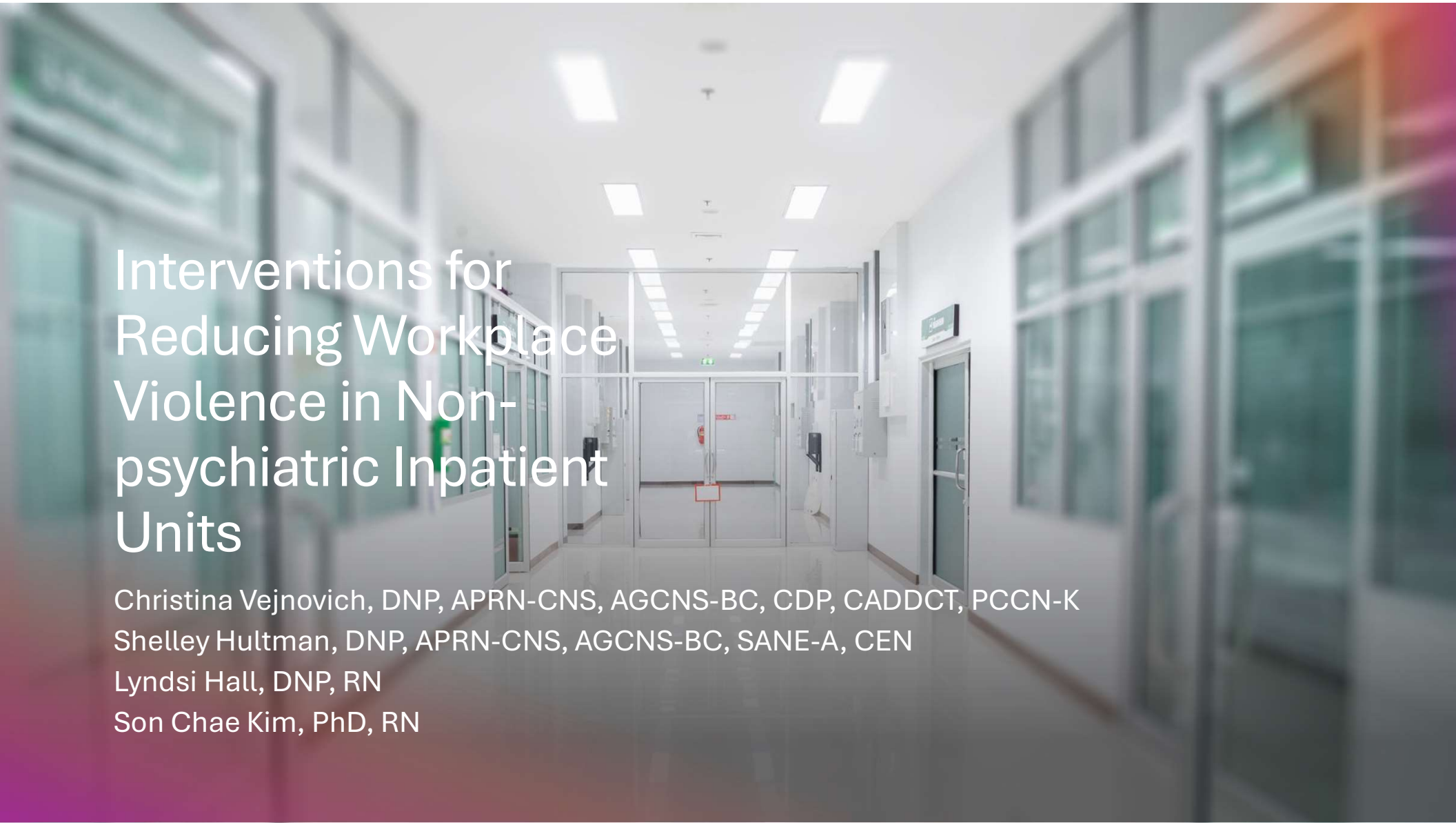


Interventions for Reducing Workplace Violence in Non-psychiatric Inpatient Units

Christina Vejnovich, DNP, APRN-CNS, AGCNS-BC, CDP, CADDCT, PCCN-K
Shelley Hultman, DNP, APRN-CNS, AGCNS-BC, SANE-A, CEN
Lyndsi Hall, DNP, RN
Son Chae Kim, PhD, RN

