Hospitals—and specifically ERs—have seen a steady increase in the number of behavioral health patients over the last 20 years or so. Some blame the closing of behavioral health facilities, others say substance dependence has a lot to do with it; whatever your take, the reality is that increasing-ly, patients with behavioral health needs are turning to your facility as their first choice when it comes to taking care of.

Up to 12 million ER visits per year—about one out of eight patients—are from patients suffering from some form of mental health disorder or substance abuse, according to Lisa Pryse Terry, CHPA, CPP, director of Hospital Police & Transportation at the University of North Carolina Hospitals in Chapel Hill, North Carolina. “Behavioral health patients don’t just make a quick visit to the ED, either,” Terry wrote in the HCPro book, Preventing Violence in the Emergency Department. “Many of them stay for longer periods of time because of the lack of inpa-tient beds or referral resources.”

According to Terry, a study from the American College of Emergency Physicians (ACEP) found that about 79% of behavioral health patients who come in the doors of an ER are boarded into the hospital for longer periods of time, usually for drug abuse or suicidal attempts or thoughts.

There are certain safety risks that come with having behavioral health patients in your waiting rooms: Long waits and loud, crowded spaces can cause anxiety, a fear of the unknown can cause a person who doesn’t have the proper coping skills to act out, a hurried, frazzled staff can give the impression they don’t care, and a drab, outdated environment without natural light can cause stress.

Fortunately, many hospitals have gotten the message that the trend won’t be going away, and instead they will have to step up to meet the needs of the behavioral health patients while making sure their facilities remain safe. New hospitals are being designed with features that make the environment more comfortable, and some older hospitals that can’t afford drastic overhauls are changing their triage protocols and making treatment rooms more flexible to help speed up the process of getting patients to a physician much quicker without unnecessarily long waits. Refer to p. 20 to see what the International Association of Healthcare Safety and Security (IAHSS) design guidelines say about behavioral health designs.

“If you design a unit that’s respect-ful to [behavioral health patients], you have a reduction in aggressive behavior,” wrote Carrie Mull, clinical services manager of the psychiatric medical unit at Mercy Health Saint Mary’s in Grand Rapids, Michigan, in the June 2015 issue of Healthcare Facilities magazine.

Architects with Behavioral Health-care Architecture Group in New York and Topeka, Kansas, helped the hospital create a more user-friendly unit that boasts more open spaces, natural light from windows, and areas that keep nursing staff and patients constantly visible to each other. Seemingly small features such as padded benches located around the facility allow staff to see patients on a more casual level, and an aquarium made from shatterproof polycarbonate gives a calming, yet safe centerpiece to the area.

“We’ve learned over time that [safety and comfort] don’t have to be an either/or situation,” Mull wrote. “We can provide both within the same environment, but it takes a different way of looking at it than what’s been typically done in medical institutions.”

But facility redesign can only go so far. Most hospitals, especially older urban facilities, only have
so much space to work with and either can’t afford to completely redesign outdated patient care areas, or simply are too busy to be able to close entire spaces for the time needed to renovate areas. As a result, they need to turn to staff training, involving security forces (to reduce patient violence), or making existing spaces more flexible to accommodate the different levels of patients they are seeing on an hour-by-hour basis.

"The unfortunate reality in this day and age is that hospitals and healthcare staff in particular are not in a neutral free zone," says Jeff Puttkammer, MEd, vice president of healthcare security for HSS, a healthcare security consulting firm in Denver. "Hospitals are not immune to violence and because of that fact alone, the challenges to healthcare staff are unique."

Puttkammer says that 85%-90% of violence in hospitals is caused by patient-centered violence directed toward healthcare staff—a good majority of them high-risk behavior patients. "For the most part, emergency departments weren’t originally designed to treat or house behavioral health patients, and equally disturbing is the fact that many ER staff aren’t trained to provide long-term care for behavioral health patients," he says. "What we’re seeing across the country is a general trend where behavioral health patients are staying longer in the emergency department and spaces, of course, aren’t designed to house behavioral health patients for any length of time. It’s a combination of unsafe workplace practices, an unsafe workplace that relates to environmental design, and then that tends to lead to reactive tactics by staff who maybe lack the proper training or the appropriate training."

