

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



University of Iowa Hospitals and Clinics Overall Site Plan

Options for the Emergency Department

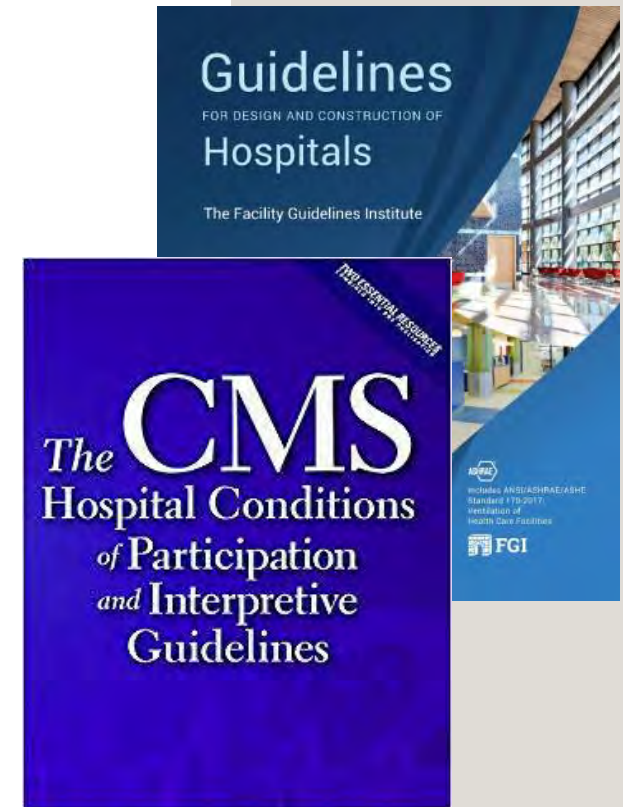


Agenda

- 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

DEINSTITUTIONALIZATION
(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

