Washington State Department of Social and Health Services

Transforming Lives

# REPORT TO THE LEGISLATURE

## Improving Patient and Staff Safety in State Hospitals – Status Report

Engrossed Substitute House Bill 1109, Section 202(1)(l)(ii)

December 1, 2022

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Washington State Department of Social & Health Services
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## EXECUTIVE SUMMARY

The 2021 Washington State Legislature passed Engrossed Substitute Senate Bill 5092 – making 2021-2023 fiscal biennium operating appropriations. Section 202 (1)(l) of the bill, provides $10,581,000 in fiscal year 2022 and $10,581,000 in fiscal year 2023 for the Department of Social and Health Services (DSHS) to implement strategies to improve patient and staff safety at Eastern and Western State Hospitals. The reporting requirement of the bill states:

*A report must be submitted by December 1, 2021, and December 1, 2022, which includes a description of the intensive care model being implemented, a profile of the types of patients being served at the program, the staffing model being used for the program, and outcomes associated with the program. The outcomes section should include tracking data on facility-wide metrics related to patient and staff safety as well as individual outcomes related to the patients served on the unit.*

In the first biennium, the Specialized Treatment Assessment and Recovery (STAR) program was designed to address the underlying causes of violence and aggression for patients who had not responded to their standard care model while at Western State Hospital (WSH). This program included both a STAR Ward which was to provide intensive treatment in a highly structured setting along with a Step-Up Ward, to where the patients who had improved enough to prepare for transition to the community, would be transferred while continuing to refine their self-management skills in reducing aggressive, violent, or other challenging behaviors.

Last year's report to the legislature included that WSH had experienced severe staffing challenges associated with COVID-19, requiring locum nurses assigned to the STAR Program to be redeployed to staff a COVID-19 medical isolation ward. There was a shortage of nurses, and other staff disciplines, required to safely staff the STAR Program. Consequently, it became necessary to reduce the number of patients being served in the STAR Program. Staffing challenges intensified due to the impacts of ongoing COVID-19. Additionally, positive results were being seen for the patients that had been transferred away from the STAR program. It became necessary to close the STAR program. The increased focus for violence reduction, the launch of new Consult Liaison Teams replacing the STAR program, and additional factors have contributed to a downward trend in rates of violence.

## BACKGROUND/INTENSIVE CARE MODEL

The 2021 Washington State Legislature enacted Engrossed Substitute Senate Bill 5092 – the 2021-2023 Operating Budget. Section 202 (1)(1) of the bill, provided $10,581,000 in fiscal year 2022 and $10,581,000 in fiscal year 2023 for the Department of Social and Health Services to implement strategies to improve patient and staff safety at Eastern and Western State Hospitals (WSH). In the first biennium, WSH established the Specialized Treatment Assessment and Recovery (STAR) Program, which was designed to address the underlying causes of violence and aggression for patients who had a high degree of aggressive behavior and had not responded to the standard care model at Western State Hospital (WSH). The STAR Program was highly structured with a companion Step-up Unit, which was a ward to where patients who had made sufficient progress in reducing violence on the STAR Ward could be transferred as they

continued to receive treatment and either discharge to a less restrictive setting, or return to a Civil Center ward, pending discharge.

As noted in the last Report to the Legislature, *Improving Patient and Staff Safety in State Hospitals – Status Report*, December 1, 2021, the STAR Program was initiated at WSH on February 3, 2020, with 10 patients. However, for a variety of reasons, outlined in the last report, such as the impact of COVID-19 on staffing, it became necessary to close the STAR Program. The STAR Program had a census of 10 of WSH's most aggressive and assaultive patients, and in August 2021, the census had to be decreased to five to provide staff for the COVID-19 medical isolation ward. This was accomplished by transferring five patients to WSH Civil Center wards to address staffing and safety concerns. The hope was to re-open the STAR Program to full capacity, but WSH was unable to do so due to the on-going COVID-19 impact and response. Staffing levels needed to support the five remaining STAR Program patients continued to create difficulties with maintaining a safe environment for patients and staff. As a result, those patients were transferred to various WSH Civil Center wards and the STAR Program was shuttered on December 31, 2021.

