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Guided by Transformation: Building a Framework for Behavioral Health Design Ideas

August 20, 2019

Jon Sell, Director, Behavioral Health Design
Patricia Malick, CHID, EDAC, IIDA, Lean Green Belt
Practice Leader, Interior Design





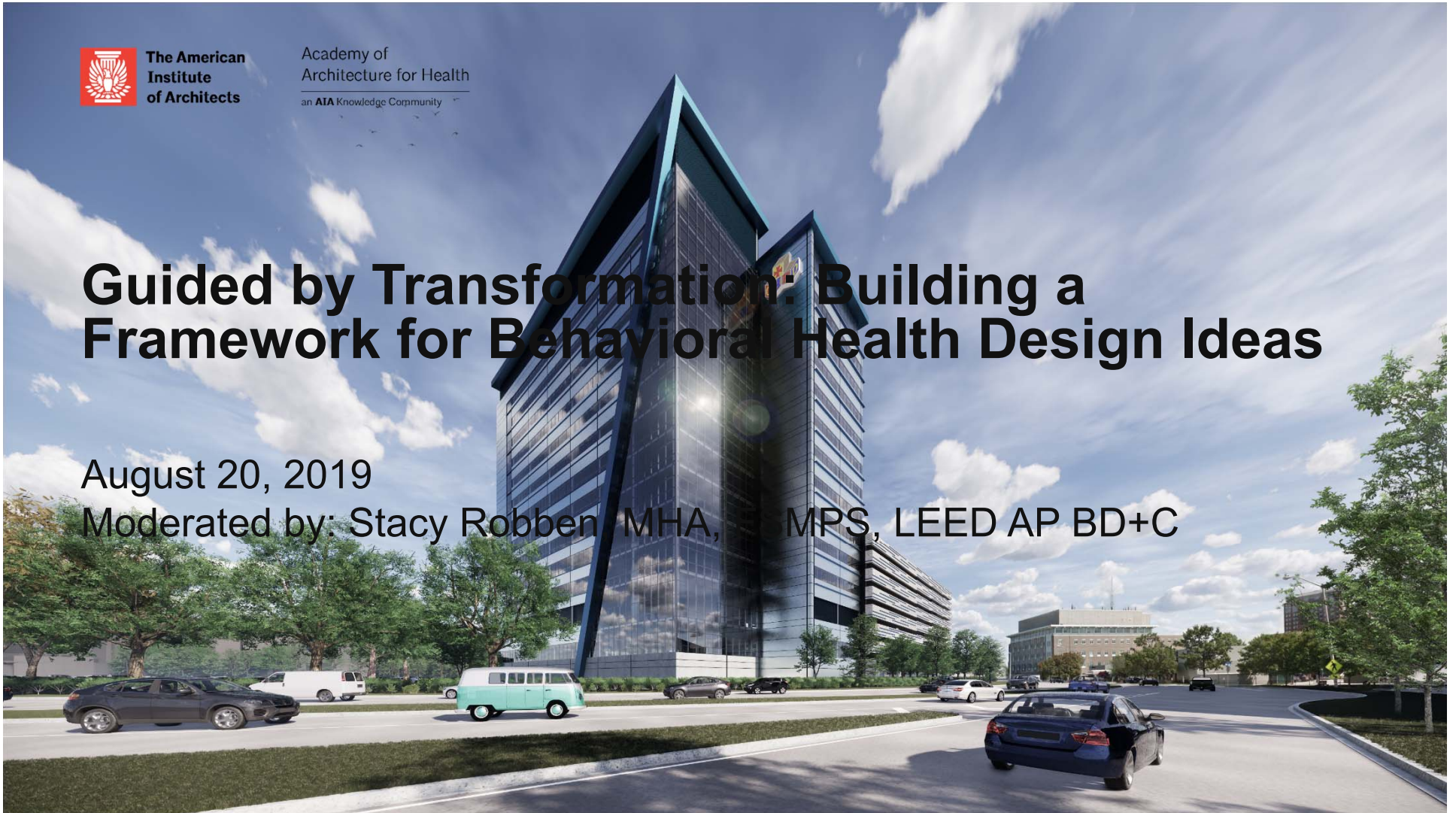
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Guided by Transformation: Building a Framework for Behavioral Health Design Ideas

August 20, 2019

Moderated by: Stacy Robben, MHA, MPS, LEED AP BD+C





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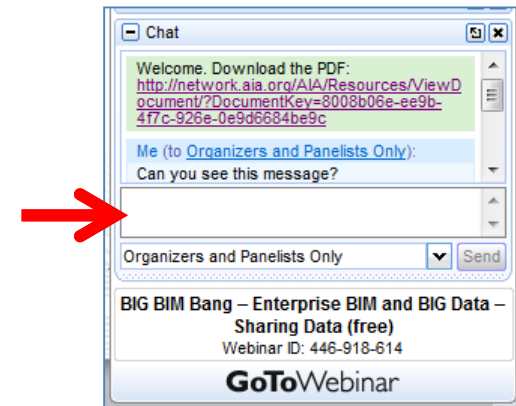
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Submit a question to the moderator via the chat box.

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Tech support questions will be answered by AIA staff promptly.





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Why?