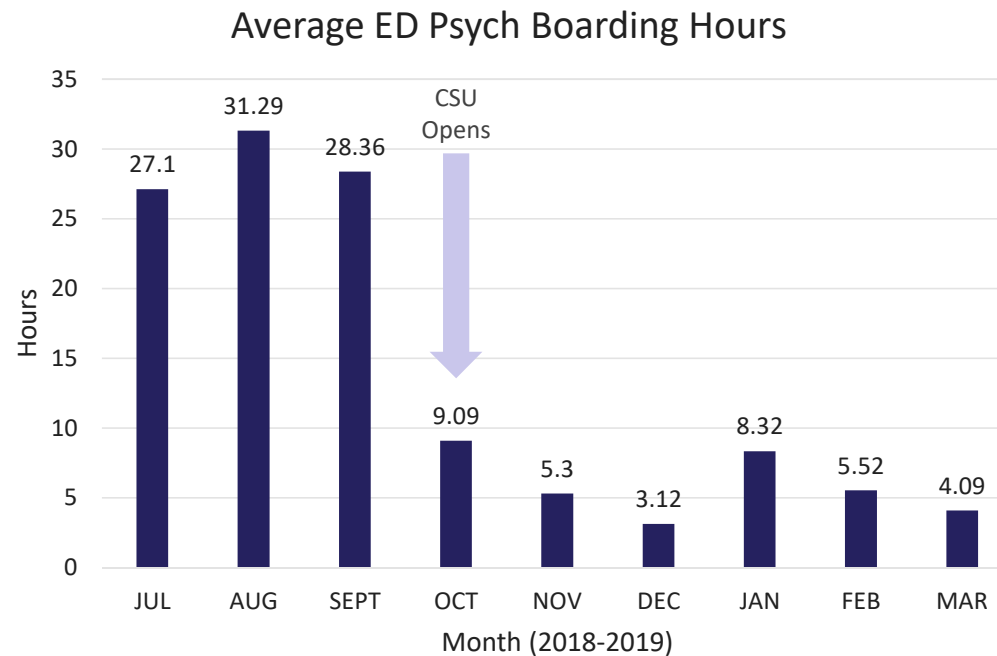


Challenges

- 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%



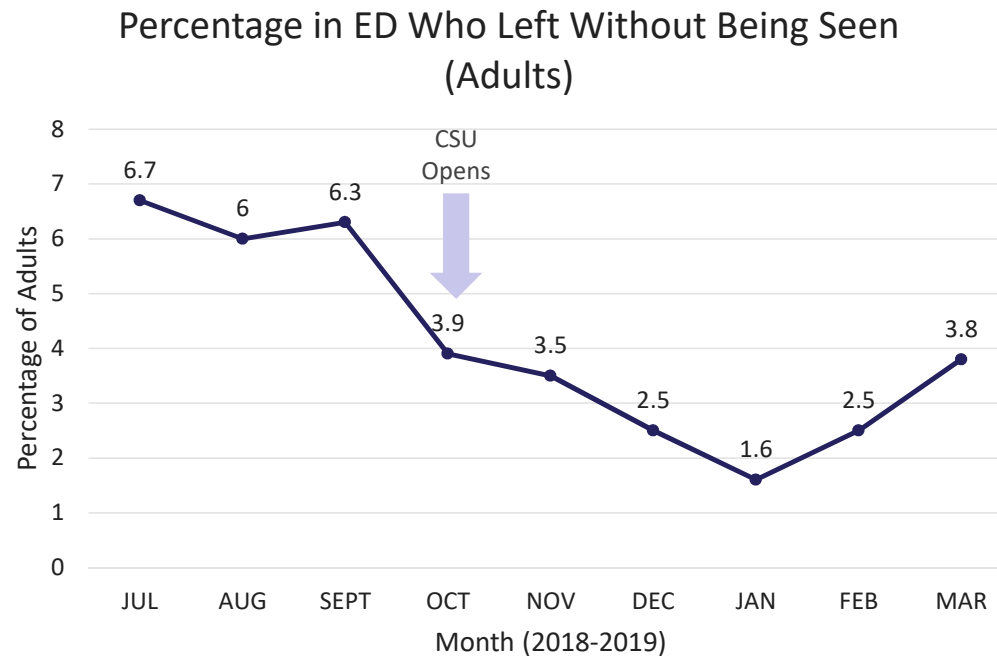
Outcome of Crisis Stabilization Unit



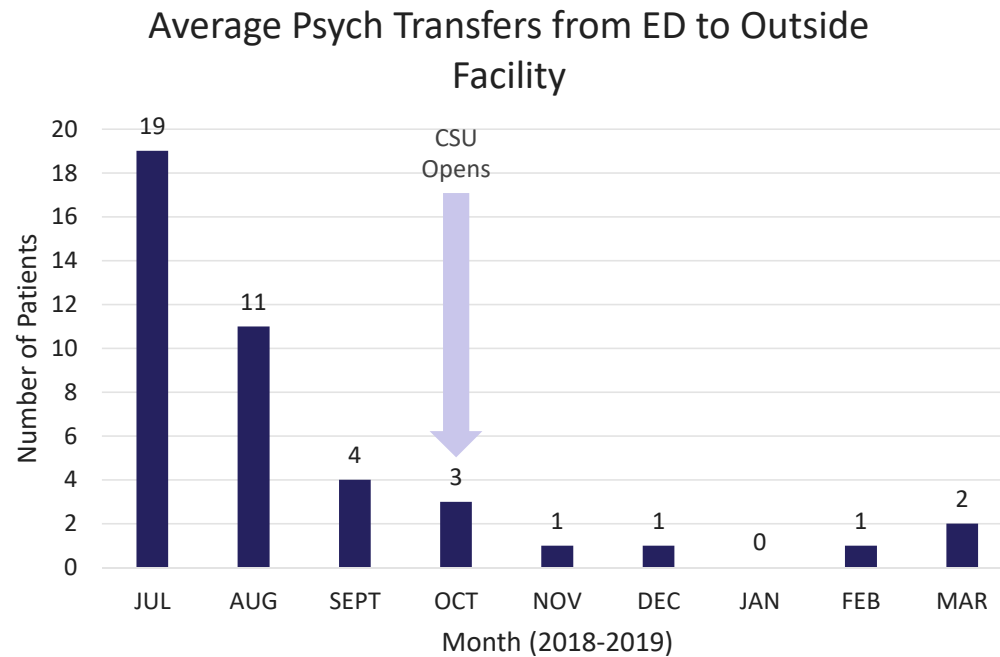
Boarding = holding period while staff search for available inpatient psychiatric bed

