



INTERIOR PEDIATRIC BEHAVIORAL HEALTH SUMMIT

Good Participation – 56 Attendees



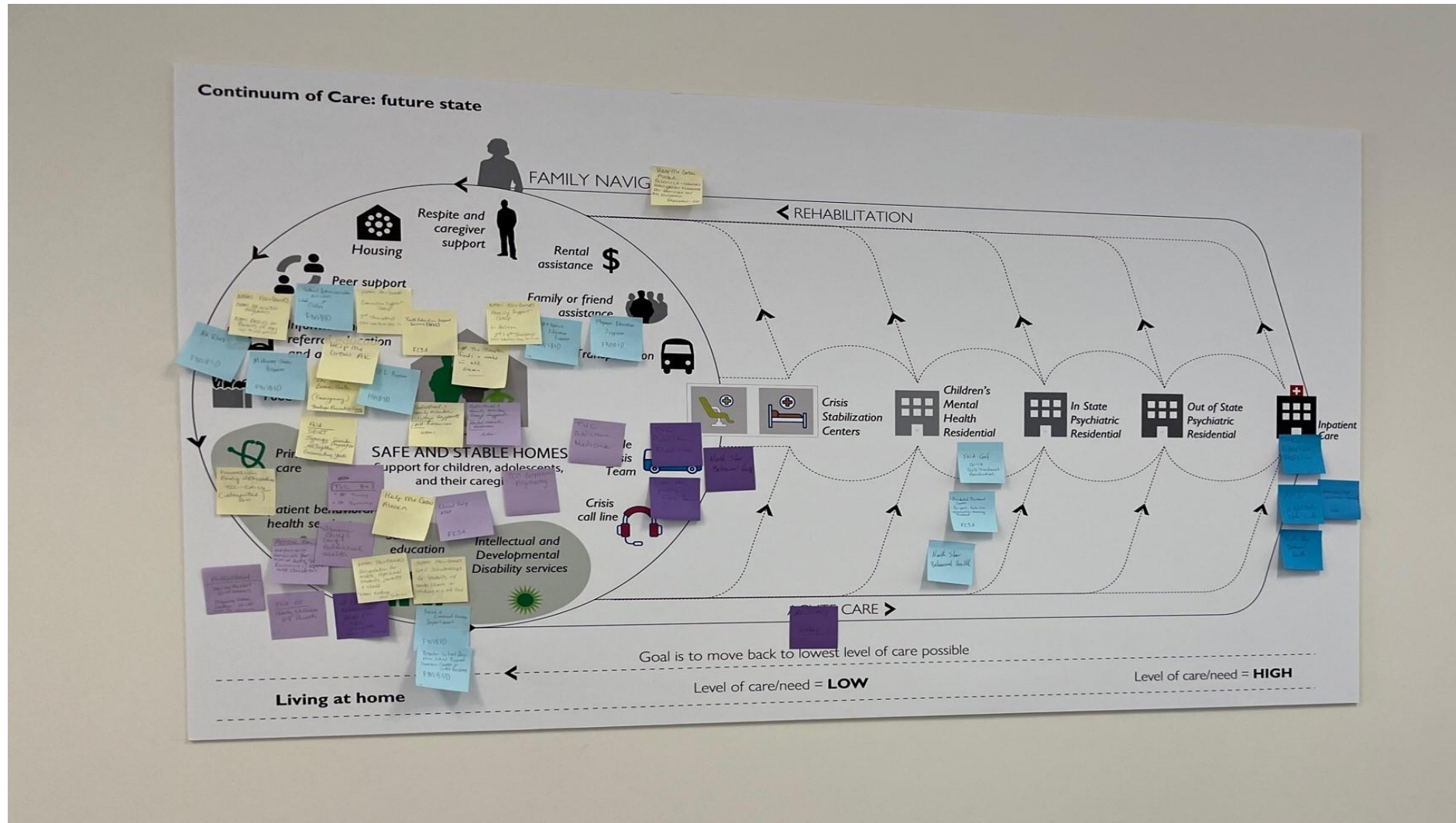
TANANA VALLEY CLINIC
FAIRBANKS MEMORIAL HOSPITAL
DENALI CENTER

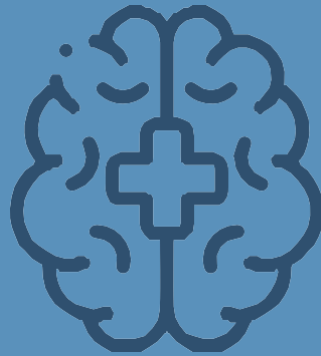


Bassett Army Community Hospital



Visualizing Gaps in Our Continuum of Care





Fairbanks Memorial Hospital
**INPATIENT BEHAVIORAL
HEALTH EXPANSION
PROPOSAL**

CAPITAL REQUEST SUMMARY:

Capital Construction Expense: \$5,400,000

\$3.4 Million *State Capital Request*

\$1.0 Million *Alaska Mental Health Trust Capital Request*

\$1.0 Million *Rasmuson Foundation Capital Request*

\$5.4 Million



PEDIATRIC SERVICE GAP

Every day we are boarding pediatric behavioral health patients in the Emergency Department (ED).



