

# Management of Hospital Violence in High-Risk Patient Populations: Utilizing Brøset Violence Checklist with Proactive C-L Psychiatry Consultation

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## Introduction

- Patients with altered mental status (AMS) are more likely to escalate to violence and staff assaults.<sup>1</sup>
- This behavior is frequently seen in geriatric patients who suffer from dementia and delirium.
- Rates of dementia are predicted to increase exponentially, creating a need for innovation in hospital care.
- Patients affected by these disease processes often led to:
  - Increased use of restraints
  - Additional medication administration
  - Longer length of stay.<sup>2</sup>
- Objective identification of these at-risk patients could lead to earlier intervention, decreased restraint use and subsequent length of stay.

## Methods

- Baseline data around restraint use and assessment of public safety call reports on the unit was collected between January 2021 and May 2021.
- Three interventions were implemented simultaneously at Tufts Medical Center (TMC) from June 2021 to December 2021.
  - Education around safe de-escalation practices
  - Objective screening with the Brøset Violence Checklist (BVC)
  - Escalation algorithm including proactive psychiatric consultation
- Data around restraint use and public safety calls made on the unit was gathered from June 2021 to October 2021.
- Public safety call reports were analyzed to assess which patient populations were impacted by these interventions.
- Qualitative analysis of public safety calls assessed whether additional education led to changes in language from punitive-based to patient centered.

## Disclosure and Additional Regards

All of the authors listed have no financial disclosure to list. Additional regards to the nursing staff on Proger 5 North Unit and Public Safety Team, including Head of Public Safety Robert Devlin.

## Results

- During the active interventions, there was a mild, not significant reduction in public safety calls and restraint use ( $p=0.81$ ;  $p=0.43$ ) (Figure 1 and 2).
  - The baseline restraint use was 3.4% shown by the dashed line in Figure 2.
- A total of 31 public safety calls were assessed from January 2021 to May 2022.
- Review of the patient populations assessed by public safety showed a predominance of those over age 60 (52%) as well as those suffering from documented AMS, delirium, and/or injury to the brain (65%).
- During the active intervention phase (June 2021 to December 2021), there was a reduction in public safety calls for those over the age of 60 (Table 1).
- Qualitative analysis of safety calls showed an increase in use of patient-centered language and a reduction in punitive language, sustained after the intervention (Figure 3).
- After the interventions (January 2022 to May 2022), there was an increase in the percentage of public safety calls involving patients greater than 60 from baseline data (January 2021 – May 2021) (Table 1).