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



Outcome of Crisis Stabilization Unit



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



Operational Strategies

New Way of Thinking about ER Evaluation



Operational Strategies

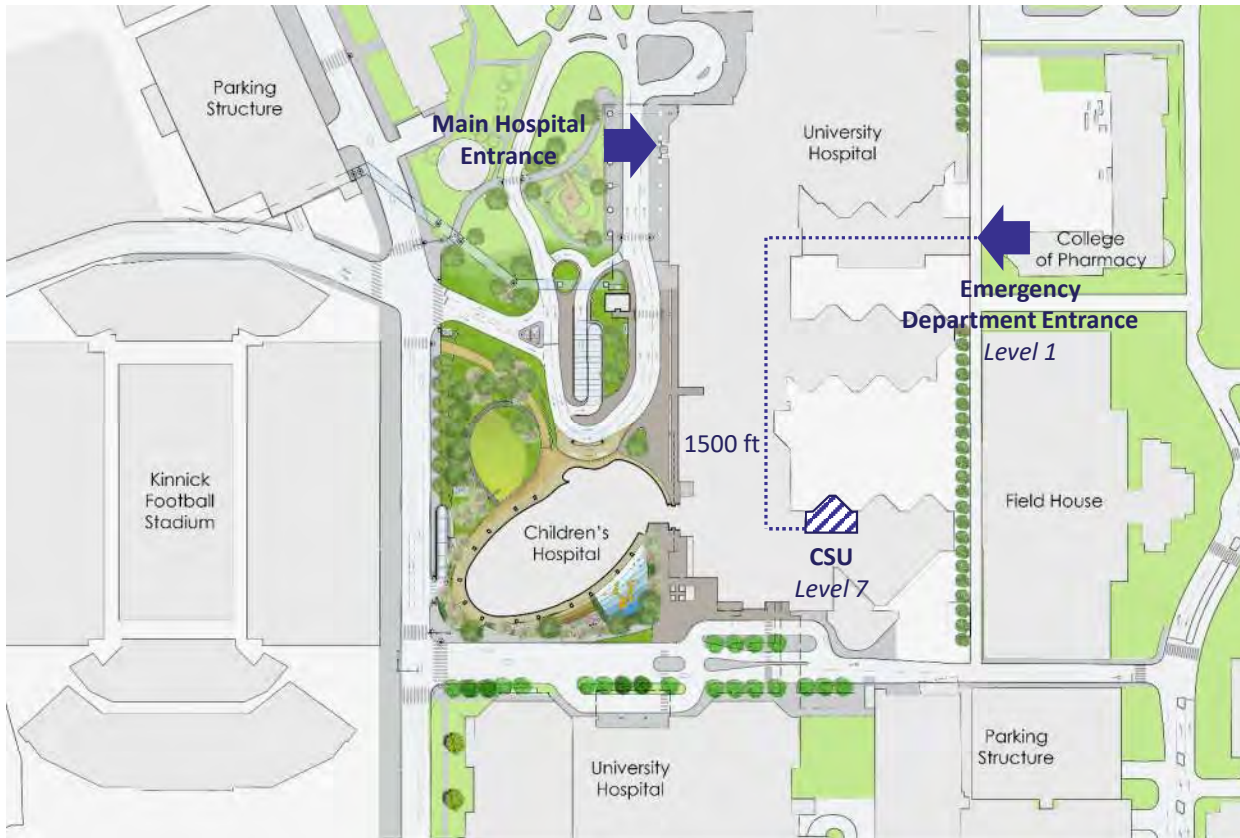
- Scott Zeller, MD
 - Vice President, CEP America
- **emPATH Unit** (Emergency Psychiatry Assessment, Treatment and Healing)
 - Therapeutic environment is imperative
 - Patient Centered Approach
 - Active Treatment
 - Crisis Stabilization
 - Connections with Community



