Examining Racial Bias in the Clinical Management of Behavioral Emergencies in a General Medical Hospital

Rubin Smith, BA1,4
Stephanie Nieves, PharmD, BCPs1
Meredith Akerman, MS3,4
Jake Freeman, PharmD, MHA1
Aaron Pinkhasov, MD, DFAPA, FACLP2

1NYU Langone Hospital – Long Island, Department of Psychiatry
2NYU Langone Hospital – Long Island, Department of Pharmacy
3NYU Langone Hospital – Long Island, Biostatistics Core, Division of Health Services Research
4NYU Long Island School of Medicine

BACKGROUND

In a general hospital setting, a behavioral emergency is a situation that presents an “imminent risk [...] of serious harm or death to self or others.” Management involves a rapid response team including clinical staff and security, often necessitating the use of physical and/or chemical restraints to manage the patient’s agitation. Presently, there is a focus in healthcare literature on racial disparities, largely attributing differences in care to unconscious biases and “unwarnted judgments.” Studies find that in emergency departments, Black patients experiencing behavioral emergencies are more likely to be dealt with by emergency security teams, receive more injections of antipsychotic medications and chemical sedation or be physically restrained than their White counterparts.

PURPOSE

Our study assesses all behavioral emergencies within a given time frame across a varied general hospital setting. The primary purpose of this study is to determine if Black patients are more likely to experience behavioral emergencies requiring security presence compared to White or other race/ethnicity patients while admitted in a general hospital setting. The secondary purpose of this study is to determine if Black patients experiencing behavioral emergencies requiring security presence are more likely to be physically or chemically restrained compared to their non-Black counterparts.

METHODS

Study Design:
- Single-site retrospective chart review of behavioral emergencies occurring between January to May of 2022
- All patients age 18 years and older admitted to NYU Langone Hospital – Long Island that required a security response code were reviewed
- Patient data was collected using our institution’s electronic medical record (EMR) called EPIC: age, sex, race, principal diagnosis, chemical restraint use, route of administration, and physical restraint orders
- Our institution’s security department provided a list of patients who experienced behavioral emergencies during this time frame (not part of the EMR)
- IRB approval was received via the exempt process

Statistical Analysis:
- Chi-square test was used to compare categorical data
- P-Value less than 0.05 was considered statistically significant

FIGURES

1. Behavioral Emergency Called By Race
2. Restraints Administered by Race
3. Chemical Restraints Administered by Race
4. Comparison of Route of Administration

RESULTS

- Total of 151 behavioral emergencies
  - 45 patients self-reported as Black
  - 86 patients self-reported as White
  - 20 patients self-reported as Other Race
- Primary purpose: there was a significant difference in the rate of Behavioral Emergency Incidents among Black patients, Other, and White patients (0.91% vs. 0.35% vs. 0.59% respectively, chi-square test p=0.0010)
- Black patients were 1.5x more likely to have an incident compared to White patients
- Black patients were 2.5x more likely to have an incident compared to Others
- Secondary purpose: Black patients who required a behavioral response code had significantly higher rates of being physically restrained compared to their White counterparts (32.3% vs. 12.8% respectively, p=0.0037)
- No statistical difference among the three racial groups with respect to rates of chemical restraints
- Significant differences among the three racial groups with respect to the rate of anxiety (p=0.0004), dementia (p=0.0154), and Lorazepam use (p=0.0082)

REFERENCES


The authors of the presentation have no conflicts of interest to disclose.