

avera behavioral health center: a 5-year post occupancy study

Facility's prominent profile, open environment succeeds in changing image of mental health care

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EXECUTIVE SUMMARY

In 2006, the Avera Behavioral Health Center opened in Sioux Falls, South Dakota, with the goal of creating mental health care that would be safe and secure, respectful and dignified, have a sense of spirituality, and be world-class. The center was driven by vision and aspirations, a chance to imagine the look of mental health care delivery if given a clean slate and elements of best practices in health care.

In the five years since, Avera has succeeded in meeting and even exceeding many of their initial goals: patients find the space to be safe and comfortable and are empowered both by the environment and staff to take control of their illnesses; staff are proud of the work they are doing and where they practice; and most spaces are functioning as intended. Most inspiring, the conversations and image of mental health care are positively changing in the larger community.

With that success, the staff, leaders, and the design team are asking the questions that can help them improve upon the strategies and care to continue meeting both the needs and expectations of patients and staff. Avera's leadership has created a culture of ownership and pride in the work done at the Behavioral Health Center. However, space-use issues created by rapid program growth have resulted in challenges in the day-to-day work of the staff. The objective to meet the growing demand is presenting opportunities for innovation in the delivery of care beyond the Avera Behavioral Health Center.



By creating a bold, prominent facility image in Sioux Falls, Avera Behavioral Health Center is destigmatizing the mental health community. Warm, comfortable materials create a non-institutional entry and non-threatening approach. Patients, family members, and visitors are greeted with a 'front yard,' an open glass entryway, and a non-threatening canopy. Sculpture celebrates recovery, hope, and health.

STUDYING THE STRATEGY AND TACTICS FOR AVERA'S APPROACH TO MENTAL HEALTH CARE

Avera's strategy to raise the profile and regional awareness of mental health disorders and their treatment has been a resounding success. Five years after opening the anecdotal information provided by patients, families, and staff indicates Avera is achieving its goals to provide world-class, respectful, dignified, and safe care in an environment that also conveys a sense of spirituality. Designed to meet the behavioral health needs of the region through the year 2005, patient census reached this anticipated level within three years of its opening.

Leaders have attributed a number of factors to the success, from a change in work culture to the creation of a facility that stands prominently in the community. This was a unique strategy that at the time made Avera Behavioral Health the first facility of its kind west of the Mississippi River in 15 years. No less a factor were the design solutions used to create the facility, such as the creative use of space, incorporating natural light, a calming color palette, and original artwork to bring to life the spirituality of the center. The artwork itself represented a unique strategy to make the center warmer and more therapeutic. Many pieces were specifically commissioned for the patient population in the center. Artists embraced the unique themes and vision for the project and created one-of-a-kind pieces for specific locations.

The design approach for Avera Behavioral Health Center was distinct. Large, uniquely-designed day areas, skylights and

windows, open nursing stations, transitional seating, special use of color, natural accents, specially selected artwork, public and private corridors flanking assessment rooms - all of these elements presented approaches that were not the norm in mental health care five years ago. To learn if the approach is working as designed, BWBR conducted focus group meetings with patients, families, and staff over a two-day period in July, 2011 to learn of their experiences and outcomes. Questions were open-ended and interviews were broken into different segments:

- Focus group of patients and family members of patients (some family members also work in the center).
- Staff interviews on the units (adult, geriatric, and outpatient).
- Current patient interviews (one adult new patient, one adult recurring patient, adolescent group).
- Hospital leadership in roundtable discussion.

Across the board, the findings were definitive that the design concepts developed for the Avera Behavioral Health Center are meeting and exceeding patient, family and staff needs. Administrative staff attributes the innovative design features to improving a wide variety of areas. Compared to the previous location of Avera McKennan's Behavioral Health inpatient program, the new facility has increased patient safety and created a healing, patient-friendly environment that conveys a sense of respect and dignity to patients, families, and those who work in the facility. The program's Medical Director noted, for example, that in the previous location he knew immediately upon entering a patient unit what the census was due to the noise level; today, he has to deliberately look at the patient roster list to find out the census level because the noise is so minimal. The noise no longer creates an added stress factor for patients and staff.

I feel good about getting back into the world. When I come back to the behavioral health center, I know I am coming to a good environment conducive for my healing.

While discovering a few opportunities for better design solutions, the challenges uncovered in the study represent more of a sign of the growing pains Avera Behavioral Health's rapid success is having on the facility, rather than design shortcomings.

The following summarizes the successes and opportunities uncovered by staff, families, and patients. They are outlined according to patient experience, culture and function.

PATIENT EXPERIENCE

A statement made by a current patient who began her treatment with Avera Behavioral while it was still located on the fourth floor of the main Avera McKennan Hospital campus summed up what most patients and their families said about their treatment: "I feel good about getting back into the world. When I come back to the behavioral health center, I know I am coming to a good environment conducive for my healing."

