

Doctor of Nursing Practice Project: Impact of the Brøset Violence Checklist (BVC) on Safety in an Inpatient Mental Health Unit

Tess Bernardo, MSN-Ed, BSN-RN, CNE, PCCN-K & Catherine Mann, EdD, RN, CNS



Introduction

Workplace Violence as a Global Problem

There is an increased global risk of violence among health workers (WHO, 2023) that may result in physical, emotional, and psychological harm to patients and staff; resulting in emergency room visits, hospitalizations, increased medical costs, and victim mortality (Grossman & Choucair, 2019). Workplace violence (WPV) involving patients, families, and healthcare workers is an escalating public concern (Bellman et al., 2022).

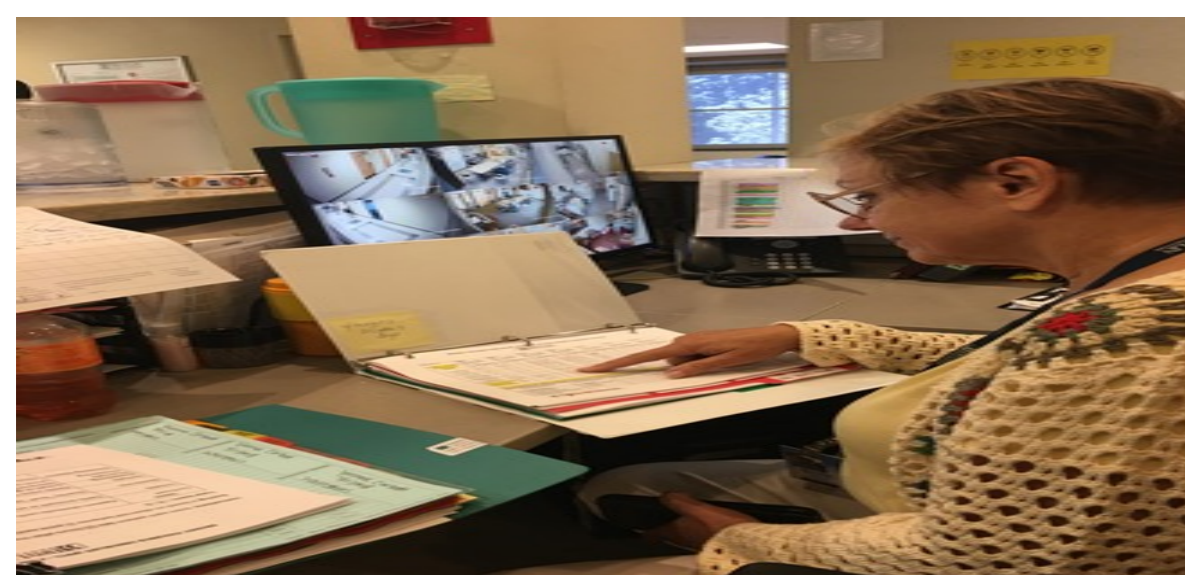
Workplace Violence in Behavioral Health

Mental health facilities are at a higher risk for the occurrence of safety events (Hawkins & Ghaziri, 2022). Safety events in inpatient psychiatric units are considered non-drug adverse events that cause physical, emotional, and psychological harm to patients and staff (Marcus et al., 2021).

The practicum site had a monthly average of 21.67 safety events in 2022, of which 46.15% were violence-related.

Study Aim

The aim of this project was to improve the safety of patients and healthcare workers through the implementation of the Brøset Violence Checklist (BVC).



Project Question

For adults aged 18 and older in an inpatient mental health hospital, what is the impact of implementing the Brøset Violence Checklist (BVC) compared to current practice on the rate of safety events in ten weeks?

Project Methods

This project utilized a quasi-experimental, pre-post-intervention design guided by the Knowledge to Action (KTA) translational science model.

Setting and Sample: An urban inpatient mental health facility in Western NY, Patients included in the study were admitted to a 25-bed adult unit.

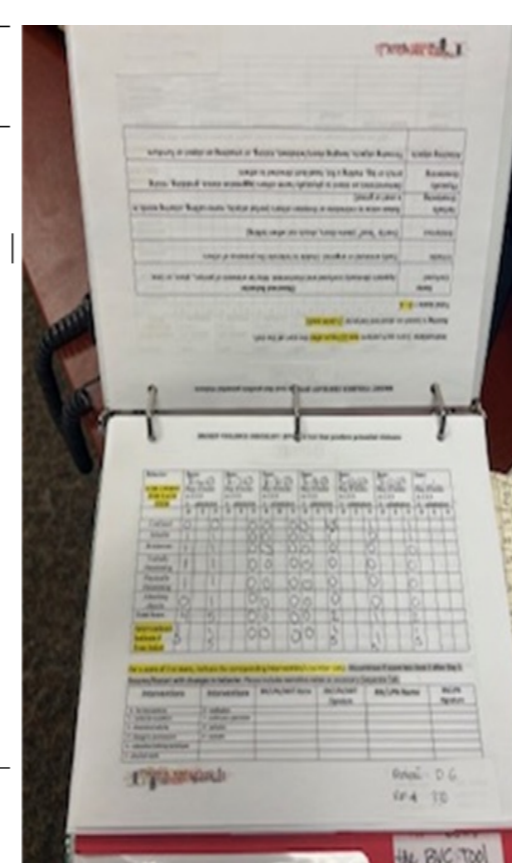
Intervention: Educational program on use of BVC tool and implementation of mitigating interventions