The average length of stay for these patients is 114.94 hours.



Emergency Departments are not conducive environments for appropriate evaluation and psychiatric treatment of children or adults.



Almost all of these patients would qualify for treatment in a pediatric inpatient unit and could avoid transfer outside of the community or State.



There is no adolescent inpatient psychiatric treatment care for the children in Interior and Northern Alaska.



*FMH sees about **350** unique pediatric patients for a primary behavioral health reason each year* who need multiple days of care. Patients stay in the emergency department as our case managers search for appropriate treatment placement outside of Fairbanks.

Almost all of these patients would qualify for adolescent inpatient behavioral health care. *FHP estimates that each patient’s inpatient stay would be 4-7 days, creating an average daily census of a minimum of 3.8 patients per day.* That means our unit would be at capacity every day of the year. Creating this access to inpatient care within Northern Alaska and Interior Alaska would give relief to a region that doesn’t currently have options for pediatric patients.



Capital funding will allow reconstruction of existing space following strict and expensive Federal Guidelines for a four-bed child psychiatric unit within Fairbanks Memorial Hospital.



Emergency Department Seclusion Room

A room lined with soft materials used for the confinement of a patient experiencing severe mental disturbances. No treatment is available for children and adolescents.

ADULT SERVICE GAP

The current makeup of the FMH adult inpatient Behavioral Health Unit (BHU) is located on the 4th Floor at FMH. It consists of 20 inpatient beds; four beds provide intensive care and sixteen beds provide intermediate care.



Over the last three years, the acuity of our adult behavioral health patients has continued to escalate.



More patients require admission to the intensive unit, prior to moving out to the intermediate unit.



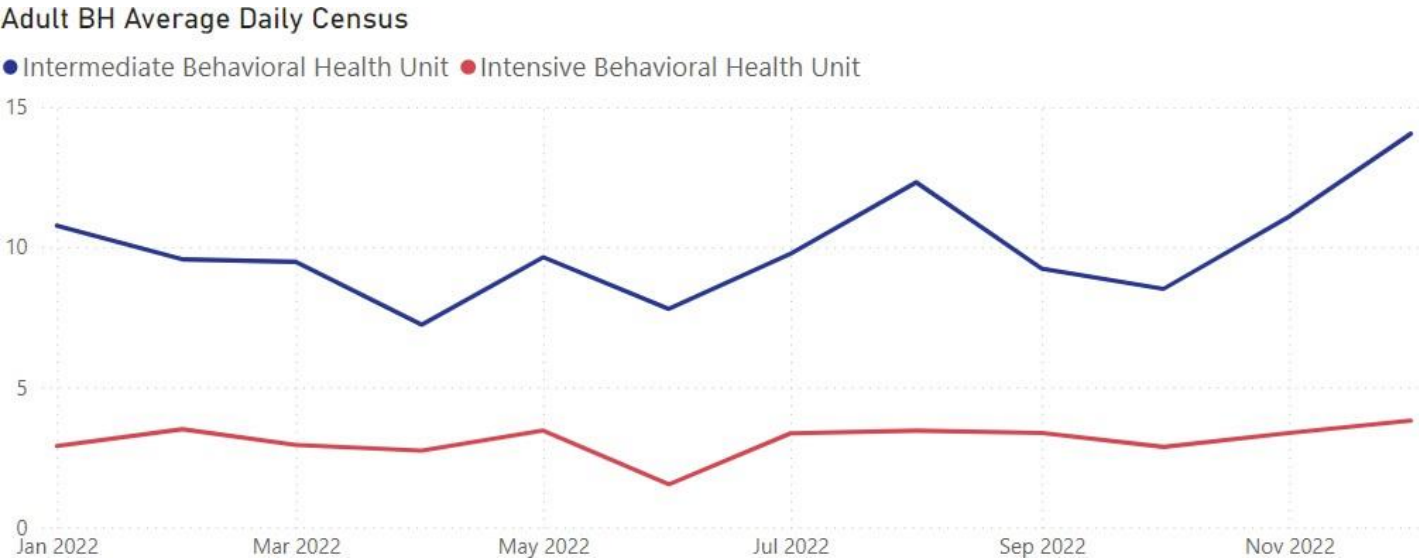
Due to limited beds in the intensive unit, more adult patients must remain in the emergency department without full treatment while awaiting placement in the appropriate location.