Mental Health Facts CHILDREN & TEENS

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹



20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹

Impact

50%

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹

10 yrs

The average delay between onset of symptoms and intervention is 8-10 years.¹

37%



37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.¹

70%



70% of youth in state and local juvenile justice systems have a mental illness.¹

Suicide

3rd



Suicide is the 3rd leading cause of death in youth ages 10 - 24.¹

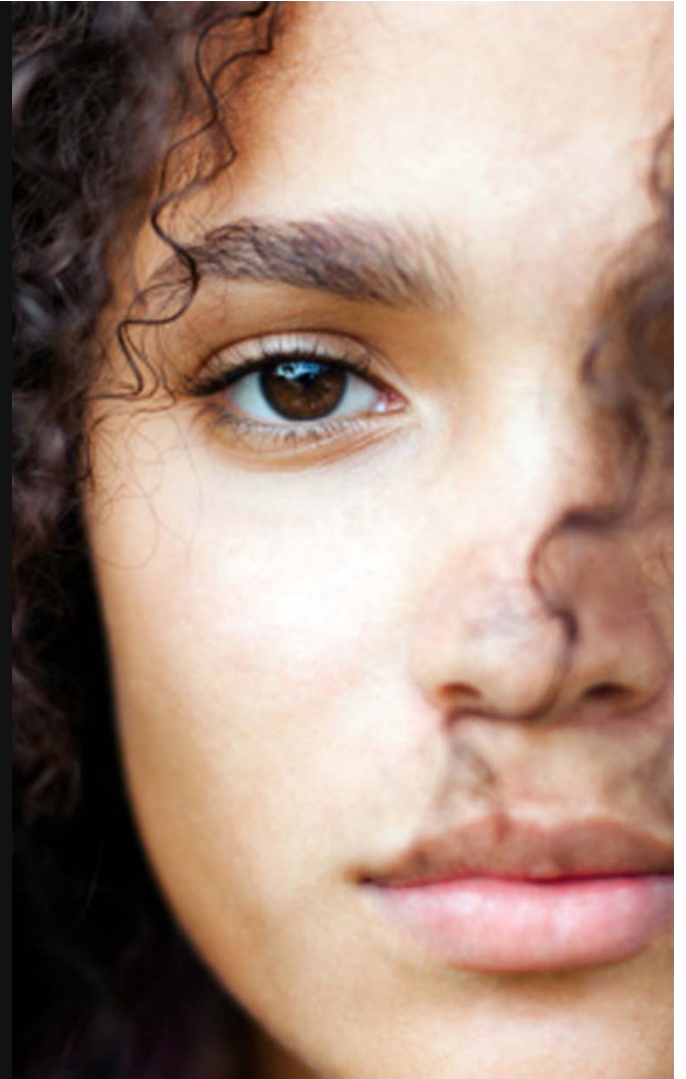


90%

90% of those who died by suicide had an underlying mental illness.¹

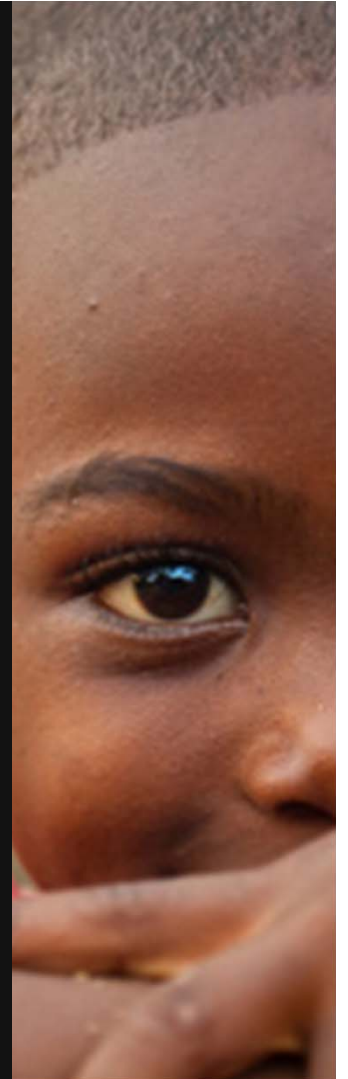
1 in 5

*Children and adolescents are
experiencing a mental disorder...*



1 in 10

*...of them experience mental illness
severe enough to cause impairment*



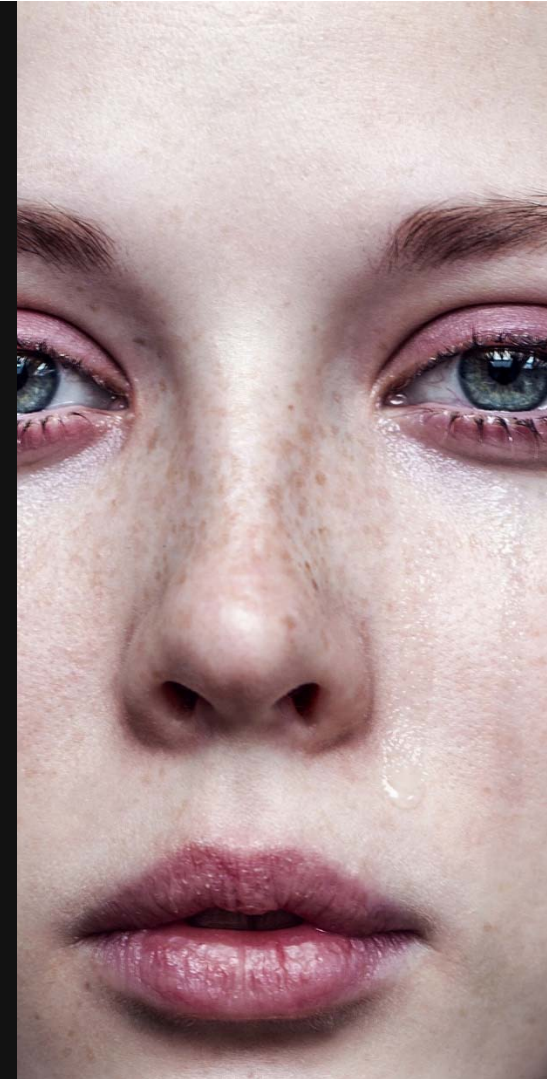
3 to 5

*Children per day arrive in CHKD's
Emergency Room in need of a mental
health evaluation...*



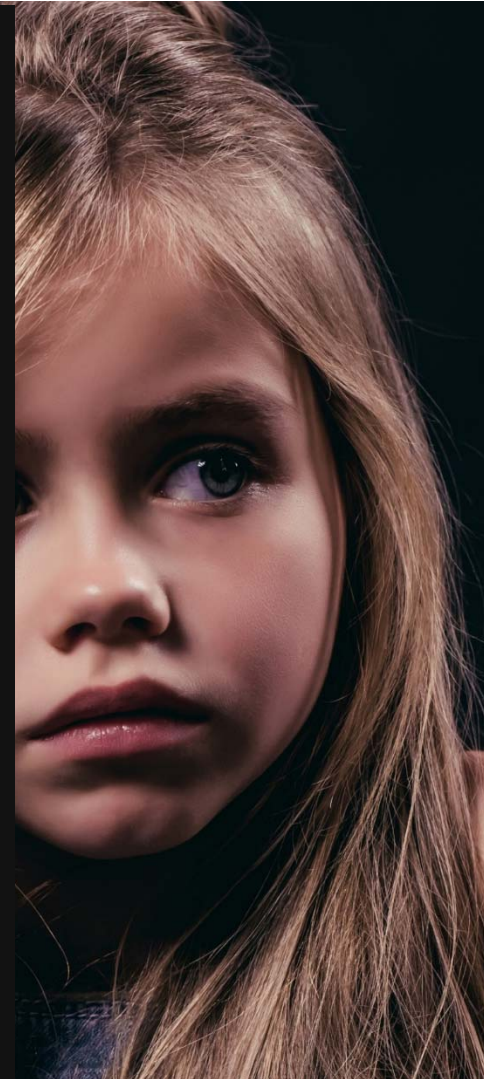
15 to 20

*Mental health referrals per day
received by CHKD from primary and
specialty care providers....*



153

...typical number of children on the waiting list to receive mental health care in Norfolk.



