Royal Manchester Children's Hospital

PERSON CENTRED ASSESSMENT FOR A CHILD/YOUNG PERSON WITH A DISABILITY

e g AUTISM/LEARNING DISABILITY

TO BE COMPLETED PRIOR TO ADMISSION/CLINIC

Patients Name ……**Hospital No**…… **Clinician**……..
Patient with Autism ☐ **Learning Disability** ☐ **Medical Complexity** ☐
Communication Flag requested on ☐ **PAS** ☐ **Bedman** ☐ **Other** ☐……..

Name…… DOB……..

Referred by ……..Hospital No ……

Ward/Area……Date……Ethnicity……
Contact No……..
Mental Capacity Assessment [ask if over 16] N/A ☐ Yes ☐ No ☐

History

1. Has your child been in hospital before? Yes ☐ No ☐

If yes, please state the experience
……
……

What was your child's experience of pain? Don't know ☐
Communicate pain verbally? ☐ Points to the area of pain ☐

Unable to communicate pain ☐ Hitting self ☐ Hitting others ☐
Screams ☐
Other……..

Communication

2. What method of communication does your child/young person use?

Use Pictures	☐	Sign Language	☐
Verbal	☐	Auditory/ Hearing	☐
Use single words	☐	Other	☐
Sensory	☐	Interpreter /Translator required	YES/NO

Does you or your child have a communication passport	Yes	☐	No	☐
Would like photographs (social story) forwarded	Yes	☐	No	☐
Patient plan/journey to be devised	Yes	☐	No	☐

Preparation to Hospital

3 . Would your child/young person benefit from a pre-hospital visit to see the area?

Yes ☐ No ☐

NAME ..... HOSPITAL NO .....CLINICIAN.....

Comments.....
.....

3. Is your child/young person able to give eye contact when communicating verbally?

Yes ☐ No ☐ Sometimes ☐

4. Are there any familiar sayings that you or your child/young person uses regularly which would be useful for the staff to know?

Yes ☐ No ☐ Sometimes ☐

If yes, please state.....

.....

5. Does your child/young person allow contact/touching?

Yes ☐ No ☐ Sometimes ☐

Child/Young Persons Interests

6. Please tell us about your child/young person's personal likes/obsessions

.....

7. What does your child/young person like playing with?

Books	☐	Drawing/crayoning	☐	Play alone	☐
Musical games	☐	Computer/ICT games	☐	Sensory play	☐
Television/DVD	☐	Imaginative play	☐	Other	

Further Comments…Would you bring anything in particular with you to occupy your child ?

Yes ☐ No ☐

.....

7b How much support do you feel the person accompanying your child would require when in a restricted environment **?**

.....

Fears/Obsession

8. Please tell us about your child/young person's dislikes, fears (e.g. doesn't like the colour red any foods etc)

NAME ..... HOSPITAL NO .....CLINICIAN.....

.....

Behaviour

9a. Is your child/young person violent or aggressive?

Yes ☐ No ☐ Sometimes ☐

Comments.....

.....

Any additional mental health disorders e g Anxiety ☐ or Depression ☐

9b. Will he/she be likely to attack staff or other child/young person?

Yes ☐ No ☐ Sometimes ☐

Comments.....

9c. Does your Child/Young Person self harm?

Yes ☐ No ☐ Sometimes ☐

Further Comments.....

.....

10a. What things/events may trigger your child/young person to behave angrily, aggressively or go into a tantrum?

Sudden noise ☐ Too much noise ☐ Absence of structure ☐

Long waits ☐ Change of routine ☐ Too many people ☐

Environment ☐ Other.....

Further Comments.....

10b. What calms your child/young person down if he/she becomes anxious?

.....

11. Does your child/young person use a behavioural system which is important to be carried out while in hospital (e.g. coloured spots/traffic light system and reward charts)?

Yes ☐ No ☐ Sometimes ☐

If yes, please state:

.....

12. Will your child/young person tolerate being on an open ward?

Yes ☐ No ☐ Sometimes ☐

NAME ..... HOSPITAL NO .....CLINICIAN.....