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



University of Iowa Hospitals and Clinics Overall Site Plan

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

- Low Risk
- Medium Risk
- High Risk

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

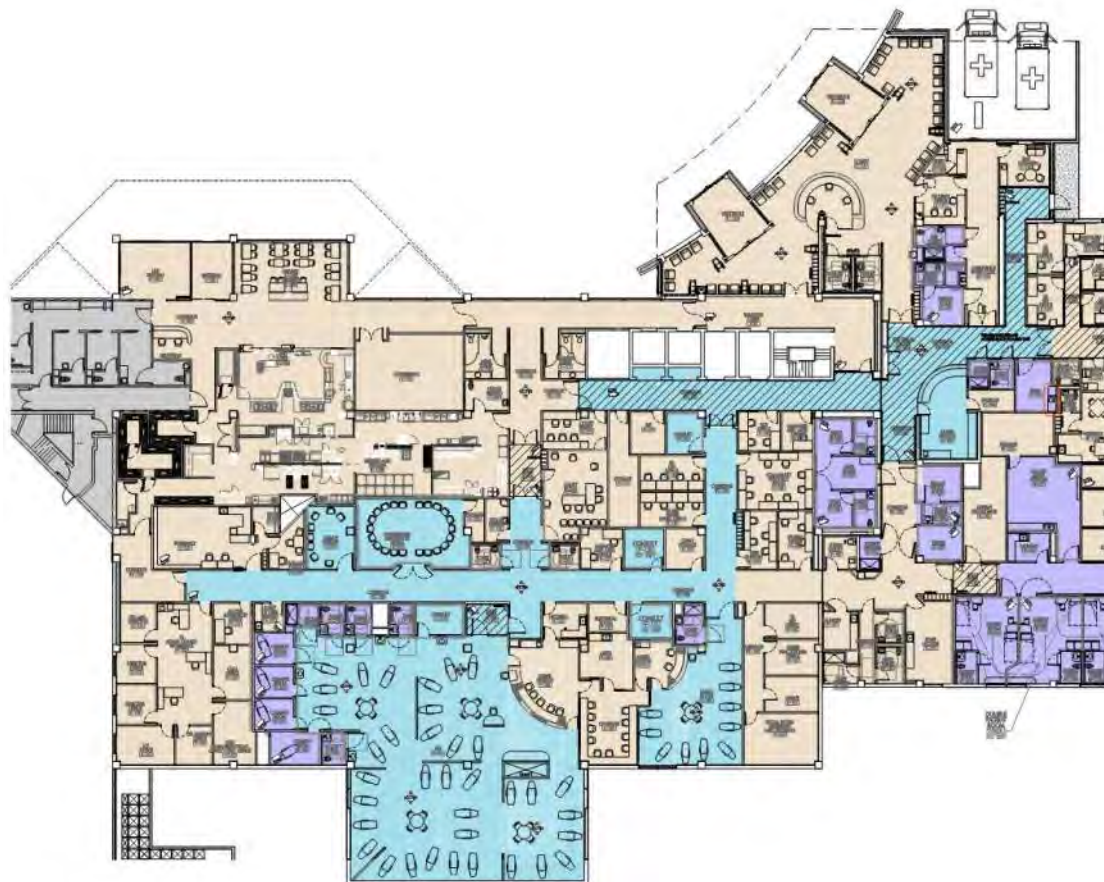


Environmental Design



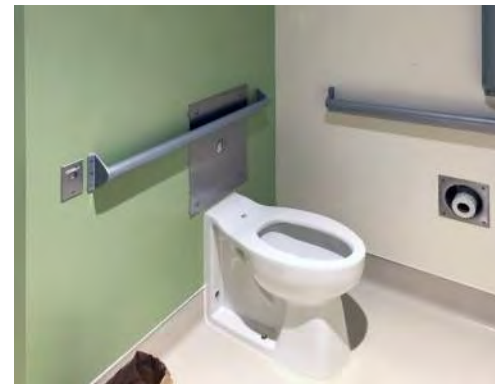
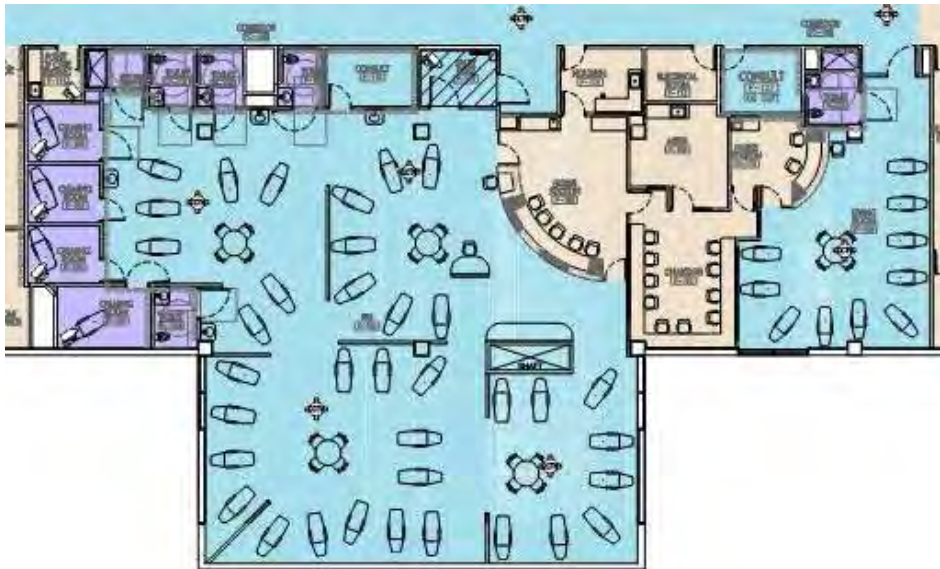
Unity Center for Behavioral Health