Figure 1: Public Safety Calls

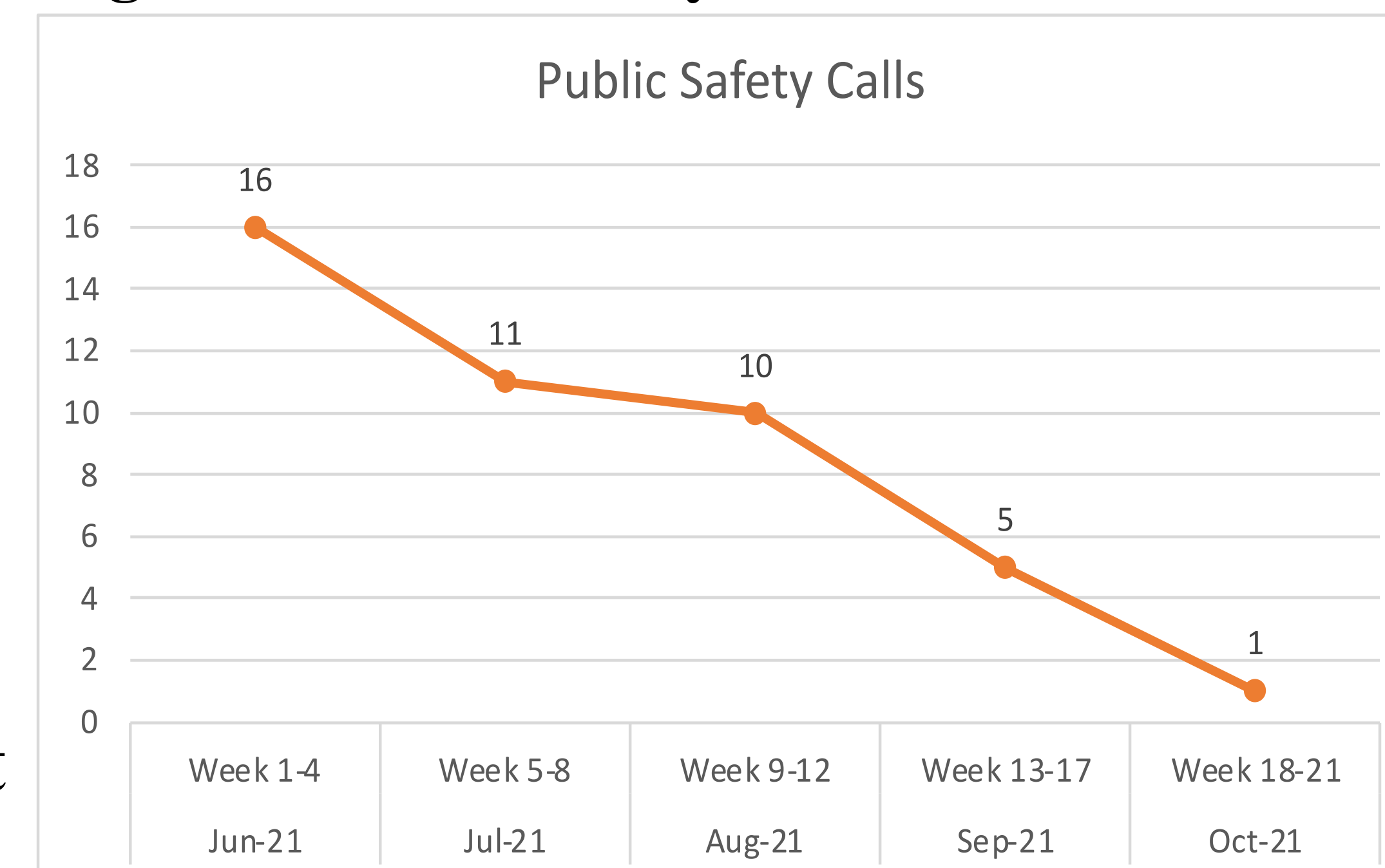


Figure 2: Restraint Use

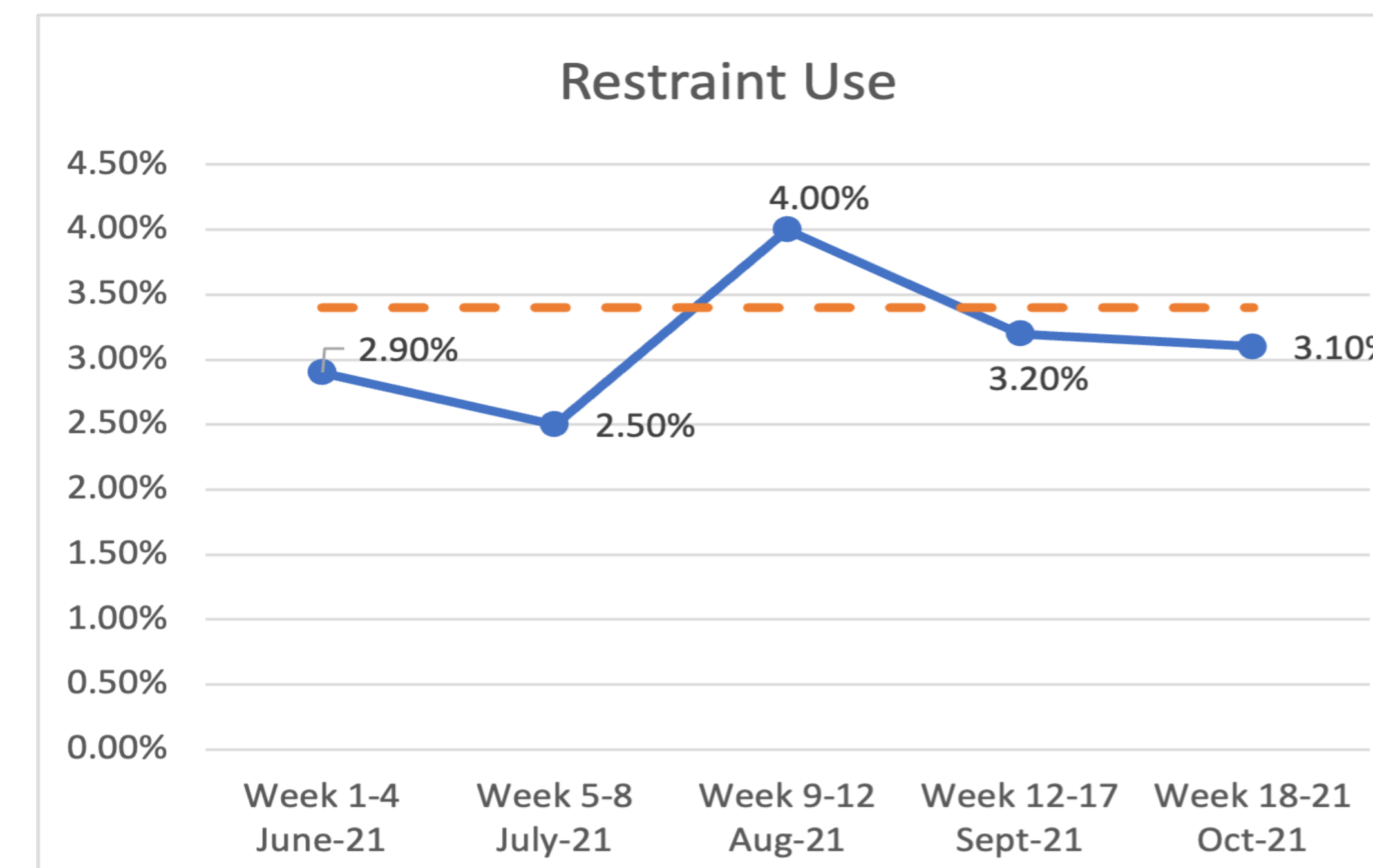
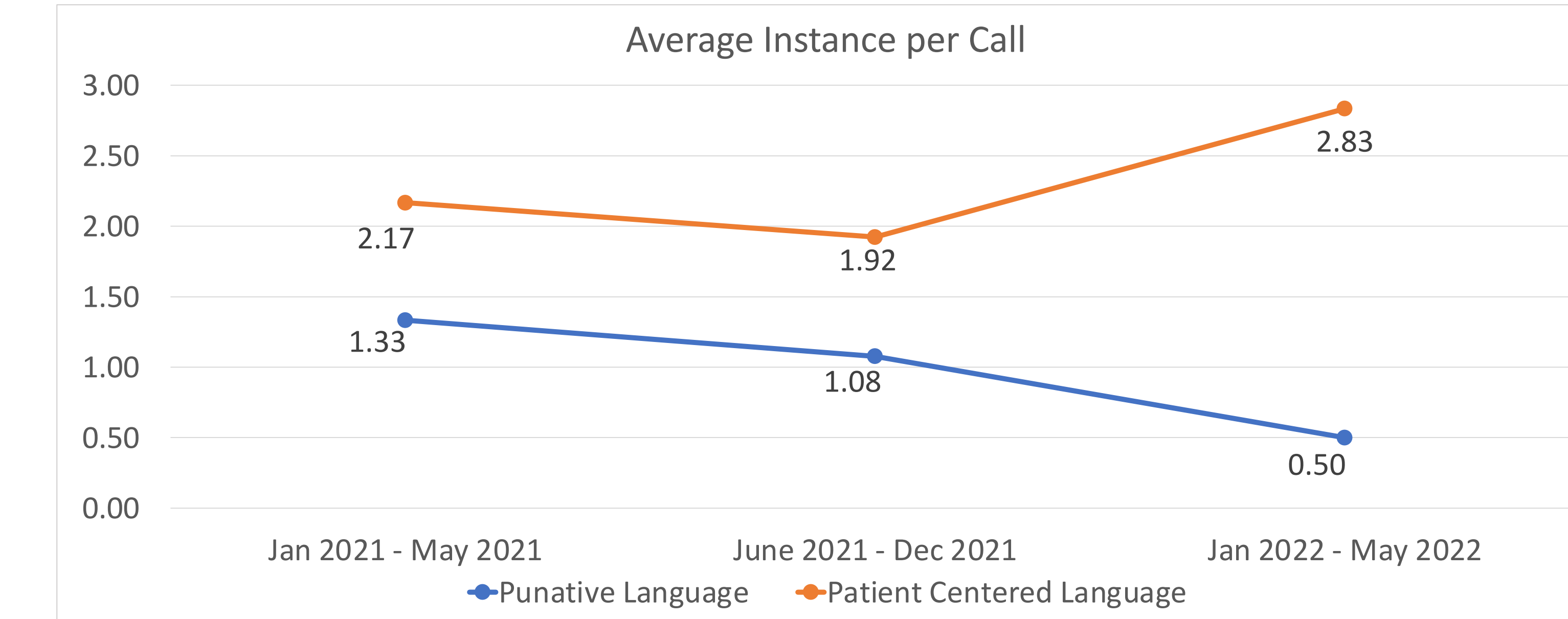


