

Background and Significance

- Workplace Violence (WPV) presents a serious health and safety concern across the continuum of health care in the United States.
- Although all nurses working in the health care environment are targets of violence, those working in the emergency departments (ED) are at a higher risk.
- Annually, it is projected that 1.7 million job-related violence occurred across multiple professions in the US.
- The direct and indirect cost of WPV is estimated at \$4.2 billion annually
- Only 20% of nurses reported feeling safe working in the ED.
- WPV causes significant physical and emotional distress to staffs leading to poor clinical outcomes.

Purpose and Objectives

The purpose of this DNP quality improvement project is to determine the effect of the Broset Violence Checklist (BVC) on the incidence of violence and nurse's confidence in handling agitated patient in the Psychiatry Emergency Service Department in Maryland.

Objectives:

- To aid in reducing WPV by maintaining a safe working environment for all staffs and patients
- Train and educate staff on behavioral cues for violent
- Improve nursing confidence in handling agitated patient

Methods, Design, Sample

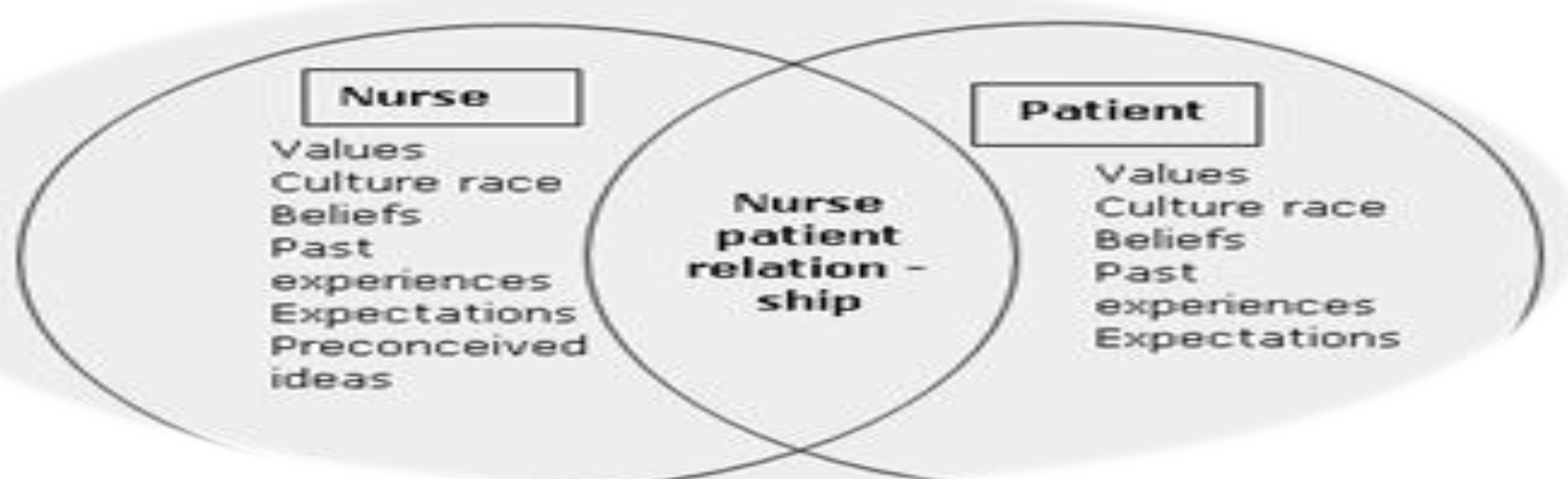
- A pre/post-test design using the Confidence in Coping with Patient Aggression Instrument via Survey Monkey
- A 10-item self report tool
- 11-point Likert Scale
- Measure staff confidence in handling agitated/violent patients
- Nurses use the BVC tool to screen patient upon entry to unit.

Sample

- A multidisciplinary team of registered nurses, attending psychiatrists, resident psychiatrists and mental health associates



Theoretical Framework



- The Interpersonal Relations Theory (IPT) consists of four sequential phases namely: the orientation phase, the identification phase, the exploration phase and the resolution phase
- The establishment of a therapeutic alliance in the orientation phase of the staff-patient encounter has the potential to reduce violence



Broset Violence Checklist (BVC)

- BVC is a tool that assist in the prediction of imminent violent behavior (within 24 hrs.)
- BVC measure 6-item: 1=present, 0=absence
 - Confusion, irritability, boisterousness, physical threat, verbal threat, attacking objects
 - Score 0=small risk, 1-2= moderate risk, >2 high risk.
 - Intervention based on score.

- Five Warning Signs of Escalating Behavior
- Confusion
 - Frustration
 - Blame
 - Anger
 - Hostility



Implementation Plan and Procedure

- This project will take place over 15 weeks' timeline.
- Staff education and training
- Broset Violence Checklist will be used by nurses to assess, collect and document violent incidents or aggressive behaviors displayed by patients.
- Interventions based on positive screen include verbal engagement, establishment of collaborative relationship, verbal de-escalation and administration medication



Expected Outcomes

- This project will be implemented in the Fall of 2017. The outcome are not presented at this time. However, the anticipated primary outcome is a decrease in the incidence of WPV while the secondary outcome is an increase in nurse's confidence in handling agitated patient in the ED.

Discussion

- The BVC is an evidence based violence risk assessment tool that has been used worldwide in various clinical settings
- Behavioral problems often driven by drug, alcohol, mental illness increase the potential for aggression and violence among patient presenting to the Psychiatric Emergency Department.
- Evidence from the literature reviewed concluded that patient that screen positive on the BVC eventually become violent
- Nurses level of confidence in engaging aggressive patient increases the potential to prevent escalation to crisis state
- Thus, the implementation of this tool in ED has the potential to assist staff in identifying patient with propensity for violence.

Implications/Next Steps

- The establishment of a clearly understood and simple system for reporting violent incidents
- Adoption of the tool to other clinical areas within the hospital
- The tool to be use as part of the hand-off report during shift change or transfer to other units
- Tool to be included in new nurses orientation package.

Selected Literature

- Abderhalden, C., Needham, I., Dassen, T., Halfens, R., Haug, H. J., & Fischer, J. E. (2008). Structured risk assessment and violence in acute psychiatric wards: Randomized controlled trial. *The British Journal of Psychiatry: The Journal of Mental Science*, 193(1), 44-50. doi:10.1192/bjp.bp.107.045534 [doi]
- Almvik, R., Woods, P., & Rasmussen, K. (2007). Assessing risk for imminent violence in the elderly: The brøset violence checklist. *International Journal of Geriatric Psychiatry*, 22(9), 862-867.
- Clarke, D. E., Brown, A., & Griffith, P. (2010). The brøset violence checklist: Clinical utility in a secure psychiatric intensive care setting. *Journal of Psychiatric and Mental Health Nursing*, 17(7), 614-620.

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