6 weeks

...time some children in Norfolk must wait to receive mental health care.



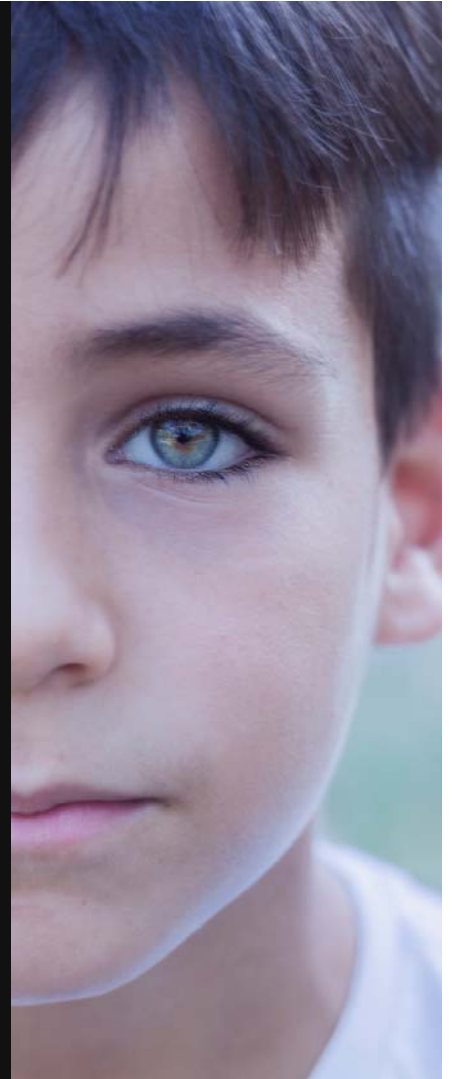
1 in 6

*Children (71,416) live in poverty in
the Hampton Roads region...*



2x

*...poor children are almost twice
as likely to experience severe
mental difficulties*



102,000

*Children and adolescents in Virginia
have a serious emotional disturbance...*



65,000

...of them are extremely impaired



3rd

*Suicide is the third leading cause
of death among 10- to 24-year-
olds in Virginia*



AGENDA



Discovery



Project Benchmarking



Guiding Principles



Process & Experience Mapping



Program & Transformation Goals



Engagement

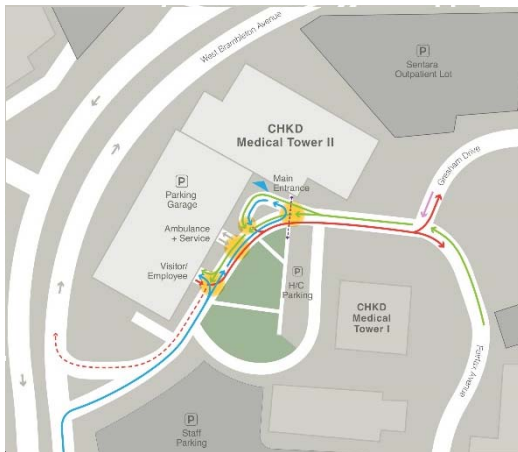
PROJECT PARAMETERS

- 60 Behavioral IP Beds
- 24 Future Behavioral IP Beds
- BH Day Treatment
- Behavioral Outpatient Clinic
- Primary & Specialty Clinic



PROJECT PARAMETERS

- Maximize site build-out
- 100,000 SF Shell



GUIDING PRINCIPLES: Designing for safety + security

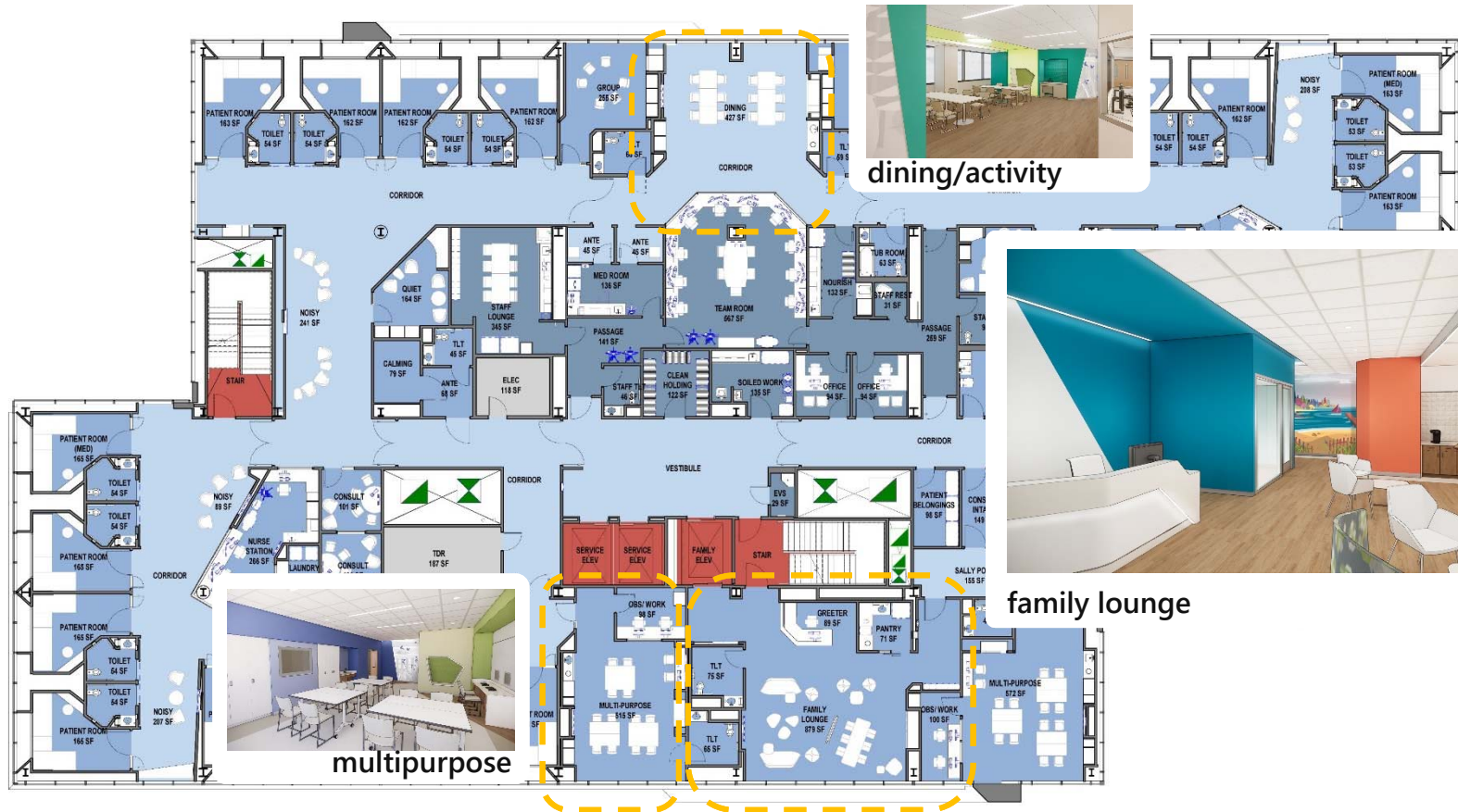
- No restraint or seclusion
- Patient de-escalation protocols
- Toilets accessed from corridor
- Family participation
- Maximizing sightlines
- Ideal unit size
- Smaller engagement zones



