

Give Me Some Warning! A Tool to Recognize if Patients May Become Violent

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Introduction

This project was a quality improvement (QI) initiative to implement the Broset Violence Checklist and associated interventions. Based on the score, interventions are recommended that range from active listening, clarifying, decreasing stimuli, and verbal de-escalation for moderate risk to notifying the physician, increasing observation of the patient, offering medication, or activating a team for support with de-escalation for those that are identified as high risk for becoming violent.

Purpose and Assessment

On a medical unit, it was identified that there was a high rate of violent events occurring resulting in employee injury. There was not a current screening tool being used to identify patients who were at risk of becoming violent. The Broset Violence Checklist guides the nurses to answer questions in the electronic health record (EHR) related to six patient characteristics. A score of one to two is considered moderate risk for becoming violent and a score greater than two is considered high risk for becoming violent.

Population and Timeline

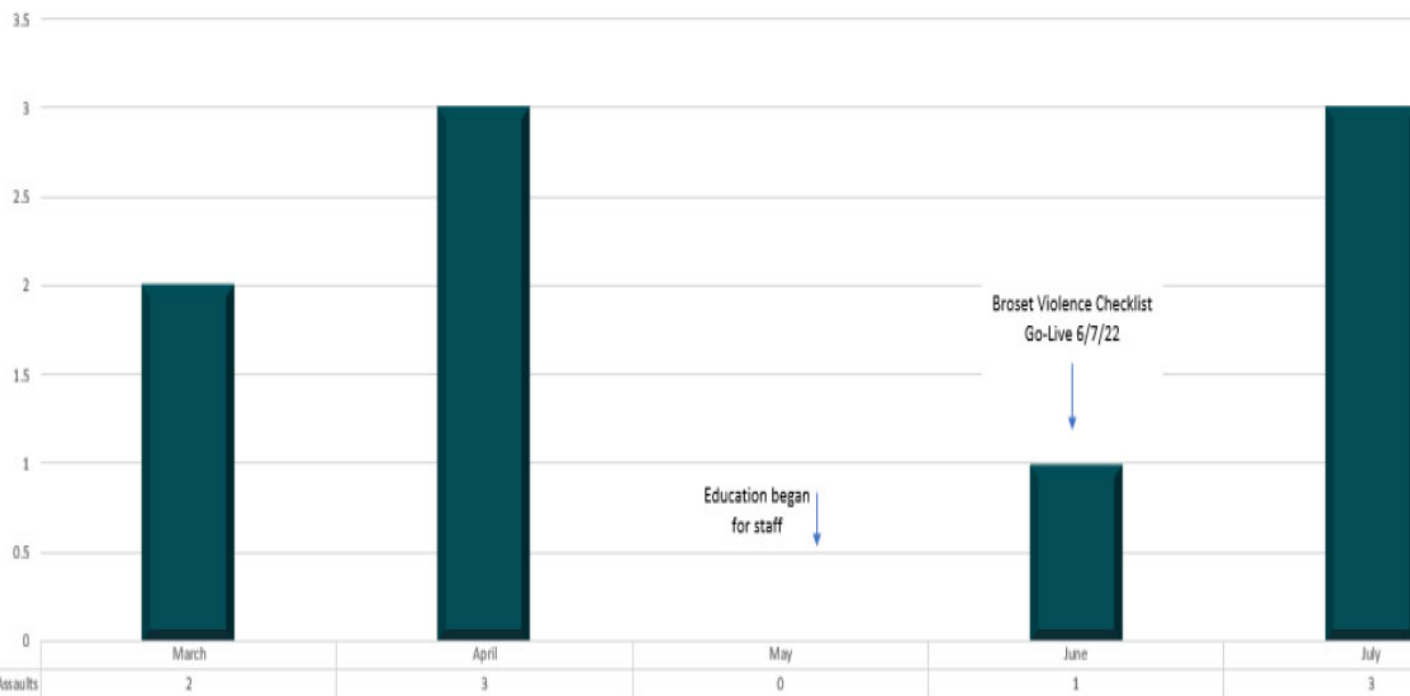
This quality improvement project was implemented on a medical unit with a high rate of staff assaults. Data for staff assaults for three months prior to the implementation was compared to data for the 2 months during the timeframe that the Broset Violence Checklist was being used. Data collected was analyzed to determine if there was a decrease in staff assaults while the tool was being used.

Results and Future Significance

Although there was not a decrease in staff assaults during this project timeframe, this QI Project gleaned insight on the need to combine an evidence-based assessment tool with an all-inclusive toolkit for staff to use to manage patient violence and aggression. This project was foundational in the establishment of a policy to guide the assessment and management of patient aggression and violence, as a policy was not in place during the project timeframe. The newly developed policy will also provide an escalation algorithm that will guide the nurse to critically think through the application of such tools. Future staff completion of de-escalation training will better guide the interventions recommended by the assessment through learned techniques and is predicted to improve staff safety.

QI Project Data

S4E Monthly Staff Assaults by Patients
 FY22



References

Doyle, K. E. (2020). *Mitigating workplace violence utilizing the Broset Violence Checklist*. Handle Proxy. Retrieved July 26, 2022, from <http://hdl.handle.net/10713/12946>

Sarver, W. L., Radziewicz, R., Coyne, G., Colon, K., & Mantz, L. (2019). Implementation of the Broset Violence Checklist on an Acute Psychiatric Unit. *Journal of the American Psychiatric Nurses Association*, 25(6), 476-486. <https://doi.org/10.1177/1078390318820668>