

SAME PROBLEMS.
HIGHER STAKES.
BETTER SOLUTIONS.



NEHES

New England Healthcare Engineers' Society



**BETTER
THINKING**



**INNOVATIVE
PROGRESS**



**OPERATIONAL
RESILIENCE**



**PRACTICAL
SUSTAINABILITY**

PRACTICAL SUSTAINABILITY, POWERED BY INNOVATION

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RAISING THE STANDARD



EmPATH Design Solutions for Adult and Pediatric Behavioral Health Care in Emergency Departments

INTRODUCTIONS



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Learning Objectives

1. **Explain key challenges** associated with behavioral health care delivery in emergency departments and their impact on patient flow, length of stay, and staff operations.
2. **Describe how the EmPATH model** integrates with emergency department and behavioral health workflows to improve “time to be seen,” discharge rates, and overall care delivery.
3. **Identify planning, design, and operational strategies** necessary to successfully implement an EmPATH unit within a healthcare facility, based on real-world case study applications.
4. **Learn the KPIs** for positive outcomes for BH patients, staff, hosp. systems.



Today's Challenges

- **Longer LOS of psychiatric patients** prevents ED bed turnover
- **Financial Impacts of boarding psychiatric patients** including high resource utilization
- **Overstimulating Environment:** chaotic ED settings often worsen psychiatric symptoms and increase patient distress
- **System Gaps in Training & Tools:** frontline staff are not given the specialized training or resources needed to manage behavioral health crises effectively
- **Safety Risks:** overcrowding raises serious concerns for both patients and providers
- **Outdated Processes:** many EDs still default to medical clearance inpatient referral processes
- **Extensive Outpatient Wait Times:** >12 week wait times for outpatient behavioral health care following a crisis leaves the patient and family at higher risk for additional crises and distress

Pediatric Mental Health Crisis

- **18.1%** of teens aged 12 to 17 had a major depressive episode in the past year
- **40%** of high school students reported persistent feelings of sadness or hopelessness during the past year.
- Suicide is the **second-leading cause** of death for teens
- **20.4%** of high school students reported having seriously considered suicide in the past year.
- **16%** of high school students reported making a suicide plan in the past year.
- **9.5%** of high school students attempted suicide in the past year

What is EmPATH?

1. **EmPATH** (Emergency Psychiatric Assessment, Treatment, and Healing) model of care.

EmPATH seeks to mitigate ED challenges:

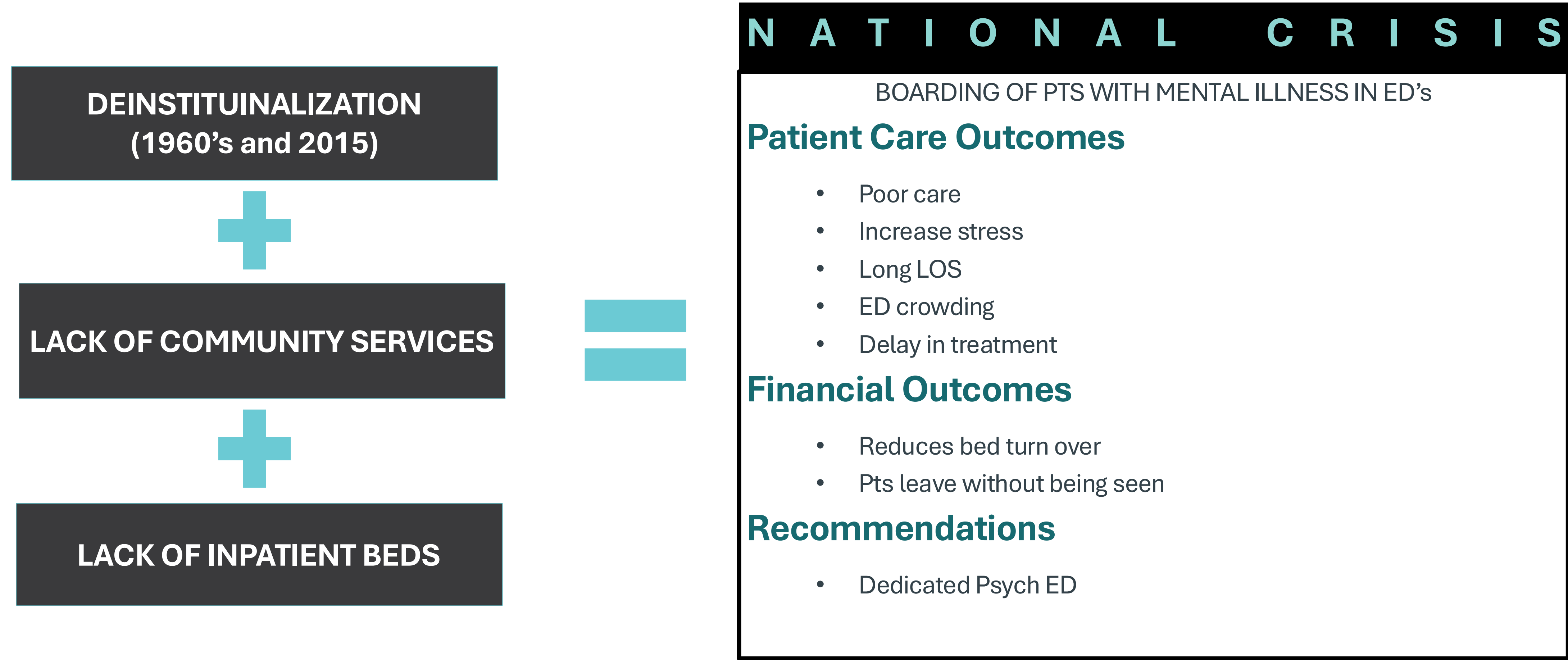
- **Behavioral Health Patient Care**
 - Emergency Departments typically not designed to handle patient type
 - Emergency Departments operationally not set up for patient type
- **Volume in Emergency Departments**

Emergency Psychiatric Assessment, Treatment & Healing

What makes the EmPATH Approach Different?