DAY TREATMENT & BH CLINIC



INPATIENT FLOOR



INPATIENT FLOOR

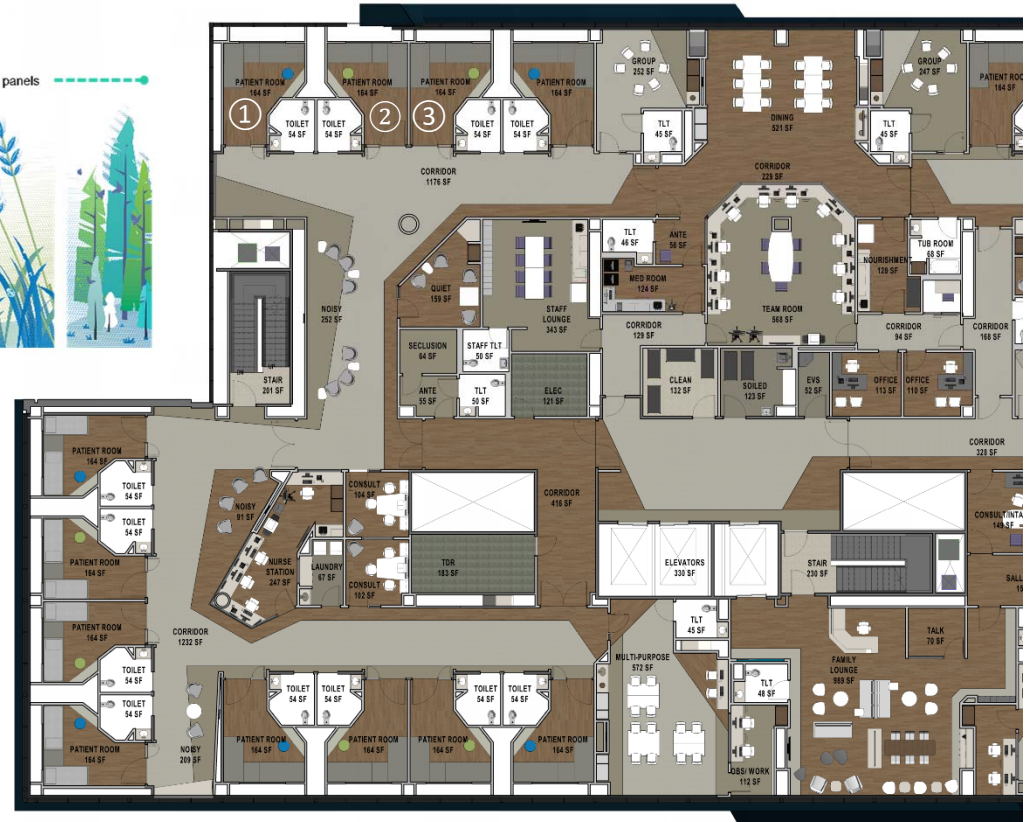
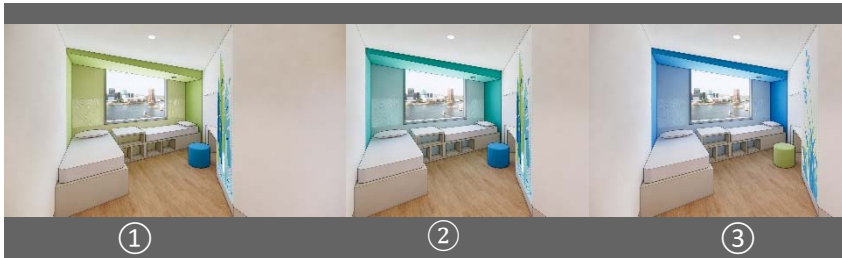
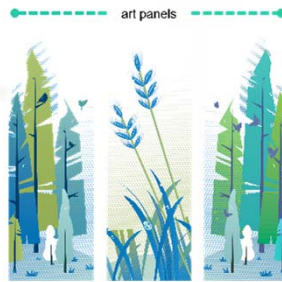
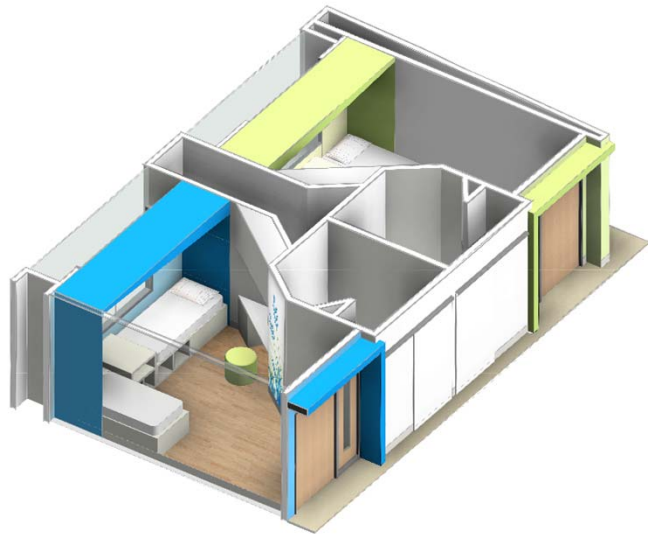