So what does this mean from a design standpoint? Well, it really depends on your situation, your budget, and the room you have. We’re going to assume here that you don’t have a huge budget, probably don’t have a lot of room to grow, and—like many hospitals—you and your staff do your best to keep up with a busy patient load, but worry about how to keep your facility and workers safe. With a few modifications of your current environment and protocols, you can improve the quality of treatment to your behavioral health patients while also improving security.

Decrease wait times

Experts say one of the biggest factors behind violent incidents involving behavioral health patients is a long wait that increases anxiety. So why not take the stance that you’re going to attack your wait times and decrease them? Something as simple as a digital clock listing wait times—something many hospitals are doing—can calm nerves.

Take a look at what is causing the backup in the first place. Chances are it starts in the triage area of your ER. Are your triage nurses and front-end staff overwhelmed? Maybe it’s time to hire some extra help. Even better, perhaps it’s time to get your triage staff out into the waiting room instead of making patients wait to be called.

By doing this, not only do you get more eyes into the ER who can watch for trouble brewing, your staff present more of a friendly face—something that can calm even the most anxious of people. This can also be an opportunity to get simple triage procedures such as taking temperatures and blood pressures out of the way.

Traditional ER procedures are designed to triage the most serious cases first—the way it should be, and often behavioral patients who aren’t acute wait hours for a room—a recipe for a breakdown in your ER. If a roaming triage nurse senses that might happen, wouldn’t it make sense to get that person isolated quicker, perhaps in a quiet room designated for that purpose?

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<th>AREAS OF HIGHER RISK: BEHAVIORAL/MENTAL HEALTH</th>
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<td><strong>STATEMENT:</strong> Behavioral/Mental Health (BMH) patients can pose many challenges and risks to Healthcare Facilities (HCFs) providing care. These risks can be magnified for patients with medical conditions requiring care in settings not primarily constructed for BMH care. These patients can pose risks relating to self-harm and violence toward others and can consume considerable security resources. Legal action, regulatory review, and loss of public confidence in HCFs can result from behavioral mental health incidents.</td>
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| **INTENT:** a. HCFs should implement protective measures that minimize the risks and vulnerabilities posed by this patient population b. Design of BMH facilities is an important factor in minimizing risks and vulnerabilities. Recommendations include: 1. Implementing access control devices and procedures for entering and exiting the facility to help reduce the potential for patient elopement and other safety concerns 2. Deploying video surveillance systems to support patient observation and care plan 3. Integrating security equipment (e.g., motion sensors, door contacts, duress alarms, cameras, RFID) that notifications staff of potential security vulnerabilities and incidents that may require further visual assessment or follow-up 4. Involving security leadership in safety planning for the area, including security design and policy and procedure development c. Periodic assessments should be conducted of internal and external vulnerabilities. Assessments should include risk to patient harm and possible aids to patient harm: door handles, shower rods, sprinkler heads, phone cords d. Establish procedures that address response to patient elopement, patient restraint, response to combative behavior, seclusion, room management, and other security risk situations. These procedures should be incorporated into the training program and reviewed during periodic assessments e. Training of clinical and support staff (including security officers) should be conducted jointly. Training reports, drills and exercises, and after-action assessments and debriefings of actual incidents should document the results and identify areas for improvement f. Establish processes for intake of patients to include assessing patient history to determine previous dangerous behavior, security of patient belongings, patient searches, and patient and visitor identification g. Some BMH patient populations require added precautions and visitor control Source: IAHSS.
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Some hospitals have designed ERs with suites of chairs behind curtains that can be used to see less-acute cases quicker—if a prescription or a bandage is all some ER patients need, why make them wait hours to see someone?

