



**EmPATH Emergency
Psychiatric Unit**

A Successful New Model: Using EmPATH To Improve Behavioral Health Outcomes

**Dr. Lindsey Jasinski, Chief Administrative Officer
Dr. Marc Woods, Chief Nursing Officer
Eastern State Hospital/UK HealthCare**

What is EmPATH?



Emergency



Psychiatric



Assessment

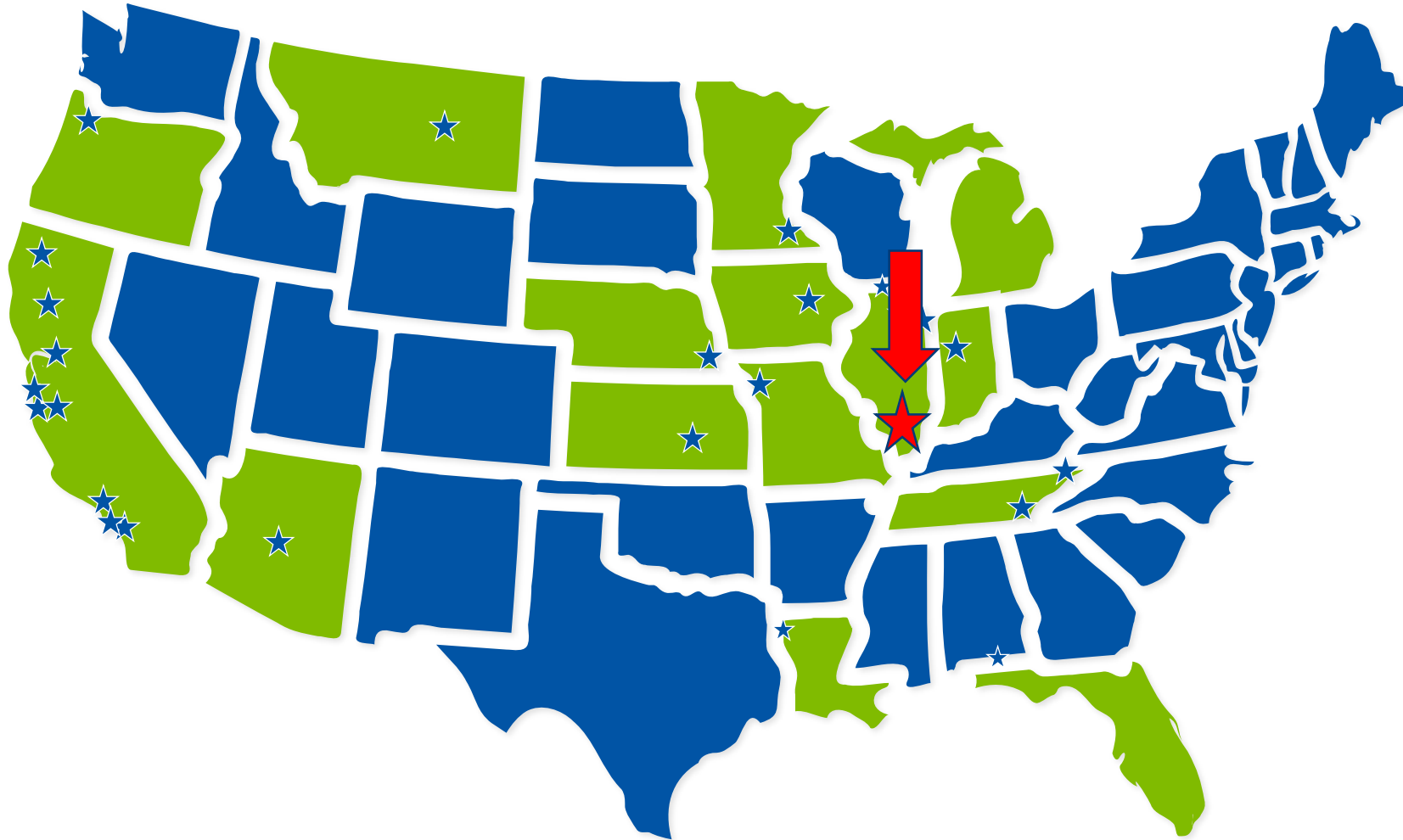


Treatment



Healing

EmPATH Model Expanding Nationally



“EmPATH units should be considered a National Best Practice, and we will take the EmPATH unit knowledge back as a *best practice* to Joint Commission Central...”

