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These goals were met by utilizing an open clinical core design intervention that contributes to improving communications between caregivers by:

- ▶ Providing clear visual communication throughout the unit
- ▶ Enhancing care team verbal communication in care stations
- ▶ Creating centralized, private, staff consult area (glazed)
- ▶ Reducing visual chaos and stress for caregivers and patients

A chair-centric care delivery is utilized for triaging patients at Emergency Severity Index (ESI) Levels 4 and 5. Preliminary findings indicate the approach will help meet ACA requirements by:

- ▶ Reducing patient stress, medication levels, and required square footage
- ▶ Increasing patient satisfaction and throughput

Further, security and privacy at the entrance is accommodated upon entering the new Adult Emergency Environment of Care that achieves the following:


- ▶ Calming and restorative powers of nature and natural light
- ▶ Private areas away from others to have more discrete conversations with caregivers
- ▶ Planting areas built into the casework
- ▶ Art glass used to screen patients from general view

UNITYPOINT HEALTH

When faced with the challenge of integrating a behavioral healthcare setting in the Emergency Department at UnityPoint Health located in Rock Island, Ill., CannonDesign hypothesized that the creation of a Crisis Stabilization Unit (CSU) within a "living room concept" as an interventional strategy would provide a higher quality of care to patients, thus helping to ensure desirable outcomes under the ACA.

The CSU would assist in the staff's ability to quickly consult and treat a diverse set of patients with behavioral health concerns entering the ED. The "living room" or patient lounge within the CSU would be a space where patient-peer counseling could occur when appropriate, along with caregiver and family care.

With a projected increase in behavioral health patients at the UnityPoint Health ED, additional stress is placed on the hospital to provide quality treatment in a safe and effective manner. The goal of the new ED is to utilize the facility design including safe rooms and the crisis stabilization unit, along with a new model of care that positively impacts patient average length of stay, readmission rates, and patient and staff safety. The team is conducting a multiyear research study that will develop and test whether these interventions are linked to improvements in patient and staff satisfaction, quality of care, safety, and legal and financial targets. Data will be compared pre- and post-occupancy through paired t-test analysis of hospital metrics, observation, and qualitative analysis of staff and patient focus groups.

As these case studies illustrate, utilizing an EBD approach can increase efficiency and reduce costs, but most importantly, inform the care model and improve patient outcomes. 



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