human eXperience

"Outside the Box" Solutions to Difficult Challenges



Who is **human experience?**



Kevin Turner, AIA Principal Architect

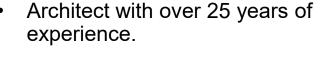


Sherri Reyes, MA Principal Consultant

- A design and consulting firm dedicated to the belief that... every **human** has value.
- Design and Operational Consulting to create viable, safe places of healing within behavioral health environments for a dignified patient experience.
- Our experience translates to quick, efficient solutions to complex challenges in Behavioral Healthcare.
- We help you manage the human elements within your stakeholder groups to make early, effective decisions.



Who is human experience?



- Led the design of over 3 million s.f. of Behavioral Healthcare facilities.
- Experienced Manager, Leader, Facilitator.

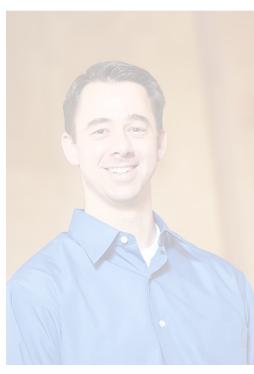


Kevin Turner, AIA Principal Architect



Sherri Reyes, MA
Principal Consultant

Who is **human experience?**



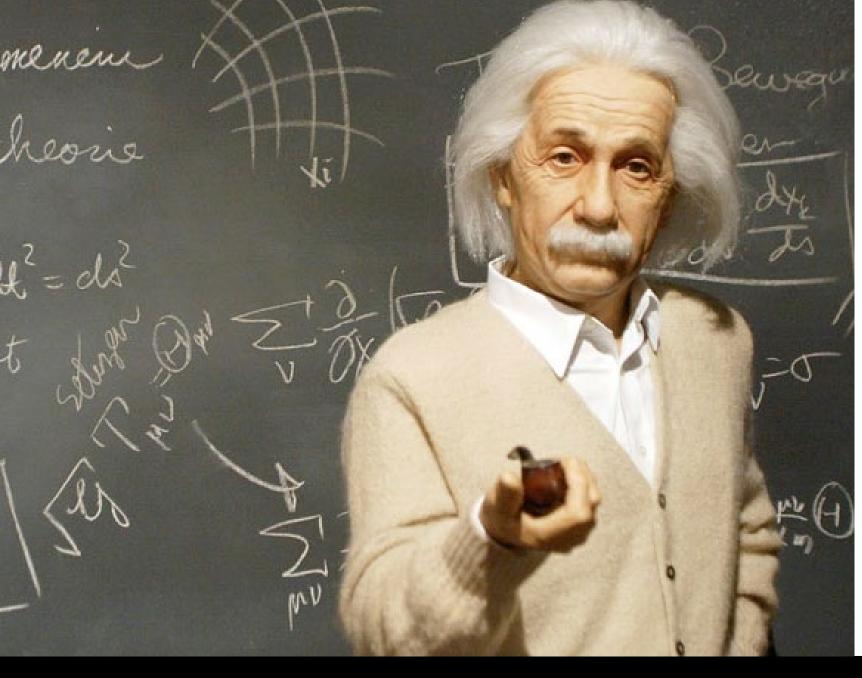
Kevin Turner, AIA Principal Architect



Sherri Reyes, MA Principal Consultant

- Executive leader with over 27 years of experience as a Behavioral Healthcare provider and executive.
- Has worked in every capacity from psychotherapist to multisite CEO of freestanding behavioral health hospitals.
- Served as Regional Operations
 Director for a major healthcare
 corporation overseeing Behavioral
 Health operations across 15 states.
- Experienced in strategic initiatives, regulatory compliance, revenue cycle processes and Behavioral Health capital projects.





What is "Outside the Box" Thinking?