Academic-Practice Partnership Project

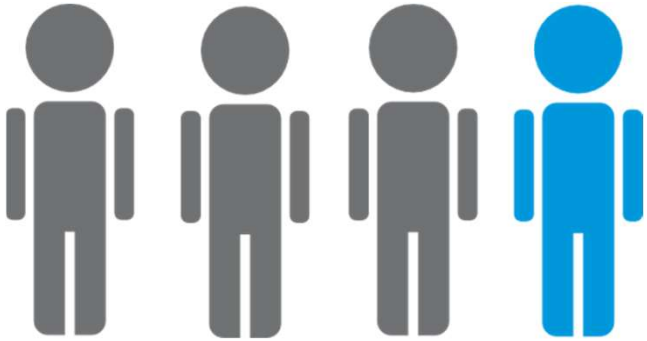
POINT 1902 LOMA
NAZARENE UNIVERSITY

METHODIST
HOSPITAL

Learning Objectives

Describe	Describe validation of the Aggressive Behavior Risk Assessment Tool for Hospitalized Patients (ABRAT®-H) for identifying potentially violent patients in non-psychiatric inpatient units.
Evaluate	Evaluate the effectiveness of targeted preventive interventions for hospitalized patients at high risk of violence.
Design	Design evidence-based workplace violence prevention programs in non-psychiatric inpatient units.

Workplace Violence (WPV)



1 in 4 Nurses physically assaulted

(ANA, 2019)

Every hour, >2 nurses assaulted in US

Patients most common perpetrators

(NDNQI, 2022)

Centers for Medicare & Medicaid Services (11/28/2022)

- Failure to prevent WPV → Risk to reimbursement (Condition of Participation)
- Medicare-certified hospitals have regulatory obligations:
  - Identify potentially violent patients
  - Implement a patient risk assessment strategy
  - Train & educate staff for violence mitigation strategies

WPV in Non-Psychiatric Inpatient Units

Factors associated with ↑WPV:

- Nurses' heavy workload
- Patient with high acuity levels
- Patient/family complaints

Ineffective staff communication linked to aggression in patients

> 40% of all hospitalizations are older adults

Approximately 1/3 of older adults develop delirium while hospitalized

↑ Violence risk with co-existing psychiatric disorders, anxiety, or cognitive impairment

Significance

- Hasty adoption of WPV prevention programs of unproven effectiveness
- Few interventional studies showing effective prevention of WPV
- Interventions targeting high-risk patients may be better than universal precautions
- Use of Brøset Violence Checklist (BVC) + medications, behavior modification, and psychiatry consult (Adams et al., 2024)
  - ↑ in staff assaults
  - BVC not validated for med/surg units
- Many organizations using EPIC adopted DASA
  - Originally developed for use in psychiatric inpatient units
- Urgent need for effective programs using a validated screening tool in non-psychiatric inpatient units

Purpose

- To evaluate the effectiveness of a WPV prevention program in non-psychiatric inpatient units
  - Use of a validated screening tool
  - Targeted interventions for the patients at risk of violence.
- Primary outcome: WPV rate
  - The number of patients perpetrating one or more instances of violence per 100 patients
- Secondary outcome: Rate of physical assault

Nebraska Methodist Hospital

- Not-for-profit, 475 Licensed bed acute care hospital serving the metropolitan-Omaha area.
  - Magnet Hospital
  - NICHE Exemplar Status
  - 5 Anchor Service Lines
  - > 50% of patients ages 65 years or older

Sample

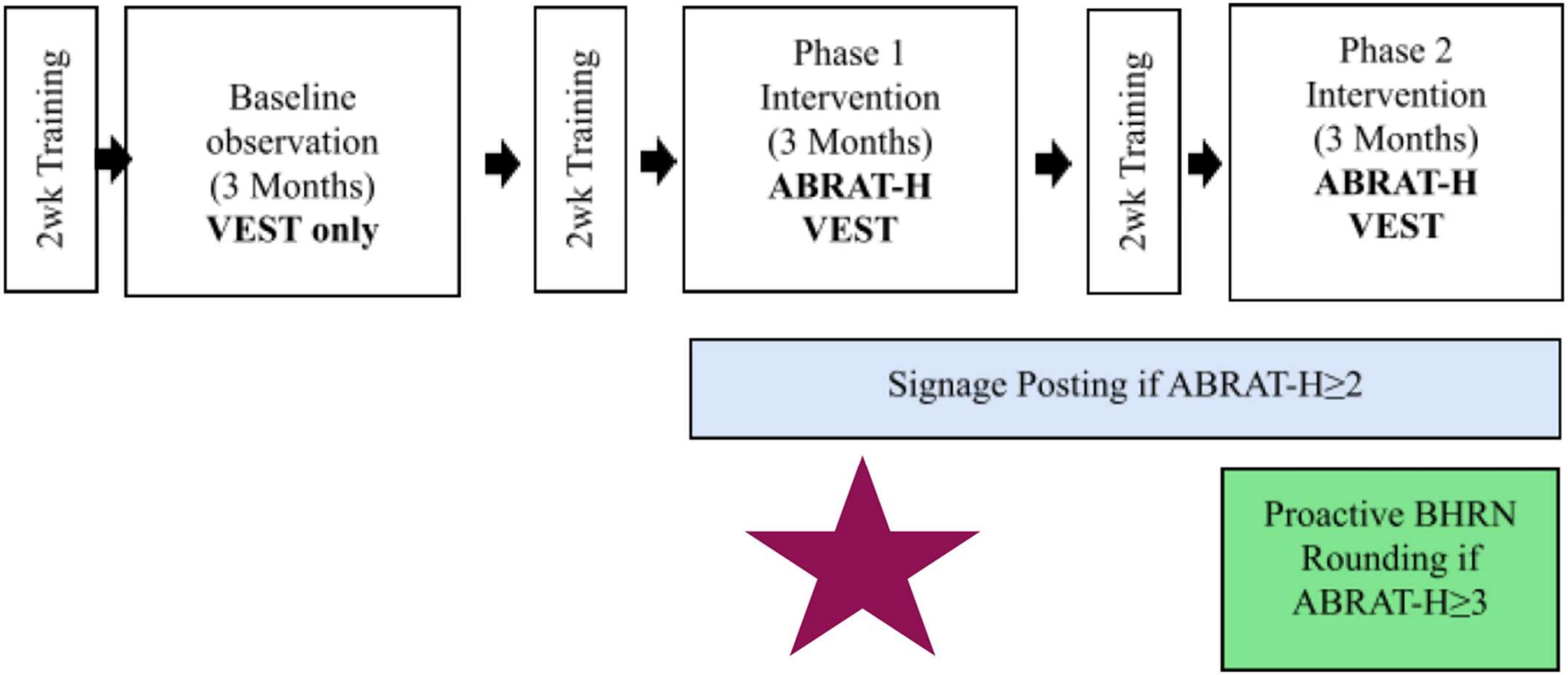
4 Inpatient Units:

- Acute Care for Elders (ACE)
- Medical Surgical Unit
- Orthopedic/Neurology Unit
- Medical Observation Unit

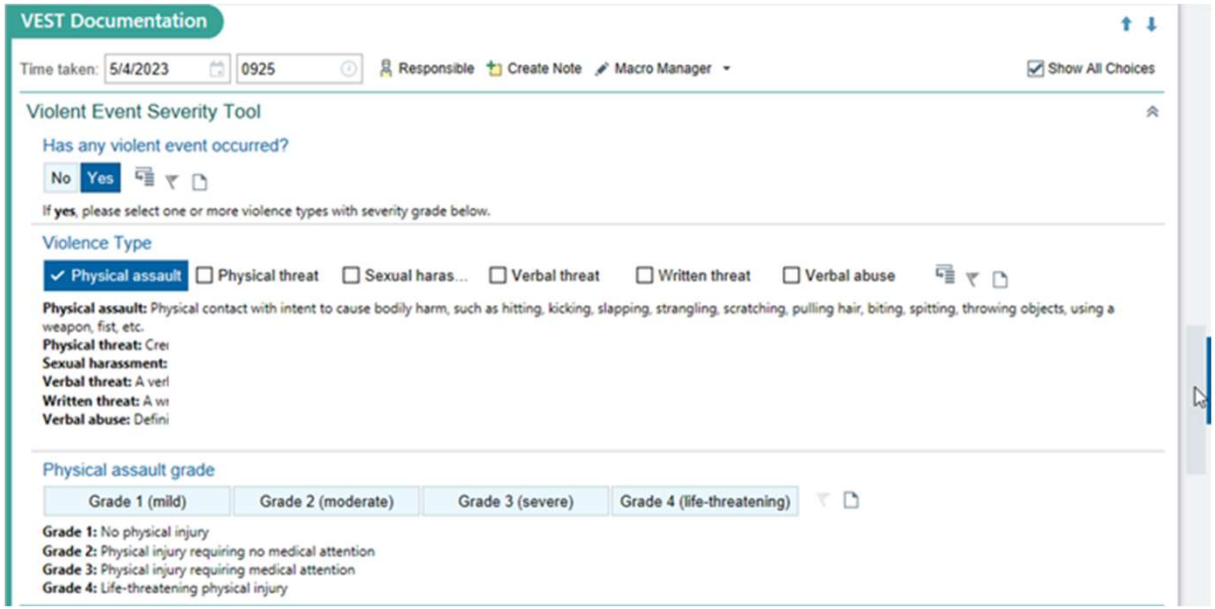
Inclusion Criteria:

- 19 years and older
- Patients admitted or transferred to study units

Methods


2wk Training
Baseline observation (3 Months) VEST only
2wk Training
Phase 1 Intervention (3 Months) ABRAT-H VEST
2wk Training
Phase 2 Intervention (3 Months) ABRAT-H VEST
Signage Posting if ABRAT-H≥2
Proactive BHRN Rounding if ABRAT-H≥3

Violent Event Severity Tool (VEST™)