team station

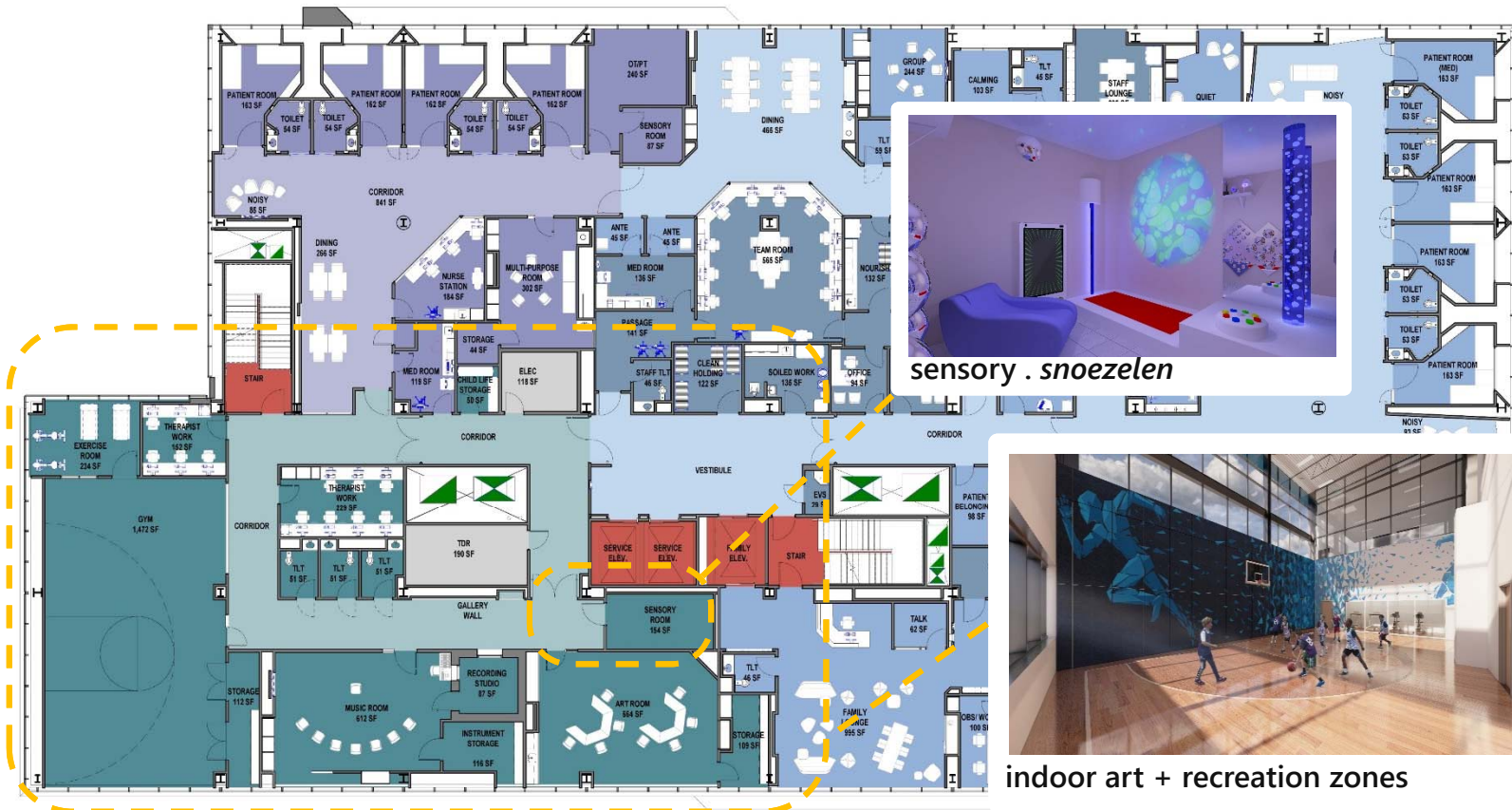


patient corridor

INPATIENT FLOOR DETAIL



ACTIVITIES FLOOR



ROOFTOP ACTIVITIES



DISCOVERY - Benchmarking

- Program / Protocols / Philosophy
- Precedent Projects
- Best Practice

Seattle Children's Hospital
Psychiatry and Behavioral Medicine Unit (PBMU)
Seattle Washington
June 28th, 2019

Program & Services

Inpatient Services

41 beds serve youth/adolescents ages 3-18
Serves children age 3 to 18 who are in crisis due to complex mental health issues; also see people age 19 to 21 who are developmentally delayed and in crisis.
Other short term care in the hospital during a crisis.
Patients are admitted to the PBMU only after they come to an emergency room and providers there decide they would benefit from an inpatient stay.

Inpatient Services

- All IP beds are private, e.g. LOS 60, includes medically complex patients (5 rooms)
- 400 and ending Disorder patients clustered from other patients
- Bedrooms 1-2 bedrooms, accessed from corridor

Therapy/Recreation Programs Include:

- Outdoor play zone with ball court, cushioned rubber and artificial turf; protected outdoor patio, limited pool access
- Movement room with mats and climbing wall
- Caring spaces distributed throughout
- Sensory Room
- Therapy suite focus over therapy
- Experience based zoning. Patient rooms are only for sleep. Large group room for morning and evening sessions. Then all of the therapy programming suite zone.

Bed Units:

- Each patient room has a thermostat and dimmable lighting controls.
- No TVs in their rooms
- Network platform-type bed, desk area, personalization zone

Lessons-learned; Aspirations for Construction/Expansion Initiative

Lessons

- Carpet, window film being, surf mat, lights required metal straps to secure; glazing also failed
- Wall-mounted tables fail; children easily damaged
- Happy with decision to choose team stations
- Happy with patient locker room access from corridor
- Happy with rough paint texture at cross corridor doors when discourage hand pounding
- Would prefer full indoor gym
- Decision Lesson: Because there is no seclusion room they can't seclude; if a child says that they want to get out they have to take them somewhere else. Usually corral them to an outdoor space. But if they say they want to get out, then they have to restrain them because they aren't licensed for seclusion.
- Two points of egress through every room, bathrooms, group rooms, etc. so that if you lock a zone down people can get out and egress without disturbing the kid who is in crisis.

