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# **DEAR DOC: 'Delivering Education and Resources for staff and families of patients with Disorders of Consciousness'**

Initiative Type

Service Improvement

Status

Deliver

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28 November 2019

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## **Summary**

More patients are surviving after catastrophic brain injury and are in a disorder of consciousness (DOC). The best practice intervention for this population is sensory stimulation therapy. However, this

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is rarely delivered in the acute setting. The neurosurgery allied health team identified this gap in service delivery. It was found families have limited understanding of DOC and staff have reduced confidence and skills in managing these patients. To provide best practice care, the team implemented patient-centred, family-led sensory rehabilitation resources. The effectiveness of the education package was evaluated through pre-post surveys. This package led to increased staff and family knowledge, confidence and skills.

## Key dates

Jun 2018

Jun 2020

## Implementation sites

Princess Alexandra Hospital

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## Aim

To evaluate the effectiveness of a family and staff education package in enhancing knowledge, confidence and skills of staff and families surrounding DOC and sensory stimulation. Method: Standardised education packages were delivered to: 1. staff members on the Neurosciences Ward, and 2. families of patients with DOC. Pre- and post-education surveys were used to measure family and staff knowledge, satisfaction, confidence and skill in providing education and sensory stimulation to patients with DOC.

## Benefits

Preliminary data suggests that a newly developed family and staff education package has the potential to enhance family and staff knowledge, confidence and skills surrounding management of patients with DOC. This project provides data regarding the previously unmet need of early education to family members regarding DOC and sensory stimulation and a standardised staff education package. The team plan to continue data collection until mid-2020 and roll out the education packages across other wards within the hospital that regularly treat patients with a DOC.

## Background

Disorders of consciousness (DOC) occur post severe acquired brain injury (ABI). Consciousness includes wakefulness (sleep/wake cycle, reflex responses) and awareness (variable degree of interaction with surroundings). Sensory stimulation therapy (touch, sound, visual, taste stimuli) is provided in a controlled manner to elucidate awareness, without overstimulation, and is specialised work. To optimise gains post-ABI, a specialised, multidisciplinary team (MDT) approach and family education is imperative. Despite this, education provision to families is inconsistent. Little is known about the effects of timely education regarding DOC and sensory stimulation on family, nor on staff skill/confidence. Recent literature supports the importance of early distinction between phases of DOC and the need for healthcare professionals to monitor progress of these patients and address their needs for rehabilitation. There is significant literature to support the implementation of early sensory stimulation with patients with DOC as part of their rehabilitation program. Current research does not measure the effects of timely education on family members, nor the impacts of a standardised MDT management plan on staff skill and confidence when working with this population within an acute setting.

## Solutions Implemented

In the design and analysis phase of the project we utilised the Consolidated Framework for Implementation Research (CFIR [www.cfirguide.org](http://www.cfirguide.org); Damschroder et al., 2009). This framework optimised translation into our clinical setting, identifying the key domains relevant to our context. This includes prospective examination of the five CFIR domains (intervention, outer setting, inner setting,

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characteristics of individuals, and process) and their relevance to successful implementation of this clinical service delivery. Standardised education packages (including sensory stimulation plans and DOC management plans) were delivered to families of patients with DOC and staff working with this population and their families).

## **Evaluation and Results**

Between June 2018 – March 2020, 23 consumer participants (including parents, siblings, partners and children) and 81 health service participants (including Nursing, Occupational Therapists, Physios and Speech Therapists) were recruited. Due to ongoing data collection, only 11 consumer participants and 42 health service participants have completed post-education surveys. Preliminary data analysis was conducted comparing medians from staff and family pre and post surveys. Data revealed a large increase in family and staff knowledge, confidence and skill in DOC and SS management post receiving education.

## **Lessons Learnt**

The greatest learning experience in the implementation of this project was the importance of following a research framework to ensure applicability and sustainability within our setting.

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