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# Effect of implementation of enhanced management processes for behavioral health patients on staff in the urban emergency department

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## Local Problem

- Our urban adult emergency department (ED) struggled to care for behavioral health (BH) patients in a manner that the staff felt was efficient and compassionate for patients and safe for staff. At baseline patient census often exceeded the number of BH safe rooms, resulting in patients being treated and observed in a hallway setting.

## Background

- Available knowledge
  - Prolonged ED duration in hallway beds created increased patient agitation and staff safety concerns
  - Long ED length of stay (LOS) risks care quality for all patients.<sup>1</sup>
  - Earlier access to psychiatric consultation reduces LOS.<sup>2</sup>
  - Standardized agitation protocols may lead to better outcomes.<sup>3</sup>
- Rationale
  - Multifocal process change would improve delivery of care and staff perception of that care.<sup>4</sup>

## Objective

The objective was to reform the management of BH patients by implementing multiple changes over time including the work flow, environment, and patient interface.

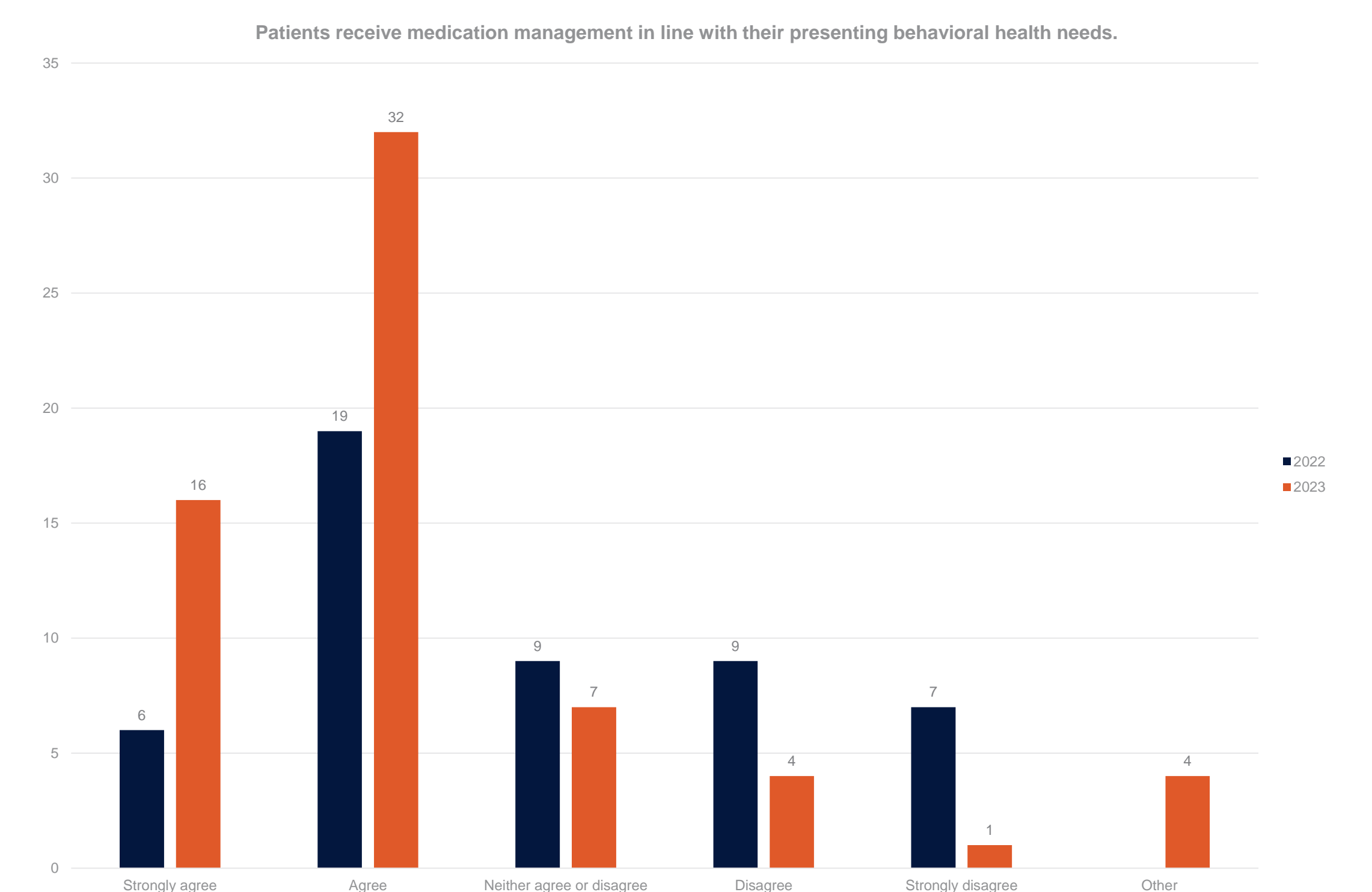
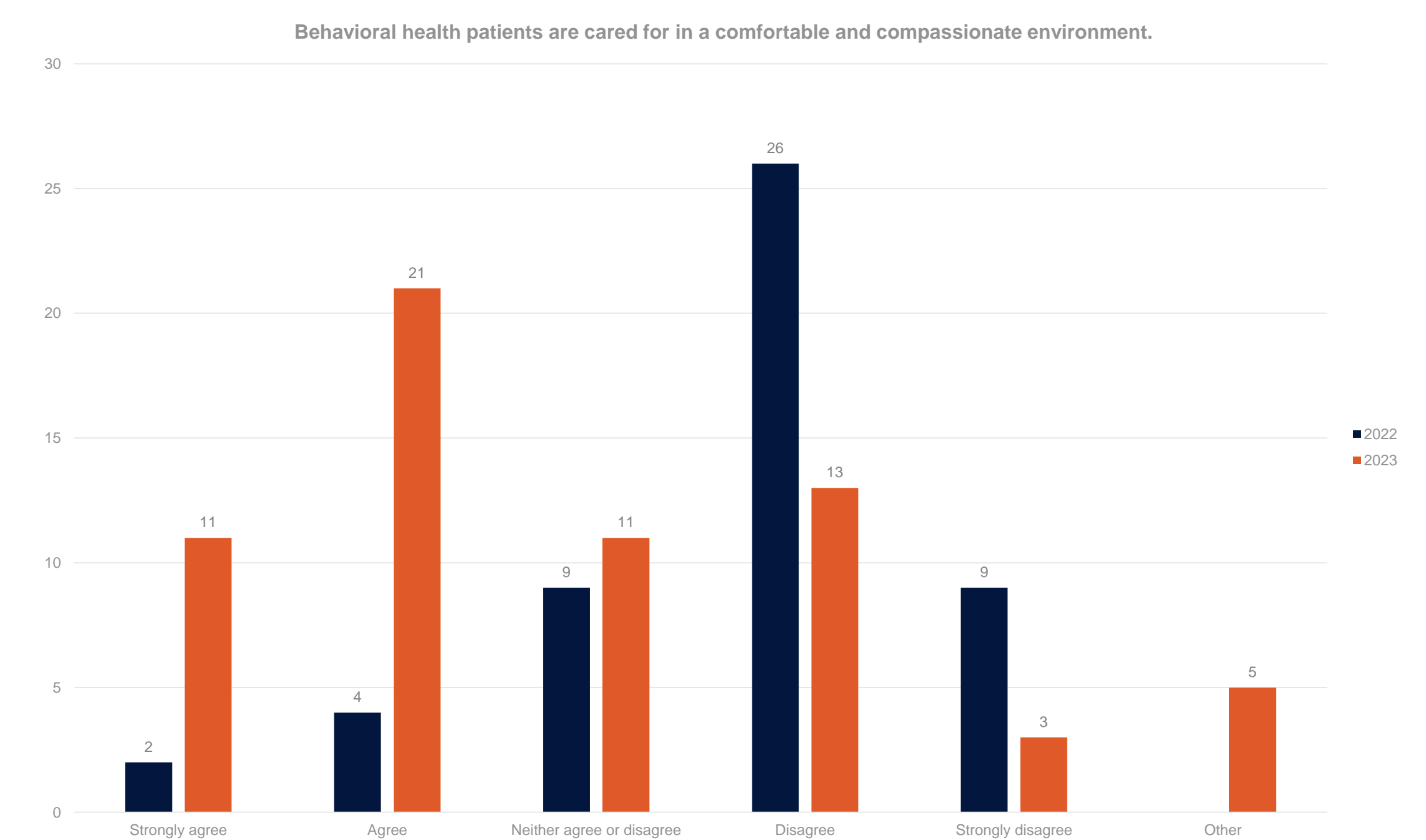
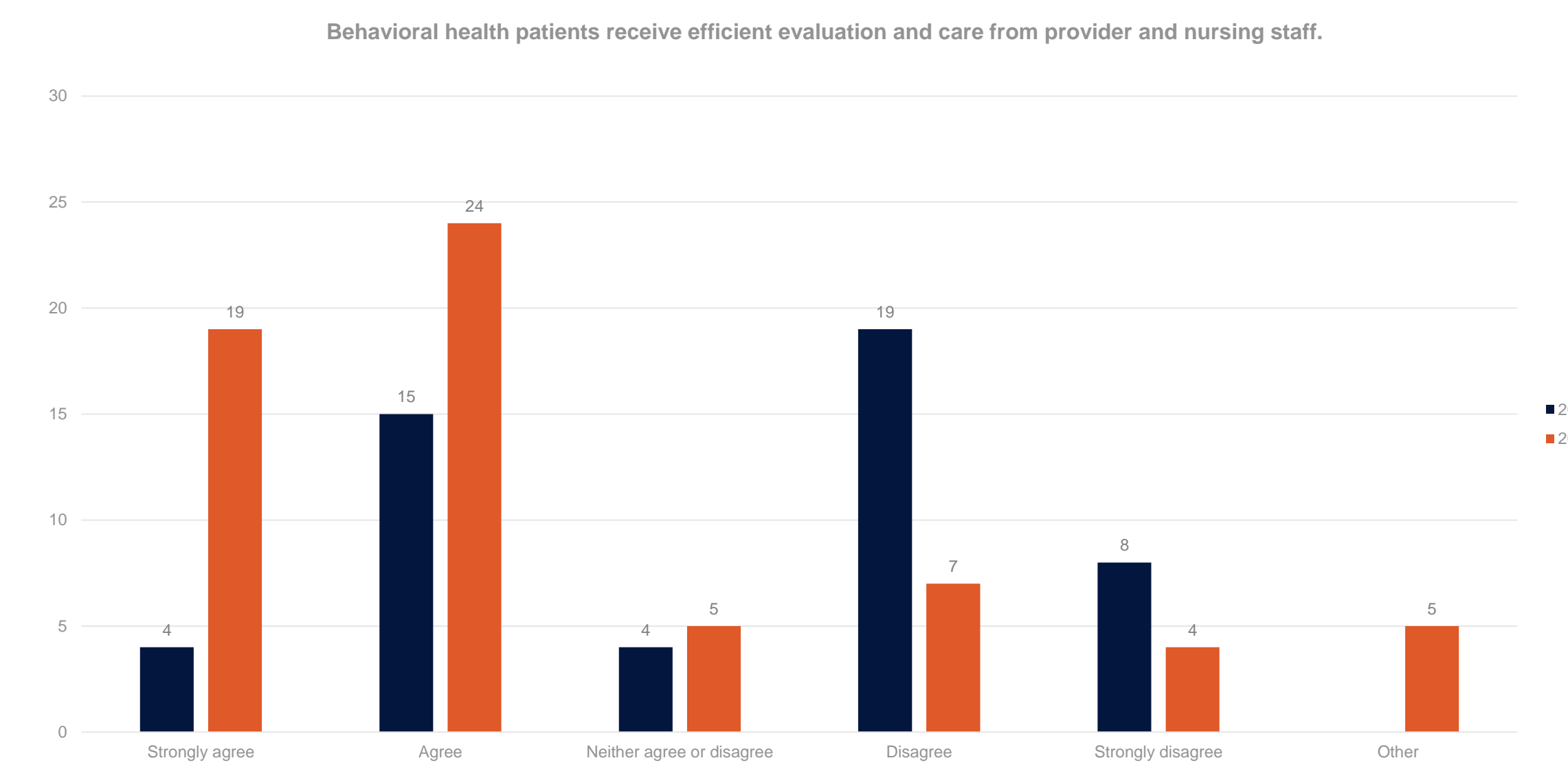
## Methods

