

EMR flagging and behavioral health response training reduces violence at New York-Presbyterian health system

Background

COVID-19 has exacerbated the toll of behavioral health issues on patients, employees and community members, often resulting in violence in health care settings. New York-Presbyterian (NYP) — one of the country’s most comprehensive, integrated academic health care delivery systems — is no exception.

With 11 hospitals and more than 47,000 employees, the New York City based health system’s security professionals are continuously identifying new and innovative strategies — including EMR flagging, behavioral risk assessment and mass casualty event training — to prevent and mitigate workplace violence incidents.

NYP’s Approach

New York-Presbyterian leaders balance traditional security and emergency management processes with information technology infrastructure. For example, security leaders use a formalized violence risk assessment tool to notify clinicians of patients with violent histories. Called electronic medical record (EMR) flagging, this method alerts providers to potential risks and to can prepare care teams for patients who may be violent.

Behavioral Emergency Response

In the past year, NYP has launched a comprehensive risk assessment effort. It convenes staff from the security department, emergency management team, legal/compliance team, investigations, human resources, patient experience team, clinicians, and others, to understand the system’s level of risk.



New York-Presbyterian/Weill Cornell Medical Center

NYP leaders have also implemented processes and made safety experts available if challenges escalate. They have trained clinical, administrative and security teams to respond to and report workplace violence incidents.

“It’s a progression. We always start with de-escalation, and our security staff is well trained in de-escalation,” said Barbara Daly, director of Emergency Management. In some cases, a situation escalates quickly, and NYP staff need additional support.

NYP created the Behavioral Emergency Response Team (BERT) to intervene when de-escalation techniques have not been successful, and a situation requires intervention. “If normal de-escalation methods aren’t working, we will call the specialized team with even more training in de-escalation, drawn from security, as well as our clinical folks who can respond with additional efforts,” said Daly.

Additionally, NYP implemented advanced metal detector technology and trains employees to respond to active shooter and mass casualty incidents. As part of this effort and to stay prepared, security leaders also distribute notifications on incidents and trends in other states and other systems, along with issues trending locally in New York City.

NYP also analyzes data to identify areas where interventions are needed, and to measure results. Recently, the system has invested in new IT infrastructure to better evaluate its workplace violence prevention efforts and outcomes.

Critical, top-down support

Rodriguez credits strong backing from senior leaders as instrumental to the success of workplace

violence prevention efforts. “We’re very fortunate here to have wonderful leadership, our board, a very supportive CEO and COOs, all the presidents and CEOs of our hospitals are very, very supportive of what we’re trying to do,” said Rodriguez.

Other hospitals and systems seeking to implement similar strategies will be most successful with support from hospital leadership. “It starts from the top and makes its way down,” said Rodriguez. “It’s been made very clear to our personnel that everybody’s safety is paramount.”

Impact

The NYP team measures success in multiple ways. While analyzing data and implementing trainings are measurable efforts, the feedback from staff and patients has been overwhelmingly positive.

“Those narratives, the emails, the thanks, just go a long way,” said Diego Rodriguez, vice president, Security and Emergency Management. “Those are hard to measure.”

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