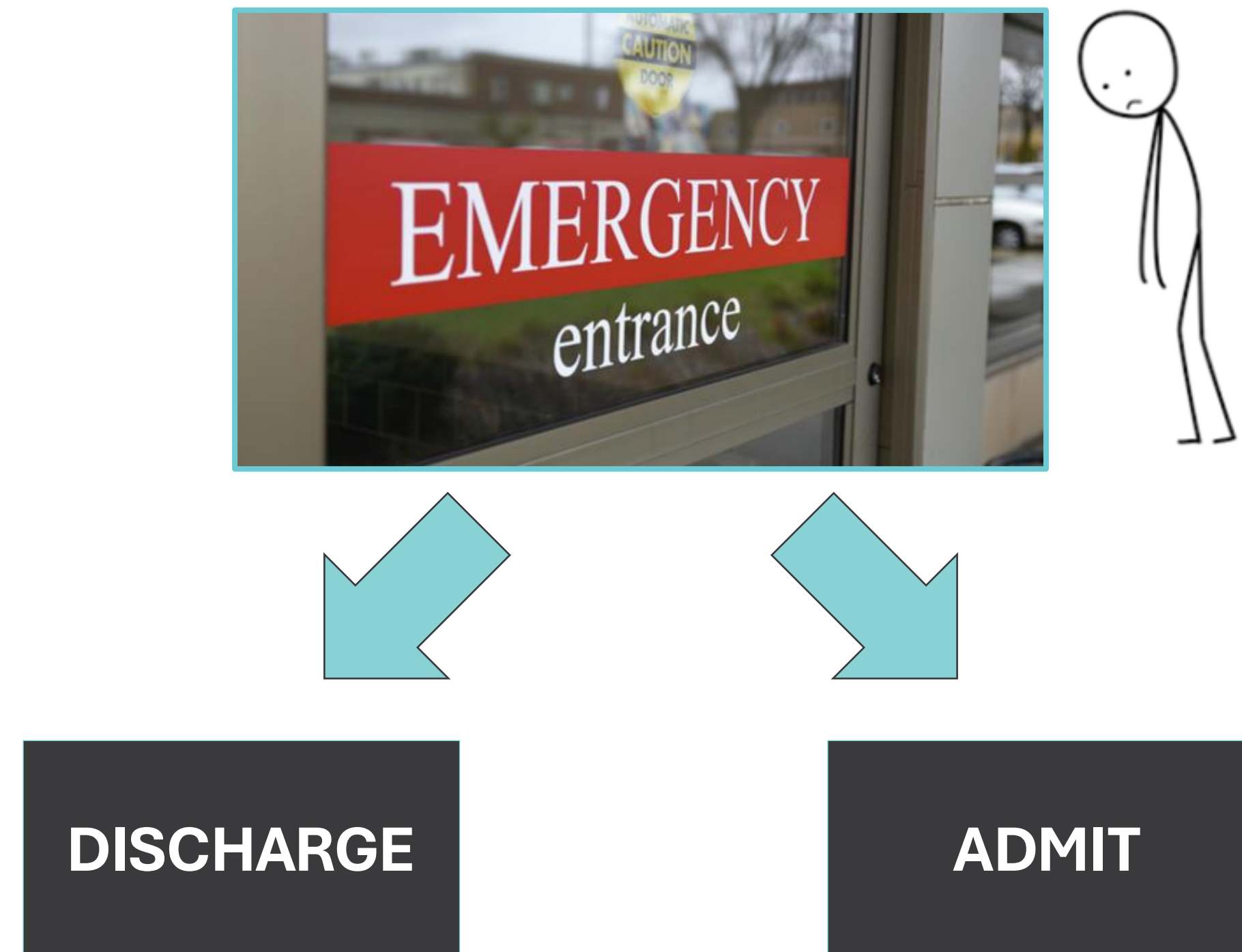
- Designated destination for all medically-cleared patients in crisis prior to determination of disposition or IP admission
- **“No Exclusion” Philosophy** – designed and staffed to treat all emergency psychiatric patients
- **Immediate patient evaluation and treatment** by a psych provider, constant observation and re-evaluation
- **Provides a calming, healing, comfortable setting** completely distinct from the Medical ED
- **Wellness and Recovery-oriented approach** minimizes cause of anxiety, frustration

