

Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning
0133 - Psychiatric Emergency Care Centre
PECC

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Australasian Health Facility Guidelines

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01 INTRODUCTION

01.01 Preamble

The establishment of Psychiatric Emergency Care Centres (PECC) in Emergency Departments is a NSW Health initiative to improve the health system's responsiveness to persons with mental health illness/ disorders requiring acute intervention, by aligning acute mental health services with emergency services.

Emergency Departments have not previously been comprehensively designed to serve the mental health patient group particularly those with acute mental health illness / disorder, and behavioural risk (eg aggression, self harm). There is therefore an urgent need to develop clinical models of service delivery and facilities that can provide more effective, efficient and safe care to this population.

The clinical needs of the patients include:

- appropriate screening for serious medical or surgical co-morbidity;
- timely access to mental health assessment;
- safe and effective management of mental health emergencies;
- safe and effective management of their presenting symptoms, disorder and any behavioural risk.

Design needs to be flexible to meet local needs or in response to operating units over time.

01.02 Introduction

This Health Planning Unit has been developed as a resource to assist project teams in the planning, design and construction of Psychiatric Emergency Care Centres (PECC). It should be read in conjunction with generic planning requirements and Standard Components described in Parts A, B, C and D of these Guidelines, the PECC Operational Model of Care Guideline (refer below) and the Health Facility Guideline for Acute Adult Mental Health Units. The latter provides some of the more detailed information on design.

This PECC model is intended for hospitals with:

- level 4 to 6 Emergency Departments;
- gazetted Mental Health Inpatient Units; and
- acute assessment and treatment capacity by the Mental Health service within the Emergency Department.

Psychiatric Emergency Care Centres are part of a broader statewide mental health emergency care (MHEC) program that aims to provide, for people presenting to the hospital Emergency Department (ED) with acute mental health illness or disorder and behavioural risk, and/or substance abuse co- morbidity:

- timely access to specialised mental health care;
- safety for consumers, service providers and the public; and
- appropriate roles for the service providers (including Police and Ambulance).

PECC are a response to the overall NSW priority policy issue of improved access to mental health care.

PECC units are a new service model developed in response to changes in the service delivery environment of recent years, including:

- a policy context featuring the continuing move to mainstreaming, whereby mental health consumers have service entry and delivery at sites in common with other health consumers;

- the demand features of the increasing population burden of mental disorder, and the increasing acuity and co-morbidity of presentations to hospital.

PECC units operate in the hospital ED as an extension to the mental health triage and assessment service offered by the existing Consultation Liaison psychiatry services and mental health CNC ED services. They extend service by offering:

- permanent presence in the ED;
- full clinical assessment at the point of intake, and active discharge planning from the outset;
- increased capacity to manage mental health-related behavioural risk in the ED;
- bed capacity for overnight and short stays.

01.03 Policy Framework

“Psychiatric Emergency Care Centres: The PECC Operational Model of Care Guideline”, Mental Health and Drug and Alcohol Office, NSW Health, December 2006.

Policy Directive PD2005_339, Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities, NSW Health, January 2005.

Policy Directive PD2005_576: Office Accommodation Policy - Public Health Organisations and Ambulance Service, NSW Health, April 2005.

01.04 Description

DEFINITION OF HOSPITAL PLANNING UNIT (HPU)

The Psychiatric Emergency Care Centre will be a discreet Unit collocated with an ED with appropriate space, staffing and security for management of patients presenting with an underlying mental health illness or disorders and behavioural risk. It will not however have its own discreet police/ambulance entry but will share these facilities with ED.

Mental Health patients with non-acute co-morbidities (eg diabetes) can be managed in the PECC.

However, mental health patients with emergency or life-threatening medical conditions, (including acute severe intoxication, delirium and head injury), will be treated in the main ED until their condition has stabilised and is deemed capable of being safely managed in the PECC.

Services will include assessment, crisis stabilisation, up to 48 hours extended observation and care and discharge planning (including social welfare arrangements) and disposal.

The PECC will be a gazetted facility under the Mental Health Act, giving it capacity to manage involuntary patients.

The PECC must be designed and resourced to manage patients whose condition/behaviour creates risk of harm to themselves or others.

02 PLANNING

02.01 Operational Models

HOURS OF OPERATION

The PECC will operate 24 hours / day, seven days / week.

