Behavioral Health Crisis Stabilization Unit: A Solution to an Overcrowded ED

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Speaker

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Case Study

• University of Iowa Hospitals and Clinics
  - Academic Medical Center
  - Over 800 inpatient beds
    • 73 psychiatric beds
  - Over 58,000 emergency department visits
  - Over 200 outpatient clinics
    • Adult and Pediatric Psychiatric
Emergency Department Growth
Options for the Emergency Department
Agenda

- Challenges facing emergency departments when treating psychiatric patients
- Identify operational strategies to transfer psychiatric patients out of the ED
- Explain how design of the environment can impact behavioral health patients
- List top safety considerations when designing a behavioral health crisis stabilization unit
- Outcomes & Lessons Learned
Challenges

• Mental Health Patients
  - Limited options for treatment
  - Emergency Departments typically not designed to handle patient type
  - Emergency Departments operationally not set up for patient type

• Increased Volume in Emergency Departments
  - Visits: 4,400 mental health / 58,000 total ED per year
  - Time: 14 hours ALOS for mental health patient

• FGI / CMS guidelines
Challenges

DEINSTITUINALIZATION (1960’s and 2015) + LACK OF COMMUNITY SERVICES + LACK OF INPATIENT BEDS = IOWA at the Bottom

NATIONAL CRISIS

BOARDING OF PTS WITH MENTAL ILLNESS IN ED’s

• Patient Care Outcomes
  • Poor care
  • Increase stress
  • Long LOS
  • ED crowding
  • Delay in treatment

• Financial Outcomes
  • Reduces bed turn over
  • Pts leave without being seen

• Recommendations
  • Dedicated Psych ED

Joint Commission, 2015
Challenges

- Time required to treat a psychiatric patient
  - 6.8 – 34 hours on average from past studies
- Staffing
  - No dedicated psychiatrist in the ED
- Nature of ED environment
- Data Trends
  - Iowa is ranked 51st for number of mental health beds in the nation
    - 2 mental health beds per 100,000 people
      (recommendation is 50 beds)
  - Number of Mental Health beds in Iowa
    - 1950’s: 7,000
    - Current: 731
Challenges

- Increase in Length of Stay (LOS) for patients presenting to the ED with mental illness
  - 14 hours average LOS
  - Increasing in complexity
  - Resources are constrained locally and state-wide
- Average 10-12 adult per day (~233-386 a month)
  - ~50% are admitted
- Increasing % of all patients leaving ER w/out being seen
  - July, 2017 4.0%
  - July, 2018 6.5%
Outcome of Crisis Stabilization Unit

Average ED Psych Boarding Hours

Boarding = holding period while staff search for available inpatient psychiatric bed

ED is boarding even after CSU has opened as pediatric patients cannot be treated in CSU, or if CSU is full
Outcome of Crisis Stabilization Unit

Percentage in ED Who Left Without Being Seen (Adults)

- July: 6.7%
- August: 6%
- September: 6.3%
- October: 3.9%
- November: 3.5%
- December: 2.5%
- January: 1.6%
- February: 2.5%
- March: 3.8%

CSU Opens

Month (2018-2019)
Outcome of Crisis Stabilization Unit

Average Psych Transfers from ED to Outside Facility

<table>
<thead>
<tr>
<th>Month (2018-2019)</th>
<th>Number of Patients</th>
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<tbody>
<tr>
<td>JUL</td>
<td>19</td>
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<tr>
<td>AUG</td>
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<tr>
<td>MAR</td>
<td>2</td>
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</tbody>
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CSU Opens

JUL AUG SEPT OCT NOV DEC JAN FEB MAR
Outcome of Crisis Stabilization Unit

- Decreased Mental Health Patient Admission Rate
  - Previous admit rate of ~50%
  - New admit rate of 25-35% from CSU (adults only)

- Patient Length of Stay (LOS) is higher in the CSU than ED
  - Quality time with appropriate staff on unit
  - Quality environment
Operational Strategies

Old Way of Thinking about ER Evaluation

DISCHARGE

ADMIT
Operational Strategies

New Way of Thinking about ER Evaluation

Crisis Stabilization Unit
Evaluate, Treat, OBSERVE then decide

DISCHARGE  ←  Crisis Stabilization Unit

ADMIT
Operational Strategies

• Scott Zeller, MD
  - Vice President, CEP America

• emPATH Unit (Emergency Psychiatry Assessment, Treatment and Healing)
  - Therapeutic environment is imperative
  - Patient Centered Approach
  - Active Treatment
  - Crisis Stabilization
  - Connections with Community
Environmental Design

• Open design with room for patients to move about freely, choose activities, obtain food or drink or linens without having to ask staff

• Focus on calming atmosphere conducive to reducing stress, therapeutic effects, but always in safe, supervised environment

• No walls or glass ‘fishbowl’ separating patients from staff – staff are always interspersed with patients
Environmental Design
Environmental Design

University of Iowa Hospitals and Clinics
Crisis Stabilization Unit
Iowa City, IA
2018

Project Area: 3,185 sf
Project Cost: $1.1M
Patient Capacity: 12
Environmental Design

• Existing Conditions prior to Renovation
• Support spaces re-used when possible
Environmental Design

• Healing Environment

• Patients have choice
  - Drinking Fountain
  - Shower
  - Laundry
  - Social Opportunities
Environmental Design

- All areas visible from Nurse Station
- Calming Wall Graphics
- Views to Exterior
- Natural Daylight
Environmental Design

- Open Nursing Station
- Personal Lockers with visibility
Environmental Design

Providence
Little Company of Mary Medical Center
Crisis Stabilization Unit
San Pedro, CA
2017
Environmental Design

Unity Center for Behavioral Health
Portland, OR
2017

Low Risk
Medium Risk
High Risk
Environmental Design
Safety Considerations

• Open Nursing Station

• Security person at all times on unit

• Team workroom is secure area for staff with visibility to unit
Safety Considerations

• Finishes
• Furniture (weighted)
• TV Enclosure
• Exterior Windows
Safety Considerations

Patient Safety Standards, Materials and Systems Guidelines
Recommended by the New York State Office of Mental Health

With respect to NYS-OMH operated facilities, these Guidelines apply solely to new construction and major renovation projects. Existing facilities should use these Guidelines as a reference document whenever they make improvements.

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Developed in association with architecture
Safety Considerations
Outcomes & Lessons Learned

- Plan for Growth
- Child / Adolescent
- Unit Location / Proximity to ED
Outcomes & Lessons Learned

- Decompression of Emergency Department
- Dropped Left Without Being Seen rate
- Reduced admissions of inpatients