

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

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**Background:** In healthcare settings, particularly psychiatric settings, the presentation of aggressive and threatening behavior that results in a violent incident is of great concern. The negative effects associated with violent behavior impact patient and staff safety as well as 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 the AtlantiCare Regional Medical Center (ARMC). Twenty-seven of these “Behavioral Events” included actual assaults, threatened assaults, and self-injury. The purpose of this study was to evaluate the 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 for patients that displayed violent behavior requiring security assistance on the inpatient psychiatric unit at ARMC. Data collected from these instances of violence included demographic information, psychiatric diagnosis, prior psychiatric admissions, medication adherence, and incident details as to the time and location. Observational statistics will be performed to identify possible correlations between event characteristics and violent behavior to predict future episodes of violence. Consideration will be given to all event details upon admission including dispositional, historical, contextual, and clinical characteristics. We intend to utilize this data to mitigate future episodes of violence by identifying high-risk patients, times, and locations.

**Results:** Twenty patients accounting for 27 (74%) violent episodes (VE) were examined in this study. The mean age of the patients in this cohort was 40.8 years (SD +/- 16.5). The studied patients closely resemble the demographics typically admitted to the psychiatric unit at ARMC, 55.0% female and 65.0% Caucasian. The majority of incidents were considered actual assaults (77.8%), and 55.6% of the events included a staff member as a victim. Most incidents (74.1%) occurred in either the meal room, hallway, or a patient room, with only one incident (3.7%) occurring in the treatment room, which is where the patient is allotted time to speak to the healthcare team. 62.9% of VE on the psychiatric unit occurred on or before day six, with 33.3% of the 27 VE occurring on the day of admission. Previous agitation within the last twenty-four

hours was documented in 66.7% of instances with 55% of patients previously admitted to ARMC for a psychiatric illness. Violence frequently coincided with mealtimes and medication administration later in the day. It was difficult to confirm if the patient was adherent to their psychiatric medication regimen before the violent incident due to the lack of available documentation immediately preceding the incident.

**Conclusions:** This study identified a few factors and variables associated with patient violence on the inpatient psychiatric unit at ARMC. We determined that targeted de-escalation strategies and proactive monitoring of patients during high-risk periods and within high-risk locations may reduce the occurrence of VE and improve safety of patients and staff.