The mother of a pediatric patient went a step further. "Coming here, she's overwhelmed [by her illness]...But when she arrives, there's a lot of relief because she knows she's somewhere safe."

"Safe, comfortable, open, calm, dignified, not hospital-like" - these were the words patients and their families used to describe Avera Behavioral Health Center. The open environment is inviting; the daylight coming in from the windows and skylights warm the space and create a healing environment for reflection; and patients can interact in the large rooms according to their comfort level. As a new patient noted, he could sit with others or walk around the room without having to talk to people. Either way, he was not sitting alone in this room.

Factors cited by patients that make the center work for them:

- Transitional thresholds at patient rooms allow patients to enter the group areas on their terms, at their pace.
 - Staff also use seats positioned at the thresholds to engage with patients. Feels more home-like to have these impromptu sitting areas.
- Skylight and windows give patients a place to connect with nature, meditate.
 - "It is very therapeutic to be able to look outside and see the sunshine."
- Confidentiality is a priority.
- Non-institutional feel to care environment: "I didn't feel like I was locked up."

Patients said they felt empowered in the facility to have some control; with the open design, staff could allow patients to get their



Entries into patient rooms have been designed with purposeful thresholds. The thresholds function as a 'front door' to provide a buffer space for patients to leave their private rooms on their own terms.

own beverages or snacks, walk through unit, and sit where they find comfort. One adolescent patient went so far as to say she felt more freedom on the unit than in her home.

Families echo much of what patients say; space is inviting, warm, and inspiring. More importantly, the open environment allowed patients to bring their families into the care process: "By participating in my treatment, they understand my illness." Having families come to visit, "...Helps keep my accountable." It becomes even more important to foster that participation when the patient is a child, as staff and family noted having the whole family visit improves treatment.

For the families, the open environment helped them meet other families who are having similar experiences. Through many visits, they develop a much-needed support network, strong relationships, and the chance to learn from each other's experiences.

The open day room area also has proven to be a successful design solution conducive for patients' healing and for staff working. The environment is peaceful, calm, and relaxing; more so, some noted, than more traditionally-designed units. A typical problem with behavioral health facilities is developing a design that allows for appropriate staff line-of-sight so the unit can be monitored. This often results in the nursing station becoming the focal point for the unit where patients, staff, and others congregate, increasing the tension and stress level on the unit and risking confidential information being overheard.



While much attention was placed on making the patients feel dignified and comfortable, some patients noted that the position of the desk with their backs to the room entrance, lack of control of the room temperature, and minimal furnishings for their clothes, books, and glasses leave room for improvements balanced with safety concerns in the final design.

The unique “wedge” design created for Avera Behavioral Health units encourages patients to congregate away from nursing stations. The design of the day area leads patients and family members to use the day area where there is the most light and space while still allowing the nursing staff to have excellent observation of the unit. The only deviation from the serene environment can come from the success of family participation on the units which, at times, makes the noise level rise beyond normal operations.

As the open design invites family participation in the care of patients, design issues identified related to accommodating families.

- Space is sometimes tight for families. “If a group room is not available, you are just out in the open,” said one daughter of an adult patient.
- With greater family participation than planned, there is often a need for a larger family conference room.
- There is a lack of adequate private areas on the units.

Patients noted that last point is not exclusive to family visits. There is little room on the unit for staff to have consultative visits with patients beyond the patient rooms.

The patient rooms serve their function for providing a comfortable place for patients to be safe and rest, but present challenges for some patients, such as:

- Many patients noted rooms were either too cold or too warm.
 - Some suggested temperature control, and maybe even choice of music in the rooms, could help patients feel more empowered in their care.
- Room desk location makes some patients feel insecure.
 - Desks facing windows puts patients’ backs to entrance: “If you are experiencing anxiety and paranoia, this is very bad,” said one patient.
- Due to the need to create a safe environment, patient rooms and bathrooms lack certain amenities:
 - A place to hang or place clothes while showering.
 - Adequate shelving or storage for books or glasses when reading in bed.
 - Easy access to light control at the bed. Patients need to get out of bed to turn room light on and off.
 - Color of transition strip between bedroom floor and bathroom tile on geriatrics’ unit sometimes confuses patients suffering from dementia.
 - Adolescents, recognizing there are rules for safety, still hope there could be ways for some personalization in the rooms, through pictures, art, or music.

CULTURE

“Nice.” “Wonderful.” “Approachable.”

The words used by the patients and families to describe the staff were some of the same words used by the staff to describe their environment. “I feel like I am more approachable,” said one staff member whose child is also a patient. The intentional lack of an institutional feel to the center, he noted, removes some of those barriers to the relationships between the patients and staff. That feeling even moved beyond the center into the community. “I can see staff in public and say hello and no one will ever know what your relationship is. Staff are on the same page.”

