

# MODULE 3a REVIEW OF SEVERELY CHALLENGING/VIOLENT INCIDENTS

## DATA COLLECTION GUIDANCE GRID

Module 3a is a review of three severely challenging/violent incidents.

**Data Collection commences 1 October and ends 28 February 2007**

*Please do not hesitate to contact the Audit Team if you have any queries or concerns on 0207 977 6646/5 or email [audit-of-violence@cru.rcpsych.ac.uk](mailto:audit-of-violence@cru.rcpsych.ac.uk)*

### ***How is the data collected?***

The team will select a sample of 3 violent incidents. The teams involved in each incident will be brought together to go through a **structured checklist** that asks them to compare their management of the incident, relative to the good practice described in the relevant clinical guidelines.

**NOTE: The checklist is for local use and only the Part B Action plan should be sent back to the Audit team through an online link on the National Audit of Violence website.**

[www.rcpsych.ac.uk/nav-data](http://www.rcpsych.ac.uk/nav-data)

### ***Where do the standards come from?***

The questions within the checklist are based upon the NICE Guideline: Violence – the short term management of disturbed/violent in in-patient psychiatric settings and emergency departments (2005). As the NICE Guideline explicitly excludes services for people with dementia, the National Audit of Violence Steering Group has amended some of the standards and guidance for dementia services.

### **STRUCTURED CHECKLIST**

<b>ALL WARDS FOR WORKING AGE ADULTS</b>	<b>ALL WARDS FOR OLDER PEOPLE</b>
Please complete the checklist entitled Module 3a Audit Tool (working age adult services), with reference to the Guidance provided.	Please complete the checklist entitled Module 3a Audit Tool (older people's services), with reference to the Guidance provided.
<b>PATIENT INVOLVEMENT</b>	
<b>ALL WARDS (EXCLUDING THOSE THAT CARE FOR OLDER PEOPLE WITH DEMENTIA)</b>	<b>ALL WARDS FOR OLDER PEOPLE WITH DEMENTIA</b>
Interview schedules for patients involved in a severely challenging/violent incident either as perpetrator, victim or witness have been provided.  Guidance around carrying out interviews has also been provided.	It is unlikely to be possible to engage patients with organic illness/dementia in interviews and an alternative methodology is not available.