Patient Violence on an Inpatient Psychiatric Unit: A Retrospective Analysis to Mitigate Future Episodes

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Introduction

- Aggressive and threatening behavior that results in a violent episode is an extreme concern in healthcare settings, particularly psychiatric settings.
- The negative effects associated with violent behavior impact patient and staff safety, affect clinical outcomes for the violent offender as well as other patients on the psychiatric unit.
- In 2024 there were 38 reported "Behavioral Events" that occurred on the Inpatient Psychiatric Short-Term Care Facility at AtlantiCare Regional Medical Center (ARMC). Actual assaults, threatened assaults, and self-injury comprised 27 of these "Behavioral Events."

Purpose

Our study objective is to evaluate variables and circumstances associated with violent behavior on an inpatient psychiatric unit. Identifying incident commonalities may help to implement strategies that mitigate future episodes of patient violence to promote a safer environment for patients and staff.

Methods

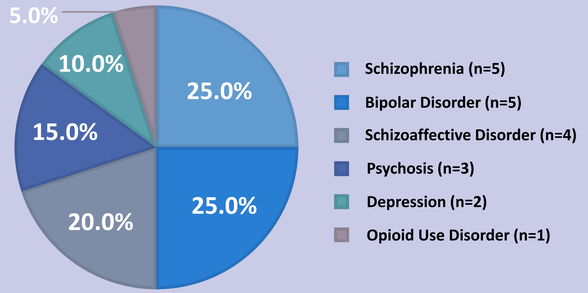
- A retrospective chart review was conducted on patients that displayed violent behavior on the inpatient psychiatric unit at ARMC to conduct a failure mode and effects analysis to identify potential violent behavior on the unit before it occurs.
- Data collected from these instances of violence included demographic information, psychiatric diagnosis, prior psychiatric admissions, use of restraints, and incident details.
- On an inpatient psychiatric unit, clinical risk factors for violence are easier to assess than historical and contextual risk factors, which are included in the data collection to enhance the staff's ability to screen for the risk of patient violence at admission.

Results & Discussion

Table 1: Patient Characteristics	(n=20)
Mean Age – Years (SD)	**40.8 (±16.5)**
Female Sex – n (%)	**11 (55.0)**
Caucasian – n (%)	**13 (65.0)**
Previous 1 Pines Admission – n (%)	
Yes	**11 (55.0)**
No	**9 (45.0)**
Previous Psychiatric Admission – n (%)	
Yes	**14 (70.0)**
No	**6 (30.0)**
Previous Use of Restraints On 1 Pines – n (%)	
Yes	**6* (30.0)**
No	**14 (70.0)**
***6 patients required use of restraints 15 times**	

Table 2: Violent Episode Findings	(n=27)
Type of Incident – n (%)	
Actual Assault	**21 (77.8)**
Attempted & Threatened Assault	**2 (7.4)**
Non-Suicidal Self Injury	**2 (7.4)**
Suicidal On Site	**2 (7.4)**
Days After Admission Incident Occurred – n (%)	
0	**9 (33.3)**
1-3	**4 (14.8)**
4-6	**4 (14.8)**
7-9	**5 (18.5)**
≥10	**5 (18.5)**
Incident Victim – n (%)	
Staff	**12 (44.4)**
Other Patient	**8 (29.6)**
Staff + Other Patient	**3 (11.1)**
Self	**4 (14.8)**
Signs of Agitation Prior to Incident* – n (%)	
Yes	**18 (66.7)**
No	**9 (33.3)**
***Documentation in electronic medical record of agitation within 24 hours of incident**	

Figure 1 : Primary Diagnosis (n=20)



- Twenty of 27 (74%) violent episodes (VE) occurred in the meal room, hallway, or patient room. Four (15%) VE occurred at the nursing station and only 1 in the treatment room, which is where the patient is given time to express their emotions with the healthcare team. Incidents included a staff member 56% of the time.
- Eleven of 20 (55%) patients were previously admitted to ARMC for a psychiatric illness and 67% of the VE were preceded by the patient demonstrating signs of agitation.
- **FIGURE 2:** 48% of VE occurred between 1-6PM and 30% between 6-10PM. Of the 27 VE, 33% occurred on the day of admission: 48% before day 4, 52% day 4 or after.

Conclusion

This study identified a few factors and variables associated with patient violence on the inpatient psychiatric unit at ARMC. Targeted de-escalation strategies and proactive monitoring of patients during high-risk periods and within high-risk locations may reduce the occurrence of violent episodes and improve safety of patients and staff.

FIGURE 2: PSYCHIATRIC UNIT VIOLENT EPISODE TIMELINE