

REPORT TO THE LEGISLATURE

Improving Patient and Staff Safety in State Hospitals – Status Report

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

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EXECUTIVE SUMMARY

The 2021 Washington State Legislature enacted Engrossed Substitute Senate Bill 5092 – the 2021-2023 Operating Budget. Section 202 (1)(1) 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 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 previous biennium, the Specialized Treatment Assessment and Recovery (STAR) program was designed to address the underlying causes of violence and aggression for patients who have not responded to the standard care model at Western State Hospital (WSH). This program included both a STAR Ward which would provide intensive treatment in a highly structured setting along with a Step-Up Ward for patients who have improved enough to prepare for transition to the community.

- The STAR Ward Program has experienced challenges in meeting the needs of WSH patients, to include: COVID-19 response strategies significantly impacted the opening and operation of the STAR Ward Program and prevented the opening of the planned Step-Up Unit.
- The STAR Ward had the highest level of assaults, Labor & Industries claims, and staff turnover compared to other Civil Center wards. Difficulties in staffing due to the COVID-19 pandemic compounded the difficulties of staffing the STAR Ward. In response, the ward census was reduced from 10 patients to five.

BACKGROUND

Western State Hospital's STAR Program was designed to have two-stage evidence-based treatment process involving intensive treatment to help patients identified as being among the top 10 assaultive patients to manage, and decrease, incidents of assaults to other patients and staff. In addition to pharmacologic intervention, therapeutic approaches with empirical support were researched and selected for implementation; please see chart summarizing the STAR Ward Program's intensive care model below. Their initial treatment was to occur on the STAR Ward, and once the treatment goals to reduce violence were achieved, the patient would transfer to the Step-Up Unit, where they would receive further treatment, while awaiting discharge to a less restrictive setting.

The clinical programming within the STAR Program was to address the underlying causes of violence and aggression for patients who have not responded to the standard care model at Western State Hospital (WSH). The STAR Ward opened on February 3, 2020, with 10 patients, just as the COVID-19 pandemic was beginning.

There were various pathways envisioned for STAR Ward patients. Patients who benefited from the STAR Ward program (having stabilized on medications and no violent or aggressive behavior for 30 days), would transfer to the Step-Up Unit for further evidenced-based treatment for aggressive/violent behavior prior to community discharge.

Another path was for a patient, who had made significant progress on the STAR Ward to be directly discharged to a community-based less restrictive setting, or return to their original ward, while awaiting discharge. Patients could remain on the STAR Ward as long as necessary to meet their goals. For those who did not benefit from the STAR Ward program, they could be returned to the original ward for continued treatment. If a patient committed criminal acts of assault that were not due to mental illness symptoms, patient behavior could be referred to the police.

The STAR Ward program’s intensive care model included the following treatments/services:

Services:
Psychological Testing/Assessment
Advanced Diagnosis
Incentive Program
Trauma Informed Care Program
1:1 Trauma Therapy
12 hours of programming/7 days a week (4 hours in the day; 3 hours in the evening; and 1:1 therapy)
Selected Evidence Based Practices (Moral Reconation Therapy [MRT], Acceptance and Commitment Therapy [ACT], Seeking Safety, and Illness Management and Recovery Therapy [IMRT])
Advanced Crisis Intervention Training
Medication Stabilization
Lower Census (10 instead of 30 patients on the ward)
Extra Staff to Engage More
On-Ward Training Mentor/Coach/Assessor
Nursing Primary Care Model (1:4, 1:5 ratio)
Step-Up Unit for Ongoing Treatment (Planned but not implemented)
Goal:
Treat Until Discharged to the Community (7 STAR patients have discharged to the community since

inception, with 4 occurring in 2021)
Long-term Recovery (6 of 7 have remained in the community; 1 returned in September 2021 to Forensics after 1 year)
Reduce Recidivism/Re-incarceration

STAFFING PLAN

Staffing Plan

The staffing plan for the STAR Program included a greater staff to patient ratio than other civil center wards due to the higher acuity of the patients. Some of the differences from the standard wards include:

- Rehabilitation staff are included in the plan to provide treatment on the ward, as patients did not utilize the treatment malls.
- Programming is 12-hours per day and the ward includes enough staffing (rehabilitation, nursing, psychology, and social work) to facilitate this programming.
- All patients encouraged to take part in individual therapy.
- Security staff have a physical presence on the ward.
- All staff receive expanded training in behavioral health topics, with a focus on trauma and its impact on behavior.
- All staff on the ward receive training for all evidence-based practices.

