Wirral University Teaching Hospital
NHS Foundation Trust

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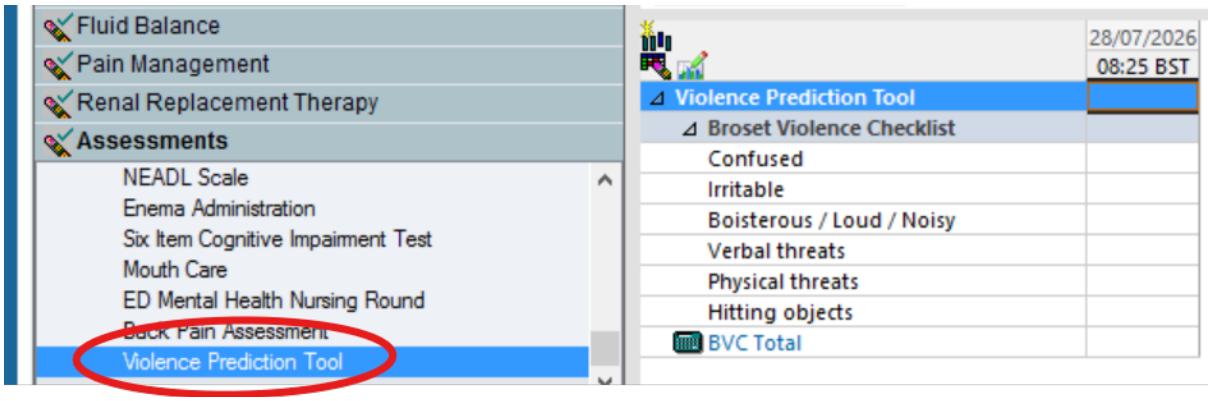
New Violence Prediction Tool now live on Millennium

Clinical colleagues are advised that the Broset Violence Checklist (BVC) is now live on Cerner Millennium, providing a quick and consistent way to identify patients who may be at increased risk of violent or aggressive behaviour.

The BVC is a short-term screening tool designed to predict the risk of imminent violent or aggressive behaviour within the next 24 hours and supports NICE guidance on the short term management of violence and aggression.

The tool can be accessed on Millennium through Interactive View, Assessments.



How does the BVC work?

The assessment is quick to complete and considers six behaviours:

- Confusion
- Irritability
- Boisterous behaviour
- Verbal threats
- Physical threats
- Attacks on objects

Each behaviour is scored as either absent or present, based on whether it represents a change from the patient's normal baseline.

The overall score helps colleagues identify the level of risk and the appropriate response. A score of zero indicates low risk, one to two indicates moderate risk and three to six indicates high risk. Depending on the score, actions range from continuing normal observation to preventative measures, de-escalation strategies, safety plans and protective interventions.

When should the BVC be completed?

Clinical colleagues should consider completing the BVC:

- When a patient's behaviour changes or escalates
- When commencing or reviewing Enhanced Therapeutic Observation
- Following an incident of aggression or violence
- During regular reviews for patients identified as being at ongoing behavioural risk.

Using the BVC can support early identification of increased risk, timely de escalation, consistent clinical decision making and care planning.

Remember to consider the underlying cause

The BVC predicts the risk of aggression, not its cause.

Behaviour can be a sign that something is wrong, so colleagues should always consider and assess for reversible causes of distress. These may include delirium, pain, infection, constipation, urinary retention, dehydration, medication effects and unmet communication or emotional needs.

The BVC should therefore be used alongside comprehensive clinical assessment and, where appropriate, delirium screening tools such as the 4AT.

By assessing risk, identifying possible causes and intervening early, colleagues can support safer, more therapeutic and person-centred care for our patients.