PATIENT CHARACTERISTICS

The patient demographic such as cultural expectations, male to female ratios, age etc needs to be defined in order to create the most appropriate environment with particular reference to single bedrooms versus multi-bed bays.

The operational model will be based on an agreed clinical governance structure between the Emergency Department and the Area Mental Health Service.

02.02 Operational Policies

LENGTH OF STAY

48 hours maximum before either admission, discharge or transfer to community mental health services.

EMERGENCY SEDATION AND MEDICATION

Emergency sedation may be handled within the Unit but protocols will include consideration of the circumstances in which it may be preferable that sedation occur in the ED resuscitation room.

Clinical monitoring, when indicated, will be via portable monitors.

MEDICATIONS

As the range of pharmaceuticals required is quite specific and may be required at short notice, the PECC will have its own supply rather than sharing with ED. Quantity cannot justify a separate room, so secure storage cupboards in the Staff Station are recommended.

SECLUSION AND RESTRAINT

No seclusion room will be provided in the PECC.

The PECC will be fitted with a personal duress alarm system consistent with the guidelines in the Protecting People and Property Manual. The facility must also have an organised duress response to deal with any emergencies.

Project staff should refer to NSW Health policies regarding the management of violence and aggression and use of restraint whether physical, mechanical, seclusion or sedation.

Refer to PD2007_054 - Seclusion Practices in Psychiatric Facilities, July 2007.

MANAGEMENT OF AGGRESSION AND AGITATION

Emergency sedation will be available in the PECC and there needs to be a Hospital Policy whereby help can be summoned when necessary via duress alarms or similar.

PECC staffing profile may include trained Health Security Assistants to assist with de-escalation and management of behavioural disturbance. Therefore policies applying to their function needs to be incorporated in any general hospital security policy.

PATIENT VALUABLES

Valuables will be handled according to existing ED protocols in accordance with Hospital Policy.

MEDICAL RECORDS

Records will be retrieved/generated in accordance with ED systems and patients will be tracked via the Emergency Department Information System (EDIS).

SMOKING

Smoking may be permitted in the secure courtyard only if the Hospital Policy permits.

SUPPORT PERSONS / VISITORS

The presence of a support person and/or visitors should be encouraged but numbers will be restricted according to safety and space availability as necessary.

STAFFING

Adequate staffing levels and skill mix are required to ensure immediate verbal intervention and other de-escalation techniques applied when a patient shows signs of agitation, with sufficient staff to handle an emergency particularly at night. The establishment will include medical, nursing and social work staff.

02.03 Planning Models

LOCATION

Location may depend on whether an entirely new facility or an addition to an existing ED but ground floor access is essential.

02.04 Functional Areas

FUNCTIONAL COMPONENTS

The following form the main functional components of the PECC:

- dedicated waiting area for patients, family, carers, police;
- inpatient beds (four to six) open bays or in combination with a minority of single rooms;
- public and patient amenities;
- small patient/visitor lounge with courtyard access;
- secure courtyard;
- interview / consult / exam room/s with dual egress;
- clinical support areas, Staff Station with double egress etc; and
- office space.

The following will/ may be shared with the Emergency Department depending on accessibility:

- dirty utility;
- disposal room;
- cleaner's room;
- staff amenities, may be necessary/ appropriate to locate a staff toilet inside the PECC depending on accessibility.

02.05 Functional Relationships

EXTERNAL

Ready access to a Mental Health Inpatient Unit/s.

Close proximity to hospital security service desirable.

Access to the Magistrate's Room in the Mental Health Inpatient Unit/s, to attend Magistrate's Hearings.

Capacity for official visitor to conduct interviews and review legal documentation.

INTERNAL

Collocated with ED with direct internal access to/from Triage and Resuscitation Bays.

Close proximity to Ambulance / Police vehicle bays.

Staff will need access to amenities etc.

Capacity to accommodate a Health Security Assistant / security staff presence in the PECC.

03 DESIGN

03.01 Accessibility

EXTERNAL

No direct external access required if all patients are triaged in ED but consideration must be given to means of transfer to a Mental Health Inpatient Unit without re-accessing the ED.

INTERNAL

Internal access is required:

- direct from ED Triage;
- direct to secure outdoor area; and
- direct from ED Reception into Unit for support persons without having to travel through the ED.

03.02 Parking

For emergency vehicles.

03.03 Disaster Planning

Refer to Part C of these Guidelines. Planning for the PECC should be incorporated into the Disaster Plan for the Emergency Department.