Aspirations:

- Would like more individual consulting spaces
- Prefer alterable dining room seating (current seats are attached to tables; not comfortable for larger population)
- Wish state permitted thermal cameras in rooms, primary would be maintenance, but there would be the ability to see when a patient was active at night

General Comments

Building Operational ~1 - 3 yrs.
Full census most of year, limited seasonal variation by diagnosis (ASD higher in summer); Seattle age of consent 17YO

Program Space:

- No forensic patients
- Emotional support animals are permitted when patient is present
- Classrooms on unit; 2.5hr/d required
- Laundry facilities available to parents
- Communication start between Units
- Open gaming zones; no private offices
- Electronic tracking boards in team station and break room
- Solid room w/ 2hr
- Sally-port type vestibule for staging of Ziemer which need to come on to unit

Protocols:

- Dislike from ED, no direct admits
- Team-based care
- Family Centered Approach-Parents/guardians welcomed as part of daily therapies 24/7; siblings during visiting hrs.
- One parent permitted to sleep in room with child
- Patients wear their own clothing (no scrubs/bedsheets)
- Medication distribution happens in medication room
- Do not seclude patients; if patient escalates, other patients removed until child de-escalates
- Home planning starts at admission
- Each staff member trained for every role
- Safety huddle at start of ex. shift; 10 min duration; then urgent 10-3000 to discuss a story-based reporting; debrief at shift end
- Parent's belongings not searched at entry, locker access
- Family members may eat with patients; encouraged in evening disorder unit
- Parent's have 24 access to all areas throughout the day except for evening units
- Special dishwasher for cleaning some activity/play items
- Visitors screened, turned away if ill
- Patients screened at admission for immunizations, TB

Safety:

- Philosophy: "behavior is a communication and we are here to learn"
- Adaptive skills taught all day; Staff assumes parents are doing the best they can
- Behaviors are neither punished or rewarded
- Staff wear kevlar sleeves when working with ASD patients
- Every staff member to know every patient's mid-level at all times (carry on patient)
- "Cider-backpack" is easily accessible and contains all PPE supplies
- Improvement focus: staff injury reduction, reduce chair restraints, reduce restraints, accuracy of discharge plan and appointment scheduling set before discharge, bedside handoff, ASD pathway
- Seclusion Lesson: Because they don't have a seclusion room they can't seclude, so a child says that they want to get out they have to take them somewhere else. Usually corral them to an outdoor space. But if they say they want to get out, then they have to restrain them because they aren't licensed for seclusion.
- Hand sanitizer's outside unit only to prevent ingestion

Security:

- 2 badge levels: badge/lock or badge/lock; Kitchenette w/ security shutters; outlets can be disabled in bedrooms
- Environment:
- Painted PVC-splatter walls (except reception/waiting which had carpet, resilient flooring, 4" wall protection in bedrooms, doors had pivot hinge, mechanically fastened csg ties)
- Outdoor space is artificial turf and cushioned rubber; interactive play equipment
- Color matching dots at door frame to signal risk level (aggressive patients not allowed if pictures could be easily damaged)



GUIDING PRINCIPLES



brand identity



flexibility



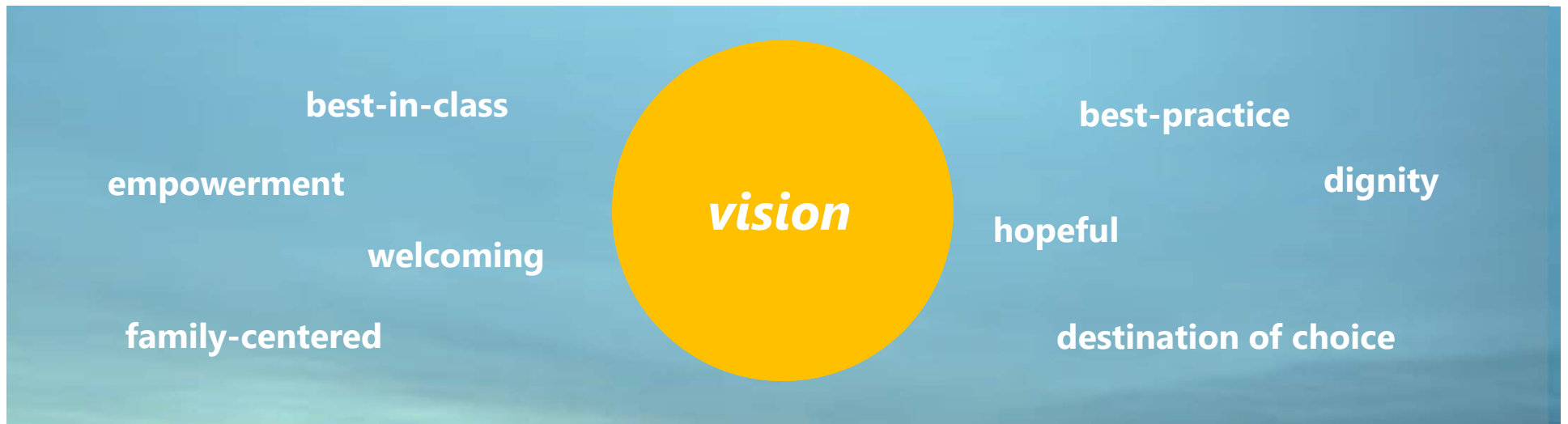
community asset



patient & staff safety



operational efficiency



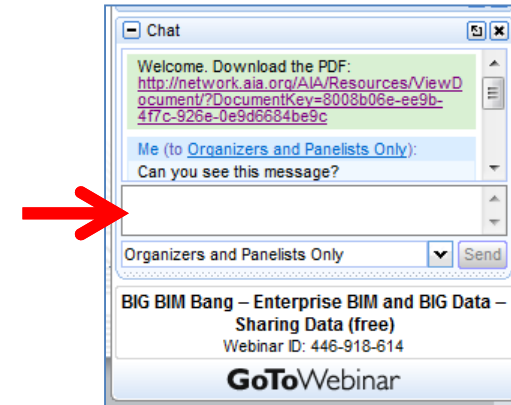


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Question Reminder

Submit your questions and comments
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PROCESS + EXPERIENCE



PROCESS + EXPERIENCE



Captain Jennifer Nelson was recently stationed at Naval Station Norfolk, and is encouraged to learn more about all CHKD has to offer, especially since her son Kyle was recently diagnosed with ASD.



Carla Jones is a licensed Clinical Social Worker and has been part of CHKD's Outpatient Mental Health Practice for several years and was delighted to hear about the expansion plans. She is passionate about serving this vulnerable patient population as she advances in her career.



Camilla and Nick are putting down roots in Norfolk, having relocated from Philadelphia. Having left a city with premier pediatric institutions, they were excited to learn about CHKD's mission and reputation for excellence.



Dr. Michelle Miller was recruited to join CHKD Behavioral Health team and is proud to be part of building a premier inpatient mental health service line.