 "Innovation is adding Utility to Novelty" – Albert Einstein



INPATIENT UNIT

- Individual and Group sessions on daily basis
- 24-hour care in highly restrictive setting with a focus on safety
- Ideal for patients who pose an imminent danger to themselves or others



RESIDENTIAL TREATMENT

- Individual and Group sessions on daily basis
- 24-hour care in less restrictive setting for patients who do not require advanced safety measures.
- Ideal for patients who need a high level of care but do not pose an imminent danger to themselves or others.



PARTIAL HOSPITALIZATION

- Individual and Group sessions on daily basis
- More rigorous approach with 6-8 hours/ day of treatment
- Ideal for patients who need all the therapy available in an HLOC setting but do not need 24-hour care.



INTENSIVE OUTPATIENT

- Individual and Group sessions on regular basis
- More rigorous approach with 10-15 hours/ week of treatment
- Ideal for patients who need more treatment and schedule continuity.



OUTPATIENT SERVICES

- Psychiatry
- Psychology
- Neuropsychology
- Autism Program
- Developmental Medicine
- Telehealth
- Home Based Care

LEAST RESTRICTIVE

Case Management

IREATMEN

EMERGENCY

Behavioral Health Continuum of Care

- Who will be served and WHY?
- Regulatory Implications
- Payer Implications
 - Benefits
 - Medical Necessity

MOST RESTRICTIVE ←



PSYCHIATRIC ED

- Walk-in or drop-off service within a hospital providing a full range of psychiatric and medical support
- Psychiatric evaluation and holding for suicide prevention or intervention for acute crisis.
- Necessary for patients who need immediate intervention.



EMPATH UNIT

- Dedicated service for Psychiatric ED patients who can be stabilized and treated
- Focus on immediate treatment and diversion from inpatient settings.
- Ideal for patients in the ED with acute crisis who can be stabilized and treated for a lower level of care.



BH URGENT CARE

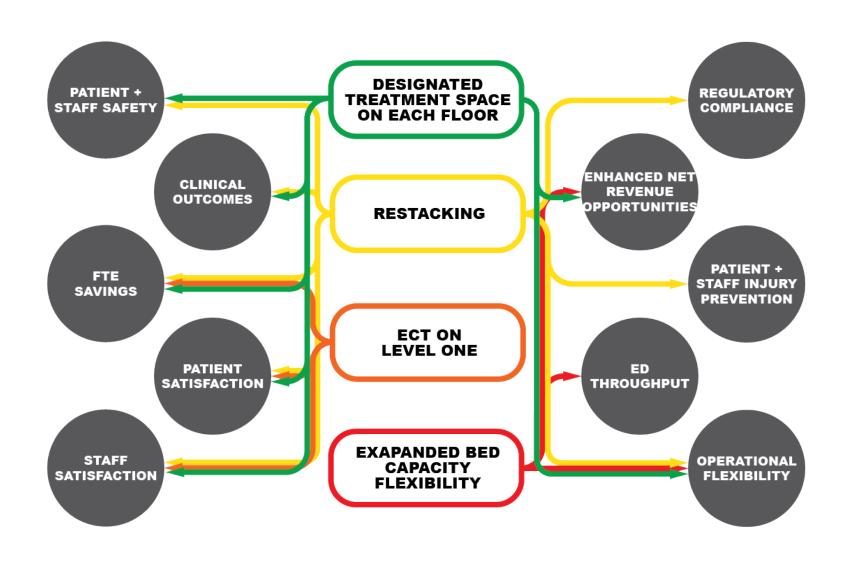
- Walk-in service for patients who need quick access to mental health support
- Psychiatric evaluation,
 addiction support, community
 resources
 - Ideal for patients who recognize a need but cannot wait for an initial outpatient appointment.



CRISIS STABILIZATION

- Walk-in or drop off service for patients experiencing a BH crisis but are otherwise medically stable.
- Suicide prevention, addiction support, crisis intervention
- Ideal as a diversion from Emergency Departments for patients with a specific BH Crisis.





Behavioral Health Operations

- There is no One Size Fits All formula.
 Every hospital has a unique set of issues and opportunities.
- Opportunity to identify operational challenges and inefficient flows.
- Each design move can have a host of operational gains, or pitfalls...



