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Divider title style here

Behavioural Emergencies

Management in ED can be:

$\frac{3}{4}$ Complex

$\frac{3}{4}$ Lengthy

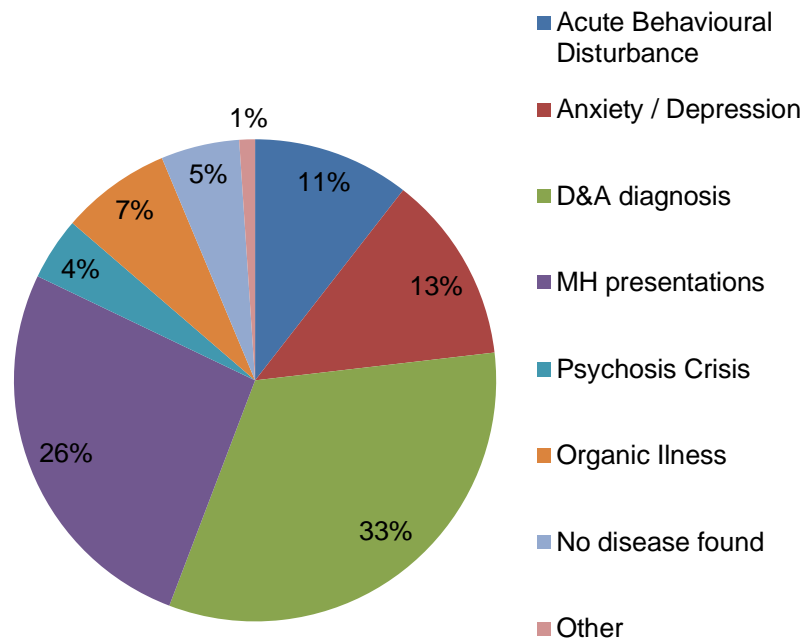
$\frac{3}{4}$ Unsafe

$\frac{3}{4}$ Restrictive

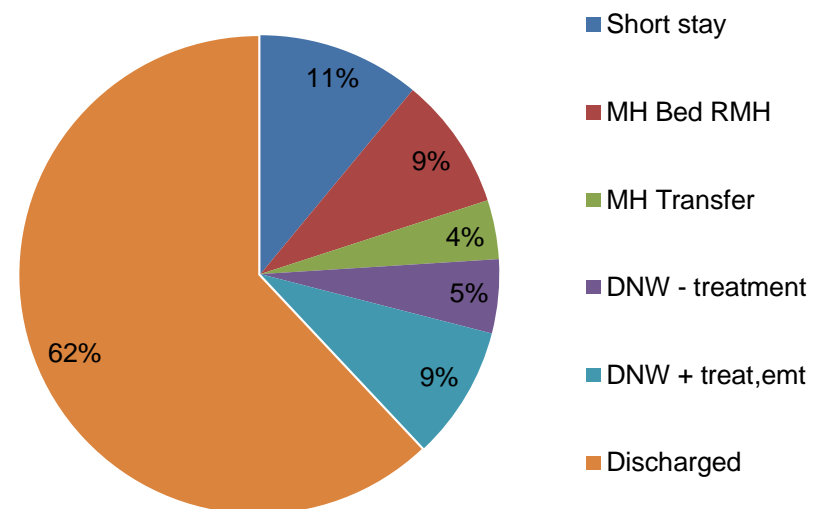
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What we knew

Potential BAU patients by diagnosis group



Discharge Destination of potential BAU admits



RMH ED BAU

The BAU was established to provide a safe and therapeutic environment for our patients