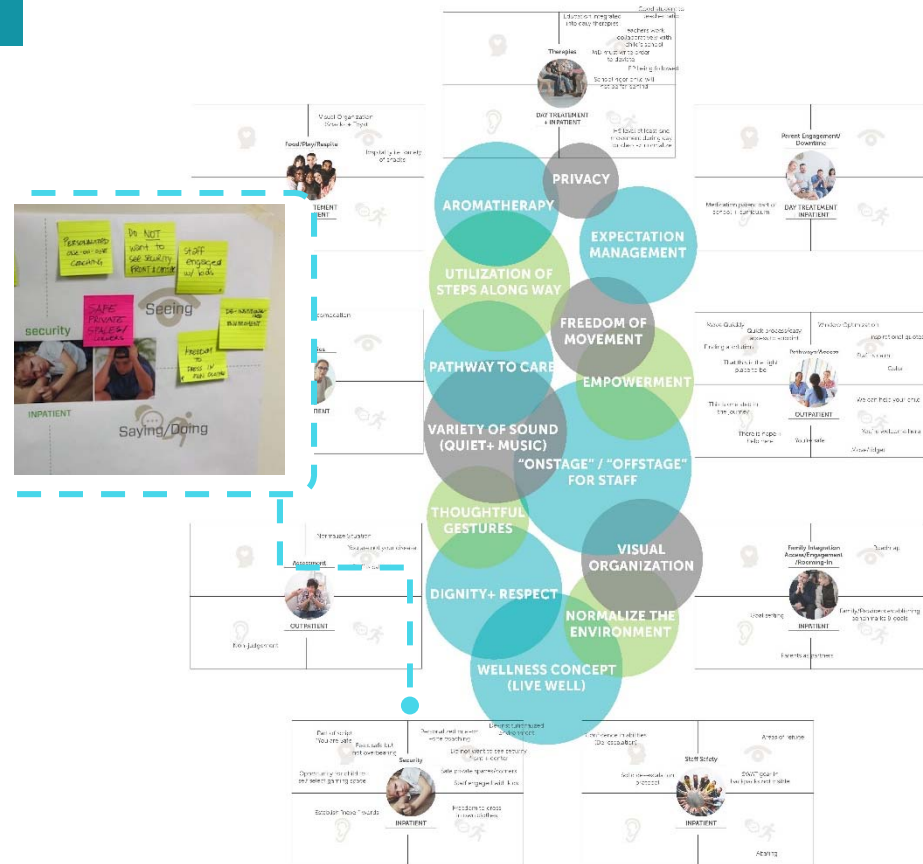


Elizabeth and John were recently advised that their young son Austin will require hospitalization for a mental health diagnosis. They are relieved they won't have to travel far to get him the help he needs. They have come to count on CHKD as their go-to expert for all of Austin's



Paul is 15 and has been receiving cognitive behavioral therapy for OCD and anxiety. His team is supportive, and Paul is feeling hopeful about his care plan.

EMPATHY MAPPING



PROCESS + EXPERIENCE: Outpatient Clinic

ARRAY advisors

Children's Hospital of the King's Daughters
Outpatient Behavioral Health Transformation Plan
10/1/2018

Priority	Improvement Bucket/ Related Process Step	Transformation Activity	Process/ Experience	Project Type	Owner	Start Date	Due Date	Status
	Parent/Child Group Therapy	Comfortable/flexible seating **need parent feedback**	Experience					
	Patient Encounter	Comfortable seating for consult (up to 5 people) - doctor & student, kiddo, up to 2 parents	Experience					
	Waiting	Dysregulated children require sensory elements/safe distraction	Experience					
	Therapy - Family Meal	Mom/Dad/Patient/Sibling private meal coaching in person or PCIT	Experience					
	Patient Scheduled	Parent orientation (group or one on one)	Experience					
	Registration/Check-in	Promote personal greeting/interaction	Experience					
	Waiting	Seating vignettes allow comfortable personal space	Experience					
	Parent/Child Group Therapy	Socialization zones for before/after sessions	Experience					
	General Architecture	Include "whisper wall" with sound attenuation systems	Experience					
	Check Out	Ability to send text to parent to signal checkout	Process					
	Assessment	Access to wheelchairs & wheelchair scale	Process					
	Waiting	Calming consult sub-wait zone	Process					
	Patient Encounter	Child can have labs drawn same day	Process					
	Registration/Check-in	Electronic forms	Process					
	Patient Encounter	E-scripts & concierge delivery	Process					
	Referral	Explore call center potential	Process					
	Parent/Child Group Therapy	Future program goal	Process					
	Waiting	May need proximity to therapy space	Process					
	Referral	Streamline through community portal	Process					
	Patient Scheduled	Use electronic portal for packet	Process					

* Project Type = JDI (Just Do It), KE (Kaizen Event), Project



Future State
CHKD - M
Behavioral
5304
08/10

Meeting Participants

Amy Samson
Alex Laramee
Savita Edmonds
Sarah Holdroth
Yara Estabrook
Diana Schofield
Andy Stanley
Ellen Boxinger
Danya Roberts
Joanne Harnden
Tara Lemieux