Challenges



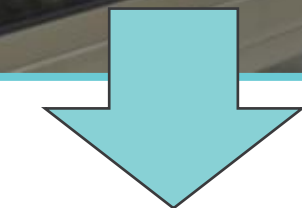
Operational Strategies

Old Way of Thinking about ER Evaluation



Operational Strategies

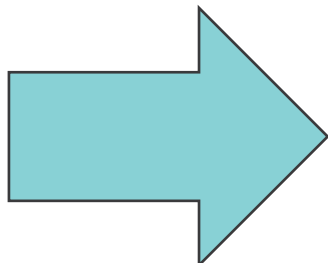
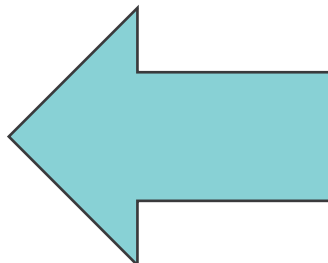
New Way of Thinking about ER
Evaluation



EmPATH

Evaluate, Treat, **OBSERVE** then decide

DISCHARGE



ADMIT

Operational Strategies

Scott Zeller, MD, Vice President, Vituity

EmPATH Unit (Emergency Psychiatry Assessment, Treatment and Healing)

- Patient Centered Approach
- Receive Active Treatment
- Therapeutic Environment
- Crisis Stabilization



EmPATH Improves Care While Restoring ED Capacity

PATIENT BENEFITS

- **Trauma-Informed Unit:** home-like care setting that promotes relaxation, movement and recreation
- **Calming Environment:** meets the patients' needs including autonomy of serving snacks, beverages
- **Multi-disciplinary Treatment Team** involved from arrival to discharge
- **Constant Observation + Re-evaluation** leads to much higher diversion from hospitalization
- **Rapid Evaluation by Psych Providers** ensuring care integration with development of a comprehensive care plan
- **Restraint Elimination** typically used <1% of cases

HOSPITAL BENEFITS

- **EMTALA Compliant** for both voluntary & involuntary crises
- Eliminate Unnecessary Admissions
- **ED Capacity Creation** alleviating volume pressure in the ED and reducing psychiatric holds and boarding
- 100% reimbursed by all payors
- Up to 80% Reduction in Admission Rates

Outcomes of EmPATH Units



↓ **70% reduction**
in ED length of stay from an
average of 16.2 to 4.9 hours

↑ **60% increase**
in outpatient follow-up of
patients from 39.4% to 63.2%

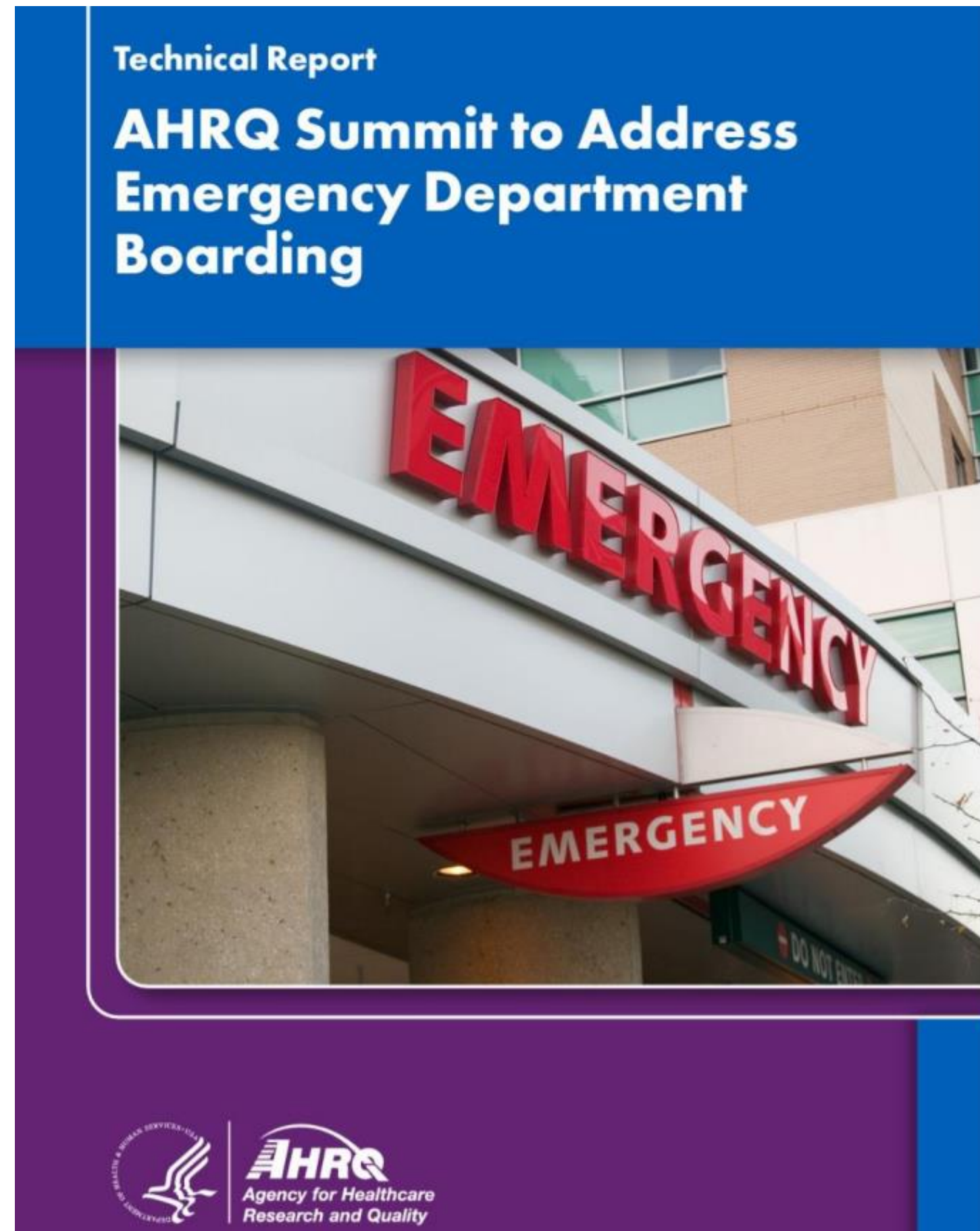
↓ **53% reduction**
of inpatient psychiatric
admissions