Ground Floor EMERGENCY DEPARTMENT 1 Waiting Room 2 Behavioral Health ER 3 Medical ER BEHAVIORAL HEALTH OUTPATIENT 4 Waiting Room 5 Therapy Clinic 6 ECT Therapy Clinic SHARED SPACES 7 Community Room Behavioral Health Entry

Behavioral Health Continuum of Care

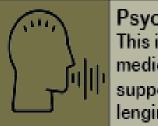
- Behavioral Health Operations is different than other types of healthcare.
 - State regulatory issues
 - Market variability
- Incorporating Value-BasedPurchasing Into Design
 - Outpatient Visit within 7 days
 - Readmission Rates

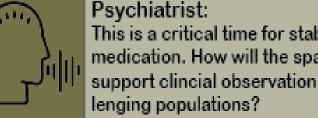


Nurse: Staffing and Safety are priorities. How will the space make nurses safe and effective and also keep our patients safe?



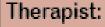
This is a critical time for stabilization/ medication. How will the space support clincial observation of challenging populations?







- The Patient
- Varies by Hospital & Menu of Services
- Voices of the Customer (Internal)



We need space to meet privately with patients and their families. This is a very difficult time for them. How will the space support that?



Support Departments:

Support staff entering this space will need specialized training. How will the space help us do our job and limit our interaction with patients?



Finance:

How will the space support efficient FTE management, registration, eligibility screening, and revenue cycle functions?



Quality:

With everything happening in this space, how will we manage falls, employee inuries and seclusion/ restraint issues?



Recruitment & Retention:

How can the space support keeping staff safe and effective in their jobs, while also feeling valued and respected?



Emergency Services:

How can the space support us meeting EMTALA requirements with dignity and to help improve throughput and quality care.



Access to Care:

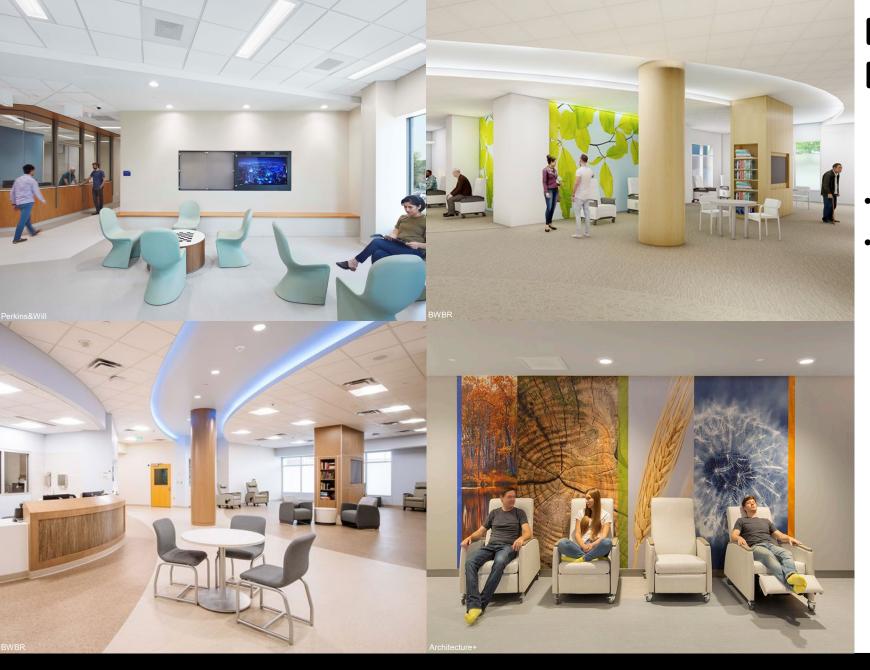
How will patients and families access all services in the continuum in a user-friendly and effective way?