WSH began using the remaining STAR Program staff to launch a Consult Liaison Team, or Service (CLS) as it later became known, and is composed of the STAR Program Psychiatrist, Pharmacist, Registered Nurses, Social Worker, Psychology Associate, Institutional Counselors, Administrative Assistant, and Program Director. The CLS supported the successful transition of former STAR ward patients to Civil Center wards. This success was seen in downward trends for Patient-to-Staff and Patient-to-Patient assaults over the same period. The CLS began taking referrals from treatment teams for other patients in March 2022. The CLS eventually expanded to serving patients in the Gage Center of Forensic Excellence.

The CLS helps ward treatment teams develop skills for responding to patients who exhibit challenging behaviors that include aggressive, assaultive, or other challenging behaviors, including frequent episodes of seclusion, restraint or as needed medications for symptom control. The ward treatment team is a multidisciplinary group, led by the ward psychiatrist, and includes registered nurses, licensed practical nurses, social workers, a ward psychologist, and other nursing staff who work with the patient providing direct care. Although the CLS team interfaces primarily with the treatment team, they also work with the patients to provide them with coaching to improve self-regulation skills and the ability to work with their treatment team. CLS assists wards with patients who are displaying high levels of aggression toward peers or staff, those with high rates of seclusion or restraint, and who are not responding to their current treatment plan. Referral requests can come from any member of a treatment team, but typically originate with the ward's psychiatrist or registered nurse(s). CLS takes on a consulting role, looking at the patient's diagnoses, medications, and therapeutic interventions from the perspectives of a social worker, psychology associate, institutional counselors, and nurses with recommendations to the treatment team for altering treatment plan interventions. Institutional Counselor staff also work with the treatment team in the delivery of care to the patients. The treatment team selects which CLS recommendations to adopt to help address the patient's challenging behaviors.

WSH has continued to experience staffing shortages, and it became clear that re-opening the STAR Program was untenable. On August 15, 2022, the STAR Program was permanently closed. At that point, the CLS became a resource for WSH to improve patient and staff safety.

WSH's Violence Reduction Team, composed of a Therapies Supervisor and seven Institutional Counselor staff, has continued to work with patients exhibiting aggressive behavior, when requested by treatment teams. Their focus has been on engaging with high-acuity aggressive patients to develop and implement interventions for wards to utilize in addressing the needs of patients to reduce violence. They assist wards in developing behavioral strategies to assist patients and engaging their ward staff in using the interventions. The team becomes oriented to the patient, ward and specific challenging behavior; focuses on short-term goals; engages the patient while developing longer-term goals; and then fades from the process, allowing the treatment team to begin using the developed plan. The VRT also supports treatment teams with higher acuity wards by observing the ward environment and making recommendations for changes to reduce acuity and violence on the ward. The VRT also provides behavioral consultation when requested.

Although there are some similarities between CLS and the VRT services, the CLS is multidisciplinary and provides support in areas where VRT cannot, such as diagnosis, medication management, seclusion and restraint processes, behavior analysis by a psychologist, and therapeutic input from psychology associates and social worker. When the STAR Program was operational between February 2020 and December 31, 2021, it served 10 patients identified as the most assaultive patients on their ward, and in total, served 17 unique patients during its operation. CLS is envisioned to provide consultation to treatment teams for periods of 2 to 8 weeks, and up to 24 to 30 patients in a year.

**STAFFING MODEL**

The staffing model for VRT and CLS is below:

| **VRT** | | | **CLS** | |
|---|---|---|---|---|
| **Position** | **FTE** | | **Position** | **FTE** |
| Therapies Supervisor | 1.0 | | Program Director | 1.0 |
| Institutional Counselor-3 | 7.0 | | Administrative Assistant-3 | 1.0 |
| | | | Psychologist-4 | 1.0 |
| | | | Psychiatrist-4 | 0.2 |
| | | | Pharmacist | 0.5 |
| | | | Psychology Associate | 3.0 |
| | | | Psychiatric Social Worker-3 | 1.0 |
| | | | Institutional Counselor 3 | 13.0 |
| | | | Registered Nurse 4 | 1.0 |
| | | | Registered Nurse 3 | 4.0 |
| **Total** | 8.0 | | **Total** | 25.7 |

