



(<https://www.aha.org>)



(/)

# Rethinking Care Settings: Creating a Medical and Behavioral Health Unit

[Home \(/\)](#) / [News \(/news/\)](#) / [Voice of Nursing Leadership \(/voice-of-nursing-leadership\)](#) / [May 2023 \(/news/voice/may-2023\)](#)

**PUBLISHED MAY 1, 2022**

Organizations strive to meet the Institute of Medicine's (IOM) Quadruple Aims of Health Care: improve the experience of care, maximize the health of populations, reduce the per capita costs of health care and advance the provider experience. Focusing on these aims requires an evaluation of unmet patient needs and the exploration of solutions. An assessment done at Froedtert & the Medical College of Wisconsin, Milwaukee, indicated a rapidly increasing number of patients admitted to the hospital for medical needs with a secondary behavioral health diagnosis; this figure doubled in the past several years. Patients with a medical and psychiatric comorbidity requiring an inpatient level of care were historically placed throughout Froedtert Hospital, Wauwatosa, based primarily on their medical needs. These patients' significant complexities were often overlooked and their dispersed placement meant the response to meeting their behavioral health needs was highly variable, often inadequate and at times unsafe. The result is a multitude of negative consequences such as a suboptimal care environment, staff feeling unprepared and untrained, an increase in staff injuries and dissatisfaction, and care that can be difficult and disrupted. Without a dedicated treatment approach, the organization experiences these consequences through adverse patient outcomes, prolonged length of stay, lost productivity, legal concerns and the increased costs of care. Recognizing these deficiencies led to a multidisciplinary plan addressing the need to effectively and efficiently provide care. Our solution was a value-based redesign, changing an inpatient medical unit into an innovative medical/behavioral health unit known as the complexity intervention unit (CIU), which opened in February 2023.

## Unique space and population

The CIU has 16 licensed medical beds located within Froedtert Hospital, Froedtert Health's large academic medical center. It can accommodate the general medical needs of patients as well as the behavioral and psychiatric comorbidities. Providing extremely specialized care, the CIU treats patients with acute medical illnesses requiring inpatient care as well as active neuropsychiatric conditions significantly complicating their care. CIU patients may have diagnoses such as complicated delirium, complex alcohol withdrawal with a history of seizures, eating disorders with a risk for refeeding syndrome or medical complications from psychotropic medications. In other cases, patient may need medical treatment following a suicide or self-harm attempt. Patients are not admitted to this unit without both conditions being active and present; the unit does not serve as an overflow area for other specialties.

This patient population presented challenges to our standard acute care units. The CIU's innovative design addresses these concerns by putting safety at the forefront. Patient rooms incorporate ligature-resistant plumbing, doors, fixtures and features. The headwalls and room amenities minimize the amount of unnecessary equipment that could be harmful or unsafe, while containing what is needed to effectively care for the patient's medical needs. Video monitoring is built into the ceiling of each patient room and is also present in the common areas. The nurses' station is designed to have a clear line of sight into the entire unit. The CIU includes additional features not found on the general floors such as a day room with a television and activities, a group therapy room and a set of sally-port double doors secured by badge-access-only entry and exit from the unit.

## Dual specialty staff

The CIU is supported by physicians with board certifications in both internal medicine and psychiatry. This unique skill set addresses the gaps in care previously experienced on general floors. These physicians help provide the holistic approach needed for patients to make a successful transition to their next level of care. As part of an academic teaching hospital, the CIU provides rotations for medical students and internal medicine residents. The unit facilitated the

creation of a new specialty program for dual-board certification in internal medicine and psychiatry.

The nursing staff are mostly medical/surgical nurses with a passion for behavioral health. Due to the complicated medical needs of these patients, nurses note that “it is easier to teach a med/surg nurse the needed psych skills rather than the other way around.” Staff were taught from a curriculum of behavioral health education created prior to the opening of the unit. The nursing staff also participated in advanced de-escalation training and a trauma-informed care class. All of this training was incorporated into an orientation for new hires on the unit. Continued education is delivered on a periodical basis to maintain competency and to keep step with the ever-changing knowledge. The typical nurse/patient ratio is 4:1 with two certified nursing assistants (CNAs) and a charge nurse for the 16 beds. Additional CNA staff watch the continuous video monitors in patient rooms and common areas. The unit uses a closed-staffing model; nursing staff do not float into or off the unit due to the specialized patient needs. Because of their wealth of training and expertise, the CIU nursing staff can act as a resource or local experts for any behavioral health questions or needs that arise on other units.