Table 1: Patient Populations Documented in Public Safety Calls

Clinical Information	Jan 2021 – May 2021	Jun 2021 – Dec 2021	Jan 2022 – May 2022
Over the Age of 60	58%	38%	67%
Delirium, AMS, Documented Insult to the Brain (Stroke/Hemorrhage/TBI)	67%	62%	67%
Withdrawal, Substance Use Disorder	17%	25%	33%

Figure 3: Ratios of Patient Centered Language versus Punitive Language in Public Safety Reports



## Discussion

- The interventions, including the proactive consultation model, led to a small decrease in public safety calls and restraint use, as seen in other proactive C-L models.<sup>3</sup>
- The primary patient population for which public safety calls were made were for those over the age of 60.
- During the active intervention, there was a decrease in public safety contact with the geriatric patient population.
- Qualitative analysis of language identified frequent escalation to physical restraints prior to use of pharmacologic interventions despite education.
- There appeared to be increased use of patient-centered language sustained after the intervention.
- There was no significant decrease in restraint use, which was reflective in review of the public safety calls.
- The majority benefit was limited to active intervention, not seen in other literature around behavioral and education modifications.<sup>4</sup>
- Additional areas of study would be the sustainability of continued models and interventions as well as potential lasting impact for a geriatric patient population in a tertiary hospital system.

## Resources

1. Joint Commission Sentinel Event Report Issue 59, April 2018
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3. Stinson, K., Dunn, T., (2020, Nov 12-13). *Utilization of Brøset Violence Checklist to Proactively Engage Consultation – Liaison Psychiatry*. The Annual Meeting of the ACLP. Virtual
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