The vision for the future is to have one team, a Behavior Management Team (BMT), which includes the above intensive care model, while combining the services of VRT and CLS,

responding to the treatment team to review diagnosis, medications, nursing interventions related to seclusion and restraint, along with less restrictive alternatives to seclusion and restraint, and therapeutic services with the treatment team and engaging with the patient, while coaching the treatment team on effective interventions with the patient. The BMT will also provide micro-trainings to treatment teams in a variety of topics, including de-escalation skills, use of Crisis Prevention Institute (CPI) and Advanced Crisis Intervention Training (ACIT) strategies for de-escalation and containment, seclusion and restraint procedures, situational awareness, using a trauma informed approach, etc., that will reduce patient aggressiveness by improving staff members' skill levels and practice to reduce violence. Within this model, there will be three teams of Institutional Counselor-3s led by a Therapies Supervisor to provide support to treatment teams seven days a week, during day and evening shift. This expands the capacity that is currently individually available through CLS and VRT, which has primarily been during day shift Monday through Friday, with extremely limited availability outside of those hours.

**BMT Staffing Plan**

Below is a proposed staffing model for the BMT, which is awaiting bargaining with Labor to finalize the staffing model and mission of BMT.

| **BMT** | |
|---|---|
| **Position** | **FTE** |
| Program Director | 1.0 |
| Administrative Assistant-3 | 1.0 |
| Psychologist-4 | 1.0 |
| Psychiatrist-4 | 1.0 |
| Pharmacist | 0.25 |
| Psychology Associate | 4.0 |
| Psychiatric Social Worker-3 | 1.0 |
| Therapies Supervisor | 3.0 |
| Institutional Counselor-3 | 20.0 |
| Registered Nurse-4 | 1.0 |
| Registered Nurse-3 | 4.0 |
| **Total** | 37.25 |

Additionally, the WSH Civil Center of Excellence continues to utilize Safety Proviso funds to add the following FTEs:

| **Safety Proviso Funded Positions** | |
|---|---|
| **Position** | **FTE** |
| Security Guard-2 | 8.0 |
| Institutional Counselor-3 | 5.0 |

The Security Guard-2 (SG2) positions are deployed to two wards for patients who are civilly committed with a Special Finding of Felony Violence. The acuity of these wards, with a census of 21 and 22, is elevated and the patients, who were charged with felony violence prior to their civil commitment, were found to be likely to commit similar acts, tending to be more aggressive

than most Civil Center patients. There is one SG2 on each ward on all three shifts, and their presence helps the ward with managing and lowering acuity. Procedures were established for the SG2s to walk around the ward, conduct security inspections, assist with ward searches, submit work orders for repairs, communicate with ward staff regarding any patient concerns, and to make log entries. The Institutional Counselor-3 (IC3) positions are assigned to Organizational Development and assist in training WSH staff to enhance staff skills and promote safety when they engage with patients.

## PATIENT PROFILE

As noted, staffing challenges resulted in compromised patient and staff safety within the STAR Program, and necessitated decreasing the census by 50%, and ultimately discontinuing the program. When the STAR Program census was reduced, STAR Program staff began supporting the patients' transfer to other wards in the CLS capacity, and the CLS focus turned to successfully transitioning the remaining program patients to Civil Center wards. Of the eight patients in the STAR Program when it was discontinued, two patients discharged in January 2022, which was facilitated by the STAR Program staff.

The patients were referred to CLS by their treatment teams given the aggressive and assaultive behavior toward other patients and staff primarily, which resulted in the need for restraint. The patients in the sample had all been admitted to the Gage Center as a result of criminal offenses, e.g., assault, possession of controlled substances, attempting to disarm law enforcement officers, residential burglary, indecent liberties, under RCW 10.77 and were converted to civil commitment under RCW 71.05, and subsequent referral to the WSH Civil Center. Diagnoses range from Schizophrenia Spectrum Disorder, Generalized Anxiety Disorder, Schizoaffective Disorder, Bipolar Type, Exhibitionistic Disorder, various Substance Use Disorders and various Personality Disorders. The team has been successful in helping the treatment teams with managing the patients' symptoms, and two patients in the sample were able to sufficiently reduce the level of violence sufficiently to discharge to the community, and neither has returned to WSH.

