

Impact of Brøset Violence Checklist (BVC) on Safety in an Inpatient Mental Health Unit

Maritess Bernardo, MSN-Ed,BSN-RN,CNE,PCCN-K, University at Buffalo

Co-Author(s): Catherine Mann, EdD,RN,CNS, University at Buffalo; Donnette Blachura-Hong, MSN,RN, University at Buffalo - Buffalo, NY

Topic: Leading & Advancing Improvements in Health, Health Care, & Higher Education

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Abstract

Background/Introduction

Workplace violence (WPV) is an escalating concern among healthcare workers. WPV may cause physical, emotional, and psychological harm to patients and staff; resulting in emergency room visits, hospitalizations, increased medical costs, and victim mortality. Inpatient mental health facilities are at higher risk for safety event occurrences.

Purpose

This Doctor of Nursing Practice (DNP) quality improvement project utilizes the evidence-based Brøset Violence Checklist (BVC) in an inpatient adult mental health unit to mitigate risk, proactively implement harm reduction strategies, and promote a culture of safety at an urban inpatient adult mental health unit. Findings from the project will be used to develop evidence-based practice guidelines and policies at the institution.

Methods or Processes/Procedures

A pre- post-intervention design is being used (July-September 2023) to investigate the impact of the BVC on safety events. Nursing staff education was provided prior to BVC implementation. Data collection includes process measures (BVC compliance) and outcome measures (BVC score, safety events, and implementation of de-escalation interventions).

Results

To date, 17 nurses were trained and 106 patients have been screened. All nurses have demonstrated competent use of the BVC. Preliminary results demonstrate a decrease in the number of safety events and implementation of structured de-escalation interventions with patients scoring 2 or greater during screening with the BVC.

Limitations

The study is limited to one adult inpatient mental health facility.

Conclusions/Implications for Practice

Preliminary results indicate that BVC is effective in reducing the occurrence of safety events in an adult inpatient mental health unit. Findings from the project may be used to lead change including development of policy and procedures specific to the implementation of the BVC, continued outcome evaluation, and ongoing education on de-escalation interventions. A recommendation to the institution includes further analysis of BVC use in additional units.

Biography

Tess Bernardo is a full-time clinical instructor at the Undergraduate Program School of Nursing of the University at Buffalo in New York. She is a masters-prepared registered nurse and a DNP-graduate awaiting degree conferral from Chamberlain University. She holds a certification in nursing education (CNE) from the National League of Nursing (NLN), is certified as a progressive care registered nurse (PCCN-K), and is a Beacon awards reviewer for the American Association of Critical-Care Nurses (AACN). Her diverse clinical background and specialty in medical cardiology and dialysis provide credibility in educating aspiring nurses. She advocates improving healthcare through lifelong learning.

Contact Information

Maritess Bernardo, MSN-Ed, BSN, CNE. PCCN-K

Clinical Instructor

University at Buffalo - Buffalo, NY

mb296@buffalo.edu

(716) 829-3231
