Successful Creation of a Violence Risk Assessment Tool
Utilizing collaboration across disciplines and departments in a health care organization

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The speakers have no conflicts of interest to disclose

Learning Objectives
1. Participant will be able to identify an appropriate need for a violence risk assessment to be used to enhance patient and staff safety at their place of work.
2. Participant will be able to design a method that will ensure a successful implementation of a violence risk assessment through collaboration across disciplines and departments.
3. Participant will be able to explain the value of a violence risk assessment in ensuring a safe environment for patients and staff.

Work Place Violence
- Workplace Violence is a persistent risky healthcare issue especially for nurses in the psychiatric health care environment and Emergency Room-APNA 2008 Position Statement
- Studies show that often the risk for violence to health care workers is almost as high as the risk for violence to police officers, with risk for both occupations more than twice the risk for other occupations. - (Boyd, 1995; Kling, R. et al. 2006).
Literature Search of assessment tools currently in use

- Broset
- STAMP
- V-Risk-10
- START-20
- CMAI
- Kennedy Axis V
- HCR20

Regions Hospital

Workplace Violence sub-committee
Charge Nurses, Staff Nurses, Nurse manager
Mental Health Resource Nurse
Psychiatrist, Doctors & Physician’s assistants
Regions security officers
Pharmacists
Social Workers & Occupational Therapists
Performance Improvement Project Manager
Clinical Research Manager
**MIAHTAPS**

- M-altered mental status
- I-irritable
- A-agitated
- H-history of violence
- T-threatening verbally
- A-attacking, throwing objects
- PS - pacing and or staring

**INTERVENTIONS**

- Nursing- warm blanket, headphones, oral motor interventions (gum, hard candy)
- OT- Weighted Shrug/blanket, pressure vest, fidgets, aromatherapy
- Providers- one time medication order to be used when other prn orders do not exist
- Call the Psychiatric Emergency Response Team (PERT)
- Notify Security via phone or vocera

**COMMUNICATE-COMMUNICATE-COMMUNICATE**

- Intranet
- Daily huddle messages
- Emails
- Memos
- Bathroom Briefs
- Online learning (MyLearning)
- Face to face instruction during annual education
- Face to face during rounding
Scenarios

- 82 year old female, admitted from her assisted living apartment, with a UTI. Her history shows she becomes confused when she has a UTI. She is throwing papers on the floor and yelling for help.
- What would her score be? What interventions would be appropriate?

- 23 year old male arrives in ED. During past admissions he has assaulted staff and security personnel. He appears irritated (answering in a loud sarcastic manner) and is staring at the MD, demanding medication.
- What would his score be? What interventions would be appropriate?

Committee Members

- Wendy Waddel PhD RN- Director – Project Champion
- John Kuzma MD– Medical Director- Project Champion
- Nancy Miller-P1 Project Manager- Co-facilitator of Committee
- Gayle Godfrey - MS RN- Co-facilitator of Committee
- Angela Thomas MALS DHIP (c)
- James Peters-Project Manager Consultant
- Wendy Sodren - RN
- Cory Moore - RN
- Robert McVerrone MD
- Reid Larson RN
- Tracy Kenter RN
- Gloria Ramirez RN
- Melody Cohen MSW
- Joseph Upson RN
- Angela Balzarini-Oliver-OTR

References:


References continued:


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