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Predicting Violent Outbursts In The Emergency Department Using The Bröset Violence Checklist (BVC)

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BACKGROUND

- First hand experience at the bedside led us to uncover an absence of a formula that corresponds to a patients' behaviors that are predictive of violent outbursts.
- The Bröset Violence Checklist (BVC) consists of six violence risk predictors, where if a patient exhibits the behavior, they score a "1" for that category, and if they are not exhibiting that behavior, they score a "0." These are then added together to get the patients score. The risk behavior categories include: confusion, irritability, boisterousness, verbal threats, physical threats, and attacking objects.

	Time Assessment Performed	
Confused	0	
Irritable	1	
Boisterous	1	
Verbal Threats	1	
Physical Threats	0	
Attacking Objects	0	
Total Points	3	
Impulsivity Question: Do you do or say things without thinking?	Yes/No	Yes/No

- The BVC provides staff with information about each patients, "propensity for aggression…allowing staff to implement biopsychosocial interventions and preventitive strategies to avert aggression…" (Chu, Daffern, & Ogloff, 2013).
- Amongst 54.81% of Cedar Crest ED nursing staff, the average number of times a nurse placed a patient in violent restraints/seclusion was >15.
- Amongst 54.81% of Cedar Crest ED nursing staff, the number of IM medications given to a violent psychiatric patient was >15. These medications included Ativan, Haldol, Cogentin, and Valium.

PICO QUESTION

- Does the use of the BVC accurately predict violent outbursts in the Emergency Department in the acutely ill psychiatric population, therefore, leading to early intervention?

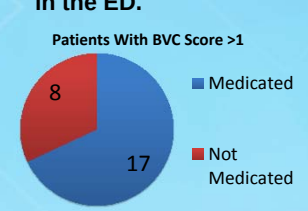
METHODS

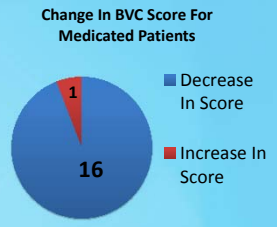
- A meeting was held with all charge nurses and the education committee to discuss the project and demonstrate usage of the BVC.
- An email was sent to all 135 Cedar Crest ED nurses with instructions for completion and a sample completed checklist for reference.
- A folder with blank copies of the BVC was placed at the nurses computer for beds 19 and 20, where we primarily keep our acutely ill psychiatric patients. Instructions and a sample of a completed scale were attached to this folder.
- Following a two month pilot study in the ED, a questionnaire regarding satisfaction and experience was sent to all 135 Cedar Crest ED nurses.

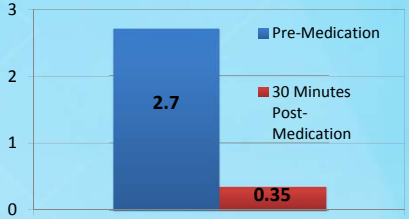


RESULTS

- 52 patients were observed during our study period. Of these, 25 patients scored >1 throughout their stay in the ED.







Average BVC Score In Relation to Medicinal Intervention

CONCLUSIONS

- 64.86% of respondent's believe that our acutely ill psychiatric patients are not medicated in a timely fashion.
- Zero patients were restrained after pharmacological intervention.
- Data collected through our pilot study revealed that the Bröset Violence Checklist accurately predicts violent behavior in the psychiatric patient population presenting to the ED.

REFERENCES

Chu, C. M., Daffern, M., & Ogloff, J. R. (2013). Predicting aggression in acute inpatient psychiatric setting using BVC, DASA, and HCR-20 Clinical scale. *The Journal of Forensic Psychiatry & Psychology*, *24*(2), 269-285.

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