ARRAY Facilitators

Pat Melick
Jon Sell
Elizabeth Ochel

PF&A Facilitators

Sara Hepp
Jonathan Hiser
Kim Bernheimer



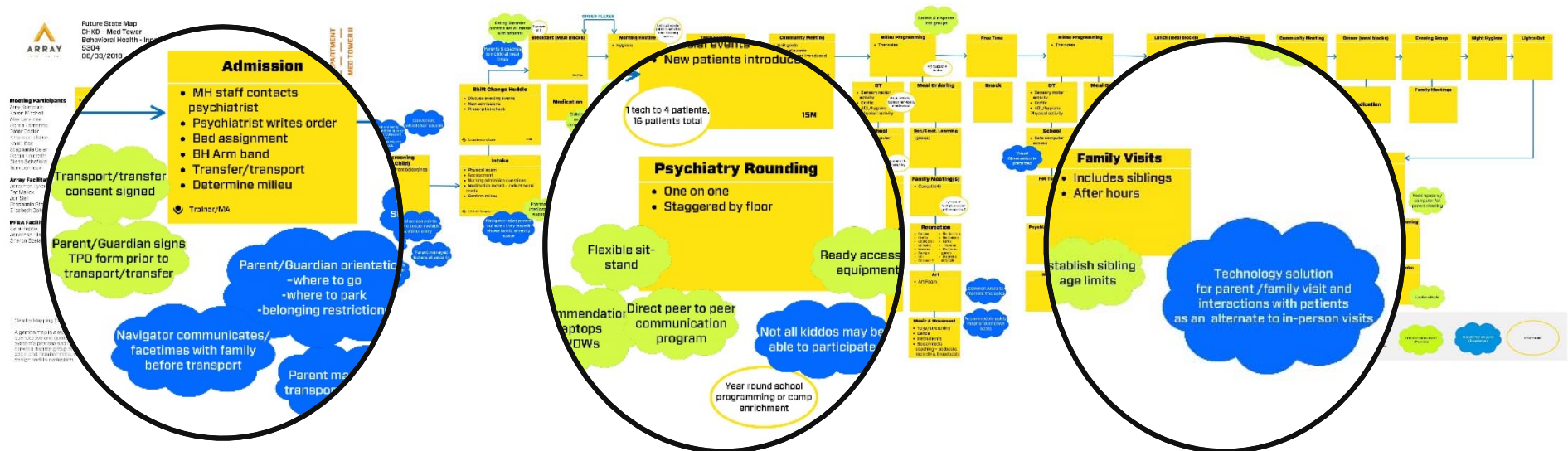
Gemba Mapping Overview

A gemba map is a representation of a complex system's process and how customers experience it. It allows a diverse group of stakeholders to identify goals and requirements. Its attributes become the detailed guides for the development of the design and its evaluation.

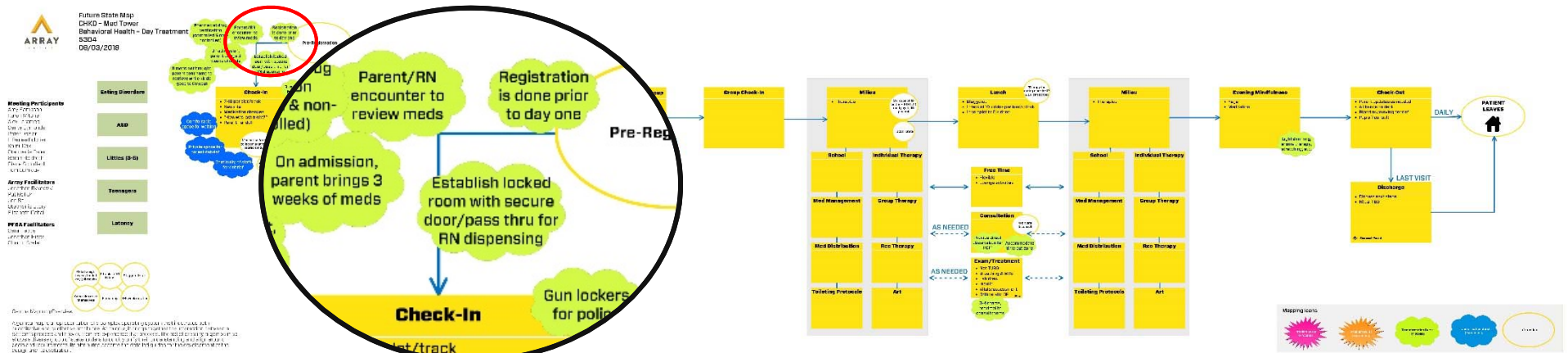
Healthcare Best
(Learners)

Information

PROCESS + EXPERIENCE: Inpatient



PROCESS + EXPERIENCE: Day Treatment



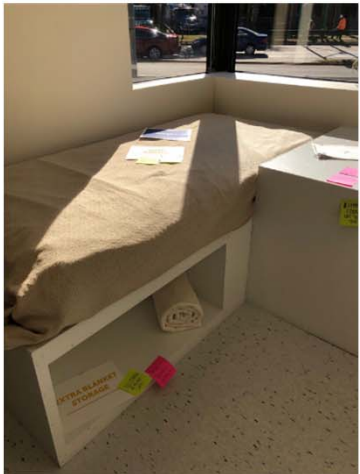
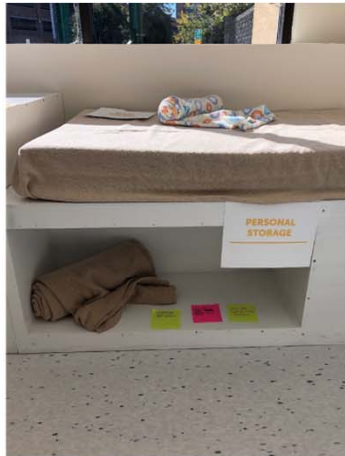
RAPID TESTING



FEEDBACK HIGHLIGHTS:

- Family accommodation, sleep zone highly valued
- Maximize sightlines (no hiding zones)
- Personal storage desirable (not climbable)
- Positive distraction, tactile surfaces (self-soothing)
- Personalized, color-changing light in sleep zone
- Large windows, light, wide views, shading controls highly ranked

RAPID TESTING



WHAT IS THE STORY?

meeting every child where they are



transformation

DESIGNING COMMUNITY ENGAGEMENT

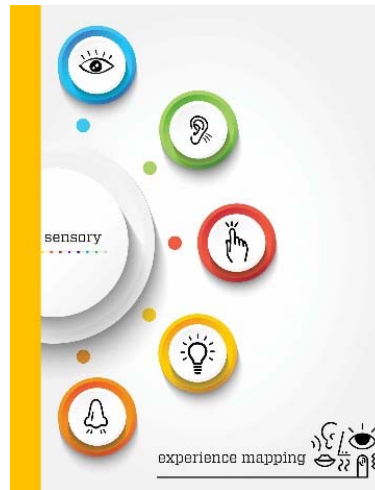
- ***Lighting the Way*** for Mental Health
- Extending the CHKD BRAND
- Filling an urgent community need
- Creating a Community Asset

what makes this community special?

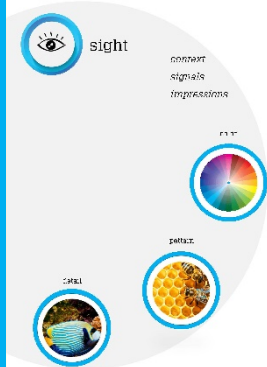


DESIGNING FOR PATIENT + FAMILY ENGAGEMENT

- Empowerment
- Sensory exploration
- Design for all ages
- Normalized environment
- Families as partners



DESIGNING FOR PATIENT + FAMILY ENGAGEMENT









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Time for Questions and Comments

???-!!!



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Upcoming Webinars

Date	Series	Topic
9/10	Beyond the Basics	Operating Room Turnover Time
10/08	Out of the Box	Art Planning for Healthcare
11/12	Case Studies	TBD

Dates & topics are subject to change