As reported above, after the CLS team was able to transition the STAR Program patients to other Civil Center wards, they began accepting referrals from treatment teams in March 2022, and between March and July 2022, CLS has had 14 referrals.

## OUTCOMES

Table 1, below, reports the WSH Civil Center Patient-to-Patient (Pt Pt) and Patient-to-Staff (Pt St) assault data from July 1, 2021 through August 31, 2022 (latest available data). It includes the number of assaults each month and the assault rate per 1,000 Patient Days, which allows for standardized comparisons (captured in the columns labeled Patient-to-Patient Rate [Pt Pt R] and Patient-to-Staff Rate (Pt St R). The table also captures that the assault rates for Patient-to-Patient and Patient-to-Staff decreased with the reduction in census in the STAR Program in August 2021, and in December 2021, when the remaining STAR Program patients were moved to Civil Center wards and the hospital began implementing the Consult Liaison Service (CLS). The CLS complemented ongoing efforts by treatment teams in addressing acuity on their wards and other

interventions, such as the Violence Reduction Team. This finding suggests that the CLS had a positive impact on violence, as it was the primary change in response to patient violence by the Civil Center.

**Table 1. Civil Center of Excellence, FY2021 – FY2022 Assaults per 1,000 Patient Days by Month with Prior Year Comparisons**

| Year | Month | Pt Days | Pt Pt | Pt Pt R | Pt St | Pt St R | |
|---|---|---|---|---|---|---|---|
| **2021** | **Jul** | 10,710 | 46 | 4.30 | 42 | 3.92 | |
| **2021** | **Aug** | 10,749 | 70 | 6.51 | 62 | 5.77 | STAR Census reduction 10 to 5 with Partial CLS |
| **2021** | **Sep** | 10,527 | 53 | 5.03 | 34 | 3.23 | |
| **2021** | **Oct** | 10,845 | 36 | 3.32 | 44 | 4.06 | |
| **2021** | **Nov** | 10,258 | 47 | 4.58 | 36 | 3.51 | |
| **2021** | **Dec** | 10,795 | 40 | 3.71 | 20 | 1.85 | STAR Shuttered; Full CLS Begins |
| **2022** | **Jan** | 10,829 | 44 | 4.06 | 30 | 2.77 | |
| **2022** | **Feb** | 9,404 | 44 | 4.68 | 23 | 2.45 | |
| **2022** | **Mar** | 9,770 | 46 | 4.71 | 22 | 2.25 | |
| **2022** | **Apr** | 9,396 | 38 | 4.04 | 20 | 2.13 | |
| **2022** | **May** | 9,928 | 32 | 3.22 | 38 | 3.83 | |
| **2022** | **Jun** | 9,627 | 28 | 2.91 | 24 | 2.49 | |
| ***FTYD 2022 Comparison*** | | **21,459** | **116** | **5.41** | **104** | **4.85** | |
| **FY 2022 TOTAL** | | **122,838** | **524** | **4.27** | **395** | **3.22** | |