- Joint Commission Surveyor

EmPATH enhancements

Emergency Dept

- Treatment of emergency medical conditions/BH crisis
- ED MD -> Psych consult
- Assessment
- Individual bay/room -> Isolation
- Fast paced environment
- ligatures present
- Sitter usage routine
- 72 hour hold for all BH
- Restrictive interventions as needed
- Focus on treatment planning and disposition

EmPATH

- Treatment of emergency BH crisis
- Psychiatric provider
- Treatment
- Recliner chair in open space
- Focus on connection
- Calm therapeutic milieu
- Reduced ligature
- Limited use of sitters
- Limited 72 hour holds
- Limited use of restrictive intervention
- Focus on collaboration & connection

Therapeutic Environment



Opening Ceremony July 30, 2024



Local/Regional News

Picture an emergency room designed to calm and relax. That's what UK HealthCare hopes to create with its new mental health unit

WUKY | By Josh James
Published July 30, 2024 at 4:10 PM EDT

▶ LISTEN • 1:44



HERALD-LEADER University of Kentucky opens the first emergency psychiatric care unit in the state

Kendall Station
July 30, 2024 • 2 min read



With a new mental health emergency unit, University of Kentucky seeks to decrease stigma

BY: SARAH LADD - AUGUST 12, 2024 9:05 AM



UK Kentucky | UKNOW | UNIVERSITY OF KENTUCKY NEWS

UK HealthCare opens 1st EmPATH psychiatric emergency unit in Kentucky

By Allison Perry July 31, 2024

1 of 8 <>



Media Resources

CONTACT
ALLISON PERRY
allison.perry@uky.edu
(859) 323-2399
VIKKI FRANKLIN; VIKKI.FRANKLIN

Share This

FACEBOOK TWITTER

Latest Stories

UK HEALTHCARE Friday
COVID, flu shots now available at UI
Pharmacies

RESEARCH Friday

UKHC EmPATH Operations

16 chair capacity

Opened with 12 chairs, quickly increased capacity to 16. Currently working to expand to 24 chairs.

Separate from ED

Located 5 miles away from the system EDs. No medical clearance required prior to arrival, work closely with EMS.

23-hour Outpt. Obs.

Licensed as outpatient dept of hospital. Triage is hospital-based clinic visit, followed by observation.

Low Barrier

No major requirements to meet prior to arrival; take any patients. Voluntary and involuntary arrival.

Community Partners

Meet weekly to monthly with wide range of community partners to enhance community resource access. New Vista staffs 24/7.

