ASSAULT PREVENTION THROUGH USE OF RISK FOR VIOLENCE SCREENING TOOL

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Background

- Healthcare workers (HCWs) in Emergency Departments (EDs) experience a high rate of workplace violence (WPV) perpetrated by patients.
- Registered Nurses (RNs) are exposed to WPV at higher rates than other healthcare professionals.
- WPV has negative effects on the quality of life and retention of HCWs, and on the quality of medical care provided to patients.

Purpose Statement

- To implement and evaluate the effectiveness of a risk for violence screening tool (RVST) in an urban, academic trauma center emergency department to reduce assaults against staff through an alert system and focused assault prevention strategies.

Implementation

- Quality Improvement Project with pre- and post-comparison of data on physical assaults and behavioral events.
- A risk for violence screening tool was developed based on the facility, socioecological framework, and the literature-based risk factors for assaultive behaviors.
- All patients were screened for the risk for violence upon arrival and an EMR alert system warned HCWs to implement assault prevention strategies.

Socio-Ecological Framework

Plan-Do-Study-Act Framework

- Act: Collect baseline data of # of physical and verbal assaults
- Identify risk factors for violence at organization
- Create Risk for Violence Screening Tool (RSVT)
- Triage screening tool on paper and measure results
- Add RSVT to EMR

- Study: Analyze results of the trial
- Educate nurses and providers
- Implement risk for violence screening tool at triage
- Identification of risk to generate warning symbol on EMR
- Staff to implement assault prevention strategies

- Do: Identify whether risk for violence screening tool is being effective
- Identify risk factors should be included
- Identify what additional actions are needed to modify tool, modify safety measures or staff actions
- Provide additional training

Results

- Patient to staff physical assaults range decreased from 1 - 4 to 0 - 1 in the last 5 months of the project.
- Accuracy and compliance with risk for violence screening at triage of patients who were assaultive increased from 33% compliance and 0% accuracy to 94% compliance and 83% accuracy.
- Situational triggering event themes included: discharge (30%), waiting (16%), transition (21%), treatment (18%) and other (14%) emerged.

Situational Triggers

Conclusions

- Risk for violence screening upon arrival, an alert system, and assault mitigation strategies reduce physical assaults and provide an opportunity for nurse leaders to promote ED workplace safety.