03.04 Infection Control

Refer to:

- NSW Health PD2007_036 Infection Control Policy; and
- Part D of these Guidelines - Infection Prevention and Control.

03.05 Environmental Considerations

GENERAL

Pleasant, safe and secure environment.

Colour may be used to differentiate different “zones” of the Unit.

ACOUSTICS

Sound attenuation required in:

- single bedrooms, if provided;
- interview / consult rooms;
- small lounge;

- showers and toilets;
- staff offices.

NATURAL LIGHT

Essential in bedrooms / bed bays and waiting areas.

03.06 Space Standards and Components

HUMAN ENGINEERING

Human Engineering covers those aspects of design that permit effective, appropriate, safe and dignified use by all people, including those with disabilities. It includes occupational ergonomics, which aims to fit the work practices, FF&E and work environment to the physical and cognitive capabilities of all persons using the building.

As the requirements of Occupational Health and Safety (OHS) and antidiscrimination legislation will apply, this section needs to be read in conjunction with the section on Safety and Security in these Guidelines in addition to OHS related guidelines

ERGONOMICS

PECC should be designed and built in such a way that patients, staff, visitors and maintenance personnel are not exposed to avoidable risks of injury.

Badly designed recurring elements such as height, depth and design of workstations and counters, shelving and the layout of critical rooms have a great impact on the Occupational Health and Safety (OHS) of staff as well as the welfare of patients.

Refer to Part C Section 730.12 under Access and Mobility of these Guidelines for more details.

ACCESS AND MOBILITY

Design must comply with AS 1428 - Design for Access and Mobility.

Refer to Part C Section 730 of these Guidelines for details.

BUILDING ELEMENTS

Building elements include walls, floors, ceilings, doors, windows and corridors and are addressed in detail in Part C of these Guidelines - Section 710 - Space Standards and Dimensions.

Doorways must be sufficiently wide and high to permit the manoeuvring of wheelchairs, trolleys and equipment without risk of damage or manual handling risks.

03.07 Safety and Security

SAFETY

Design and management must ensure there are no dangerous materials accessible to patients including medications, sharp objects, weapons, material / fittings that may be used for self-harm or harm to another person.

SECURITY

Both fixed and personal duress alarms systems should be installed.

High visibility security presence as part of routine coverage of the ED.

Consult / exam / interview rooms must have a second point of egress.

Bedroom doors must have a viewing panel to allow for patient observation particularly when asleep. The shape of the room and the location of the door / viewing panel should allow the head of the sleeping patient to be visible from the door.

Video intercom at Unit entries and proximity access cards.

LAYOUT

Layout should, wherever possible, avoid corners or bends in patient areas that restrict patient observation. Where this cannot be achieved, security cameras will need to be installed.

03.08 Finishes

GENERAL

All finishes durable and easily cleaned.

WALL PROTECTION

Refer to Part C of these Guidelines and also to HPU134 Adult Acute Mental Health Units.

FLOOR FINISHES

Refer to Part C of these Guidelines.

CEILING FINISHES

Refer to Part C of these Guidelines.

03.09 Fixtures, Fittings & Equipment

GENERAL

Within the context of the Health Facility Guidelines and the Room Data and Room Layout Sheets, Fixtures and Fittings can be described as follows:

- fixtures: refers to fixed items that require service connection (e.g. electrical, hydraulic, mechanical) and includes basins, light fittings, clocks, medical service panels etc
- fittings: refers to fixed items attached to walls, floors or ceilings that do not require service connections such as curtain and IV tracks, hooks, mirrors, blinds, joinery, pin boards etc.

Refer to the detailed section on Fixtures and Fittings in the Adult Acute Mental Health Unit and to Part C of these Guidelines and to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information.

BEDSIDE SERVICES

Medical service panels must be recessed, concealed and secured so as to prevent patient access and potential for self harm.

Services will comprise:

- nurse call;
- staff assist and emergency call;
- GPOs x 4;
- examination, reading and night lighting switches; and
- voice/data outlet.

Curtains on flush to ceiling, non-weight bearing tracks to ensure privacy / dignity for patients during examination.

MEDICAL GASES

Oxygen and suction will be generally provided via portable units.

For future flexibility of use, consideration may be given to reticulation of oxygen and suction. However, even if the outlets are sealed and concealed, they will still need to be purged when put into commission at some future date and the disruption this may cause to any/all connected services (in adjoining ED rooms for example) must be taken into account.