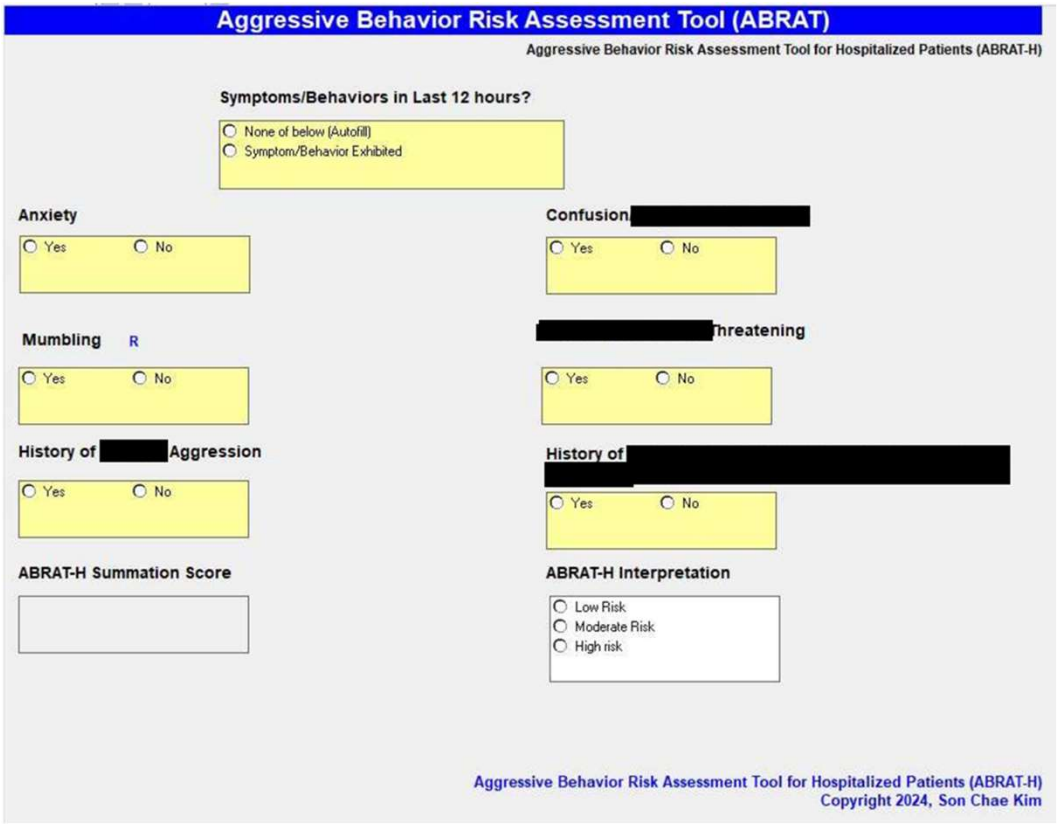


- Six types of WPV:
  - Physical assault
  - Sexual harassment
  - Physical threat
  - Verbal threat
  - Written threat
  - Verbal abuse
- Four Severity Grades:
  - Grade 1 (Mild)
  - Grade 2 (Moderate)
  - Grade 3 (Severe)
  - Grade 4 (Life-threatening)

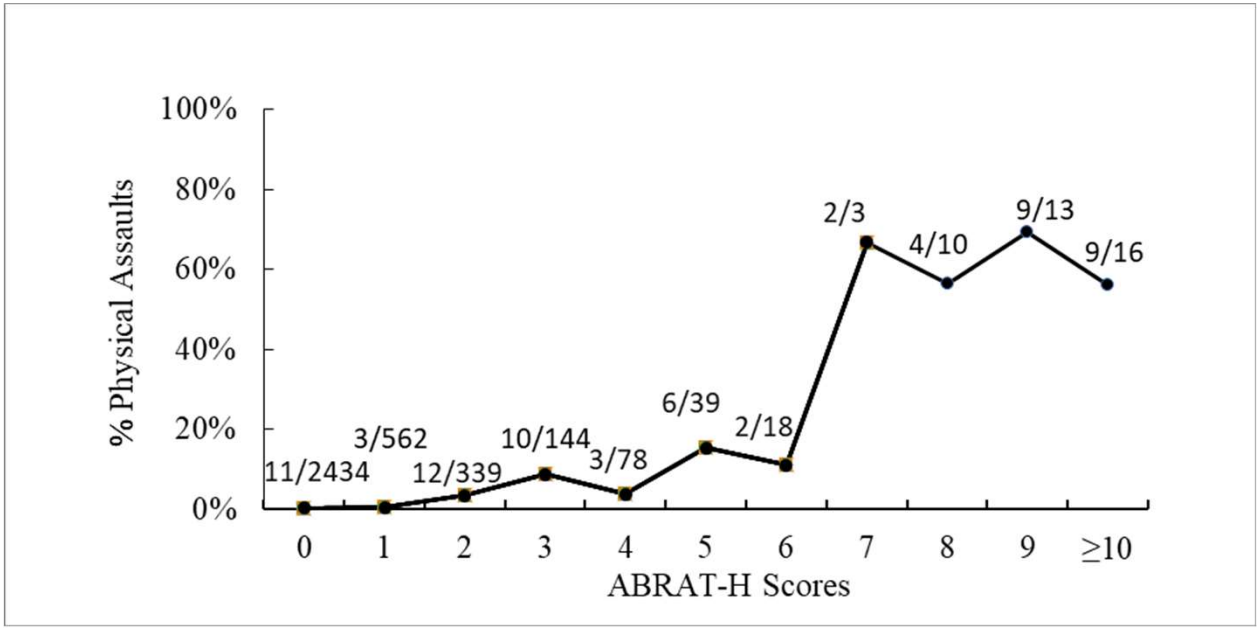
Psychosocial-Coping	
Violent Event Severity Tool (VEST)	
VEST-Has a violent event occurred?	Yes
VEST-Violence Type	Physical Assault, Physical Threat, Verbal Threat, Written Threat, Verbal Abuse, Sexual Harrassment, Other Behaviors of Concern
VEST-Physical Assault	
VEST-Physical Threat	
VEST-Verbal Threat	
VEST-Written Threat	
VEST-Verbal Abuse	
VEST-Sexual Harassment	
VEST-Other Behaviors of Concern	