↑ **+\$861,000 increase**
to ED bottom line in the first year by
moving BH patients out of ED to
targeted, timely, & better care

↓ **25% reduction**
in 30-day psych patient return
to ED (Recidivism)

↓ **Reduced Inpatient
Lengths of Stay**
for patients admitted from EmPATH

Regulatory Recognition



New Federal US Health and Human Services report out!

Centers for Medicare and Medicaid/Agency for Healthcare Research and Quality

The report specifically lists *EmPATH units* as their top recommendation to solve Emergency Department Behavioral Health patient boarding and calls for more funding and facilitation of EmPATH units in the states!

Regulatory Recognition

- In the **2026 Edition** of FGI Facility Guidelines Institute added EmPATH “**Behavioral Health Emergency Unit**”
- In the **2022 Edition** of FGI Facility Guidelines Institute added EmPATH “**Behavioral Health Crisis Units**”

Single-Patient Observation Room v. Multi-Patient Observation Area

Autonomy and Visibility Must Coexist

- **Calming atmosphere** conducive to reducing stress, therapeutic effects, safe, supervised environment
- **Open design** with room for patients to move about freely, choose activities, obtain food or drink or linens without having to ask staff
- **No walls or glass** ‘fishbowl’ separating patients from staff – staff are always interspersed with patients

Safety Begins with Operations, Not Hardware

- Create a **Safe Environment**
- **Psychiatric Staff**
- **Security Staff**
- **Psychiatrist Evaluation** in ED
- **Patient/Staff Communication**

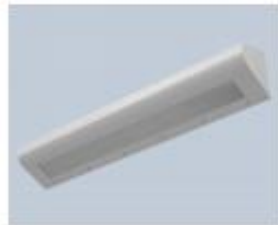
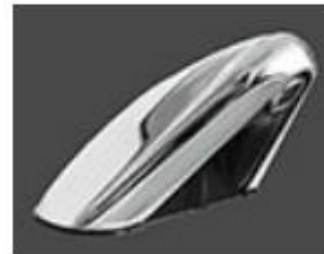


Office of
Mental Health

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.