I take pride in working here, and, on the other hand, as a family member coming here.

Through deliberate efforts, Avera has created a culture of care and support among its employees. From leadership to nursing and security, there is a sense of ownership and pride, and that is felt by the families and patients.

- Avera Behavioral Health Center is a place for rest, comfort, and help.
- Patients who have had multiple admissions noted how the staff have changed with the new facility, adapting their approach to care, inspired by the space, such as letting patients get their own glass of water.
- Confidentiality is at the forefront of patient care.
- Staff know how to program; they care for patients well.
- Coordination of services from inpatient to outpatient with primary providers and others when leaving the center is great.

While complementing the approach of the staff, patients said the intake process can be overwhelming during their state of crisis. From assessment to admission and follow-up, a patient may have multiple encounters with staff in a short period of time, interrupting the rest the patient may need in the first hours of admission. Some noted that they felt “in a fog” for the first few days.

Patients said they clearly feel the mission of spiritual care in the facility, and many said the waterfall in the main lobby creates a tone of beauty and serenity in the facility. However, they also said that it would be nice if the inpatient units could have dedicated meditative spaces for patients.

- Lack of small, semi-private places limit interactions between clergy and patients.
- There is a general feeling the geriatrics unit could be warmed up with color and art.
- Adolescents note they would like more art on the unit and in rooms and said they thought scenic and nature photos would be peaceful and provide some visual escapes.

FUNCTION

Overall, Avera’s approach to the design of behavioral health care has facilitated the culture of care and support that patients, families, and staff find appealing. The transition seats in the units, they daylight, and feel in the overall facility have improved the conditions in which people heal and staff work. “I take pride in working here and, other the other hand, as a family member coming here.”

The success of the center has put pressures on the space, though, and those pressures are creating challenges for the staff to perform their day-to-day duties.

On the inpatient side:

- A lack of private space for counseling with psychiatrist, social worker limits patient-provider interaction.
- Storage rooms do not have adequate space for inpatient belongings.
- Medication room with dispensing window on unit is good, but too small for amount of activity.
- Double rooms – Located in overflow corridors that connect the inpatient units, these rooms were intended to be used only when unit census was high and to allow capacity flexibility between adjoining units. Because of the significant increase in inpatient census, the double rooms are frequently used which was not anticipated in the initial census planning. All patient rooms in the major section of the inpatient units (surrounding the day room area) are private rooms.
- With 74 private rooms and 18 semi-private rooms, all rooms are used as private rooms until a need arises. However patients noted having to share a room with another patient sometimes becomes challenging.
 - Elevated the anxiety of patients already in crisis who are assigned a room with another patient.



Open nurse stations have succeeded in reducing barriers between staff and patients, but they also become congregating areas for geriatric patients.

- Families are uncomfortable visiting in rooms where a non-family member is staying.
- Leadership is aware of the desire for private rooms but is trying to balance this desire with the need to serve more patients (rather than simply converting semi-private rooms to private).
 - Patients suggest it could be easier to share a room with another patient closer to discharge rather than just after admission because mental state is more stable.
- More public toilets are needed on units (a recurring theme noted by staff on multiple units as well as by family members who said using shared patient bathrooms was uncomfortable and intrusive on the private space of patients).
 - Visitors and families have to go through multiple security check points to use public toilets.
- Inpatient waiting area is too small for the volume of patients presenting.
 - Would be more appropriate to have waiting room similar in size to outpatient clinic.

- Staff areas
 - Patients on the geriatrics unit sometimes take advantage of open nurse stations to take things, tip over computers, cross barriers.
 - Lack of offices on units takes managers away from staff and patients.
 - Need more storage space, especially in geriatric unit, for equipment – intrudes on patient areas, forces staff to improvise.
 - Need more adequate space to accommodate staff personal belongings, such as winter coats and boots.
 - Break rooms are too small, accommodating sometimes 5-6 people but designed for 2-3 people.
- De-escalation rooms
 - For the adolescent unit, staff must use a remote seclusion room for patients in a quiet space away from other children on child unit.
 - An adolescent patient said he wished he had a room with maybe a punching bag or something to work through his emotions. (When reviewed with the care team, they noted research suggests teaching alternative methods of coping rather than violence.)
- Magnetic locks on perimeter security doors can create noise when shutting, disturbing patients' sleep.
- While the units flow very well to adjacent units per floor, staff movement is sometimes challenging for floor-to-floor transitions.
- Secure, outdoor courtyards
 - Special provisions were made in the design process to allow easy access for patients.
 - For adolescents and children, there is a direct connection. Through scheduling, adults also have access to these areas. These courtyards have become very important during the warmer months and give patients an opportunity to get outside while hospitalized.