Multiple interventions were simultaneously implemented over eighteen months. A Likert scale staff perceptions survey conducted in January 2022 of staff and physicians who interact with the ED was reviewed. The survey evaluated the staff perceptions of care efficiency, compassion, safety, quality, and potential impact of enhanced care on the department.

## Interventions

To reduce the use of hall beds for this population, a renovation increased the number of BH safe treatment rooms. We also introduced daily adjunctive therapy, daily evaluation by a psychiatry provider for reassessment and medication initiation and management, dedicated ED case management, and creation of medication order sets for agitation for adult or dementia patients based on level of agitation severity. The team included nurses, patient care techs, observers, physicians, advanced practice providers, security, and staff from our BH hospital.

## Results



## Discussion

- Summary
  - Perceptions improved on almost all survey questions eight months after intervention.
  - Response summary and analysis exhibited that care had become more efficient, compassionate and comfortable.
  - Medication management perceptions also greatly improved.
  - While perceived safety increased five-fold, 41% respondents still did not feel that the care area was safe.
  - Perceptions that care is dehumanizing and lacks empathy decreased, but 22% still agreed.
- Interpretation
  - Removing patients from hall beds improved care perceptions.
  - Adjunctive therapy additions improved care, which agrees with Esposito et. al.<sup>4</sup>
  - Reduction of DLOS for BH 14 minutes from 21 to 22 Q3,4.
- Limitations
  - Only single facility with high volume BH 450 pt/month.
  - Proportion of staff survey group new to facility in 2022.

## Conclusion

- Increased resources dedicated to BH patient care in the ED has a positive impact on perceptions of care we are providing by staff who provide that care.
- While staff perceptions greatly improved, continued modifications to address perceived lack of safety and empathy are needed.
- Additional evaluation of patient-centered outcomes pre and post interventions is underway.
- Reduction of 3.3 hours per day of BH care (14 min for 2,583 BH pt)
- Improved perceptions of care could lead to staff retention and improved patient buy-in on therapy plan.
- Possible applicability for implementation at other high volume BH EDs in HCA market

## References

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