21st Edition, Revision 2 | March 11, 2019

Developed in association with **architecture+**

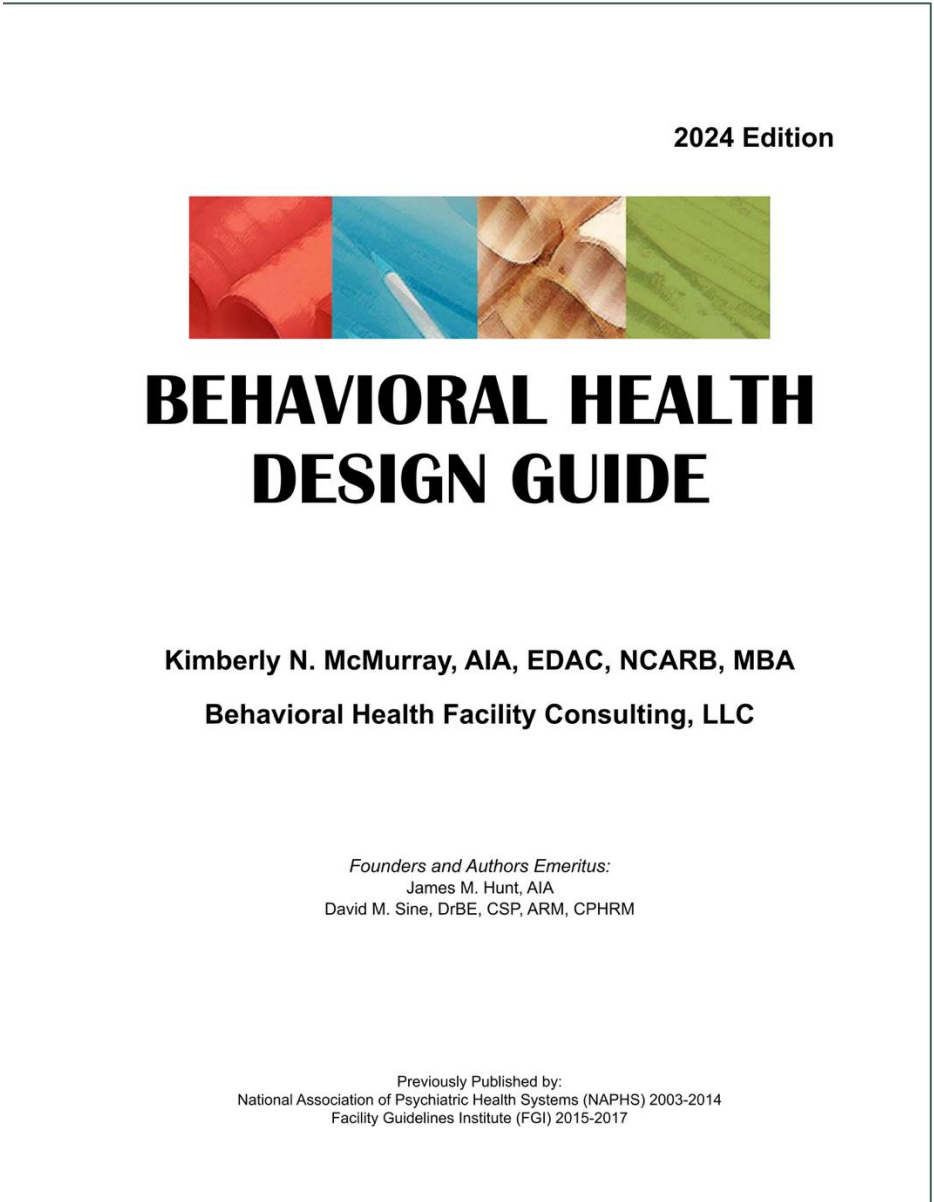
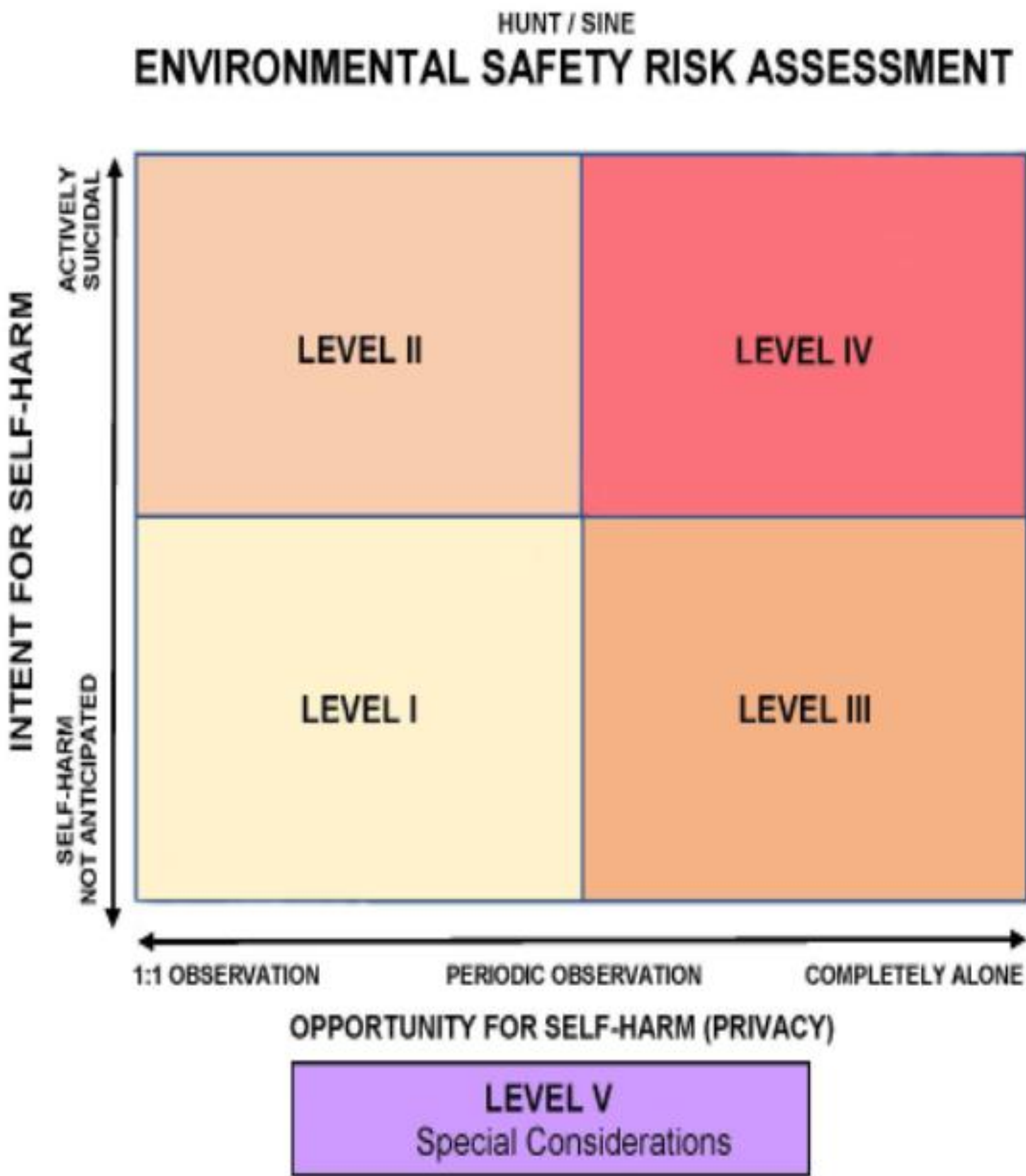
Risk-Based Planning Prevents Overdesign and Underprotection

Risk Assessment

- Collaborative

Patient Safety

- Anti-barricade design
- Ligature Resistance



Is Your Organization Ready for EmPATH?

