Implementation of the Brøset Violence Checklist to Combat Workplace Violence Events: An Evidence-Based Practice Initiative

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Background

- Healthcare workers (HCW) suffer injuries at a rate of 10.4 incidents per 10,000 work hours (US Bureau of Labor, 2018)
- Additionally, HCWs are 5x more likely to suffer WPV than the general workforce
- Tolerance of workplace violence (WPV) and underreporting are two major contributors
- OSHA, RNAO, & NICE strongly recommend routine patient screening of all patients to identify those at high risk for committing violence
- Triggering event: 154% increase in WPV events in FY 22-23 at target healthcare institution.

Purpose Statement

The purpose of this evidence-based practice initiative was to identify patients at risk for committing workplace violence events and introduce an intervention to reduce WPV events.

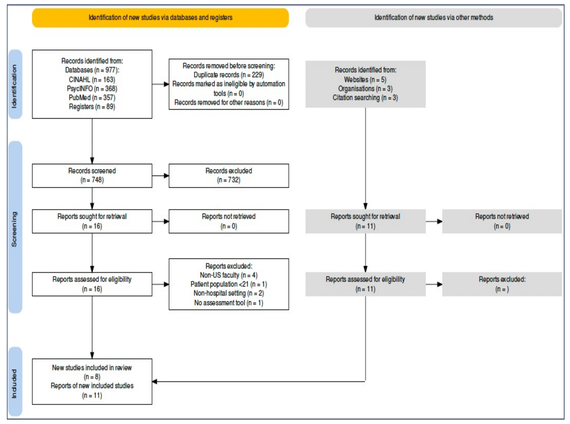
Clinical Question

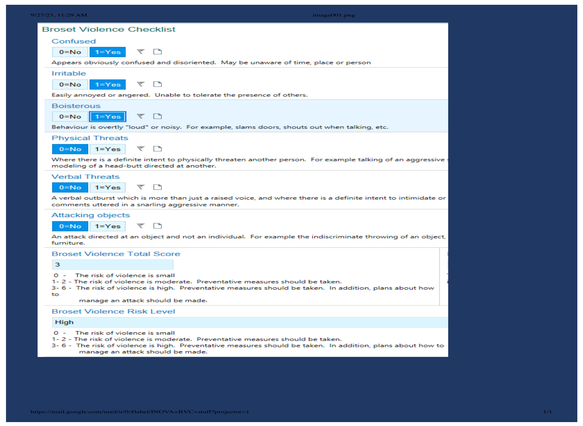
Among patients receiving care in either an inpatient or emergency department setting, does the implementation of an aggression predictor screening instrument in comparison to current practices decrease workplace violence events?

Why the BVC

- Evidence-based supported instrument
- Validated accuracy for detecting agitation
- Performed in less than 60 seconds
- Specificity 92% & Sensitivity 63% (Almvik et al., 2000)

Review of Literature





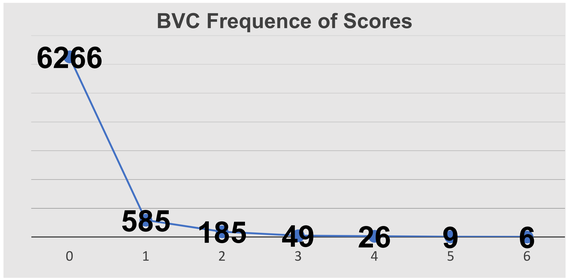
Methods

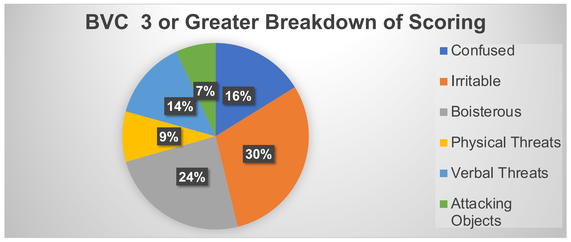
- Evidence-based initiative guided by the The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care©
- BVC integrated into EHR nursing workflow for sustainability
- BVC screening performed on all patients admitted to emergency department
- Environment: 92-bed Emergency Department
- ED MDs & RNs educated on the instrument two weeks before implementation
- Data collection via EHR included: instrument compliance, frequency of scores, demographics, & ED WPV events

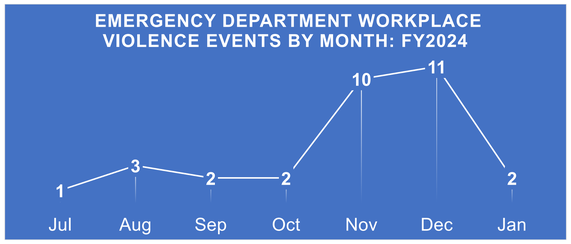
Findings

1. A majority (**98.7%**) of the BVC scores reflect no imminent risk of violence.
2. There was an increase in instrument compliance from **Month 1:** Day 40.32% Night 31.28% to **Month 2:** Day 43.23% Night 37.77%
3. Compliance with the instrument was sub-optimal. Yet, when used to identify agitation, it successfully identified **79** at-risk patients (BVC ≥ 3) over 2 months. When an intervention was administered to 37 of those patients and rescored with the BVC, 27 patients saw a decrease in their BVC score, which accounted for a **73% reduction** in patient agitation among patients receiving a rescore after an intervention.
4. Furthermore, the majority of the patients rescored with BVC had a **ZERO score** upon reevaluation after an intervention.
5. Analysis of BVC categorical components found that **Irritable, Boisterous,** and **Confusion** were the three most prevalent conditions that led to a BVC score ≥ 3.
6. WPV events increased in month 1 pre-implementation, coinciding with a project aimed at bolstering reporting. In month 2 of implementation, WPV events drastically fell.

Result Graphs







Conclusion

The majority of patients with a BVC score ≥ 3, scored at **ZERO** after intervention. This initiative demonstrated that the BVC is effective in identifying patients at risk for WPV and those for whom interventions are needed to decrease the BVC score.

References