What was the opportunity, issue or challenge you were trying to address and in what setting?

The global epidemic of violence against healthcare professionals has worsened over the past two years. According to US Bureau of Labor Statistics data, the incidence of violence-related healthcare worker injuries has steadily increased for at least a decade and reported in 2018 healthcare and social service workers were five times more likely to experience workplace violence than all other workers, comprising 70% of all nonfatal workplace injuries and illnesses requiring days away from work. The true number of actual violent incidents is likely much higher than documented because of gross under-reporting in healthcare. Stressors from the COVID-19 pandemic including misinformation about treatments and vaccines, staffing challenges, disagreements over masking and screening protocols and visitation restrictions, inadequate capacity to care safely for influxes of patients with addictions and mental illness have led to the growing number of health workers attacked worldwide.

The Joint Commission (TJC) defines workplace violence as “An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.”

According to the National Institute of Occupational Safety and Health (NIOSH), workplace violence typically falls into one of four categories:

- **Type 1- Criminal Intent:** The perpetrator has no legitimate relationship with the business or its employees and is committing a crime in concurrence with the violence. (robbery, shoplifting, trespassing)
- **Type 2- Customer/Client:** The perpetrator has a legitimate relationship with the business or its employees and becomes violent while being served by the business. (patient becomes violent)
- **Type 3- Co-worker:** The perpetrator is a current or former employee who violently acts upon another employee.
- **Type 4- Domestic Violence:** The perpetrator has no legitimate relationship with the business but has a personal relationship with the perpetrator’s victim. (significant other or family member)

In healthcare settings, Type 2 violence is most common. Emergency Departments are high risk areas for workplace violence from patients and visitors directed toward staff members. The unique characteristics of the emergency department being known as the front door of the hospital with its 24-hour accessibility, a high-stress environment, and with elevated levels of fear, anxiety, substance abuse, or mental illness, can create a volatile environment. According to surveys by the American College of Emergency Physicians and the Emergency Nurses Association, almost half of emergency physicians report being physically assaulted at work, while about 70 percent of emergency nurses report being hit and kicked while on the job. Behavioral health patients are one common type of category of patients who are associated with violence against staff in the emergency department.

The U.S. surgeon general recently declared a “national crisis” with our youth mental health and issued an advisory in December 2021, which reported the COVID-19 pandemic exacerbating an ongoing rise in reports of anxiety, depression, disruptive behavior, and self-harm among youths. Between March and October 2020, emergency department visits for children experiencing a mental health crisis rose 24% for children ages 5-11 and 31% for children ages 12-17 when compared to 2019, according to the Center for Disease Control and Prevention.
The Pediatric Emergency Department (PED) at NYC Health + Hospitals/ Harlem has similarly experienced an increase in patients with mental health needs beginning in 2020. Unfortunately, there has not been an increase in mental or behavioral health services to match the increased demand of mental health needs. This has resulted in challenges for patients and families as well as the staff in the PED. There have been increases in emergency department boarding of children with mental health conditions up to sometimes a week as there is insufficient availability of inpatient psychiatric beds, limited outpatient intensive treatment options, and inadequate community resources.

While these children board in the PED, they are placed on 1:1 observation to keep them safe from harm. This places pressure on bed availability and staffing levels in the PED. While awaiting mental health services, their mental health needs intensify, and they can become more disruptive and more verbally and physically aggressive to the staff. In addition, stimulation from a busy and sometimes chaotic environment can increase their levels of anxiety and agitation and can often exacerbate underlying conditions as well. There is also a greater likelihood of these patients eloping from the hospital which poses a threat to their safety.

**What process did you use to develop a solution?**

A multi-disciplinary team with leadership from the hospital executive administration, emergency medicine, psychiatry, child psychiatry, pediatrics, nursing, social work, child life, and hospital police was formed to work together in improving the experience of psychiatric boarders in the Pediatric Emergency Department.

**What outcomes were you looking to achieve?**

The Pediatric Emergency Department at NYC Health + Hospitals/ Harlem sought to create a better experience for our behavioral health patients boarding in the PED and to also decrease the risk of harm for our patients, families, and staff.

**What specific steps did you take to address the problem?**

Ideally, we would have liked to decrease the overall time psychiatric patients board in the PED, but we do not have control of inpatient psychiatric beds to affect such changes in patient flow.

Behavioral health patients who board in the PED are placed on a 1:1 observation, and this is primarily completed by a Patient Care Associate. Through the work of the multi-disciplinary team, a new initiative was launched with adding Behavioral Health Associates (BHA) to the Pediatric Emergency Department. This change was introduced to improve the care experience for psychiatric patients who board in the PED. Behavioral Health Associates primarily work in the inpatient psychiatry unit and the psychiatry emergency department. With this change, psychiatric patients boarding in the PED would now have their 1:1 observation completed by a BHA.

Under the direction of a Registered Nurse (RN) and/or physician, and in collaboration with the interdisciplinary team, the Behavioral Health Associate performs crisis and/or de-escalation interventions, therapeutic observations, engagements, client supervision and other behavioral health related duties. These individuals receive training on how best to care for psychiatric patients, identifying patient characteristics and environmental variables that may trigger agitation, crisis and/or de-escalation intervention practices, observation, and monitoring on a one-to-one basis, working with family and visitors and communication of clinical matters to assigned RN or other professional staff as required.