Capital Costs:

- +/- **\$3 Million** (Total Project Cost of 4,000 SF 14-chair unit)

Profitability:

- Unit is not self sustaining. The justification can be found by higher utilization of the ED. Which can be harder to validate.

Space:

- **3 to 4,000 SF** needed for a 12-chair unit.

Culture:

- Evaluation, Treatment, Diagnosis, Safety

Utilization:

- Fluctuating volumes. How can the space and staff be optimally utilized?

Safety:

- Staffing commitment to **Patient Centered Care**

Griffin Hospital – Goals & Needs

- **Patient Centered Care**
- **Alleviate ED**
- **BH Patients** in need of the proper environment for care.

Griffin Hospital – SWAT Analysis

Strengths

- Decompresses ED
- Better extended care for patients
- Improved patient experience
- Group programming offered daily
- No restraints on unit
- Calm, low stimuli environment
- Open access to snacks

Weaknesses

- May increase utilization by patients with complex social and recurring crisis needs
- Doesn't address patients under 18 years
- May shift volumes from existing psychiatric services
- Quick bed responses for rapid responses
- Not an observation unit

Griffin Hospital – SWAT Analysis

Opportunities

- Improve ED metrics that are imparted by high behavioral health volume
- Reduces the need for diversions
- Help ED's over-capacity behavioral health needs
- Help trade and maintain ED cases of crisis observation
- Behavioral and mental health staff are always on unit and could possibly serve as sitters.

Threats

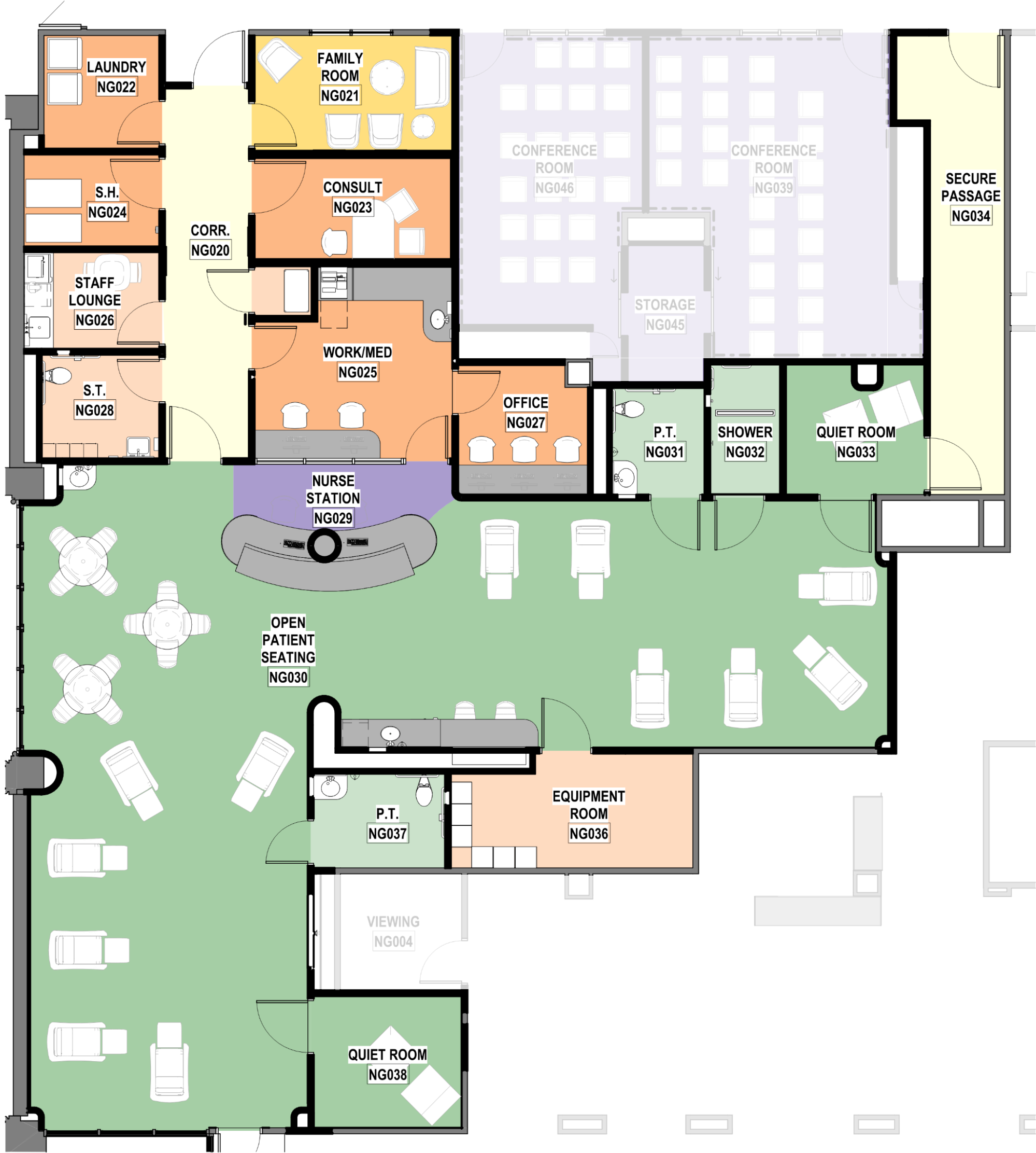
- Many daily resources underutilized by low census
- Ability to staff with SW and list
- Need to staff with behavioral health nurses, who are hard to hire
- Requires clearly defined eligibility and disposition criteria

