Case Study

# Implementing initiatives to reduce the risk of employee injury from work-related violence and aggression

The Drogheda Department of Psychiatry introduced an evidenced based risk assessment tool to assess the risk of aggressive behaviours from clients and identify the appropriate control measures, resulting in a decrease in patient-to-staff and patient-to-patient assaults.


**Organisation:**

Louth/Meath Mental Health Service
Health Service Executive
Drogheda

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# Background

**The project was developed in response to the need for improved systems to assess and manage aggression and violence toward staff in a HSE acute psychiatric unit.**

## Steps taken

A multidisciplinary steering group was formed with members including the Head of Mental Health Services for Midlands Louth Meath CHO, the Executive Clinical Director, Area and Assistant Directors of Nursing, representatives from Health and Safety, Quality and Patient Safety, a member of the Louth/Meath Mental Health Services consumer panel, a research lecturer from Dundalk Institute of Technology, and the CHO Project Management Office.

**The objective of the steering group were to:**

- Implement a validated, evidence-based actuarial risk assessment for violence and aggression within the Drogheda Department of Psychiatry.
- Improve the safety of staff working in Mental Health Services at the Drogheda Department of Psychiatry.
- Enhance the quality of care and safety for service users.
- Ensure compliance with the Health and Safety Authority Improvement Notice.
- Sharing learnings from this initiative with the National HSE to support improvements in other CHO areas.

**To support the initiative, four working groups were established:**

1. Evidence Review Group – tasked with conducting a literature search to identify the most suitable evidence-based, validated actuarial risk assessment tool for violence and aggression toward staff, and developing criteria for tool selection.
2. Procedure Development Group – responsible for drafting a procedure detailing how the selected tool would be used within the centre.
3. Training Group – focused on planning and delivering staff training for both the procedure and the tool.
4. Evaluation Group – designed to plan the evaluation framework for the initiative.

The core areas of the planning phase included applying an evidence-based approach to develop the procedure and risk assessment tool, creating a stakeholder engagement and communication plan and designing an implementation strategy, including a comprehensive training plan.

To facilitate the rollout of the Aggression and Violence Risk Assessment Pathway (AVRAP), the group prioritised two key components: a tailored training programme and a documented procedure. The training included theoretical instruction, practical skills development, and video demonstrations of the Broset Violence Checklist (BVC), alongside induction on procedural roles and responsibilities.

As part of implementation, weekly audits of the AVRAP pathway were conducted within the Drogheda Department of Psychiatry (DDOP), initially by the Quality and Patient Safety Advisor and later by a designated site champion. Th site champion was available Monday – Friday to provided hands-on support to staff, ensuring consistent application of the AVRAP procedure.

## Challenges in implementing solutions

The main challenges in implementing the AVRAP have been securing initial staff buy-in due to time constraints and competing demands and ensuring the sustainability of the initiative through ongoing training and embedding the new practices into daily operations.

**Critical Success Factors**

The critical success factors have been the:

- Identification of On-Site Champions - These individuals provided informal training and one-on-one support to staff, assisted with documentation, addressed implementation challenges, and conducted random checks to ensure compliance. They also led the audit programme and delivered additional training sessions as needed.
- Effective Project Steering Group - Members collaborated closely, united by a shared vision to create a safer environment for both staff and service users. The inclusion of senior clinical managers and the Head of Mental Health Services demonstrated strong organisational commitment to staff safety.
- Use of an Evidence-Based Tool - Selecting a validated, evidence-based tool was critical in gaining staff confidence and buy-in. The literature review and research process ensured informed decision-making and credibility of the chosen approach.
- Stakeholder Engagement - Early and ongoing communication ensured that staff stayed informed about project progress, understood the initiative's goals and expected outcomes and were encouraged to provide feedback.
- Project Management Approach - A structured project management framework helped keep the initiative on track. Clear milestones, regular reviews, and responsiveness to feedback ensured the project remained within scope and adaptable to emerging needs.
- Training and Audit Programme - The training programme effectively introduced staff to structured assessment methods, the localised procedure, and the Broset Violence Checklist (BVC). Regular audits reinforced the initiative, supported continuous improvement, and helped embed the new practices into routine operations.

## Outcome

A significant outcome of the project was the measurable reduction in incidents of violence and aggression. Initial data from the National Incident Management System (NIMS) revealed a significant reduction in incidents of violence and aggression, both from patients toward staff and between patients. Specifically, the data showed a 37% decrease in patient-to-staff physical assaults, a 66% reduction in patient-to-patient physical assaults, and a 47% drop in aggressive incidents involving property, all within the same period of 2017/2018. This data demonstrating the effectiveness and impact of the AVRAP initiative.

To further assess the impact of the Aggression and Violence Risk Assessment Pathway (AVRAP), a research evaluation was conducted. This study examined incidents across four time periods—two before and two after implementation—and confirmed the protocol's effectiveness in reducing both the frequency and severity of aggression and violence, as well as the use of coercive measures.