We are also often unable to accommodate acute patient transfers from other locations due to our space limitations.



Proposal is to add 2 additional acute care rooms to the 4 room intensive care unit for a total of 6 rooms to meet adult treatment needs.



When an adult patient meets the criteria for admission, they are transferred from the emergency department to the behavioral health unit. The average census by month in 2022 for the behavioral health unit was 12.2, but in some months, it was as high as 15. That is taxing on our 20-bed unit, especially when only 4 of those beds can accommodate patients needing higher acuity care.

The blue line represents patients in the intermediate unit. The red line represents patients in the intensive unit. These two numbers together represent the average daily census for the behavioral health unit (BHU).



FACILITY UPGRADE PROPOSAL

Approximate Capital Expense: \$5.4M

Proposed Pediatric Inpatient Unit

CODE HIGHLIGHTS (Facility Guidelines Institute Guidelines for Design and Construction of Hospitals 2.5-2.2 & 2.5-2.3)

2.5-2.3 CHILD PSYCHIATRIC UNIT - PATIENT AREAS SHALL BE SEPARATE AND DISTINCT FROM ANY ADULT PSYCHIATRIC UNIT PATIENT AREAS. THE REQUIREMENTS OF SECTION 2.5-2.2 (GENERAL PSYCHIATRIC PATIENT CARE UNIT) SHALL APPLY TO CHILD UNITS

PATIENT AREAS

(2.5-2.2.2.2) **PATIENT BEDROOM** - 100 SF MINIMUM

(2.5-2.2.2.6) **PATIENT TOILET** - 1 PER 4 BEDS

(2.5-2.2.2.7) **SHOWER** - 1 PER 6 BEDS

(2.5-2.2.4.4) **QUIET ROOM** - 80 SF MINIMUM (CAN BE SHARED WITH EITHER VISITOR ROOM OR CONSULT ROOM, BUT NOT BOTH)