Concepts

Program:

- 12 Chairs
- Open Milieu
- Quiet Rooms
- Patient Toilet
- Patient Shower
- Secure Holding
- Exam/Treatment
- Intake/Consult
- Open Nurse Station
- Clean Supply
- Soiled Holding
- Staff Toilet
- Family Waiting

Adult Multi-Patient Observation Area Concept





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Griffin Hospital

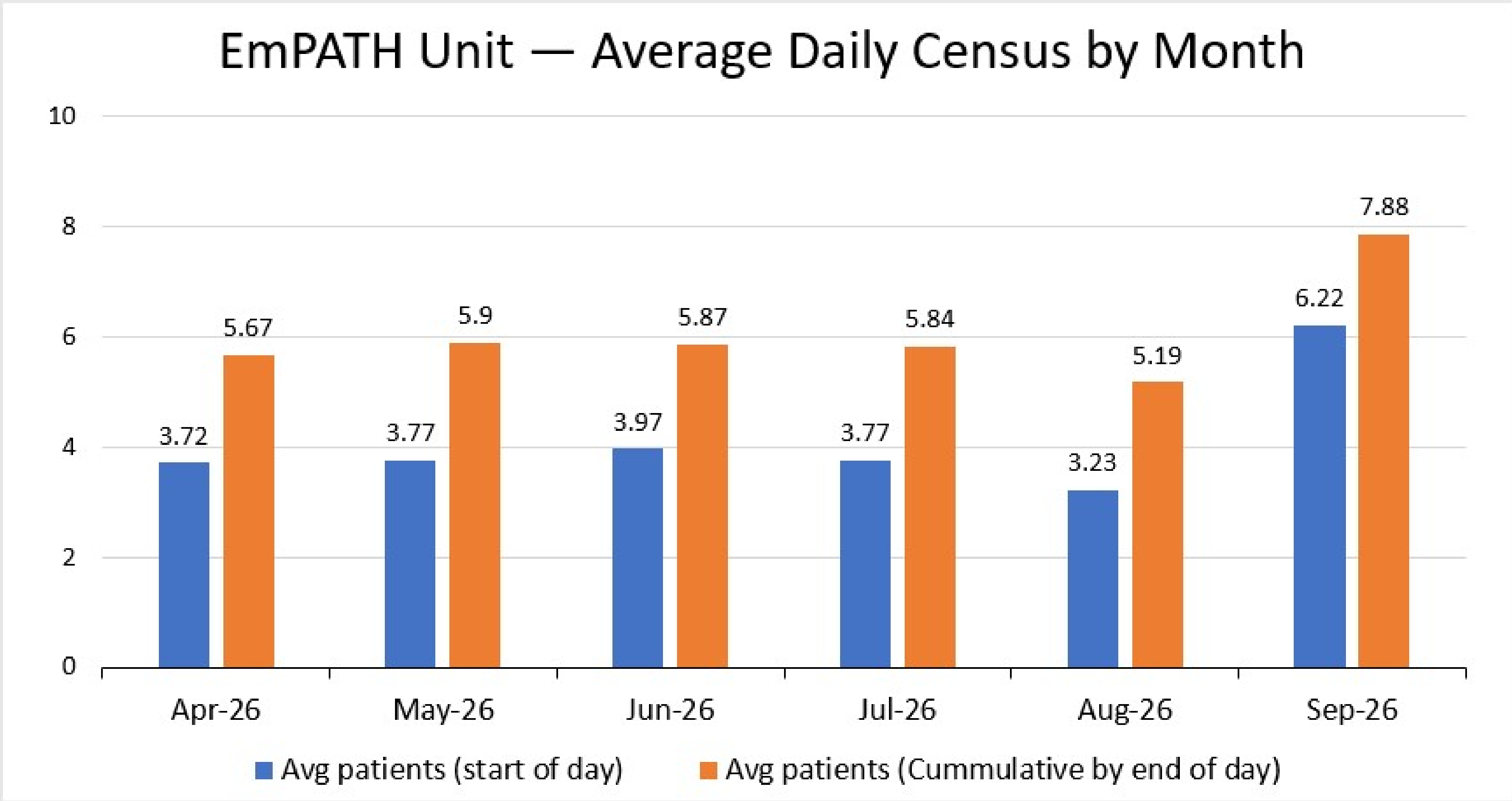
Successes

- **Comforting Environment**
- **Family Access**
- **Staff Satisfaction**
- **Quality of Care**
 - Enhanced Therapeutic Environment

Challenges

- **Acoustics**
- **Visibility**
- **Volumes**
- **Pediatrics**

Griffin Hospital – Patient Volumes



Stamford ED

Program: 2,400 sf

- Located within the ED Footprint of ED
- Shared Support Services with ED
- Proximity to Pediatric ED
- Intake at ED entrance