ABRAT™-H Validation Study (N=1,179)

- Aggressive Behavior Risk Assessment Tool for Hospitalized Patients (ABRAT®-H)
  - 6-item screening checklist validated for identifying potentially violent patients in non-psychiatric hospital units.



% Violent Patients vs. ABRAT™ -H scores



Phase 1:
Staff Education & Signage

- Staff Education:
  - Completed Crisis Prevention Intervention (CPI) training within 2 years of study.
  - Received 1-hour live education session
    - Study intervention training
    - Verbal de-escalation / situational awareness
    - Preventing and de-escalating behavioral expressions in persons with dementia or delirium
- Signage
  - Star signifies that the patient is at **RISK** for aggressive behavior, not that they are known to be aggressive.

Phase 2: Behavioral Health Response Nurse(BHRN)

Who:

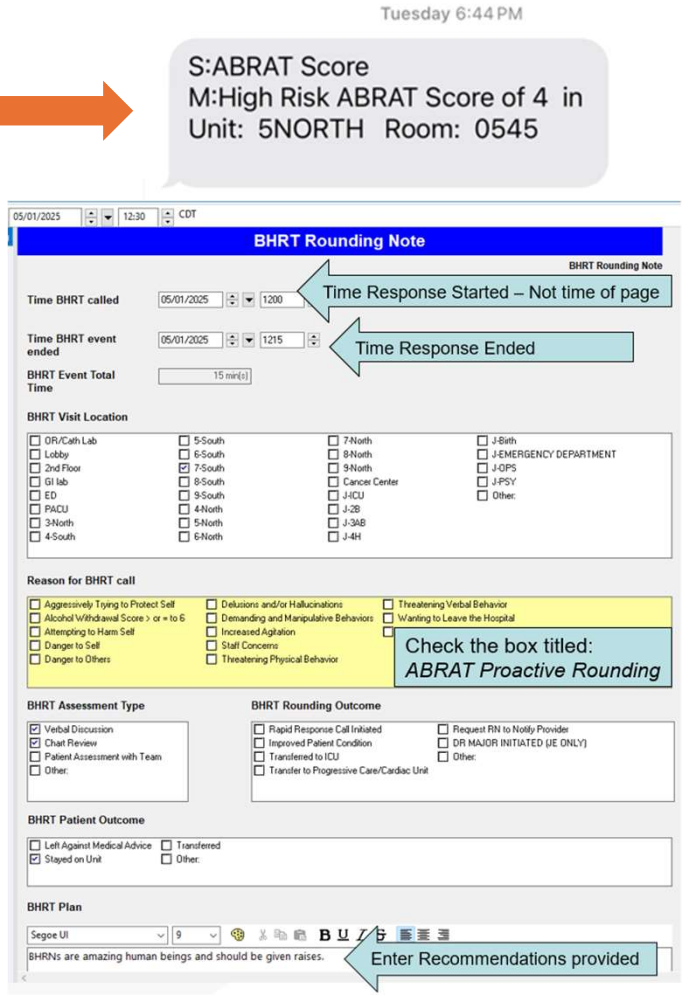
- Charge nurse on Acute Care for Elders Unit and Medical/Surgical unit.