The CIU also utilizes specially trained support staff. Two social workers and one case manager are vital to enhancing care coordination and addressing the discharge needs for these complex patients. A recreational therapist and an occupational therapist run group therapy sessions, as well as a specific alcohol and other drug abuse (AODA) group run by the hospital's AODA social worker. Security is another one of the additional supporting departments that is essential to the CIU's function and purpose. They are committed to rounding on the CIU on a more frequent basis than the rest of the hospital. The hospital's security officers are the first responders to any behavioral emergencies and are foundational to maintaining safety for patients and staff.

## CIU benefits

The CIU is a creative solution to the challenges in caring for this population. In the unit, patients with both active medical and psychiatric illnesses receive treatment in an environment and with a care delivery model designed specifically for their needs. This allows comorbidities to be addressed concurrently, not consecutively, during their hospitalization. The patients benefit from enhanced care coordination and discharge planning while being in an environment that is safe for them and the staff. Patients can participate in group therapy sessions daily led by trained professionals while in the comfort and support of other patients in similar situations. The day room offers opportunities for the patients to eat three meals together each day. In addition, the day room is stocked with activities and a television so patients can enjoy doing something outside of their rooms, as well as the freedom to walk around in the common areas. This is a particularly beneficial aspect in providing a natural de-escalation for the patients.

The unit is staffed with only one provider team. The physicians, nurses, clinicians and support staff participate together in interprofessional bedside rounding, fostering improved cohesion and relationships between the staff and the patient. The CIU reduces the strain on units that may have limited experience dealing with the complexities of comorbid medical and psychiatric conditions. In the past, this has led to disruptions in care and an increased length of stay for the patient. The CIU focuses on the use of best practices and the standardization of care, demonstrated through the use of care protocols, care pathways and order sets. Dedicated to advancement of the science, the CIU offers integrated training opportunities to clinicians at local universities. The CIU also is

dedicated to improving outcomes such as reducing staff and patient injuries, reducing the use of patient safety attendants, reducing readmissions and reducing the length of stay for this vulnerable and complex population. The CIU is one way to meet the challenge of providing the right care to the right patient at the right time.

## ABOUT THE AUTHOR



**Amy Heidenreich, DNP, RN, PMHNP-BC**, *is a behavioral health advanced practice nurse at Froedtert & the Medical College of Wisconsin in Milwaukee.*





The nurses' station is designed to have clear lines of sight into the entire complexity intervention unit.





Patient rooms, which feature video monitors in the ceiling, incorporate ligature-resistant plumbing, doors and fixtures.

**RELATED TOPICS:**    [AONL \(/topics/aonl\)](/topics/aonl)



**[ABOUT AONL \(/ABOUT/OVERVIEW\)](/ABOUT/OVERVIEW)**

**[MEDIA & PRESS \(/ABOUT/MEDIA-CENTER\)](/ABOUT/MEDIA-CENTER)**

**[ADVERTISING & SPONSORSHIP \(/ABOUT/ADVERTISEMENT\)](/ABOUT/ADVERTISEMENT)**

**[AONL FOUNDATION \(/FOUNDATION\)](/FOUNDATION)**

**[CONTACT AONL \(/FORM/CONTACT-US-AONL\)](/FORM/CONTACT-US-AONL)**

 (<https://twitter.com/TweetAONL>)     (<http://www.youtube.com/c/AONLNurseLeaders>)

 (<https://www.facebook.com/AONLNurses>)     (<https://www.instagram.com/aonlnurseleaders>)

© 2023 by the American Hospital Association. All rights reserved.    [Privacy Policy \(https://www.aha.org/2022-07-14-privacy-policy\)](https://www.aha.org/2022-07-14-privacy-policy)

[Terms of Use \(https://www.aha.org/2022-07-14-termsfuse\)](https://www.aha.org/2022-07-14-termsfuse)

Noncommercial use of original content on [www.aha.org](http://www.aha.org) is granted to AHA Institutional Members, their employees and State, Regional and Metro Hospital Associations unless otherwise indicated. AHA does not claim ownership of any content, including content incorporated by permission into AHA produced materials, created by any third party and cannot grant permission to use, distribute or otherwise reproduce such third party content. To request permission to reproduce AHA content, please click here (<https://askrc.libraryresearch.info/ref100.aspx?key=ExtPerm>).