If no please state reason and any further comments:

Clinical Treatments

13. Will your child/young person tolerate any of the following Medical Procedures/Experiences? E.g. Procedures on Wards/Clinics such as:-

Weight/Height	Yes	☐	No	☐	Sometimes	☐
Temperature	Yes	☐	No	☐	Sometimes	☐
Wearing a hospital name band	Yes	☐	No	☐	Sometimes	☐
If no photograph ID arranged	Yes	☐	No	☐	Sometimes	☐
Examined by doctor/nurse etc	Yes	☐	No	☐	Sometimes	☐
Taking Medicine	Yes	☐	No	☐	Sometimes	☐
Taking Tablets	Yes	☐	No	☐	Sometimes	☐
Blood pressure taken	Yes	☐	No	☐	Sometimes	☐
Attending clinics e.g. out patients	Yes	☐	No	☐	Sometimes	☐
Tolerate being in busy waiting areas	Yes	☐	No	☐	Sometimes	☐
Blood tests	Yes	☐	No	☐	Sometimes	☐
Injections	Yes	☐	No	☐	Sometimes	☐
Cannulas	Yes	☐	No	☐	Sometimes	☐
Local anaesthetic cream	Yes	☐	No	☐	Sometimes	☐
Plasters	Yes	☐	No	☐	Sometimes	☐
Going to theatre	Yes	☐	No	☐	Sometimes	☐
Wearing a theatre gown	Yes	☐	No	☐	Sometimes	☐
Having a mask on	Yes	☐	No	☐	Sometimes	☐
Has your child had sedation before	Yes	☐	No	☐	Sometimes	☐

How did your child respond _____

Going on the theatre trolley	Yes	☐	No	☐	Sometimes	☐
Having a cannula post theatre	Yes	☐	No	☐	Sometimes	☐
Having an x-ray?	Yes	☐	No	☐	Sometimes	☐
Having a scan?	Yes	☐	No	☐	Sometimes	☐

NAME …… HOSPITAL NO ……CLINICIAN……

Any concerns re your child post surgery/theatre
Yes ☐ No ☐ Sometimes ☐
Comments……

Other e.g. dressings……
Do you or your child have any mobility problems ?
Yes ☐ No ☐
Comments ----------

Education

14. What Nursery/School/College does your child/young person attend?
……

Contact details …….....

Email address.....

15. Would it help to speak with you or the nursery, school, college to help with the time in hospital?

Yes ☐ No ☐

NB If to be admitted longer than 2 days Manchester Education School to be informed

Additional information

16. Is your child/young person having any other treatments/tests or appointments within the hospital i.e. X-ray, EEG, dental?

Yes ☐ No ☐ Sometimes ☐

If yes, please state……..
……

17. Is there any further information we need to know to help you or your child/young person when in Hospital or having treatments?

Yes ☐ No ☐

If yes, please state…….

Risk Assessment required Yes ☐ No ☐

Assessment Completed Via:

Telephone ☐ Ward/Department ☐ Other ☐

Parent ☐ School/Nursery/Senco ☐ Learning Disability Nurse ☐

COMPLETED BY:

SIGNATURE …… DATE……

PRINT NAME …… DESIGNATION…….....

Royal Manchester Children Hospital

NAME …… HOSPITAL NO ……CLINICIAN…….

Patient with Autism ☐ Learning Disability ☐ Medical Complexity ☐
Communication Flag requested on ☐ PAS ☐ Bedman ☐ Other ☐……..

1. Administrative Flag requested for hospital administration systems to aid communication
   Yes ☐ No ☐

2. Has the child/young person and families carried out a Reasonable adjustments person centred assessment with Health Pay Practitioner or designated healthcare professional

   Yes ☐ No ☐

3. Reasonable adjustments agreed with child/young person and family disseminated for healthcare professionals required

   Yes ☐ No ☐

4. Methods of communication identified and arranged

   Yes ☐ No ☐

5. A Health Play Practitioner or designated member of staff available to liaise support and coo ordinate services for the child and families individual needs .

   Yes ☐ No ☐

5. Service user evaluation arranged and completed with actions for further admission or appointments documented where required

   Yes ☐ No ☐

Assessment Completed Via:

Telephone ☐ Ward/Department ☐ Other ☐

Parent ☐ School/Nursery/Senco ☐ Learning Disability Nurse ☐

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