

## Introduction

- Patient-on-provider (type II) violence is a form of workplace violence (WPV) that involves action of threat of physical violence, intimidation, harassment, and other menacing disruptive behaviors in the work environment.
- Type II violence is a complex syndrome in the healthcare industry; labeled as an occupational threat for healthcare workers.

## Background & Significance

- About 2 million American workers are victims of WPV annually.
- Healthcare workers have a 28% higher risk of being assaulted than non-healthcare workers
- An increase in hospital stay by 5.4 days and potential increase in cost of treatment by \$7502 has been reported.
- Emergency medicine (93%), and psychiatry (90%) specialties are the most affected by WPV.
- Mental health workers (MHWs) are three times more likely to be assaulted than those who work in other healthcare settings.
- About 70% of violence-related injuries sustained by healthcare workers required treatment.

## Aims & Objectives

- Determine if staff participation in WPV prevention training and use violence risk screening tool will reduce the incidence of patient-on-provider violence.

## Objectives

- Implement a two-hour didactic WPV prevention training for the staff.
- Implement the violence risk screening (V-RISK-10) tool as part of the psychiatric evaluation process.
- Evaluate the effect of violence risk assessment and staff training on the occurrence of violent incidents within the clinic.

## Methodology

- **Design:** Quality improvement project/Quasi-experimental
- **Setting:** Grace Medical Consult-Outpatient mental health clinic
- **Population:** 18 employees, 200 retrospective chart reviews( Pre and Post)

## Pre-implementation:

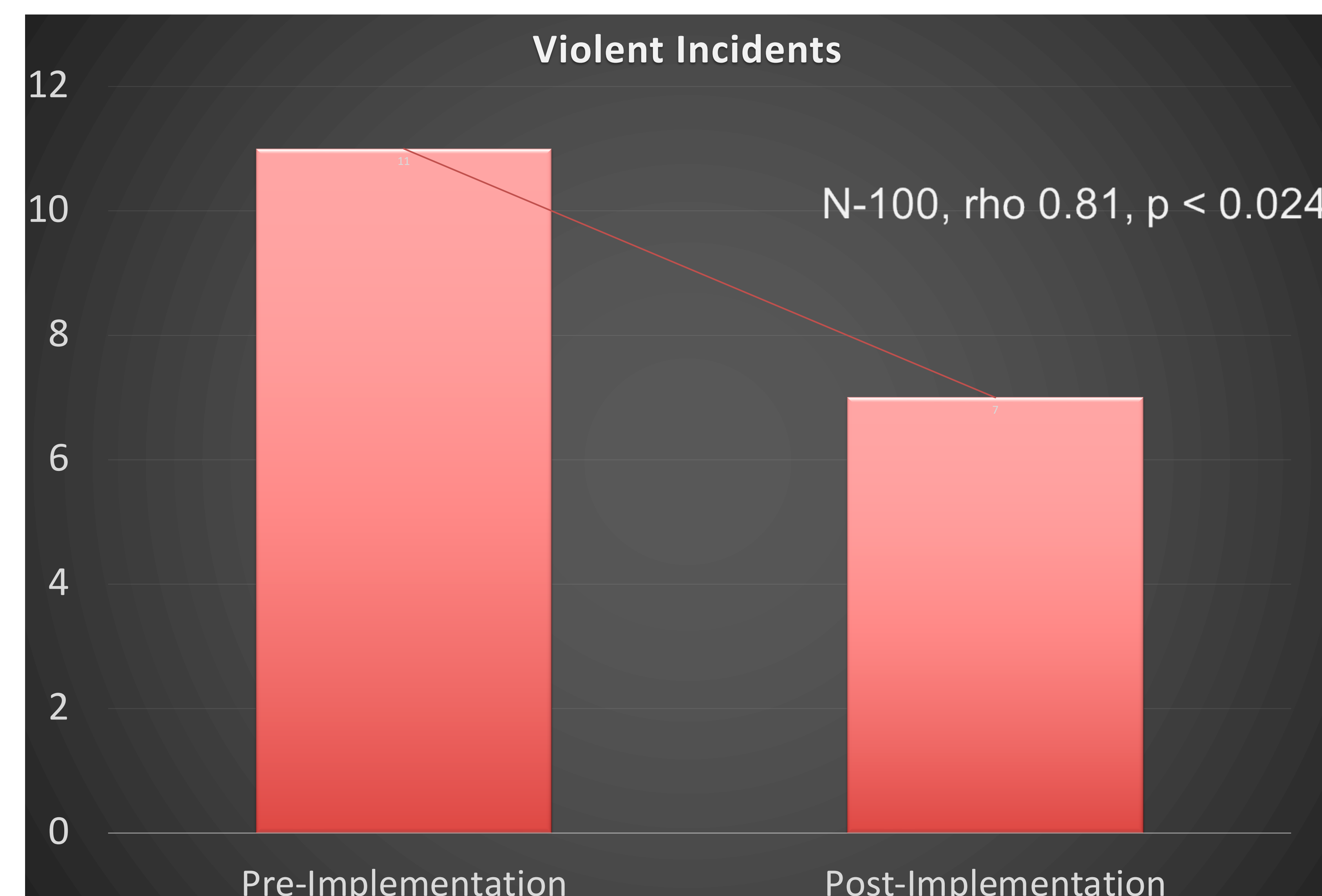
- 18 employees attended WPV prevention training.
- Completed a retrospective chart review of 100 patients four weeks before implementation.
- Reviewed chart for documentation of violent risk assessment.
- Reviewed incident reports forms filed four weeks pre-implementation.
- Retrospective review of 100 charts of new patients conducted four weeks post- intervention

## Results

**WPV Training Pre and Post Test Scores**

	M	Median	N	SD	SE
Post N =18	9.7222	10	18	0.46089	0.10863
Pre N =18	8.2778	8	18	1.01782	0.23990

Wilcox result: N-18, t-3.472 P< 0.001



## Implications

### Clinical Practice:

- The project provides a cost-effective way to manage violence
- Improve employees' WPV prevention competency.
- New Intake evaluation protocol improved.
- Interventions were effective leading to increase staff safety

### Healthcare Policy:

- A policy implementation that initiate use of V-RISK-10 for violence risk assessment on all new patients.
- Project site will sustain the improvement by recommending WPV training as a organization's 0policy.

### Quality/Safety:

- Adopting the V-RISK-10 assessment tool increased violence risk assessment leading to reduced incidents of violence.

## Education

- Employees acquired knowledge, and skills required to identify and manage violent patients.
- Employees and nursing student will keeping abreast of the adequate skills by attending annual WPV prevention training.

## Discussion

- Project results showed an increased in violence risk assessment post implementation evidenced by 53% increased in V-RISK-10 utilization.
- Reduction in patient-on-provider violent cases: reduced from 11 cases to 7 cases. A 36.4% decrease.
- Improved staff knowledge evidenced by post-education scores.
- None of the patient screened for violent during post implementation became violent.

## References

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