Training:

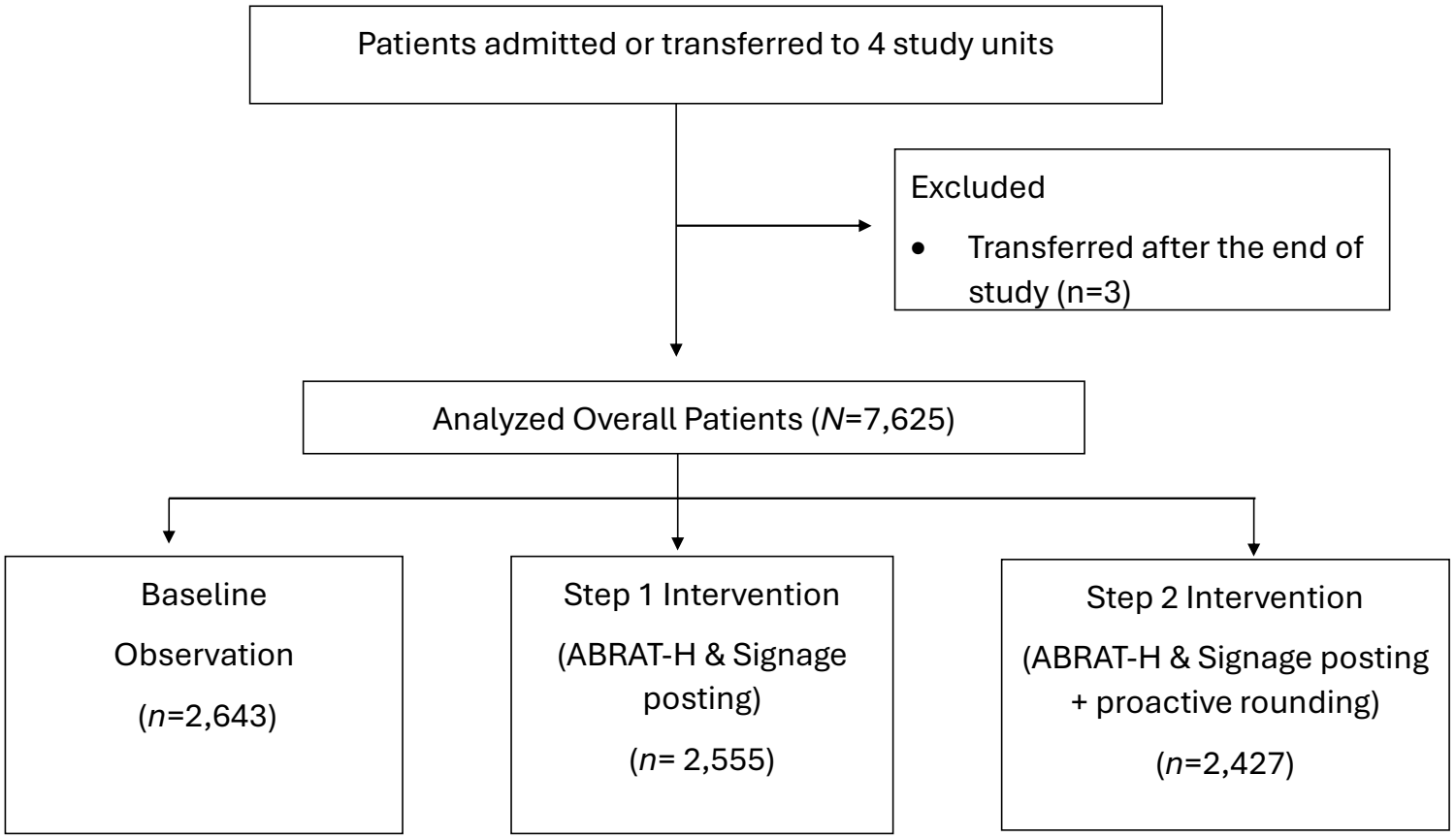
- Previous training as a Behavioral Health Response Team (BHRT) member.
- Crisis Intervention® Training from the Crisis Prevention Institute (CPI)
- 3-Hour training session:
  - SUD, psychiatric disorders, aggressive behaviors, cognitive impairment

Proactive **BHRN Response**

- BHRNs receive a page when the patient scores high risk for the first time.
- BHRNs perform chart review & round on staff caring for high-risk patients and make recommendations to prevent aggression.
  - Proactive round to occur within 2H of receiving the high-risk page.
  - Both BHRNs to attend.
- Notes completed on all proactive rounds by the BHRN.
  - Recommendations accessible to staff and providers.