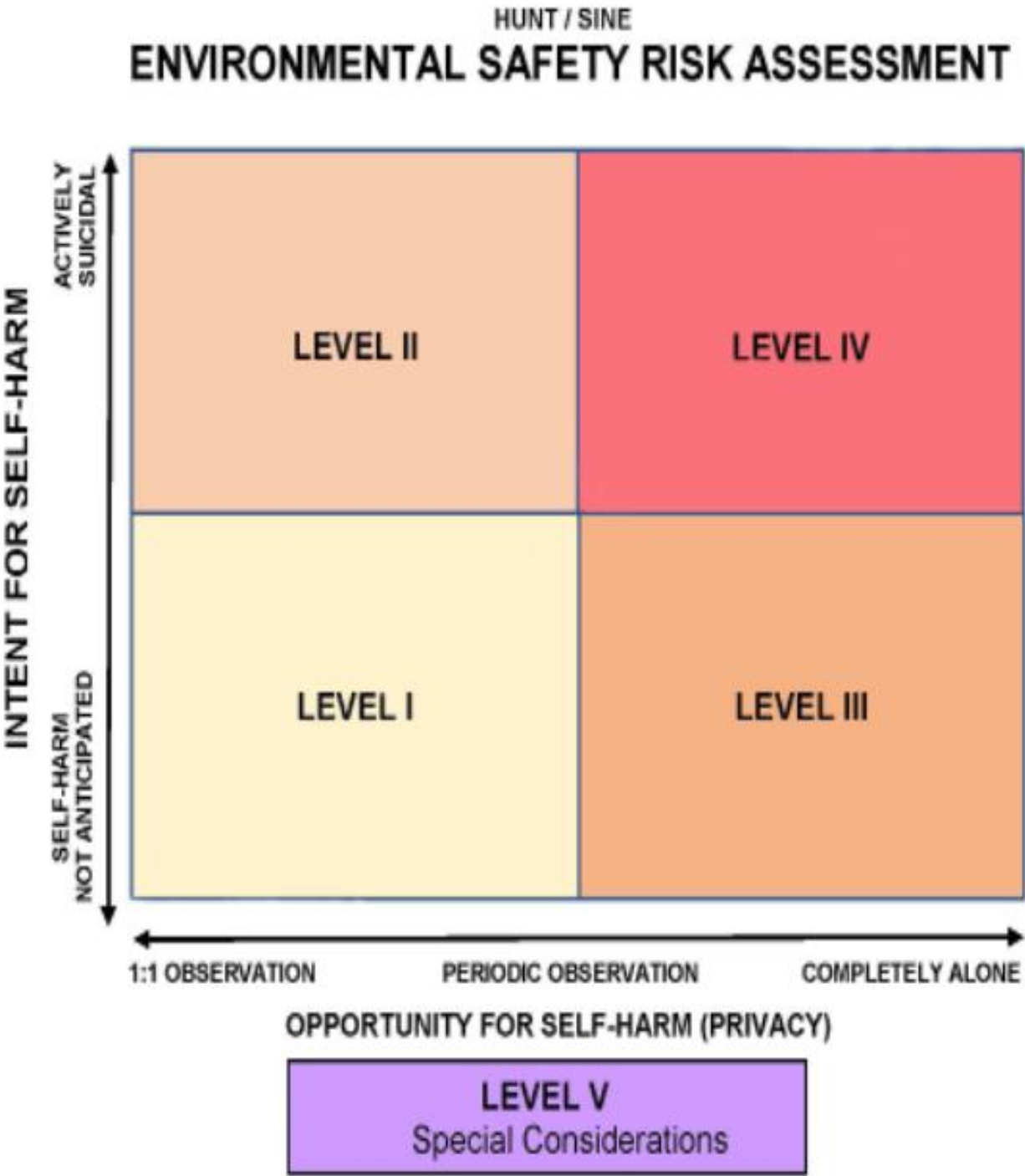
Program

- 5 Chairs / Observation Rooms
- Open Milieu (Activity)
- Quiet Room
- Patient Toilet
- Patient Shower
- Intake/Consult
- Open Nurse Station
- Meds / Office
- Shared Support Services with ED

Pediatric Single-Patient Observation Rooms + Open Milieu Concept



Risk Levels



Concepts

Theme “Connecticut Natural Habitats”

- Forests & Meadows
- Coastal
- Mountains and Valleys
- Wetlands

Positive Distractions

- Recornect Units (music and games)
- Hidden items within the graphics

Patient autonomy

- Each room has its own individual theme
- Lighting control and levels
- Choice of location in the observation spaces or in the Milieu
- Multiple seating options
- Privacy controls





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Room Features

Patient Safety

- Anti-barricade doors
- Door Top Monitors
- Solid Surface Millwork Beds and Desk
- Ligature-resistant fixtures
- Impact resistant walls

Patient Experience

- Reconnect Units (music, drawing, games, nature sounds)
- Variety of seating options
- Circadian rhythm lighting
- Lighting control options
- Individual graphic themed rooms



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THE PRESENTATION TAKEAWAY

When people in crisis are welcomed into a **calm, therapeutic environment** rather than isolated in a chaotic emergency department, they are given an opportunity to **heal, regain hope, and reconnect with their lives.**

**EmPATH does not just improve care.
It changes lives.**

“

The immediate access to treatment and the therapeutic environment are really a game changer.

DR. SCOTT ZELLER

Creator of the EmPATH model

A calm environment is not the backdrop to care.

It is part of the care.



QUESTIONS?



Thank You!!