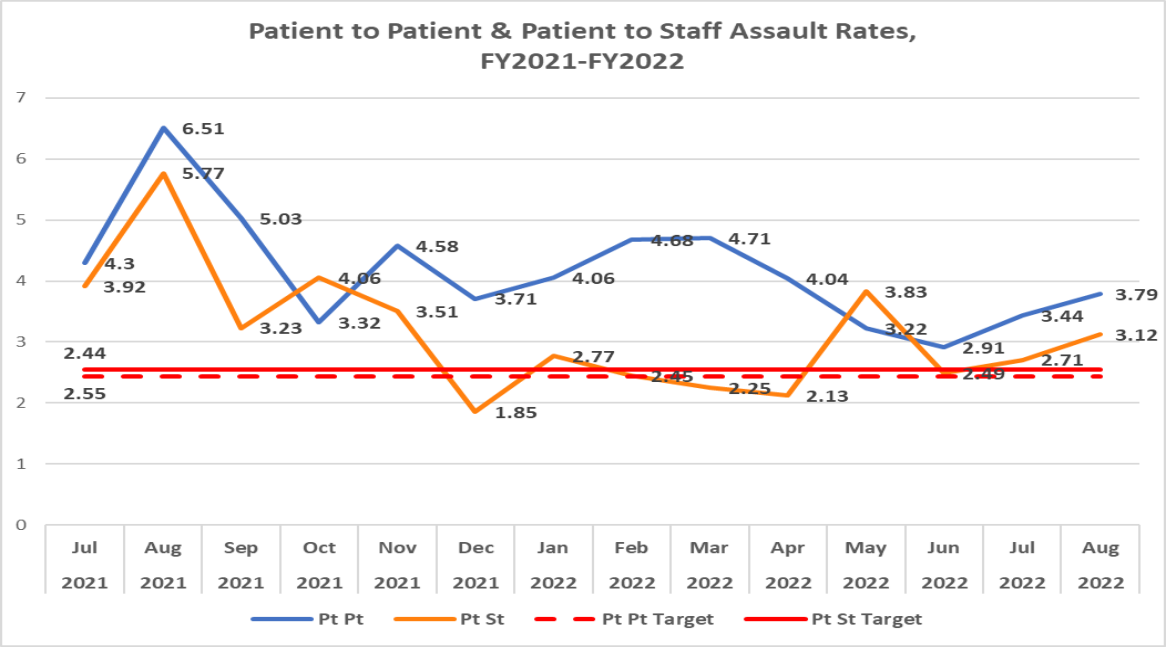
| Year | Month | Pt Days | Pt Pt | Pt Pt R | Pt St | Pt St R | |
|---|---|---|---|---|---|---|---|
| **2022** | **Jul** | 9,598 | 33 | 3.44 | 26 | 2.71 | |
| **2022** | **Aug** | 8,963 | 34 | 3.79 | 28 | 3.12 | |
| ***FTYD 2023 Comparison*** | | **18,561** | **67** | **3.61** | **54** | **2.91** | |
| **FY 2023 TOTAL** | | **18,561** | **67** | **3.61** | **54** | **2.91** | |

| | | | | | | |
|---|---|---|---|---|---|---|
| ***FTYD 2020 Comparison*** | **23,677** | **173** | **7.31** | **127** | **5.36** | |
| **FY 2020 TOTAL** | **142,633** | **742** | **5.20** | **683** | **4.79** | |

| | | | | | | |
|---|---|---|---|---|---|---|
| ***FTYD 2021 Comparison*** | **22,411** | **114** | **5.09** | **126** | **5.62** | |
| **FY 2021 TOTAL** | **133,620** | **652** | **4.88** | **682** | **5.10** | |

Figure 1, below, on the next page graphically reports Patient-to-Patient (Pt Pt) and Patient-to-Staff (Pt St) assault data, and demonstrates the downward trending of assaults in both categories.

**Figure 1. Civil Center of Excellence, Patient to Patient & Patient to Staff Assault Rates, FY2021 – FY2022**




The data in Table 2, below, reports Assault-Related Injuries in the categories of Patient-to-Patient and Patient-to-Staff, using the same abbreviations as above. Although Patient-to-Patient assaults have been trending downward, the rate of injuries associated with those assaults have been relatively unchanged. The Patient-to-Staff injuries have been trending downward.

**Table 2. Civil Center of Excellence, FY2021 – FY2022 Assault-Related Injuries per 1,000 Patient Days by Month with Prior Year Comparisons**