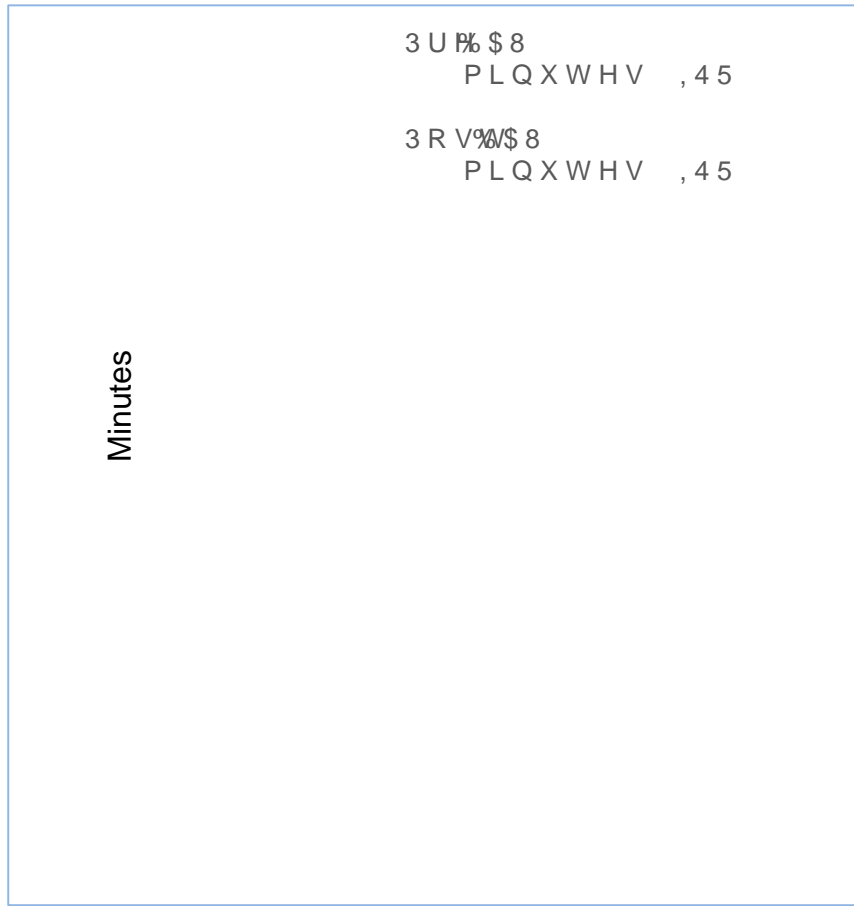
1. A dedicated 6 bed area within our OM unit
2. 2:1 nurse patient ratio to service the toxicology cohort
3. Co-located Emergency Mental Health & Drug & Alcohol

% \$ ⚙ safe, timely, person centred care:

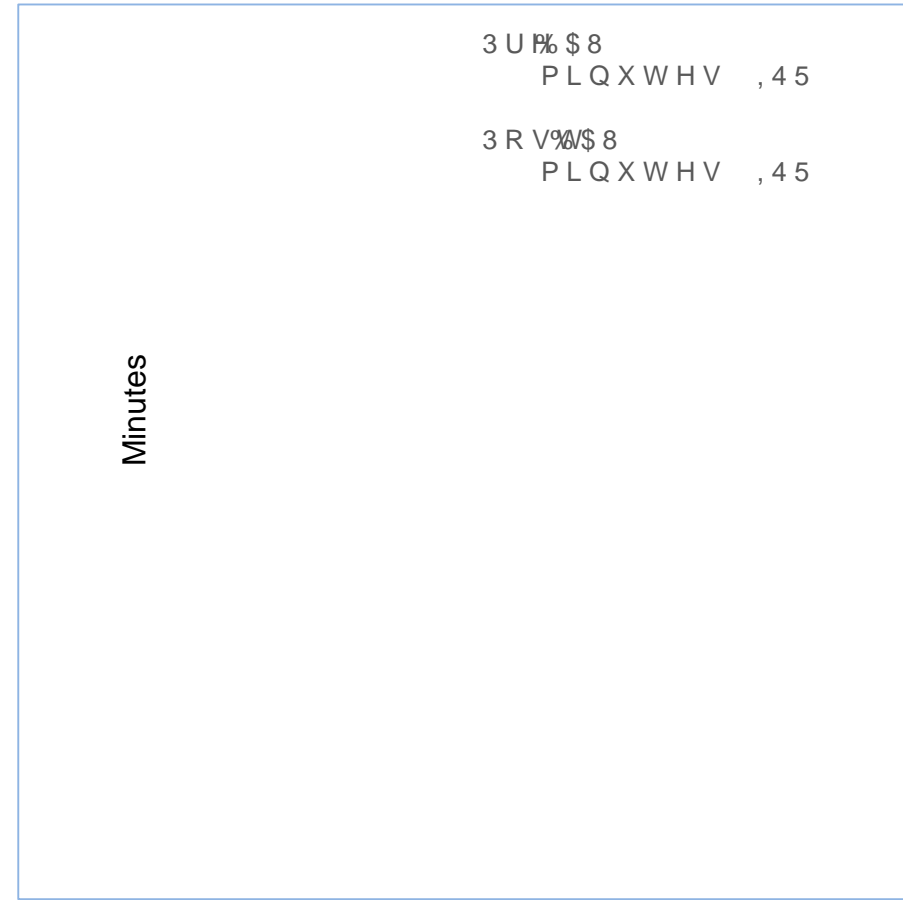
The right patient to the right bed in the right timeframe