03.10 Building Service Requirements

INFORMATION TECHNOLOGY / COMMUNICATIONS

Compatible with hospital and mental health systems.

NURSE CALL SYSTEMS

Call systems to be annunciated locally and in the ED and must be compatible with existing hospital systems.

04 COMPONENTS OF THE UNIT

04.01 Standard Components

Rooms / spaces are defined as:

- *standard components* (SC) which refer to rooms / spaces for which room data sheets, room layout sheets (drawings) and textual description have been developed;
- *standard components – derived rooms* are rooms, based on a SC but they vary in size. In these instances, the standard component will form the broad room 'brief' and room size and contents will be scaled to meet the service requirement;
- *non-standard components* which are unique rooms that are usually service-specific and not common.

The standard component types are listed in the attached Schedule of Accommodation.

The current Standard Components can be found at: www.healthfacilityguidelines.com.au/standard-components

04.02 Non-Standard Components

There are no Non-Standard Components in this Guideline.

AX APPENDICES

AX.01 Schedule of Accommodation

A Schedule of Accommodation follows and assumes a 4 Bed or a 6 Bed Unit. The schedule will need to be amended in accordance with the requirements of the Service Plan.

The 'Room/ Space' column describes each room or space within the Unit. Some rooms are identified as 'Standard Components' (SC) or as having a corresponding room which can be derived from a SC. These rooms are described as 'Standard Components –Derived' (SC-D). The 'SD/SD-C' column identifies these rooms and relevant room codes and names are provided.

All other rooms are non-standard and will need to be briefed using relevant functional and operational information provided in this HPU.

In some cases, Room/ Spaces are described as 'Optional' or 'o'. Inclusion of this Room/ Space will be dependent on a range of factors such as operational policies or clinical services planning.

PECC UNIT - 4 Bed

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
BBEV-OP	Bay - Beverage, Open Plan, 4m2	Y	1	4	
BLIN	Bay - Linen	Y	1	2	With lockable doors
INTF	Interview Room	Y	1	14	Dual access for staff safety
	Courtyard - Secure		1	20	Based on 5m2 per person
DTUR-8	Dirty Utility - Sub, 8m2	Y	1	8	Unless ready access to ED
ENS-ST	Ensuite - Standard, 5m2	Y	1	5	
CONS	Consult Room	Y	1	14	Dual access for staff safety
MEET-12	Meeting Room	Y	1	12	
OFF-S9	Office - Single Person, 9m2	Y	1	9	
	Office - Workstation, 5.5m2		1	5.5	Workroom for medical & Nursing staff. Number of workstations will depend on Staff Establishment
PROP-2	Property Bay - Staff	Y	1	2	
SSTN-14	Staff Station, 14m2	Y	1	14	Secured. May include storage for medications.
WCAC	Toilet - Accessible, 6m2	Y	1	6	
WCPU-3	Toilet - Public, 3m2	Y	1	3	Optional depending on access to ED public amenities
WCST	Toilet - Staff, 3m2	Y	1	3	May be shared with ED
WAIT-10	Waiting	Y	1	10	6 seats, Family, police, etc
1BR-MH	1 Bed Room - Mental Health, 14m2	Y	1	12	
	Patient Bay - Non Acute Treatment, 10m2		3	10	
SHPT	Shower - Patient, 4m2	Y	1	4	
LNPT-20	Lounge - Patient / Family	Y	1	20	Access to Courtyard
	Discounted Circulation %			32%	