**Design flexible spaces**

The key to being flexible with your patients is to be flexible with your treatment spaces. If you have a behavior health patient who needs a special room—and all your rooms are filled with equipment that they could potentially use to harm themselves—they’ll have to wait until you can accommodate them, and that can lead to other problems. Why not redesign your rooms so that they can accommodate anyone?

"There are so many things in a regular ER room that could harm a psych patient," says Brian Owens, CEO of Lindner Center of HOPE behavioral health facility in Mason, Ohio. He adds that monitors, scalpels, and even plastic bags in a garbage can (used as a suffocation device) can be hazards.

To cut down on hazards, Lindner and many other facilities have begun designing "multi-modal rooms" that can be transformed depending on the needs of the patient being treated. Regular rooms can be designed with medical equipment, oxygen tanks, an IV pole, and other potentially harmful items behind a sliding "garage door" that can be pulled down and secured.

"It’s hard to remove all risks, but you want to reduce the risk as much as possible," says Owens.

**Make the environment friendly**

Many hospitals are creating behavioral health units—and more patient treatment areas in general—that boast high ceilings, open areas, and large windows that allow more natural light to come in. The result? Friendly, therapeutic places that calm patients and give a greater overall feeling.

"We have been trying to achieve a homey environment that makes patients want to open, share, feel comfortable, and create an environment that would do away with the institutional look of 'old movies,'" says Owens about the mood he wanted to create at Lindner.

What you do will depend on your space and budget, but picture behavioral health units with "wander space," to provide visitors—such as elderly patients with dementia or other behavioral health patients—a group area to walk off their energy as opposed to sitting around. Some hospital waiting rooms are being designed with a living room feel, with comfy furniture and fireplaces in some cases, as well as showers and video game areas to create a less-threatening environment for those who may be subjected to longer stays.

**Train staff to respond to the right things**

Your staff is the first layer of protection for your facility in the event there is a violent incident—and they will also be instrumental in keeping it from escalating if they are properly trained.

The problem is, most workers in hospitals are not trained in de-escalation techniques and other self-defense strategies that could stop a small issue from becoming a major incident. Instead, experts say, they often let such issues develop into larger problems that can result in violent attacks and a response from security—giving the illusion of a police state and raising the likelihood of injuries.

"Almost every healthcare organization trains their staff to respond to fire alarms, and this is something we’ve trained for years and years and years but for an event that more than likely will not occur," says Puttkammer. "More than half of hospital staff have been or will become victims of violence, whether it’s verbal or physical, in the next week. And without adequate training, generally staff are less confident in their own ability to keep themselves safe which then, of course, can lead to staff injuries and patient injuries and again, ultimately turnover, and then potential litigation as well."

Some healthcare security experts say a better and more proactive approach is to train staff to look for so-called "behaviors of concern" that could signal impending violence: clenching fists, retreating, and other nonverbal cues that if ignored could escalate into violence. By catching these things early, they say, you not only stop unnecessary violence but also give control to the patient to de-escalate the situation.

**Incorporate safe features**

If you want to make your facility safer and more accessible for behavioral health patients, you’ll need to start thinking about the things in your patient treatment rooms that make it dangerous for them.

Think about items such as plastic trash bags that can be used to suffocate oneself, or high door hinges that can be used as a means of hanging. Other dangers include glass in picture frames that can be broken and used as weapons, or needles, or anything else that can be used by patients to hit or hang themselves.

Removing such items from the environment reduces the chance that they can be used in a violent incident, and at the same time, it increases the number of rooms that you have available for all kinds of patients.

But that presents the problem of what to do about important equipment that you need for patient treatment. Create equipment carts that can be wheeled into the rooms depending on the patient: oxygen tanks, IV poles, monitors, scalpels, etc., can all be loaded onto carts and wheeled wherever necessary.

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Editor’s Note: This article originally appeared in HCPro’s Briefings on Hospital Safety.