Knock Out Violence: Implementing Assessments for Violence and Aggression
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**Problem:** Violence in the workplace is a growing problem in healthcare. This is especially prevalent in the emergency department and on psychiatric units. A review of events on the adult, acute care, inpatient psychiatric units during 2011 showed 27 restraint episodes and 61 calls for support for de-escalating verbal and/or physical aggression. Nurses routinely perform assessments for pain, skin integrity and falls but did not conduct similar assessments of aggression and violence.

**Evidence:** Review of the literature found that hospitals have a higher rate of workplace violence than other settings. Multiple individual symptoms and a prior history have been associated with violence risk. One tool, the Dynamic Appraisal of Situation Aggression for Inpatient Psychiatry (DASA), had predictive results that were statistically significant by assessing 7 key behavioral indicators taken in constellation.

**Strategy:** The use of the DASA assessment tool was instituted in an effort to raise staff awareness of a patient's risk for aggression.

**Practice Change:** At monthly staff meetings, staff were trained in the use of the assessment tool. Follow-up sessions were held with case presentations to establish reliability in their assessments. Nursing staff completed assessment ratings on each patient twice daily and posted these results on a board, accessible by all disciplines.

**Evaluation:** The assessments based on the rating system provided the staff with objective measures for determining de-escalation interventions. These interventions ranged from therapeutic use of self to administration of appropriate medications. At first review after 4 months of use, restraint episodes had dropped to one.

**Results:** Early recognition and identification of a potential for aggression can lead to nurse-driven strategies for intervention and de-escalation.

**Recommendations:** Implement appropriate assessment scales that integrate behavior and risk of aggression. Train staff to be consistent with their assessments and to determine reliability in their ratings. Individualize safety plans for use beginning on admission for each patient if they begin to manifest aggression. Further work is being done to standardize the information in the EMR.

**Lessons Learned:** Safety in healthcare settings can be improved by nurses through the use of assessment, early recognition and intervention.
References:


www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Table of Contents/Volume92004/No3Sept04/ViolenceHealthCare.aspx.