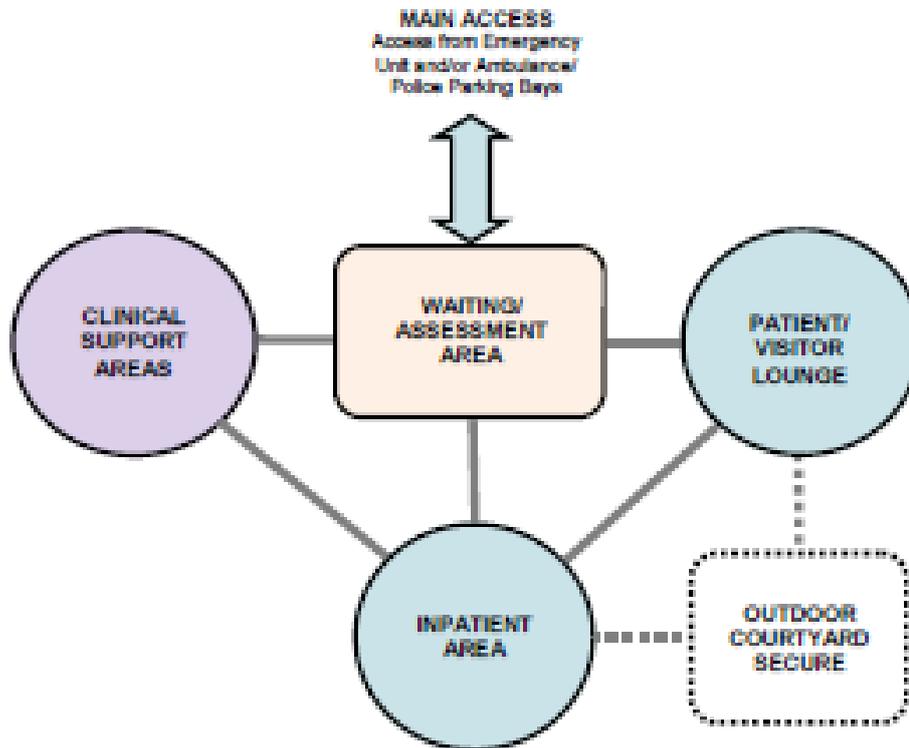
PECC UNIT - 6 Bed

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
BBEV-OP	Bay - Beverage, Open Plan, 4m2	Y	1	4	May be incorporated into Lounge depending on meal/refreshment needs for patients if length of
BLIN	Bay - Linen	Y	1	2	With lockable doors
INTF	Interview Room	Y	1	14	Dual access for staff safety
DTUR-8	Dirty Utility - Sub, 8m2	Y	1	8	Unless ready access to ED
ENS-ST	Ensuite - Standard, 5m2	Y	2	5	
CONS	Consult Room	Y	1	14	Dual access for staff safety
LNPT-20	Lounge - Patient / Family	Y	1	20	Access to Courtyard
MEET-L-15	Meeting Room	Y	1	12	
OFF-S9	Office - Single Person, 9m2	Y	1	9	
	Office - Workstation, 5.5m2		1	5.5	Workroom for medical and Nursing staff. Number of workstations will depend on Staff Establishment
PROP-2	Property Bay - Staff	Y	1	2	
WCAC	Toilet - Accessible, 6m2	Y	1	6	
WCPU-3	Toilet - Public, 3m2	Y	1	3	Optional depending on access to ED public amenities
WCST	Toilet - Staff, 3m2	Y	1	3	May be shared with ED
WAIT-10	Waiting	Y	1	10	8 seats, Family, police, etc
SSTN-14	Staff Station, 14m2	Y	1	14	Secured. May include storage for medications.
1BR-MH	1 Bed Room - Mental Health, 14m2	Y	2	12	
	Patient Bay - Non Acute Treatment, 10m2		4	10	
SHPT	Shower - Patient, 4m2	Y	1	4	
WCPT	Toilet - Patient, 4m2	Y	1	4	
	Courtyard - Secure		1	30	Based on 5m2 per person
	Discounted Circulation %			32%	

Note: Shared with Emergency Department

- Disposal Room;
- Cleaner's Room;
- Staff Lounge & Amenities.

AX.02 Functional Relationships / Diagrams



AX.03 Levels of Care

This clause is not applicable, but has been included for consistent HPU clause numbering.

AX.04 References

The following documents were used in the development of this document:

- Proposed Model of Care for Mental Health & Substance-Related Behavioural Emergencies within Level 4 to 6 Emergency Departments, Draft 6, Centre for Mental Health, NSW Department of Health, 11 February 2005.
- HPU 134 Acute Adult Mental Health Unit (Based on DS-26).
- Psychiatric Emergency Centre, Model of Care, Service Delivery Design Brief & Operational Policies, Northern Sydney Health, Hornsby & Ku-ring-gai Redevelopment Project, November 2004.
- Wyong Hospital Redevelopment Proposal for Psychiatric Emergency Centre (Draft), Central Coast Health, Version 9, 5th May 2005.
- Liverpool Hospital Design Brief & Floor Plan, 2005.
- Royal Brisbane Hospital Psychiatric Emergency Centre, Scheme Design 1:100 Floor Plan, 1996.