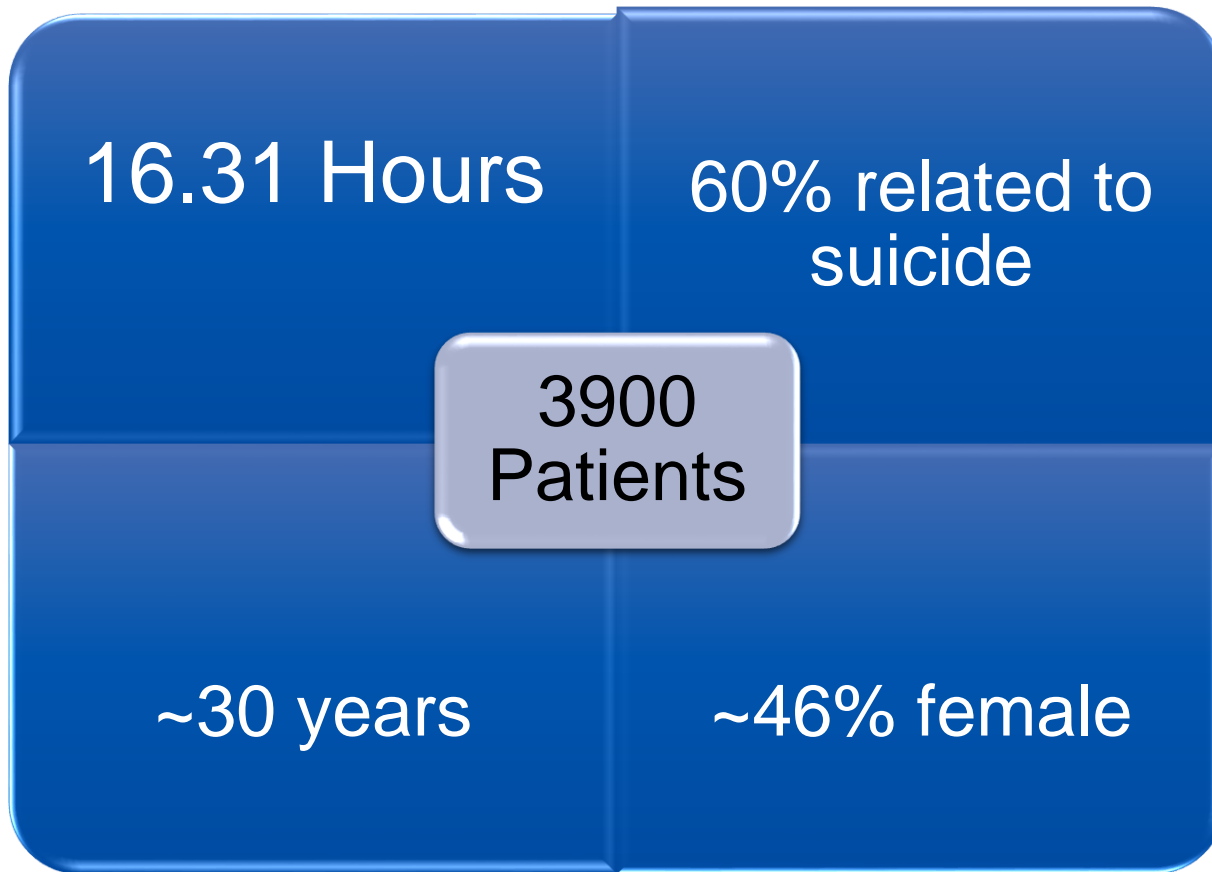
Patient defined crisis

Philosophy of no exclusion: able to treat complex conditions, including combination of SUD, MH, IDD, etc.

UKHC EmPATH Team

- Physicians/APPs (in person 24/7)
- Nurses (2-3 per shift)
- Mental Health Associate (MHA) (1-2 per shift)
- Social Worker (7a-7p)
- Peer Support (10a-10p)
- Transportation (7a-11p)
- Registration (1 per shift)
- Security (1 per shift)

UKHC EmPATH Outcomes



- ★ 76% Stabilized and return to outpatient services
- ★ 93% Diversion from state hospital
- ★ 8% reduction in hospital census

Outpatient Follow up

Pre EmPATH
29%

Post EmPATH
65%

UKHC EmPATH Outcomes

- Pre-EmPATH ED visits = 5.55 (Avg)
- Post-EmPATH ED visits = 0.438 (Avg) → 92.1% reduction!
- Post-EmPATH Return to EmPATH = 2.025 (Avg) → 63.5% reduction!
- >13% reduction in 30-day hospital readmissions
- >2500 Hours of clinical care BACK to bedside
- Annualized, >\$200,000 in sitter savings

Scaling the Model: What Comes Next?

- CAMS-BI suicide prevention
- On-site LAI Clinic
- Exploring IOP integration specific to suicide prevention
- Narcan Distribution
- QPR Training
- Program Development- Community partners led groups daily to highlight community services and facilitate connections.

Difference Makers

- Culture of TREATMENT vs Assessment
- The ability to see a provider within 30 minutes or less 24/7
- Ability to begin therapeutic dose of medication shortly after arrival
- Ability to move some patients to SUD residential treatment directly from EmPATH, unlike ED services
- Reduction in BH patients residing throughout UKHC
- Residential facilities and community stakeholders willing to collaborate to connect to this system of care.
- Certified Peer Support Specialists- the ability to connect with “lived experience” is invaluable.



Recent Awards

NAMI Pioneer Award 2024



National EmPATH Team of the Year 2025