*Portland, OR
2017*



- Low Risk
- Medium Risk
- High Risk

Environmental Design



**Unity Center for
Behavioral
Health**

*Portland, OR
2017*

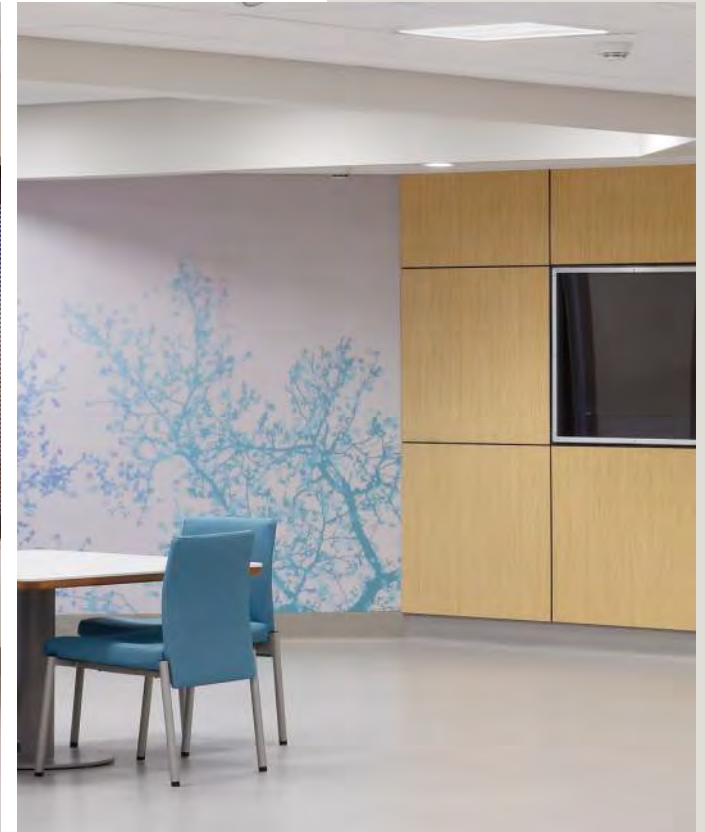
Safety Considerations

- Open Nursing Station
- Security person at all times on unit
- Team workroom is secure area for staff with visibility to unit



Safety Considerations

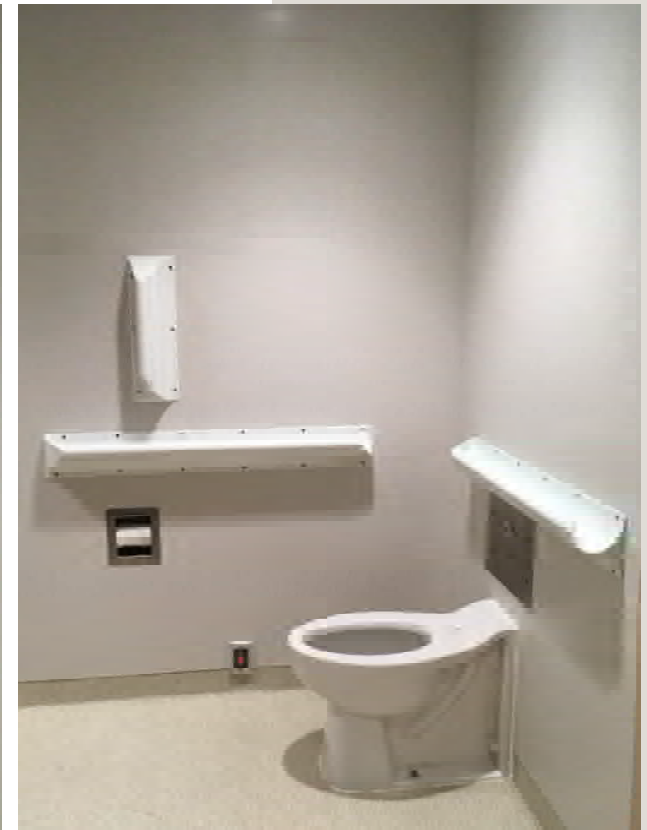
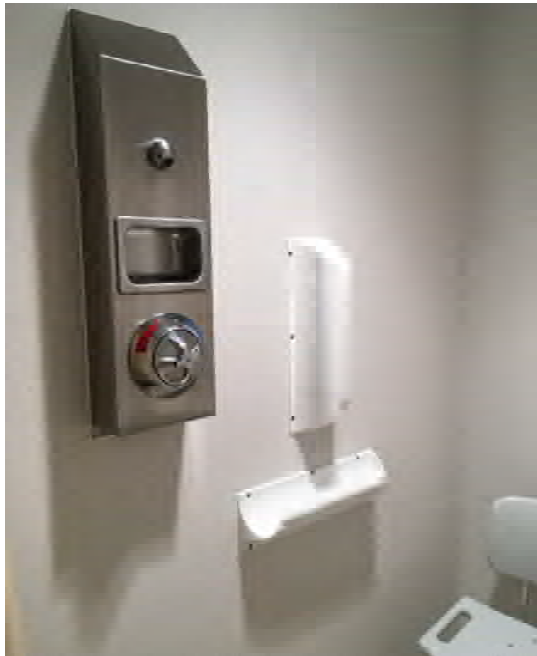
- Finishes
- Furniture (weighted)
- TV Enclosure
- Exterior Windows



Safety Considerations



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