Data Collection:

- Safety event reports 8-weeks pre- and 8-weeks post-project implementation.
- BVC tracking sheets during the implementation phase
- Use of violence mitigating interventions

Data Analysis: Descriptive statistics

Type of Incident	Pre-Implementation (May-June)	Post Implementation (July-Aug)
Choking	1	3
Fight Between Recipient	0	2
Inappropriate Expression of Emotion	0	7
Non-Sexual Physical Contact	0	0
Physical Aggression	1	0
Physical Assault	0	0
Self-Harm	2	2
Sexual Assault	0	0
Sexual Inappropriate Behavior	3	1
Suicidal Gesture	1	0
Verbal Aggression	0	0
Total	8	15
Average per Month	4	7.5

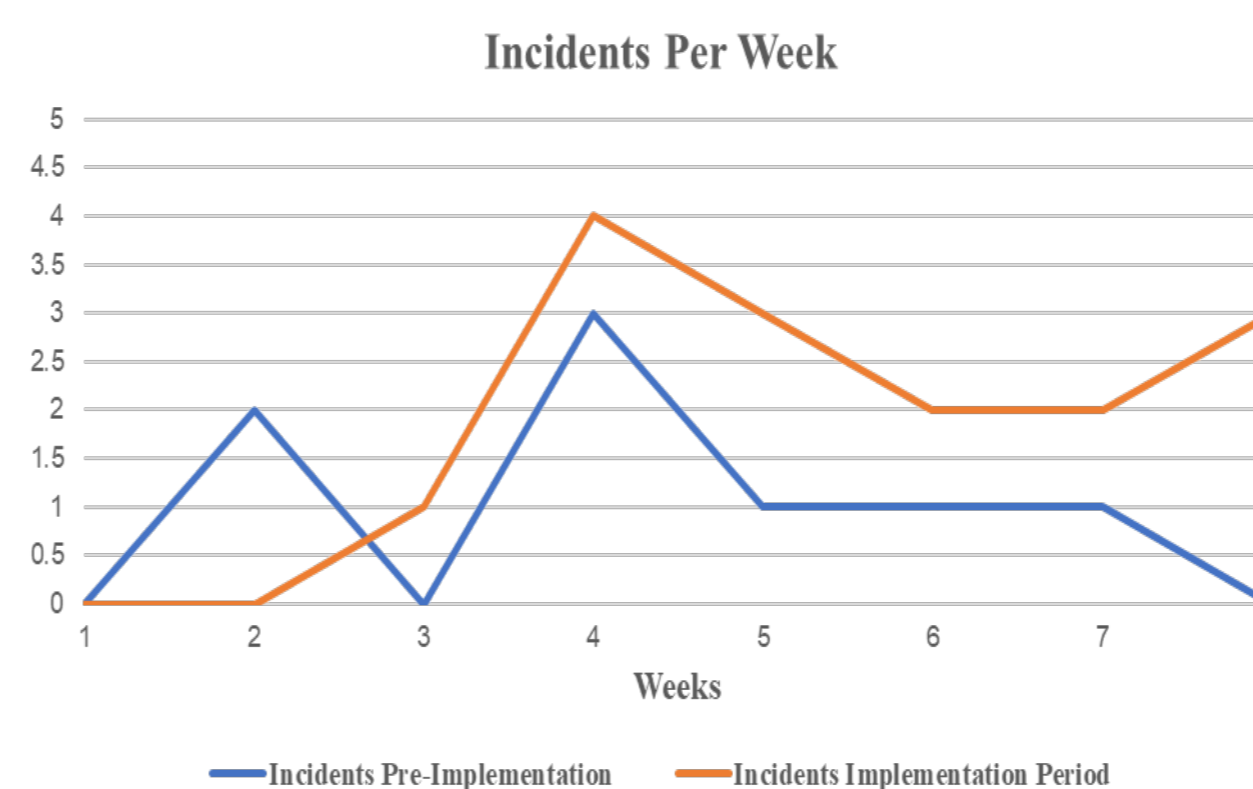


BVC Scores

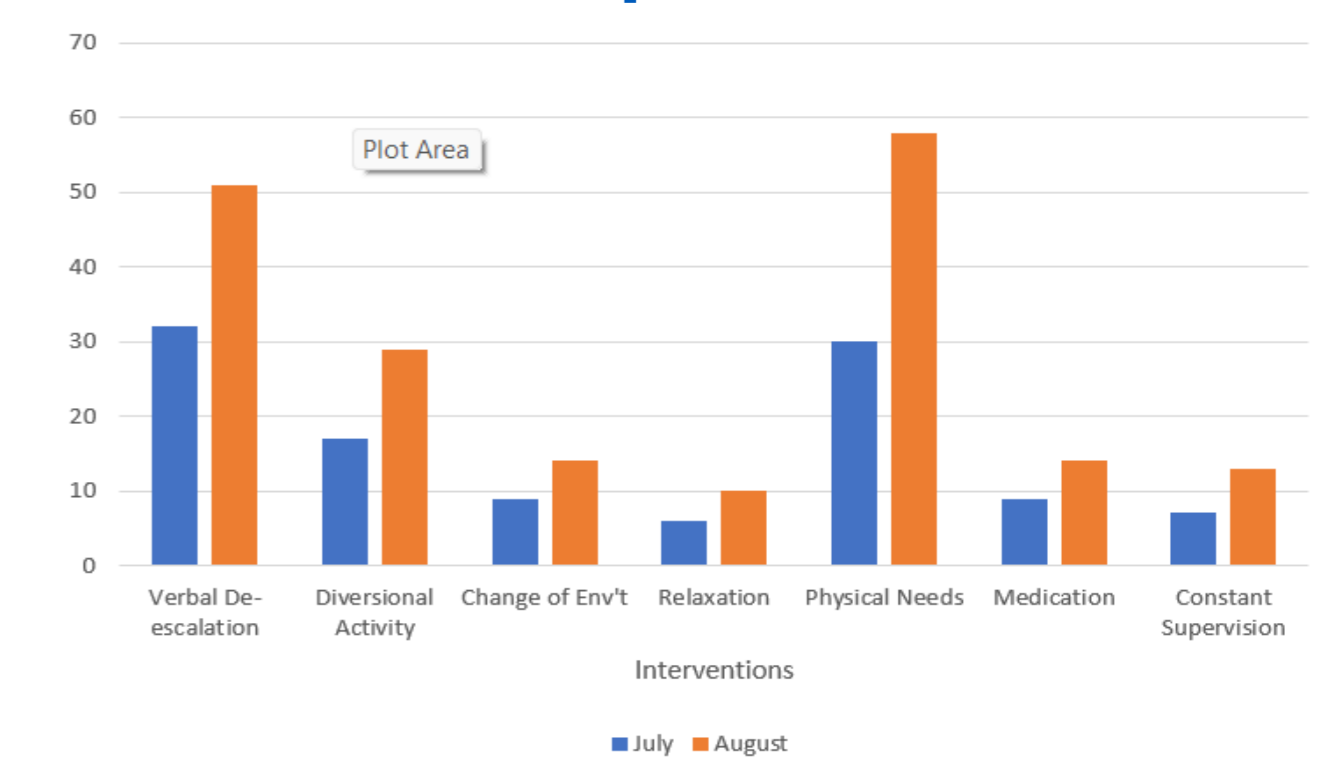
BVC Score	July BVC Score	%	Aug BVC Score	%
0	292	75.65	80	71.43
1	55	14.25	17	15.18
2	21	5.44	8	7.14
3	12	3.1	2	1.785
4	4	1.04	2	1.785
5	1	0.26	3	2.68
6	1	0.26	0	0
Total	386	100	112	100

Results

- Nurses trained (n = 17)
- Patients assessed with BVC Tool (n = 126)
- Assessments during the implementation phase from 3 shifts (n = 498)
- BVC scores demonstrate risk for violence (n = 126)
 - Moderate risk for violence (n = 101)
 - High risk for violence (n = 25)
- Of the 126 reported scores for patients at-risk for violence, 23 adverse safety events occurred (18%)
- Mitigating interventions (MI) (n = 266) during the implementation phase, 79% increase in MI in Month Two of the project



Interventions per Month



Conclusion

A large number of BVC scores indicated a risk for violence in the setting. Although the number of reported safety events at the setting increased during the intervention phase, this number is only a small percentage of potential adverse events. This may be attributed to the implementation of mitigating interventions for at-risk patients.

Implications

- Violence in inpatient psychiatric units (IPU) is predictable and preventable.
- The BVC tool coupled with MIs may reduce safety events in IPU.
- Recommendations to the practice site:
 - Integration of the BVC tool in safety policies and the planned electronic health record rollout.
 - Annual staff education on de-escalation
 - Testing the BVC tool with MIs in the child/adolescent unit.

References