SUPPORT AREAS

(2.5-2.2.8.16) **CONSULT ROOM** - 100 SF MINIMUM, 1 PER 12 BEDS

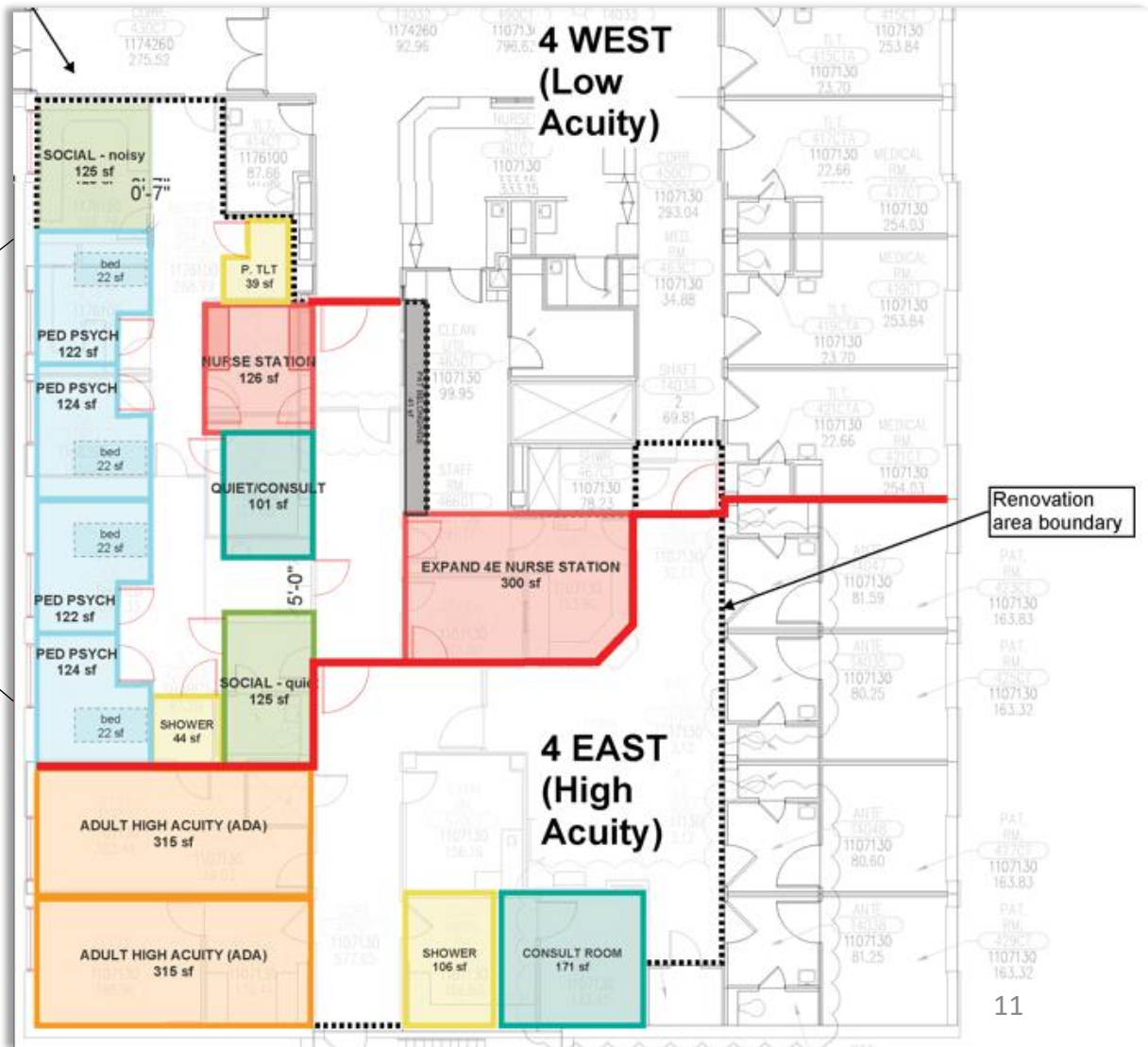
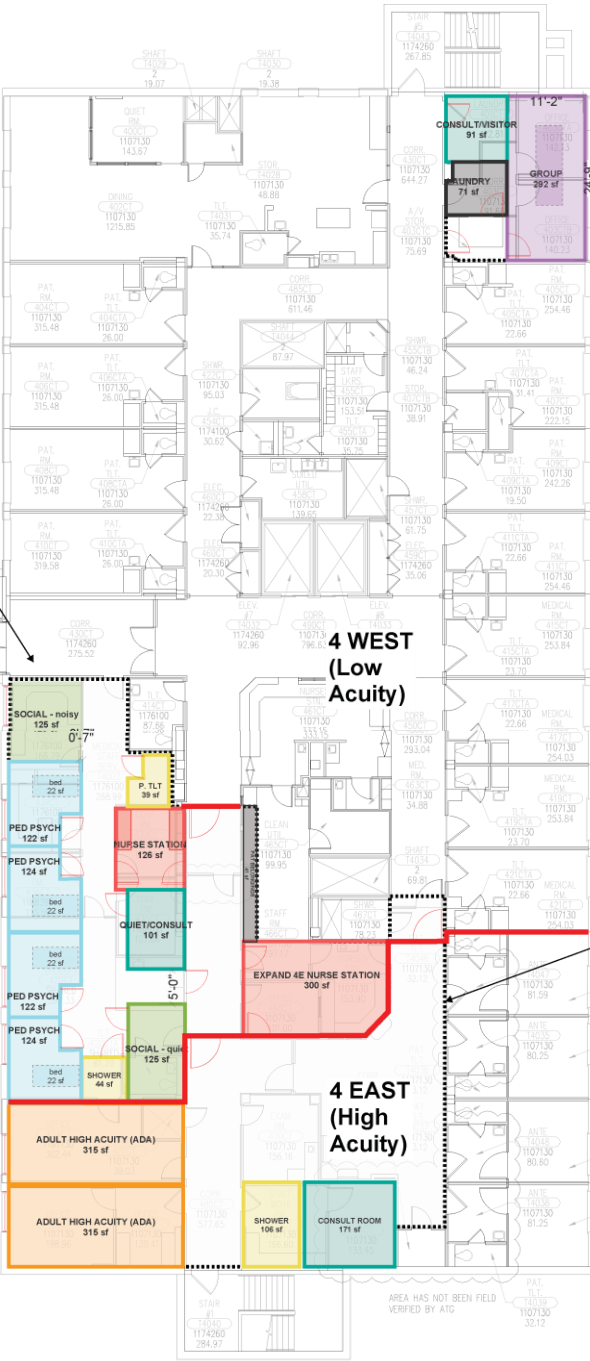
(2.5-2.2.8.17) **CONFERENCE ROOM** - CAN BE ROOM ON 4 SOUTH

(2.5-2.2.8.18) **GROUP THERAPY** - CAN BE THE QUIET ACTIVITY SPACE IF SERVING 12 BEDS OR FEWER.

(2.2-2.2.10.1) **VISITOR ROOM** - 100 SF MINIMUM

(2.5-2.5-2.2.10.2) **SOCIAL SPACES** - AT LEAST TWO SEPARATE SPACES NOISY/QUIET SHALL BE PROVIDED 120 SF MINIMUM EACH OR 25 SF PER PATIENT COMBINED TOTAL AREA

(2.5-2.3.3.1) - IF SEPARATE DINING SPACE IS NOT PROVIDED - 50 SF PER PATIENT



Renovation area boundary



FOUNDATION
**HEALTH
PARTNERS**