The nurses' station at the entry point is curved to provide as small a barrier as possible and allow clear views to the unit while still maintaining an efficient workspace for staff. The nurses' station is positioned directly across from the dining area to provide better supervision and support.



Outpatient clinic

- Clinic layout has been very positive for space utilization.
- Sound traveling too easily between offices when doors are propped open.
- Billing office conversations leak into reception area when doors are propped open.
- Waiting area for children outside of counseling offices is small.



A curved plexiglass wall encloses the television area to maintain a quieter unit and still have visual supervision from staff. Skylights provide a welcome opportunity for sunlight and comfort.

Treatment spaces

- The multi-purpose nature of the treatment rooms is an asset which allows programming flexibility.
- Assessment rooms: surrounding environment (hallways, fitness rooms) at times too noisy,
- The Partial Hospital Program space has become a challenge due to a program growth; during 10-15 minute breaks, people line the hallways, making it difficult for others to walk through hallway.

General facility

The success of the facility can be found in the community, which has come to see the center as a resource, not a locked-up facility. The opportunities identified for improvement mostly relate to that success:

- Entrances are not clear
 - Planning underestimated how patients would arrive. Patients in different states of mental health mix in the reception space, creating a need for areas to do private screenings as staff attempt to triage the populations.
 - Space for patients with soiled clothes to change or clean up could improve the admission process for them and others.
- Medical education and training could use a separate space dedicated for such activities; currently shares space in a gymnasium for patients.

- Set-up time makes the space inefficient.
- Creates conflicts with time for patients to use the area.
- Gymnasium small for current activity.
 - Some equipment stored in open area.
 - Low ceilings.
- Many patients did not know that Avera Behavioral Health Center had a Meditation Room; no clear public designation of room and staff never advised.
 - Room is not accessible to inpatients; many thought such a room would be nice on units.
- Parking is limited.

CONCLUSION

While providing the critiques on the space, overall, the staff had the same feeling. "I love working here. It doesn't matter the mood I am in. It's like, 'Wow!'" Another staff member noted, "Even after this amount of time, it still looks good." On the patient side, families are no longer hiding the fact that they have relatives seeking mental health treatment. Referencing the stigma associated with the previous location for behavioral health services at Avera McKennan Hospital: "It makes a difference when you say, 'My mom is on the 4th floor,' versus 'My mom's at behavioral health.' People now say, 'Oh, when can we go visit.'" Avera Behavioral Health Center is meeting many of its objectives, giving community residents and families a place where they are confident they will find help and not feel shame seeking it.

Some of the issues identified by patients are, because of safety and personal security, unavoidable. With some creativity and innovation, the other issues can be remedied, such as art in patient rooms and places for patients to put their clothes while showering.

It makes a difference when you say, 'My mom is on the fourth floor,' versus, 'My mom is at Behavioral Health.' People now say, 'Oh, when can we go visit?'

The larger issue facing Avera Behavioral Health's future is one borne by its success. The positive culture created by Avera's leadership is palpable and reflective of a concerted effort to find people dedicated to Avera's mission as much as the profession. However, the inconveniences of storage, staff support space, and environments conducive for supporting individual work will only grow as the center treats more patients. Staff satisfaction could be at risk if issues such as noise or office space are not addressed adequately. At Avera Behavioral Health, people can sense and hear from the patient-families that the staff experience highly influences the patient experience. For that reason, the issues identified by the staff should be considered strategic issues as well as tactical ones.

The challenge of meeting the growing demand for services could present opportunities for innovative delivery of care, such as expanding care by focusing on narrower populations. While in the previous unit, dementia patients only constituted 20 percent of the geriatrics population, today, they are 80 percent of that population in the Behavioral Health Center. As demand for services for pediatrics has increased, so has the need for a unit catering to "tweens," the 11- to 14-year-old population too old for child-like units but not mature yet to mix with adolescents.

Overall, focus group findings and patient volumes indicate Avera has hit and exceeded many of its initial marks, as one director noted, well ahead of when they thought they might. It has achieved a level of service and reputation that some centers spend a generation building, and it's been achieved in less than five years. Comparing the findings of today with the key elements that came out of the pre-design sessions for the project, Avera Behavioral Health Center has succeeded reaching its goals and aspirations. Avera's opportunities are not about change; they are about modifications and growth to accommodate a community who sees the center as a unique resource for unmatched care.

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A decorative curving glass wall is the main feature of the Atrium. Colored glass panels, warm wood details, and a decorative pattern in the tile floor are offered to create a unique, calming environment for patients, family, and staff.

The BWBR author team of Don Thomas, CID, Richard Dahl, AIA, Scott Holmes, AIA, ACHA, LEED AP, and Jason Nordling, AIA are actively involved in leading organizations to discover innovative facility design strategies for behavioral and mental health care. BWBR is a design solutions firm with expertise in planning and design for health care facilities, including behavioral and mental health care.

