

# Utilization of the Broset Violence Checklist to Proactively Engage Consultation-Liaison Psychiatry

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## BACKGROUND

- Behavioral emergency response teams (BERT) address behavioral and mental health emergencies with goals of early detection, mitigation of crises, and improved patient care in a variety of hospitals
- In a novel approach, we utilized a nursing-administered screening tool to predict potentially violent patients, to proactively involve our behavioral health team to respond quickly to patients behaviorally decompensating
- Similar to BERT models, goals included reducing adverse patient outcomes, supporting staff in the management of behavioral events, and decreasing workplace violence

## METHOD

- For three months, we piloted the Broset Violence Checklist, administered by nurses on two identified units
- Patients were rated on six factors: confusion, irritability, boisterousness, physical threats, verbal threats, and attacking objects
- Scores  $\geq 3$  indicate the potential for high risk of violence, triggering a consult to psychiatry
- Consults focused on de-escalation, behavioral interventions, and psychiatric assessment

## RESULTS

- 86 cases had Broset scores  $\geq 3$ , of which 36 consults were placed to psychiatry (42%). We compared all patients with scores  $\geq 3$  with those for which psychiatry was consulted

- The only significant difference between these groups is a higher incidence of mental health diagnoses in patients for whom psychiatry was involved ( $p < 0.01$ )
- While average calls per month to security dropped, this was not statistically significant
- Overall calls dropped from 15.5 prior to the pilot to 10.5 during the pilot ( $p = 0.14$ ). Similarly, calls for restraints dropped from 4 to 2 ( $p = 0.09$ ), and calls for agitated patients dropped from 9.5 to 8 ( $p = 0.53$ )
- A longer study duration would be necessary to demonstrate significant benefits
- A majority of nurses felt the Broset was an effective tool for monitoring risk of violence, helpful in de-escalation of patients, and led to greater support in managing agitated patients
- However, there was no change in nursing attitudes toward difficult patients
- Feedback for areas of continued improvements include training in verbal de-escalation, better communication with nursing staff, 24-hour availability of the consult service, and more medical teams consulting psychiatry

## CONCLUSIONS

- Strategies are being developed nationwide to address behavioral health emergencies in a variety of hospital settings with goals to improve patient care and experiences, along with decreasing risk of violence against staff and negative experiences which lead to burnout and turnover
- This is one novel approach to using a nurse screener to predict risk of violence to proactively involve behavioral health teams, as a means of utilizing resources already in place to respond quickly to patients behaviorally decompensating

### Broset Violence Scale Interpretation

- Score = 0 Risk of violence is small
- Score 1-2 Risk of violence is moderate  
Preventative measures should be taken
- Score  $\geq 3$  The risk of violence is very high  
Preventative measures should be taken  
In addition, plans should be developed to manage potential violence

#### Operationalization of Behaviors/Items: Presence of behaviors gets a score of 1

Confused	Appears obviously confused and disorientated. May be unaware of time, place or person.
Irritable	Easily annoyed or angered. Unable to tolerate the presence of others.
Boisterous	Behavior is overtly "loud" or noisy. For example, slams doors, shouts out when talking, etc.
Physically threatening	Where there is a definite intent to physically threaten another person. For example, the taking of an aggressive stance, the grabbing of another persons clothing, the raising of an arm or leg, making of a fist or modeling of a head-butt directed at another.
Verbally threatening	A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example, verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.
Attacking objects	An attack directed at an object and not an individual. For example the indiscriminate throwing of an object; banging or smashing windows; kicking, banging or head-butting an object; or the smashing of furniture.