| Year | Month | Pt Days | Pt Pt | Pt Pt R | Pt St | Pt St R |
|---|---|---|---|---|---|---|
| **2021** | **Jul** | 10,710 | 15 | 1.40 | 13 | 1.21 |
| **2021** | **Aug** | 10,749 | 25 | 2.33 | 14 | 1.30 |
| **2021** | **Sep** | 10,527 | 20 | 1.90 | 7 | 0.66 |
| **2021** | **Oct** | 10,845 | 17 | 1.57 | 8 | 0.74 |
| **2021** | **Nov** | 10,258 | 22 | 2.14 | 12 | 1.17 |
| **2021** | **Dec** | 10,795 | 17 | 1.57 | 8 | 0.74 |
| **2022** | **Jan** | 10,829 | 18 | 1.66 | 5 | 0.46 |
| **2022** | **Feb** | 9,404 | 15 | 1.60 | 3 | 0.32 |
| **2022** | **Mar** | 9,770 | 17 | 1.84 | 6 | 0.61 |
| **2022** | **Apr** | 9,396 | 15 | 1.60 | 5 | 0.53 |
| **2022** | **May** | 9,928 | 16 | 1.61 | 8 | 0.81 |
| **2022** | **Jun** | 9,627 | 20 | 2.08 | 6 | 0.62 |
| ***FTYD 2022 Comparison*** | | **21,459** | **40** | **1.86** | **27** | **1.26** |
| **FY 2022 TOTAL** | | **122,838** | **217** | **1.77** | **95** | **0.77** |

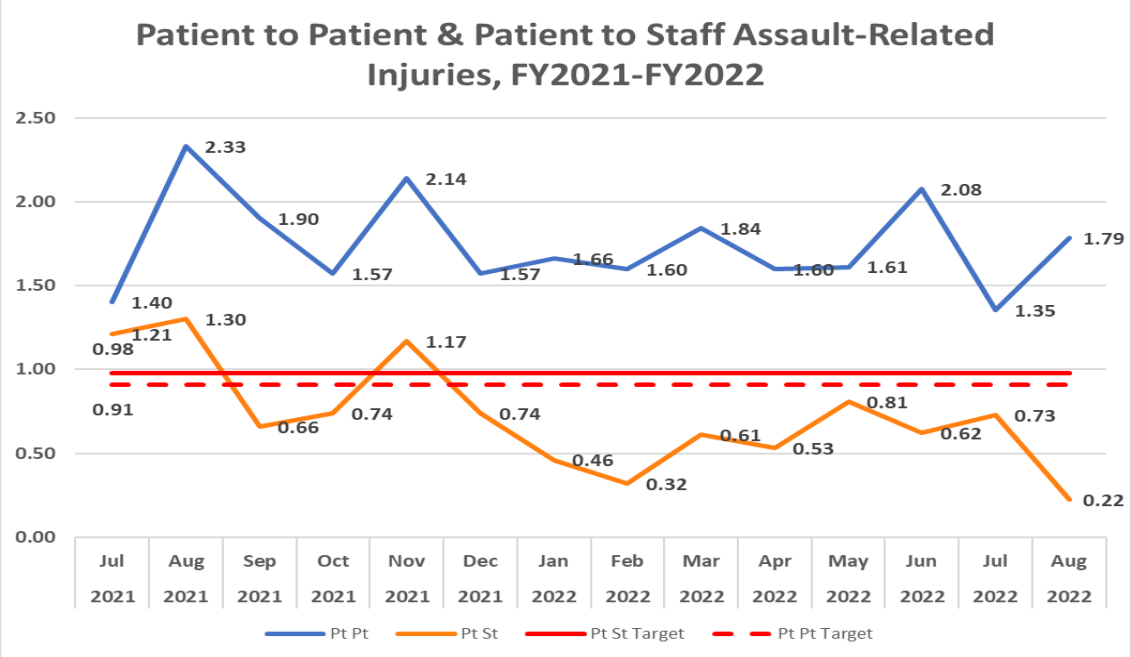
| Year | Month | Pt Days | Pt Pt | Pt Pt R | Pt St | Pt St R |
|---|---|---|---|---|---|---|
| **2022** | **Jul** | 9,598 | 13 | 1.35 | 7 | 0.73 |
| **2022** | **Aug** | 8,963 | 16 | 1.79 | 2 | 0.22 |
| ***FTYD 2023 Comparison*** | | **18,561** | **29** | **1.56** | **9** | **0.48** |
| **FY 2023 TOTAL** | | **18,561** | **29** | **1.56** | **9** | **0.48** |

| | | | | | |
|---|---|---|---|---|---|
| ***FTYD 2020 Comparison*** | **23,677** | **57** | **2.41** | **35** | **1.48** |
| **FY 2020 TOTAL** | **142,633** | **278** | **1.95** | **236** | **1.65** |

| | | | | | |
|---|---|---|---|---|---|
| ***FTYD 2021 Comparison*** | **22,411** | **37** | **1.65** | **58** | **2.59** |
| **FY 2021 TOTAL** | **133,620** | **243** | **1.82** | **262** | **1.96** |