Pre & Post BAU

Waiting time to EMH



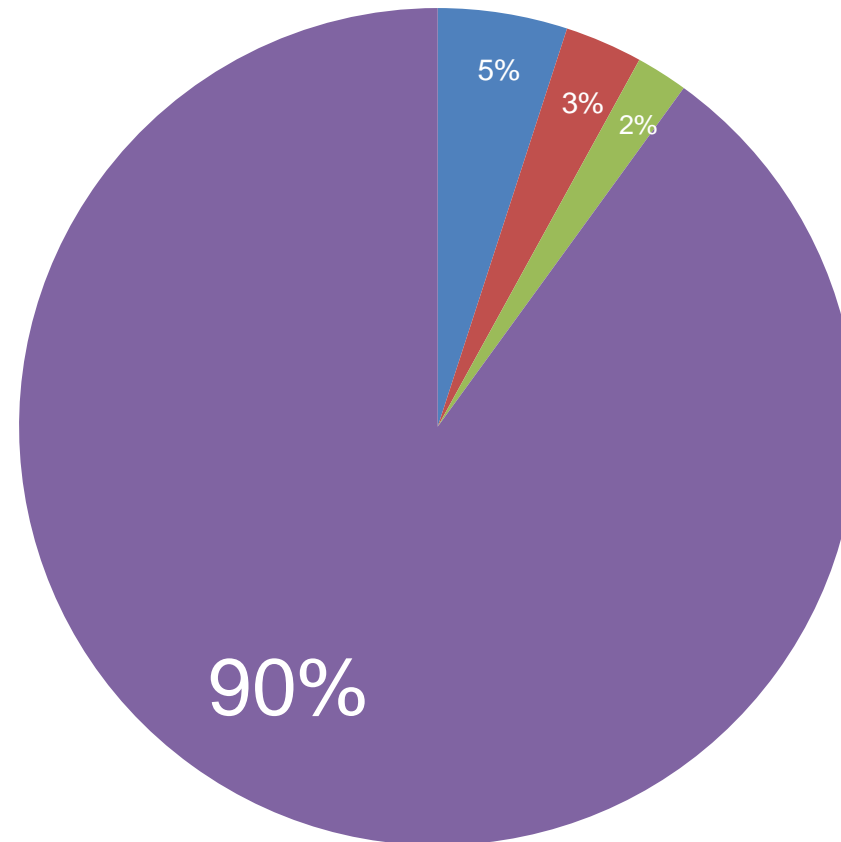
ED Length of stay



Admissions to BAU 3 years on

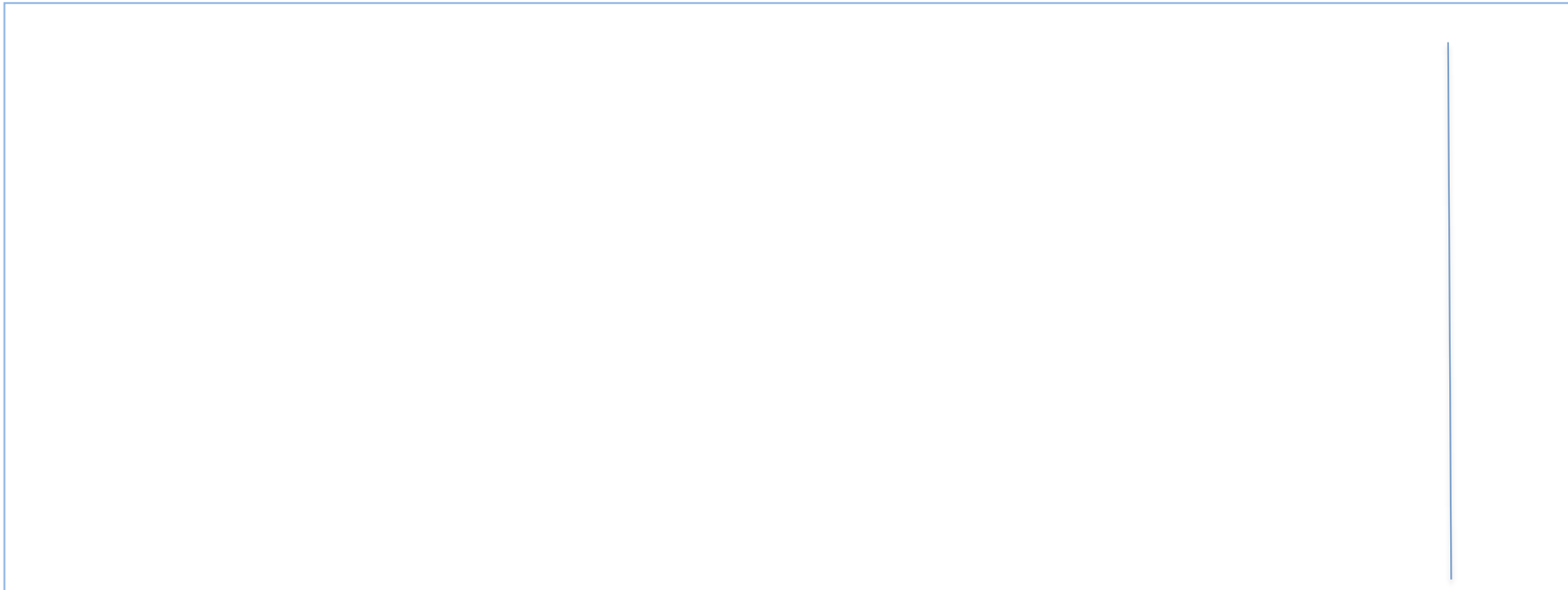
Disposition from BAU 18/19

- Transfer to other hospital
- Mental Health admissions
- RMH admission
- Home



Conclusion

- ¾ Best practice does exist ±trust in S.T.E.P
- ¾ ED patients with complex psycho-social issues can be moved to an alternative space, rather than the ED