Regulatory Compliance:

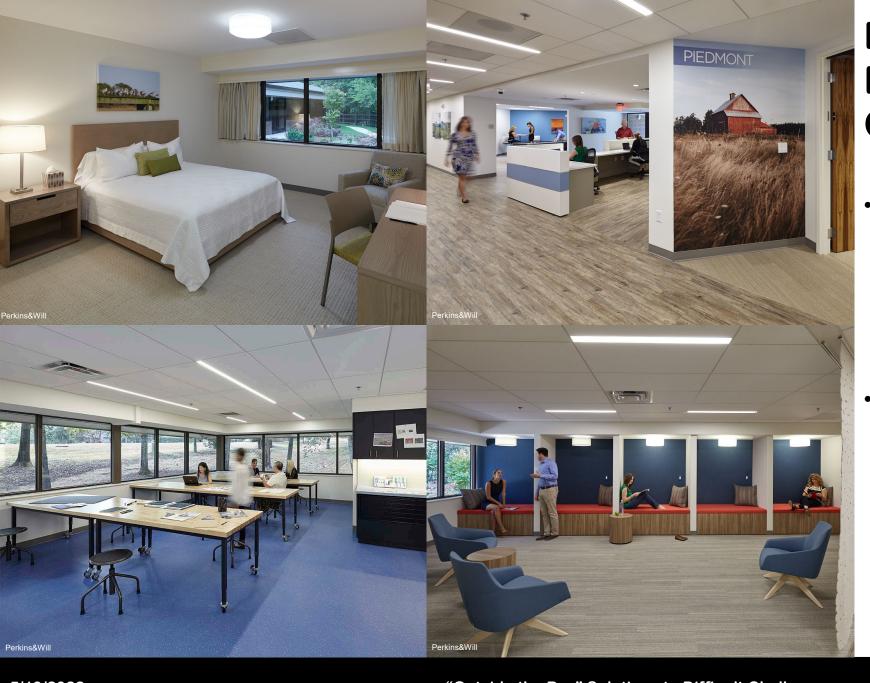
How will the space support compliance with Environment of Care and Clinical Regulations





Psychiatric Emergency Services

- Functions
- Patient Populations



Regional Mental Health Treatment Center

- What is the space?
 - PHP?
 - IOP?
 - Residential Treatment?
 - Education and Outreach?
- Yes. Yes. Yes!

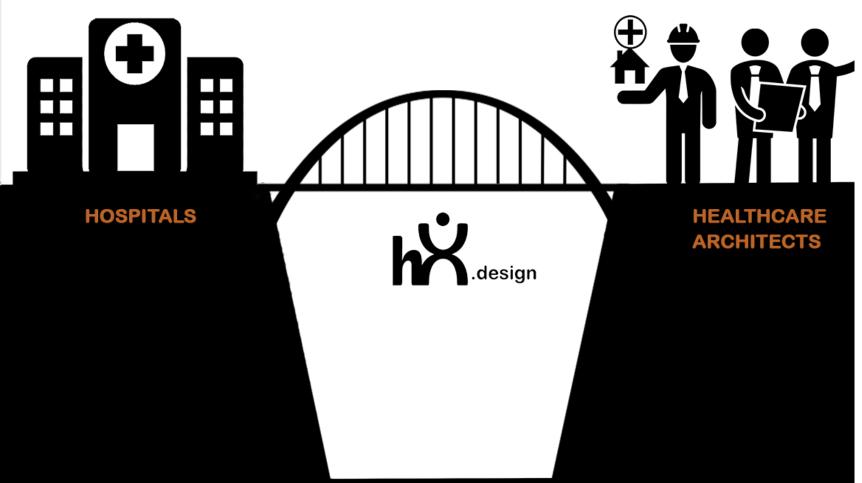


Clinical Behavioral Health Treatment Procedures

- ECT
- TMS
- Infusion Therapies
- Whatever is next...

Questions?

"We bridge the gap to support safe, effective and functional space for Behavioral Health"



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- Kevin.Turner@hX.design