Figure 2, below, on the next page graphically summarizes Assault-Related Injuries per 1,000 Patient Days by month for FY2021-FY2022.

**Figure 2. Civil Center of Excellence, Patient to Patient & Patient to Staff Assault-Related Injuries, FY2021 – FY2022**



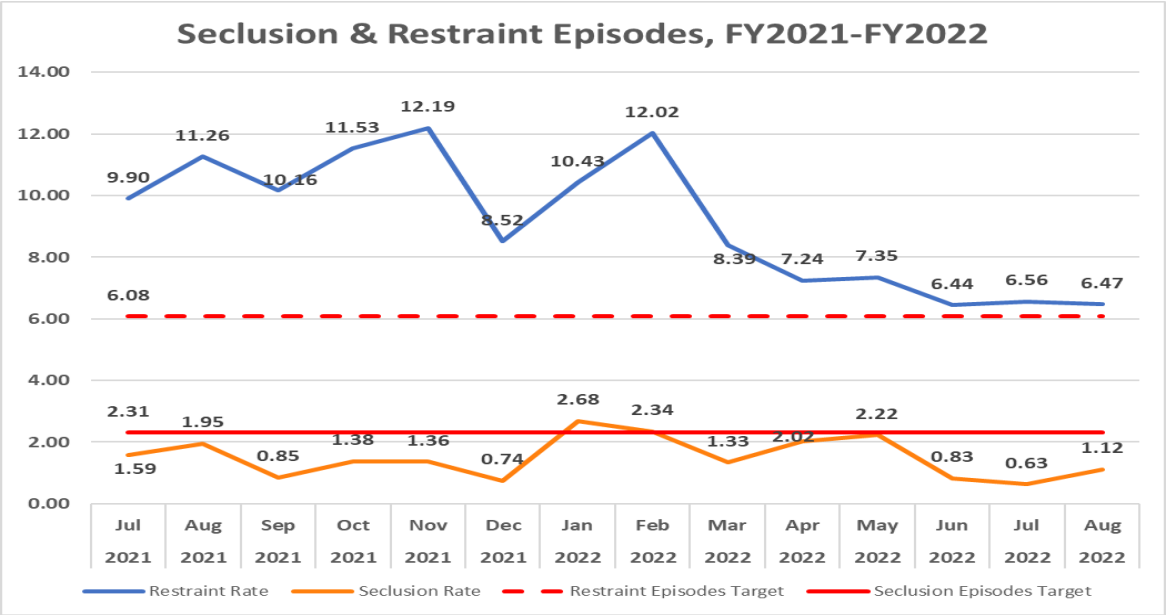

The FY2021-FY2022 rates of Seclusion and Restraint have been trending downward, as shown in Table 3 and Figure 3, below. This is attributable to a combination of factors that include training, an increased focus within treatment teams to utilize less restrictive interventions, and the involvement of VRT and CLS with patients and treatment teams.

**Table 3. Civil Center of Excellence, FY2021 – FY2022 Seclusion & Restraint Episodes per 1,000 Patient Days by Month with Prior Year Comparisons**

