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INTRODUCTION

Preamble

502521 133 .1.00 The establishment of Psychiatric Emergency Care Centres (PECCs) 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.

Introduction

502522 133 .2.00 This Health Planning Unit has been developed as a resource to assist project teams in the planning, design and construction of a Psychiatric Emergency Care Centre (PECC). It should be read in conjunction with generic planning requirements and Standard Components described in Parts A, B, C & D of these Guidelines, the Preferred Operational Model of Care 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
- acute assessment and treatment capacity by the Mental Health service within the Emergency Department

Policy Statement

502523 133 .3.00 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:

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

PECCs 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:

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

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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:

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

The NSW Centre for Mental Health has detailed the operational policies in its document "The Preferred Operational Model of Care".

Restraint, Seclusion and Transport Guidelines for Patients with Behavioural Disturbance – Version 10, NSW Health

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.

Description of the Unit

502524 133 .4.00 DEFINITION OF HOSPITAL PLANNING UNIT (HPU)

The Psychiatric Emergency Care Centre will be a discreet Unit collocated with an Emergency Department 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 Emergency Department 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.

PLANNING

Operational Models

502525 133 .5.00 HOURS OF OPERATION

The PECC will operate 24 hours/ day, 7 days / week.

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Operational Models

503266 133 .6.00 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.

502526 133 .6.00 The operational model will be based on an agreed clinical governance structure between the Emergency Department and the Area Mental Health Service.

Operational Policies

503267 133 .7.05 LENGTH OF STAY

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

502528 133 .8.00 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 Emergency Department resuscitation room.

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

502529 133 .9.00 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.

502530 133 .10.00 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.

502531 133 .11.00 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.

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502532 133 .12.00 PATIENT VALUABLES

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

502533 133 .13.00 MEDICAL RECORDS

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

502534 133 .14.00 SMOKING

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

502535 133 .15.00 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.

502536 133 .16.00 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.

Planning Models

502537 133 .17.00 LOCATION

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

Functional Areas

502538 133 .18.00 FUNCTIONAL COMPONENTS

The following form the main functional components of the PECC:

- inpatient beds (4 – 6) –open bays or in combination with a minority of single rooms
- patient amenities
- small patient/visitor lounge
- access to a secure courtyard
- Interview / Consult / Exam Room/s
- Clinical Support Areas (Staff Station with double egress etc)
- Office space

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

- Dirty Utility (only if readily accessible)
- Disposal Room
- Cleaner's Room
- Staff Amenities. (May be necessary/appropriate to locate a Staff Toilet inside

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the PEC depending on accessibility)

Functional Relationships

502539 133 .20.00 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.

502540 133 .21.00 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.

DESIGN

Functional Relationships

502541 133 .22.00 EXTERNAL

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

502542 133 .23.00 INTERNAL

Direct from ED Triage

Direct to secure outdoor area

Direct from ED Reception into Unit for support persons without having to travel through the ED.

Car Parking Requirements

502543 133 .24.00 Required for police vehicles as generally provided for the Emergency Department.

Disaster Planning

502544 133 .25.00 Refer to Part C of these Guidelines. Planning for the PECC should be incorporated into the Disaster Plan for the Emergency Department.

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Infection Control

502545 133 .26.00 Refer to Part D of these Guidelines.

Environmental Considerations

502546 133 .27.00 GENERAL

Pleasant, safe and secure environment.

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

502547 133 .28.00 ACOUSTICS

Sound attenuation required in:

- Single bedrooms, if provided
- Interview / Consult Rooms
- Small lounge
- Showers & toilets and
- Staff Offices

502548 133 .29.00 NATURAL LIGHT

Essential in bedrooms / bed bays and waiting areas.

Space Standards and Components

502549 133 .30.00 ERGONOMICS

Refer Part C of these Guidelines for information.

502550 133 .31.00 HUMAN ENGINEERING

Refer Part C of these Guidelines for information.

502551 133 .32.00 ACCESS AND MOBILITY

Refer Part C of these Guidelines for information.

502552 133 .33.00 DOORS, WINDOWS AND CORRIDORS

Refer Part C of these Guidelines for information.

Safety and Security

502553 133 .34.00 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.

502554 133 .35.00 SECURITY

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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.

503268 133 .35.05 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.

Finishes

502555 133 .36.00 GENERAL

All finishes durable and easily cleaned.