- ¾ The BAU model of care improves ED flow and reduces some restrictive interventions
- ¾ Patients appreciate the safer environment















































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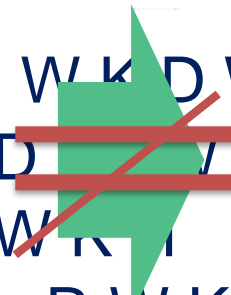
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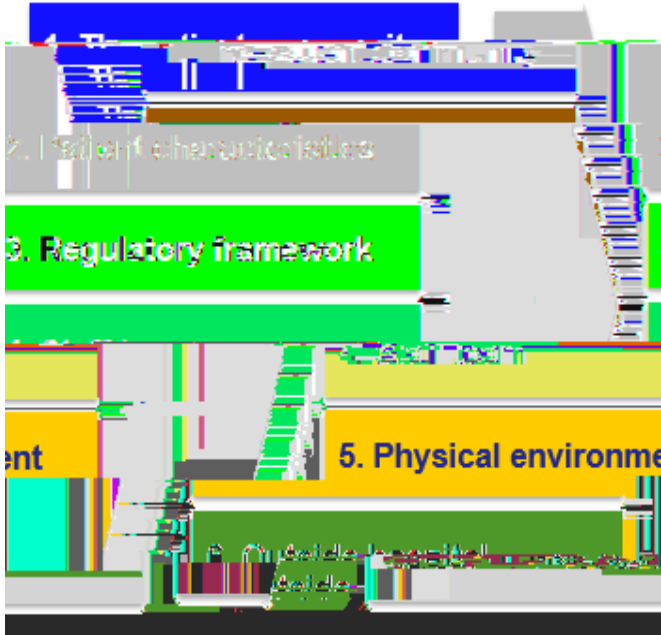
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