| Year | Month | Pt Days | Restraint Episodes | Restraint Episodes Rate | Seclusion Episodes | Seclusion Episodes Rate |
|---|---|---|---|---|---|---|
| **2021** | **Jul** | 10,710 | 106 | 9.90 | 17 | 1.59 |
| **2021** | **Aug** | 10,749 | 121 | 11.26 | 21 | 1.95 |
| **2021** | **Sep** | 10,527 | 107 | 10.16 | 9 | 0.85 |
| **2021** | **Oct** | 10,845 | 125 | 11.53 | 15 | 1.38 |
| **2021** | **Nov** | 10,258 | 125 | 12.19 | 14 | 1.36 |
| **2021** | **Dec** | 10,795 | 92 | 8.52 | 8 | 0.74 |
| **2022** | **Jan** | 10,829 | 113 | 10.43 | 29 | 2.68 |
| **2022** | **Feb** | 9,404 | 111 | 12.02 | 22 | 2.34 |
| **2022** | **Mar** | 9,770 | 81 | 8.39 | 13 | 1.33 |
| **2022** | **Apr** | 9,396 | 67 | 7.24 | 19 | 2.02 |
| **2022** | **May** | 9,928 | 72 | 7.35 | 22 | 2.22 |
| **2022** | **Jun** | 9,627 | 62 | 6.44 | 8 | 0.83 |
| ***FTYD 2022 Comparison*** | | **21,459** | **227** | **10.58** | **38** | 1.77 |
| **FY 2022 TOTAL** | | **122,838** | **1,182** | **9.62** | **197** | 1.60 |

| Year | Month | Pt Days | Restraint Episodes | Restraint Episodes Rate | Seclusion Episodes | Seclusion Episodes Rate |
|---|---|---|---|---|---|---|
| **2022** | **Jul** | 9,598 | 61 | 6.56 | 6 | 0.63 |
| **2022** | **Aug** | 8,963 | 58 | 6.47 | 10 | 1.12 |
| ***FTYD 2023 Comparison*** | | **18,561** | **119** | **6.41** | **16** | **0.86** |
| **FY 2023 TOTAL** | | **18,561** | **119** | **6.41** | **16** | **0.86** |

**Figure 3. Civil Center of Excellence, Seclusion & Restraint Episodes, FY2021 – FY2022**



## FUTURE DIRECTIONS

The patients currently being admitted to the Civil Center have a higher level of aggression and violence, which is a significant change in our patient characteristics. Patients are admitted to the Gage Center of Forensic Excellence after being charged with an alleged criminal offense. Under RCW 10.77, *Criminally Insane – Procedures*, the patient's attorney or court has questioned their mental status, capacity to assist their attorney, ability to understand the charges against them or their ability to participate in the legal process. If the patient is found competent to proceed with the legal process, they return to the court for the legal process to continue. However, if it is found not that a patient's competence cannot be restored through medication and therapy, they are then determined by the court to be not competent to proceed with legal processes, and the charge for their alleged offense is dismissed. Their civil commitment is changed to be under RCW 71.05, *Behavioral Health Disorders*, and they are then transferred to the Civil Center of Excellence.

This is becoming the primary process for admission to the Civil Center, with few exceptions. In the past, the Civil Center admissions were primarily patients from community hospitals or evaluation and treatment centers, who were civilly committed under RCW 71.05, and principally unable to care for themselves or represent a danger to self or others., and requiring longer-term treatment. The patients being admitted to the Civil Center now, and for the foreseeable future, will be transferred from the Gage Center, and having been within the forensic, or legal system, tend to have a higher level of acuity, aggressiveness, and violence, compared to the Civil Center's past patients. Their aggressiveness is typically directed toward peers (other patients), as well as staff. This shift of the Civil Center's patient characteristics toward a generally higher level of acuity, will result in the need to continue to provide a program, or combination of programs, to reduce the ward acuity, and level of patient aggressiveness and violence.

To help manage the increased level of acuity and violence, the WSH Civil Center is in the process of combining the CLS and VRT into one team, which will require bargaining with the Labor Unions, and could take some time to resolve. In the meantime, CLS and VRT will continue to function as they have until now. The VRT will engage with high-acuity patients when referral requests are received from ward treatment teams, assisting the treatment team in adopting the strategies the VRT has found to be effective. Members of the CLS also respond to referral requests from ward treatment teams with patients who engage in aggressive or other challenging behaviors, and work primarily with the treatment team to review the diagnoses, medications, and interventions being used, followed by appropriate recommendations to the team. There has been a noticeable decrease in violence in the Civil Center with the launch of the CLS. Together, these teams are assisting WSH with addressing violent behavior.