

Reducing physical violence on a mixed adult inpatient mental health ward (Globe ward) in the borough of Tower Hamlets in East London

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Aim
To reduce violence and aggression on Globe ward by 30% by December 2014 through:

1. Early prediction of violence and aggression using the Broset Violence Checklist (BVC)¹
2. Empowering staff, through flattening of the hierarchy, to effectively respond to early indicators of violence and aggression.
3. Changing the ward culture by improving communication and integrated team working amongst whole MDT (Figure 1)

Project Background
In the UK, the national audit for violence found that 33% of inpatients had been threatened or made to feel unsafe while in care². This figure rose to 44% for clinical staff and 72% for nursing staff working in these units².
Such aggression can result in injuries; sometimes severe to patients and staff, causing staff absence and hampering the efficiency of the psychiatric service. This is one of the biggest problems facing psychiatric services today. This can prolong lengths of admission and thus the overall cost of treatment².
Following a serious incident on one of our inpatient wards the directorate set up fortnightly inpatient board meetings involving senior staff and managers, specifically focussing on violence and serious incidents on all inpatient wards including the PICU.
The BVC was introduced in June 2012 as part of a PDSA cycle to reduce violence and aggression and Globe ward, was chosen to pilot the project.
The MDT on Globe ward collaborated to produce a driver diagram which identified the primary and secondary drivers of change – service users were also involved in this. We determined a set of outcome, process and balancing measures and generated a set of change ideas to be tested. We measured the impact of these changes on the number of reported incidents of physical violence on the ward (Figure 1).
One change idea was the Broset Violence checklist (BVC), a six item instrument, which has the potential to assist healthcare providers in identifying patients who may become aggressive². The BVC is completed by staff for all new admissions for the first 7 days, and for any patient who the team has flagged up as becoming unwell.

Measures
Outcome : Incidents of physical violence (DATIX figures)
Process: % BVC completed for all new admissions, % daily ward safety huddles
Balancing measures: Staff sickness, use of PRN medication, frequency of PICU referrals, bed occupancy

