



## **CFDMC Free Standing Emergency Department (FSED) Guidelines and Best Practices**

### **FSED Standards for Behavioral Health Management:**

With an increase of behavioral health patients being seen in the ED, there are generally more patients than there are rooms designated to manage them. This has become a pressing concern, as the Emergency Nurses Association recently conducted a survey of nearly 500 members in which 56% of respondents said they had been physically or verbally assaulted or faced threats of violence in the 30 days prior. Ten percent of respondents said they're considering exiting the profession due to workplace violence.

Last year, reported assaults against nurses were up 5% compared to 2022, according to an April 2 Press Ganey Report on safety culture in healthcare. From 2022 to 2023, the rate of reported assaults against nurses jumped from 2.59 per 100 personnel to 2.71, an all-time high. The report also found that nearly a third of registered nurses report experiencing violence "occasionally" or "frequently" from patients or their family members while at work.

To address the challenge of managing the increasing number of behavioral health patients and to enhance the safety of both patients and healthcare providers, a practical solution involves the use of Flexible Equipment Management carts. These carts utilize a universal rail system allowing clinical team members to remove and strip rooms of devices and other potentially hazardous equipment. These carts will work with all conventional pre-installed headwall rail systems thereby facilitating on-demand transformation of any exam room into behavioral health "Safe Rooms". This approach not only maximizes the efficient use of available space but also ensures that the environment is adapted to meet the specific needs of behavioral health patients, reducing the risk of harm and improving overall safety and care delivery in the ED.

### **Regional Best Practices:**

#### **Orlando Health:**

- FSEDs should follow the CFDMC Minimum Equipment List to ensure they are outfitted and resourced appropriately.
- Everyone that works within a FSED should be patient decontamination trained so that anyone can assist with the decontamination of patients. This includes clinical, ancillary department, nonclinical staff.
- The Nurse Operations Manager office should be established as the command site for the FSED. An alternative must be set-up at the nurses' station because the nursing leader may be needed on the floor to assist with the incident due to staffing.
  - Due to this the nurses' station should be equipped with a video conferencing system and technology to be able to call into the parent hospital's HICS room.
  - There should be a quick autodial telephone at the nurses' station, where if you pick up the telephone it auto dials the HICS Ops Chief at the parent hospital HICS.
- Due to the minimal staffing at FSEDs HICS should be minimal as all staff will be needed in patient care. The command center at the FSED should only be a Hospital Command Post with just the Operations Chief.
- FSEDs should have the same level of communications as the parent hospital ED to include EMS radio and EMResource.

- The FSED needs to have enough water on hand to meet the Florida Building Code requirements.
- There should be a quick escalation response approach to where if an incident occurs the parent hospital immediately sends staff to assist with clinical care within the FSED as well as decon trained team members if decon is activated.
- There should be a quick escalation response approach to where if additional clinical staff are immediately needed within the FSED and none are available onsite or at the parent hospital that a 911 call is made to request EMT and/or paramedic assistances at the FSED.

**HCA Florida Osceola Hospital:**

- Due to the limited amount of staffing at the FSED, we have deployed Lucas Devices to all of them to assist with cardiac arrest.

**AdventHealth Central Florida Division:**

- Due to limited storage space at the FSED's, a reduced resource list is utilized to accommodate staff & patients. Water storage is critical and a plan to bring on more water must be emphasized since patient relocation could be delayed for various reasons.
- Staff is trained annually for decontamination procedures while simultaneously activating EMS for transport of patients to hospitals since FSED's are not postured for long-term care.
- Key staff are trained annually in HICS however FSED's do not have their own command centers. Command Centers are activated at their primary hospital and liaise with FSED senior staff as an extension of the CC to manage the incident. This is because the FSED does have the infrastructure to support a CC and the limited staff on hand will be heavily tasked with patient care.
- Communications methods mirror hospital capabilities (radios, mobile devices, virtual, etc.).

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