

Overview

In February 2018, WellSpan Good Samaritan Hospital set up an integrated behavioral health suite within its emergency department (ED) to better serve patients experiencing behavioral health emergencies.

“The suite is structured with the needs of the behavioral health patient in mind,” says Kenneth “K.C.” Johnson, director of access and crisis intervention at WellSpan Philhaven, which is the behavioral health arm of the WellSpan system. “Its staff have additional behavioral health training and experience. We recognize that an ED environment can become chaotic and noisy, which often increases a behavioral health patient’s anxiety, stress and agitation. This is often worsened by the fact that behavioral health patients tend to wait in an ED for long periods of time. We should not be surprised when behavioral health patients are upset and have outbursts in the ED.”

When these types of events happened in the past, staff would take measures to calm patients or, in some cases, use restrictive procedures (physical, mechanical or chemical) to reduce risk of harm to the patient and staff. This is never the experience that staff wanted to provide to patients, and it puts the patient and staff in dangerous situations. WellSpan recognized the need to find a better way and the ED leadership developed a vision for change.

The new suite occupies a part of the ED that was previously the fast-track area, composed of three standard rooms and one quiet room. The suite also is equipped with a full bathroom. All the rooms are ligature-free. Heart monitors and other equipment commonly found in an ED have been removed as they are not usually necessary in this area. The suite also includes a nursing station, similar to those found in inpatient settings.

“The difference in the sound level in this area is immediately recognizable,” Johnson adds.



The area is not used for medical clearance – patients who also have medical concerns are cleared first in the main ED before they arrive in the behavioral health suite.

“Typically, the patients who come to the suite are those who are headed toward inpatient admission,” Johnson says. “They can

wait in this area where staff have experience with behavioral health and monitor their condition. If a patient qualifies for discharge, then a discharge plan is created through the main ED.”

Impact

The addition of the behavioral health suite to the ED has made a significant impact with regards to physical restraints. In 2018, the facility experienced a steady decline for each consecutive quarter that the suite was open (fig.1).

Figure 1

| CY 2018 | Q1 | Q2 | Q3 | Q5 |
|-----------------------|-----------|-----------|-----------|-----------|
| Restraint Rate | 22% | 18% | 15% | 12% |

The organization is still processing the data related to chemical restraints, but the initial indicators point to a reduction in chemical restraints as well.

Lessons Learned

Staff hired for the behavioral health suite not only have behavioral health care experience, but they also receive special training from the organization that includes time spent at the system's behavioral health hospital, so they understand the approaches they should take with patients.

"When someone comes into the ED for a medical problem – a broken bone or chest pain – there are concrete things to do for that," Johnson says. "With behavioral health patients, it's not often as clear what to do for them. By providing them with caregivers who know how to identify and stabilize their disorder in a calming environment, we provide behavioral health patients with patient-centered care designed to meet their unique needs in a timely manner."

Future Goals

Johnson says that, due to the success of this suite, he'd like to see the organization add more beds to it. He also wants to explore how they can begin recovery even sooner.

"We're going to look at how we can go beyond stabilization in this setting," Johnson says. "How can we bring behavioral care to the ED to start their recovery before they even get admitted to the inpatient setting? Are there therapeutic activities that we can start there, while still keeping patients safe? We need to determine whether that will improve outcomes and optimize our resources."

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