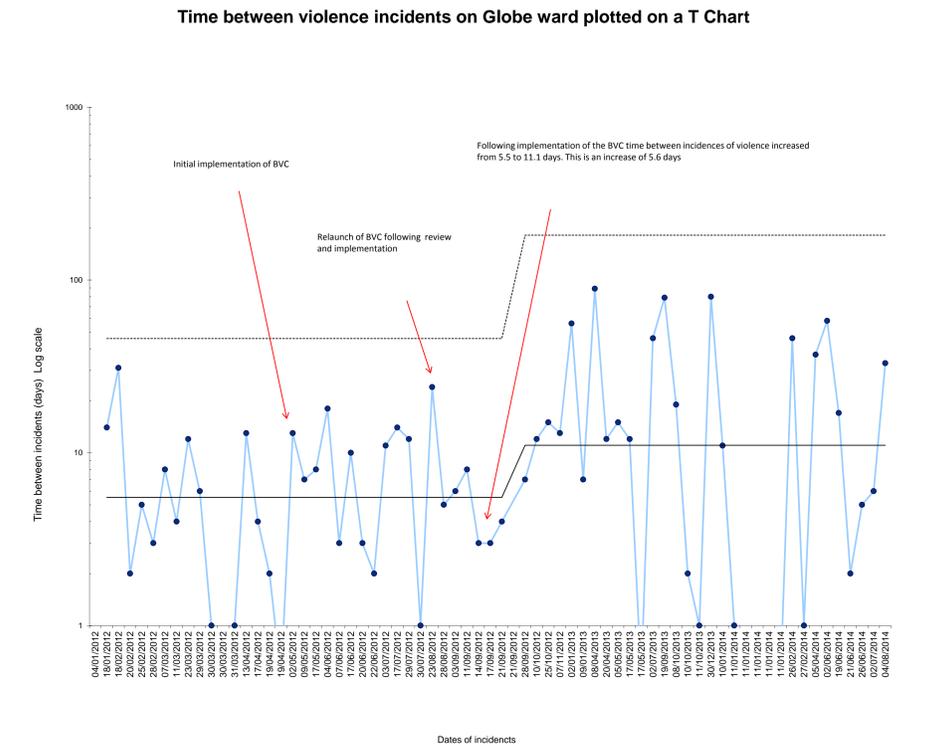


Figure 1: Driver Diagram representing improvement strategy on Globe ward

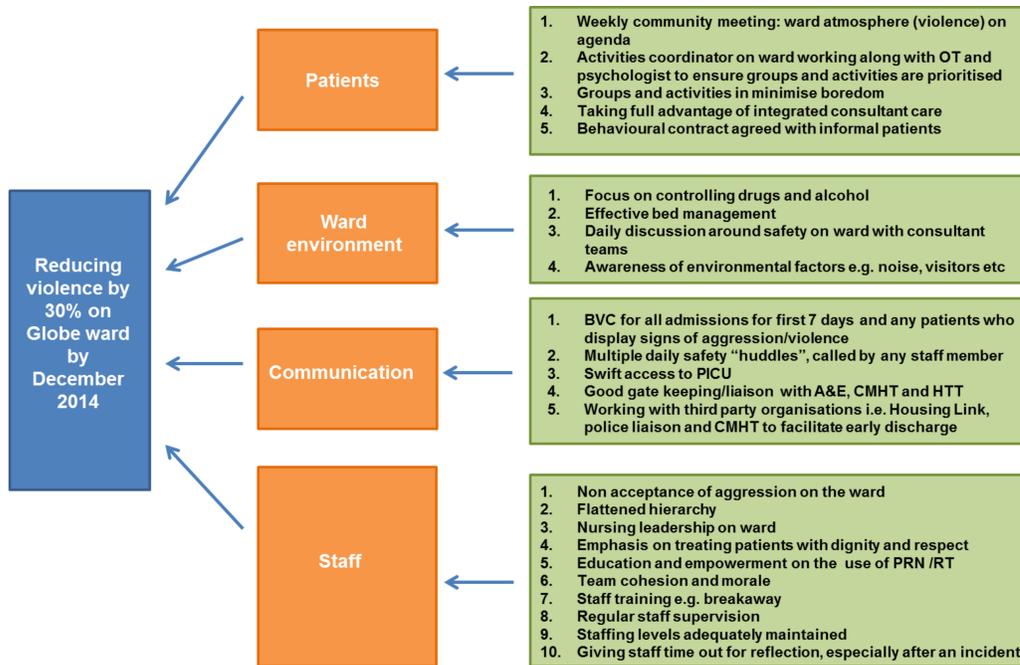
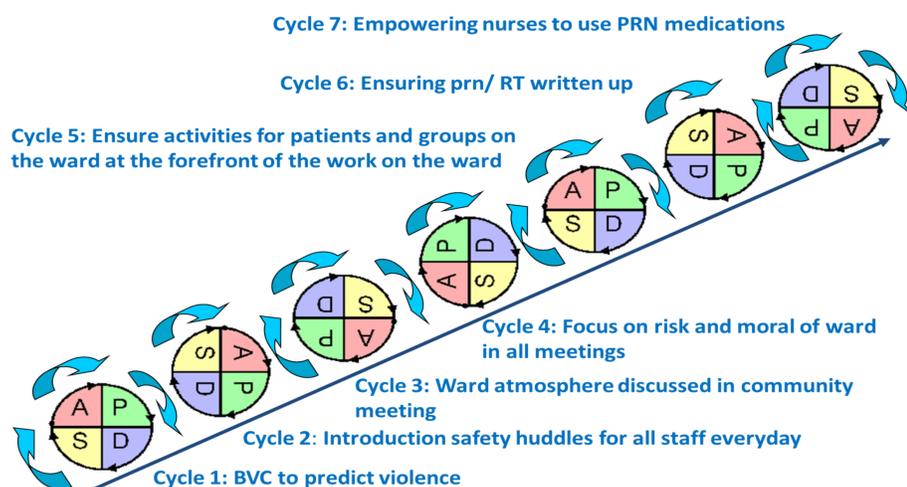


Figure 2: Tests of change using the PDSA ramp



The Globe ward Team



Results

1. Significant 50% reduction in violence on the ward since the BVC was introduced.
2. The ward atmosphere feels calmer and more therapeutic.
3. Nurses feel supported and empowered to use PRN medications when needed.
4. Significant reduction in bed occupancy and length of stay.

Learning

1. Important for the entire team to focus on risk through a flattened hierarchy, picking up early signs of aggression and taking action to manage these.
2. It took a while for the BVC to be embedded in practice.
3. The view of our team is that it wasn't the BVC on its own that made the difference, however, it was an effective catalyst to foster closer MDT working and greater awareness of risk.

Next Steps

1. Giving weekly feedback to staff, patients and carers on our achievements.
2. Starting to measure ward atmosphere and addressing with the whole team any concerns as part of the process.
3. Try to clarify what are the essential components of creating a safe ward environment so that these ideas may be propagated to other teams.
4. To identify other change ideas that may lead to further reductions in violence and aggression in mental health care.

References.

1. Assessing the Risk of Violence: Development and Validation of the Brøset Violence Checklist. Roger Almvik, Thesis for the degree of Doctor Philosophiae. March 2008
2. The National Audit for Violence. Leanne Shinkwin, Maureen McGeorge and Graham Hinchcliffe. Royal College of Psychiatrists. College centre for quality improvement. March 2007