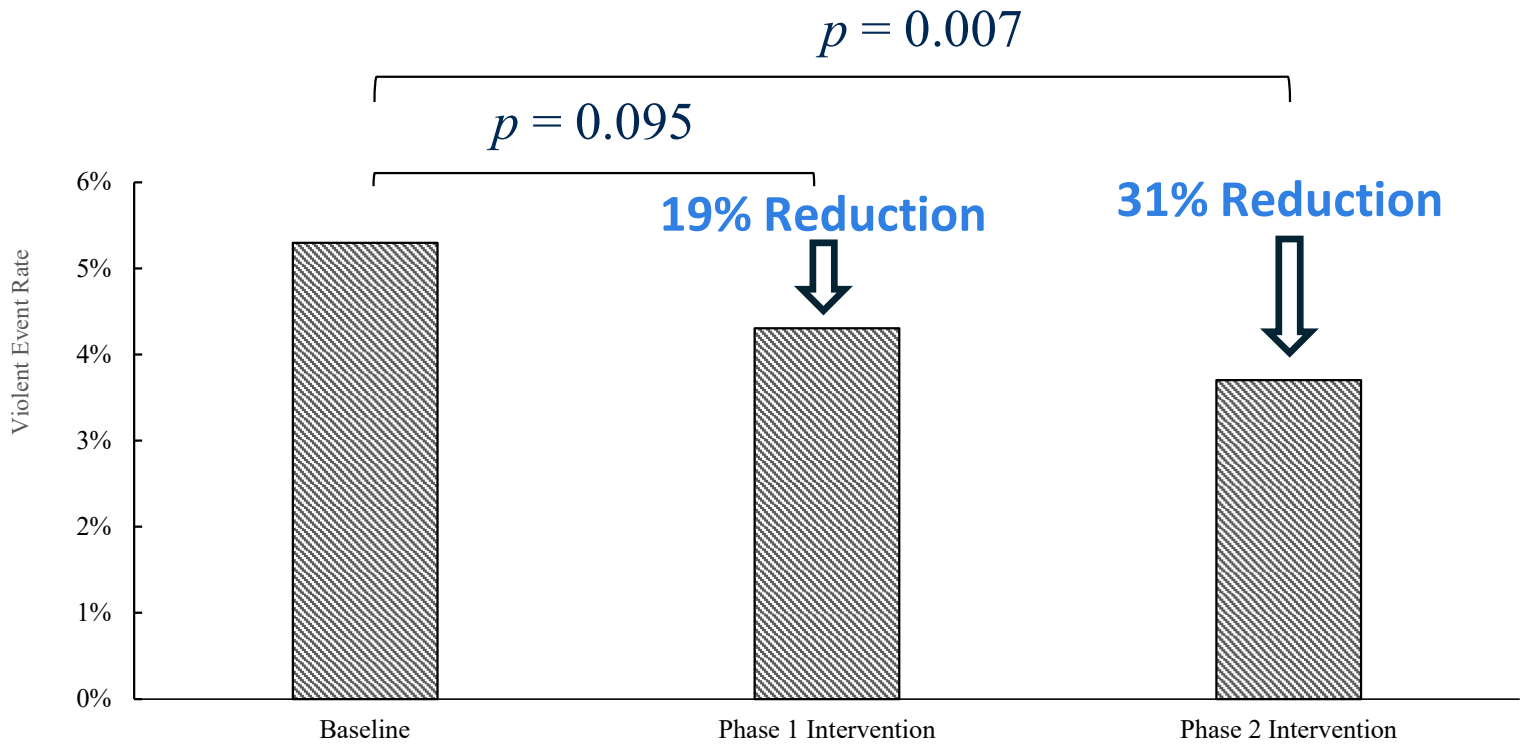
Study Flow Chart



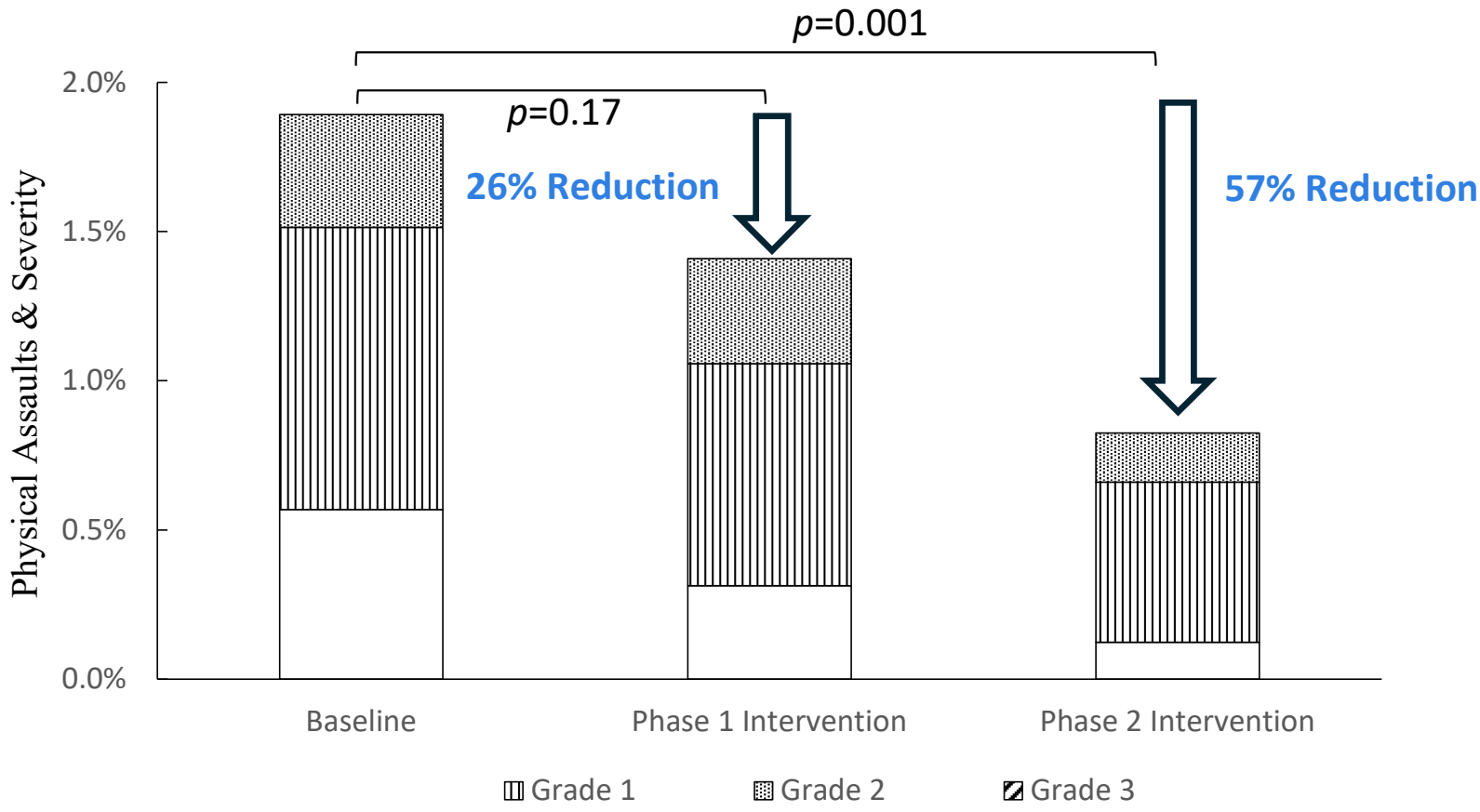
Sample Characteristics of Overall vs. Violent Patients

	Overall (*N*=7,625)	Violent (*n*=340)
Age, years, mean(range)	67 (18-90+)	72 (27-90+)
Male sex	3227 (42.3%)	160 (47.1%)
Race		
Non-Hispanic White	6829 (89.6%)	299 (87.9%)
African-American	441 (5.8%)	24 (7.1%)
Hispanic	232 (2.9%)	8 (2.4%)
Asian/Pacific Islander	52 (0.7%)	4 (1.2%)
American Indian	30 (0.4%)	1 (0.3%)
Other/Unknown	41 (0.5%)	4 (1.2%)
Days of stay, Median (IQR%)	2 (1-4%)	5 (2-9%)
Primary diagnosis, Neuro-psychiatric		
Alcohol withdrawal	89 (1.17%)	3 (0.9%)
Altered mental status/confusion	35 (0.46%)	2 (0.6%)
Dementia/Alzheimer's	16 (0.21%)	5 (1.5%)
Anxiety disorder	7 (0.09%)	1 (0.3%)
Psychosis	1 (0.01%)	1 (0.3%)
Bipolar disorder	2 (0.02%)	1 (0.3%)

ABRAT™-H + Signage Posting + BHRN Rounding: Overall Violent Events (N=7,625)



ABRAT™-H + Signage Posting + BHRN Rounding: Physical Assaults (N=7,625)



Fidelity to Intervention

- Overall compliance with the interventions
  - Phase 1 intervention: 95.1%
  - Phase 2 intervention: 84.8%
- Compliance with BHRN response among high-risk patients
  - Phase 2 intervention: 62.4%
- Documentation compliance with interventions audited each month by unit study champions

Implications for Nursing Practice

Education	• In person and interactive • Include de-escalation and prevention techniques for cognitive impairment
Signage posting	• A low-cost intervention • Persistent reminder to all clinicians, ancillary personnel, & volunteers • Encourages activation of prior safety training
Proactive rounding by BHRN	• Dedicated position recommended • Higher cost: worth the prevention of physical assaults • Provide WPV prevention support & encouragement to the nursing staff

Conclusions

- WPV is a preventable occupational hazard
- Targeted signage posting and BHRN interventions with EHR-embedded ABRAT®-H and VEST™ demonstrated effectiveness
- Complies with regulatory requirements for WPV prevention program
  - ABRAT® -ED, ABRAT® -H, and VEST™ are now listed on the Joint Commission Workplace Violence Prevention Program website.

RESOURCE

Validated EHR Embedded Tools for Workplace Violence Prevention in Healthcare

Access validated EHR embedded tools for workplace violence prevention in healthcare. The ABRAT™ and VEST™ help hospitals identify, prevent, and report workplace violence with research backed accuracy (Source: SKim™)

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Questions

Chris.Vejnovich@nmhs.org
Shelley.Hultman@nmhs.org
Lyndsi.Hall@nmhs.org
skim@pointloma.edu