

Normalizing the Environment: Humanizing the Appearance of the Emergency Department Safe Rooms

Primary Author: Michael Polacek

Problem Statement: For psychiatric/mental health patients (PMH) in the emergency department (ED), does improving the visual appearance of the PMH room and changing the label of the room, reduce the length of stay and number of security responses over a 45-day period?

Background: For people experiencing severe mental health crisis, the ED provides a safe environment for care. Utilizing passive interventions that can reduce the trauma associated with this crisis will improve patient experience, support recovery, lessen risk of harm to patients and staff and moderate the resource burden that is a barrier to excellent care in the ED. The ED of this 454-bed Level II trauma center located in the Pacific Northwest saw an average of 8289 monthly admissions from July to December 2014 with a monthly average of 216 admissions to the PMH rooms. Patients vary from children and adolescents to adults suffering from all forms of PMH conditions.

Methods: Interventions include covering the lights with photographic film (a faux skylight), painting door/windows a softer color, and changing room labels from “psychiatric” to “safe.” Data were collected six months before and two months after these changes.

Results: The average length of stay changed from 7.9 to Y, the number of visits by security changed from a monthly average of 163 to Y and the average monthly security man-hours from 50.1 to Y. Qualitative data were limited to a small convenience sampling of patients due to a high rate of survey declinations. The anticipated completion of this study is APRIL 1, 2015 which will include data collection after the FEB 15, 2015 implementation of the interventions.

Conclusions: We predict that with these passive interventions there will be a slight reduction in LOS and utilization of security leading future studies to reflect upon other sensory elements of an ED room.