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The development of an aggression risk screening process for ED triage: Implementation and preliminary outcomes

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Abstract

Background: Research indicates aggression prevention requires a systematic process for identifying high risk individuals on arrival to the ED. This paper will discuss how aggression risk screening was developed and present preliminary findings. **Method:** Audit: A 12 month retrospective audit of security responses (N=1959) to manage aggression were analyzed. The sensitivity and specificity for the implementation phase identified if triage nurses can identify patient who will require an emergency response during ED treatment.

Observations: Purposive samples of 10 triage nurses were observed to record how risk screening could be used. Public perceptions: Semi structured interviews with a convenience sample of ED service users (N=19) used thematic analysis to summaries participants' perspectives on aggression screening.

Results: A high risk group of patients presented more than once in 12 months was identified. Although this group represents only 12% (105/857) of patients, they accounted for 577/1796 (32%) of emergencies. Observing triage practice revealed that nurses' use observed and reported information rather than direct questioning. Interviews revealed a strong expectation that nurses identify and manage risk of aggression at triage in order to protect the public. Over half the patients who required a security response were identified at triage.

Conclusion: This study developed an aggression risk screen that is integrated with current ED triage nurse practice. This process allows for prevention to commence once patients at risk of aggression/violence are identified.

Biography

Cathy Daniel has worked for Consultation Liaison Psychiatry at The Royal Melbourne Hospital assisting staff to manage behavioral disturbance in acute health for the past 8 years. For the last 5 years, he has trained staff at Royal Melbourne Hospital and is a credentialed to provide education in the Management of Clinical Aggression program. He has a master's research degree in minimizing mechanical restraint in acute health and is currently a Ph.D. candidate at The University of Melbourne. The current study is exploring how the risk of violence can be accurately identified at ED triage to enable prevention to commence at point of entry to improve the safety of staff and consumers and reduce the use of coercive practices.

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