Implementation of a Violence Risk Assessment Tool on the Medical Specialty Unit

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LITERATURE REVIEW

Broset tool is evidence based and is more effective than clinical judgement: 
- Accurately predicts violent behavior: 74% of the time in the first 72 hours of admission, which is significantly higher than nurse intuition alone.
- Strong language in care plans improves.
- Communication.
- Patient care.
- Data collection.
- Care outcomes.
- Greater adherence to standards of care.
- Patient-centered approach to reducing violence.
- Supports recognition of imminent violence.
- Promotes understanding of the determinants of violent behavior.
- Minimizes the escalation of behaviors.

PLAN

- Broset tool will be completed twice a shift in 24 hours (90%) of the time.
- Goal: 90%.
- BRT nurse will be entitled 100% of the time if patient is high risk for violence.
- Goal: 100%.
- Crisis care plan template will be added 100% of the time for patients with a Broset score >3.
- Goal: 100%.

DO

November 2022: Literature review, approval to implement the Broset, and education provided to staff. Pre-survey completed by MSU staff.
January-February 2023: Data collection and limitation discovery.

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STUDY

ACT

- Limited timeframe (2 months)
- Higher-than-expected violent incidents
- Population variations
- Increased SIRS calls and emergent BRT paging
- High number of float pool RNs
- Lack of comprehensive training on the Broset and crisis plans
- Identified documentation process was time laborious

IMPLICATIONS

- Consistent assessments and documentation are essential to determine whether the change has led to an improvement.
- Individualized crisis care plans offered consistent interventions and enhanced communication amongst interdisciplinary team members, including security.
- Collaborative debriefing emerged as an important practice that will continue to be utilized to maximize patient and staff safety.
- Flagging charts when there is a known history of violence promotes early recognition of violence potential and prompts proactive planning for safety.
- Identify efficient documentation process for measuring outcomes.

DISCUSSION

Overall, goals were not met, but there were identified gaps and learning opportunities identified:
- Staff perception of adequate access to assessment tool. Goals were not met, but there was an increased trend (42%) in staff feeling like they had tools.
- SIRS reports increased due to lower threshold to call security as part of the crisis care plan.
- Average number of BRT calls increased during time frame.
- Select patients with multiple violent events impacted data; therefore, data collection over a longer time frame would be more accurate.

Recommendations:
- Continued evaluation of the Broset tool on the unit.
- De-escalation education for all staff working on the unit.
- Continue interdisciplinary collaboration to discuss areas for improvement and plan for future changes.