502556 133 .37.00 WALL PROTECTION

Refer to Part C of these Guidelines and also to the HFG – Adult Acute Mental Health Units

502557 133 .38.00 FLOOR FINISHES

Refer to Part C of these Guidelines

502558 133 .39.00 CEILING FINISHES

Refer to Part C of these Guidelines

Fixtures & Fittings

502559 133 .40.00 Refer to part C of these Guidelines and to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information

502560 133 .41.00 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 & emergency call
- GPOs x 4
- Examination, reading and night lighting switches
- Voice/data outlet

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

Oxygen and suction if needed will be provided via portable units (also refer 133.44.00 following).

Building Service Requirements

502561 133 .42.00 INFORMATION TECHNOLOGY / COMMUNICATIONS

Compatible with Hospital systems.

503269 133 .43.05 MEDICAL GASES

For future flexibility of use, consideration may be given to reticulation of oxygen and suction to the beds. 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 Emergency Department rooms for example) must be taken into account.

COMPONENTS OF THE UNIT

Standard Components

502563 133 .44.00 Standard Components must comply with details in Standard Component Descriptions in these Guidelines. Refer also to Room Data Sheets and Room Layout Sheets.

Non-Standard Components

502564 133 .45.00 There are no Non-Standard Components in this Guideline.

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APPENDICES

Schedule of Accommodation

502565 133 .46.00 A Generic Schedule of Accommodation for a Psychiatric Emergency Centre with 4 Beds or 6 Beds follows.

Note : (o) in Qty x m2 column = Optional.

Note 1 : Beverage Bay
May be incorporated into Lounge depending on meal / refreshment needs for patients if length of stay extended up to 48 hours

ROOM/SPACE	Standard Component			4 Beds Qty x m2	6 Beds Qty x m2	
WAITING AREA	yes			1 x 8	1 x 10	6 & 8 seats respectively. Family, police etc
TOILET - PUBLIC	yes			1 x 3	1 x 3	Optional depending on access to ED public amenities
CONSULT / INTERVIEW ROOM	yes			1 x 14	1 x 14	Dual access for staff safety
CONSULT / EXAMINATION ROOM				1 x 14	1 x 14	Dual access for staff safety
STAFF STATION / MEDICATIONS	yes			1 x 14	1 x 14	Secured
OFFICE - NUM	yes			1 x 9	1 x 9	
OFFICE - WORKSTATION	yes			5.5	5.5	Workroom for medical & nursing staff. Size will depend on Staff Establishment
DIRTY UTILITY - SUB	yes			1 x 8	1 x 8	Unless ready access to ED
BAY - LINEN TROLLEY	yes			1 x 2	1 x 2	With lockable doors
1 BED ROOM - MENTAL HEALTH				1 x 12	2 x 12	Reduced from 15 sqm. (*Updated 03/07/06)
EN SUITE SHOWER / TOILET	yes			1 x 5	2 x 5	(*Updated 03/07/06)
BED BAY - CURTAINED	yes			3 x 10	4 x 10	
PATIENT SHOWER	yes			1 x 4	1 x 4	
PATIENT TOILET				1 x 3	2 x 3	
LOUNGE - PATIENT / VISITOR	yes			1 x 15	1 x 20	Access to Courtyard
BEVERAGE BAY	yes			1 x 4	1 x 4	See note 1.
MEETING ROOM	yes			1 x 12	1 x 14	
PROPERTY BAY - STAFF	yes			1 x 2	1 x 2	
TOILET - STAFF	yes			1 x 3	1 x 3	May be shared with ED.
COURTYARD - SECURE				1 x 20	1 x 30	Based on 5m2 per person
DISCOUNTED CIRCULATION				32%	32%	

502566 133 .46.05 Shared with Emergency Department:

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502566 133 .46.05

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

Functional Relationships

502567 133 .47.00 A diagram of key functional relationships is attached.

Checklists

502568 133 .48.00 For planning checklists refer to Part A,B,C & D of these Guidelines.

References and Further Reading

502569 133 .49.00 The following documents were used in the development of this Health Facility Guideline:

Psychiatric Emergency Care Centres: The Preferred Operational Model of Care (draft). Centre for Mental Health, NSW Department of Health. Sydney. 2005

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.

Restraint, Seclusion and Transport Guidelines for Patients with Behavioural Disturbances, Version 10, Centre for Mental Health, NSW Health.

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)

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FUNCTIONAL RELATIONSHIP DIAGRAM –PSYCHIATRIC EMERGENCY CARE CENTRE (PECC) UNIT

The following diagram sets out the relationships between zones in a Psychiatric Emergency Care Centre (PECC) Unit:

