

BACKGROUND:

Workplace violence (WPV) is on the rise. One sector victimized by this propensity towards violence is the US healthcare system. Healthcare workers are five times more likely to suffer WPV than the general workforce. This staggering discrepancy in violent occurrences is a call to arms requiring action to reverse this trend.

PURPOSE:

The purpose of this evidence-based practice initiative was to identify patients at risk of committing WPV events and introduce an intervention to promote a safe working environment.

METHODS:

Brøset Violence Checklist (BVC) was integrated into the EHR to score patient behaviors and intervene with nurse-driven interventions for patients displaying aggressive behaviors. ED patients were scored once per shift, with behavioral changes, and 60 minutes after an intervention by the nursing staff. Nurse-driven interventions commenced with a BVC ≥ 1 .

FINDINGS:

Data was collected two months post-implementation from 6,463 patients. Findings showed 1.26% of patients posed the risk of a WPV event. 79 high-risk patients were identified and 47% saw a reduction in their BVC score after an intervention. In fact, 28 high-risk patients had a BVC rescore of 0 after an intervention.

CONCLUSION:

Efforts geared toward identifying and managing patient agitation are paramount in thwarting WPV. Violence risk predictor instruments offer the ability to identify high-risk patients rapidly, note catalysts in patient behaviors, and inform clinicians about potential areas for targeted interventions.

Keywords: Risk Assessment, Checklist, Violence, behavior, predictor, Brøset Violence Checklist