**What resources, if any, did you engage - either internally or externally - to address the problem?**

In an effort to provide training that reduces risk of violence in the workplace, NYC Health + Hospitals recently launched the Behavioral Health Associate (BHA) Academy, where newly-hired behavioral health staff learn critical skills to handle psychiatric patients. The BHA Academy training program was created jointly by Workforce Development, the Office of Patient Centered Care, and the Office of Behavioral Health and aims to maintain a safe and therapeutic environment for patients, families, and staff.

The BHA Academy is a 150-hour training program consisting of online prerequisite modules, one week of classroom instruction, and three weeks of clinical immersion. Participants learn:

- Customer service and effective communication skills.
- How to provide effective nursing measures for handling psychiatric patients’ behavioral patterns and symptoms.
- How to utilize crisis and/or de-escalation intervention practices when necessary.
- Patient characteristics and environmental variables that trigger agitated behavior and how to respond to patient emergencies.
- Patient confidentiality, safety goals, co-morbidities, and specific disease conditions and management.

The BHA Academy is part of larger effort to promote a safer work environment. The Office of Behavioral Health is also launching the Preventing and Managing Crisis Situations (PMCS) train-the-trainer program, designed to help all Behavioral Health staff manage patients who are at risk of violence. The Office of Patient Centered Care is also redesigning and standardizing all specialty curricula including Behavioral Health Nursing to be in alignment with the latest best practices in nursing education.

**What measures did you establish to determine the success of this effort?**

The measures used to determine the success with the new initiative of adding behavioral health associates to the Pediatric Emergency Department included:

- a decrease in episodes where patients become agitated
- a decrease in the use of physical and/or chemical restraints
- a decrease in patients attempting to elope from the PED
- a decrease with episodes of violence against staff members
What was the ultimate outcome of your effort?

The Behavioral Health Associates were welcomed in the Pediatric Emergency Department and have since become an integral part of our team. There has been a reduction with all the following measures: in our boarding psychiatric patients becoming agitated, the use of physical or chemical restraints, patient elopements and episodes of violence against staff members.

The following note was sent to the emergency department leadership team by a physician and best summarizes the positive impact our Behavioral Health Associates have had in the PED.

"I would like to take this opportunity to share with you the exceptional care which was provided by Mr. Nana Appiah, one of our BHA’s in the Pediatric Emergency Department for one of our child psychiatry patients who is boarding in the PED.

During the overnight shift, Mr. Appiah was assigned to a patient who was depressed and expressed suicidal ideations on social media. Family members were visiting the patient and they stated they were going to leave soon. That did not occur, the family members left several hours later. It was during that time Mr. Appiah sat with the patient and his family and facilitated a discussion amongst them which was able to identify the exact issues which were troubling the patient and was also able to offer solutions on meeting the needs of the patient from his family. When the family came out of the room, they had big smiles on their faces, and they appeared to have felt a sense of relief. The patient was also smiling and appeared to be happy. The family was grateful and praised Mr. Appiah for his listening, advising, and helping of their loved one.

This story I share with you is an excellent example of what is needed in healthcare right now. We need to elevate the human experience in healthcare and bring back humanity to medicine, or simply put, it is humans caring for humans. We are all fortunate and grateful in the PED for Mr. Appiah and his strong work ethics and empathy he provides for his patients. Please join me in this well-deserved recognition for Mr. Nana Appiah."

What lessons did you learn to share with others as they consider addressing a similar issue?

Emergency Department workplace violence is on the rise, putting both staff and patients at risk for physical and psychological injury. Recognition and attention must be given to this serious growing trend, or we may face losing additional healthcare staff. A multi-disciplinary team comprised of all stakeholders should be established and tasked with creating a better experience and safer environment for patients, families, and staff. By working together, we will overcome the human crisis of the COVID-19 pandemic.

About NYC Health + Hospitals/Harlem

NYC Health + Hospitals/Harlem provides a wide range of medical, surgical, diagnostic, therapeutic, and family support services to the residents of Central Harlem, West Harlem, Washington Heights, and Inwood. The Department of Pediatric Emergency Medicine at NYC Health + Hospitals/Harlem provides outstanding emergency care for ill and injured infants, children and adolescents, 24 hours a day, seven days a week. The dedicated pediatric emergency space, separate from the adult emergency department, cares for over 16,500 pediatric patients annually. Established in 1887, the Hospital has been providing health care services to the community for 135 years.

About NYC Health + Hospitals

NYC Health + Hospitals is the largest public health care system in the nation, serving more than a million New Yorkers annually in more than 70 patient care locations across the city’s five boroughs. A robust network of outpatient, neighborhood-based primary and specialty care centers anchors care coordination with the system’s trauma centers, nursing homes, post-acute care centers, home care agency, and MetroPlus health plan—all supported by 11 essential hospitals. Its diverse workforce of more than 42,000 employees is uniquely focused on empowering New Yorkers, without exception, to live the healthiest life possible.

About The Beryl Institute

The Beryl Institute is a global community of healthcare professionals and experience champions committed to transforming the human experience in healthcare. As a pioneer and leader of the experience movement and patient experience profession for more than a decade, the Institute offers unparalleled access to unbiased research and proven practices, networking and professional development opportunities and a safe, neutral space to exchange ideas and learn from others.

We define the patient experience as the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care. We believe human experience is grounded in the experiences of patients & families, members of the healthcare workforce and the communities they serve.

www.theberylinstitute.org