



Psychiatry & Behavioral Science Section - 2016

I26 Reducing the Risk of Violence in a Psychiatric Inpatient Setting by Examining External Factors

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After attending this presentation, attendees will better understand current studies that examine modifiable risk factors that may decrease violence in a psychiatric inpatient setting. In addition, alternate dynamic risk factors that may play a role in decreasing violence, based on record reviews and literature of assaults that analyzed these factors, will be discussed.

This presentation will impact the forensic science community by analyzing further what can be implemented to decrease assaults in a psychiatric inpatient setting. A review of the existing literature will provide information on important factors that may play a role in patient aggression and assaultive behavior.

Working in a psychiatric inpatient facility is not without its safety risks and must be approached with caution and acute awareness of one's surroundings at all times. As is well known, some psychiatric patients in an acute psychiatric hospital can be impulsive and violent and may strike out at staff or other patients while hospitalized. Due to this awareness, the implementation of violence risk assessments is now commonly used as a tool in identifying those patients who might be at risk for violence. Upon evaluation of these individuals on an initial intake, it is important to determine which patients should be placed on assaultive precautions and which should not. A number of violence risk assessments exist currently that attempt to classify these individuals as low, medium, or high risk for violence. The goal of this classification is to ultimately reduce assaults in a psychiatric hospital.

There is existing literature which examines the risk factors that can be the impetus for assaultive behavior among psychiatric patients. The most recent studies focus on risk stratification; however, studies that address changes in risk and subsequent interventions are limited. Some risk factors may be modifiable to reducing the occurrence of violent acts while hospitalized; others may not be. For example, a person who is intoxicated when first admitted may have a violence risk status that changes. On the other hand, if individuals' assaultive behaviors are linked to their personality disorders, then their risk for violence may not be modifiable during their hospitalization. With these individuals, other factors must be considered to decrease their propensity for assaultive behavior while on the inpatient psychiatric ward.

At the Los Angeles County University of Southern California Medical Center, assaults involving physical contact are noted in the center's intranet patient safety network. This serves as a means for tracking assaults and obtaining more details about the incident that occurred. The information was collected over a span of one year, from March 2014 to March of 2015, and resulted in a total of 48 logged assaults which will be presented.

In March of 2014, a violence risk assessment was devised and implemented into the initial intake process at the inpatient psychiatric facility. This tool combined risk factors taken from pre-existing violence risk assessments that were more commonly seen in this particular population of generally low-income patients. It was discovered through the record review that many of the patients were labeled as medium to high risk for violence. Some assaulted more than once while hospitalized. Further analyses will now be directed toward analyzing the data to determine if there were any modifiable risk factors to the inciting events with regard to: precipitating factors; medication non-compliance; primary treating provider (intern, second-year resident, attending); individual room or shared room; length of stay; and, ward size and milieu. A literature review will be conducted to determine if there are other modifiable variables that are successful in decreasing violence and will be included in the analysis.

Inpatient Assault, Violence, Modifiable Risk Factors