The model below shows the number of FTEs needed by job class to operate the STAR Ward and Step-Up Unit. The following positions include a relief factor to account for 7-day a week and/or 24-hour care: Security Guard 2, Institutional Counselor 3, Mental Health Technician, Registered Nurse 2, and Registered Nurse 3.

STAR WARD (10 patients)		STEP UP (20 patients)	
Position	FTE	Position	FTE
Program Administrator	0.50	Program Administrator	0.50
Training Manager	0.50	Training Manager	0.50
Registered Nurse 4	0.50	Registered Nurse 4	0.50
Medical Doctor	0.25	Medical Doctor	0.25
Pharmacist	0.25	Pharmacist	0.25
Mental Health Technician 3	0.50	Mental Health Technician 3	0.50
Security Guard	4.00	Security Guard	4.00
Administrative Assistant	1.00	Peer Support Specialist	1.00
Office Assistant	0.25	Office Assistant	0.75
Custodian	2.00	Custodian	2.00
Psychiatrist	0.50	Psychiatrist	0.50
Psychologist	0.50	Psychologist	0.50
Psych Associate	2.00	Psych Associate	2.00
Institutional Counselor 3	9.00	Institutional Counselor 3	9.00
Social Worker	0.50	Social Worker	1.50
Registered Nurse 3	3.00	Registered Nurse 3	3.00
Registered Nurse 2	12.50	Registered Nurse 2	14.50
Mental Health Technician	13.00	Mental Health Technician	13.00
TOTAL	50.75	TOTAL	54.25

Patient Profiles

The program was designed to take the civil patients with the highest frequency and severity of assaultive behavior while at the hospital. The complex clinical presentation often includes a combination of chronic mental health disorders, psychosis that is often less responsive to medication than for typical patients, and include a history of trauma, substance use, and personality disorders that have not responded well to other treatment modalities.

It would be expected that with the complexity of the clinical presentation, the underlying conditions and the severity of the symptoms, assessment and treatment of these conditions could take months to reach maximum benefit. Although some individuals made progress on the STAR Ward, a variety of factors complicated the ability to adhere to the program design which ultimately challenged the functionality of the program.

In the interim since opening on February 3, 2020, the STAR Ward Program has served 17 patients between the ages of 23 and 41 years old, with varying lengths of stay (LOS) at WSH, ranging from 356 to 4,113 days. As will be discussed, the current census on the STAR Ward Program had to be reduced from 10 to 5 patients, with 5 patients being transferred to wards within the Civil Center of Excellence. Seven STAR Ward Program patients have discharged to the community, with the first occurring on August 17, 2020, and the last on June 28, 2021. Below are two patient examples.

Patient 3 has been at WSH since June 24, 2019 (LOS 849 days) when admitted to the Gage Center of Forensic Excellence for competency restoration after being charged with felony Assault-3, following the assault of psychiatric facility staff in the community. The patient's admission diagnoses included Schizoaffective Disorder, Bipolar Type; Cannabis Use Disorder; Rule out Other Substance Use Disorder, and antisocial personality disorder. Patient 3 transferred to WSH's Civil Center of Excellence on December 10, 2019, after being found unable to proceed in the court system and was civilly committed. The patient transferred to the STAR Ward Program on September 8, 2020, after being identified as a good candidate for the STAR Ward Program by the treatment team and ward staff due to the high number and severity of assaults. Patient 3, at the time, was among the top 10 assaultive patients at WSH. This patient's last assault was on May 25, 2021. Patient 3 remains on track for discharge.

Patient 4 was admitted to WSH on July 15, 2010 (LOS 4,114 days) to the Gage Center of Forensic Excellence after being charged with Residential Burglary. The patient's admission diagnoses included Psychotic Disorder Not Otherwise Specified; Methamphetamine Abuse; Antisocial Personality Disorder; and Insulin Dependent Diabetes Mellitus. The patient transferred to WSH's Civil Center of Excellence on September 26, 2019, and subsequently was determined to be a good candidate for the STAR Ward Program based on the number and severity of assaults, being in the top 10 of WSH's assaultive patients, and transferred to the STAR Ward Program on July 28, 2020. Patient 4 had recent struggles with self-managing behavior, and was removed from the discharge list on August 9, 2021, after assaulting staff. Patient 4 appears willing and able to work with the treatment team towards discharge.

FACTORS IMPACTING THE STAR WARD PROGRAM

Program Opening and Transfers/COVID-19 Impacts

The STAR Ward opened February 3, 2020, with a plan to open the Step-Up Unit three months later to begin receiving patients who benefited from the program. However, at the onset of the pandemic, WSH identified a need for isolation and quarantine wards for patients with COVID-19. Between the need for isolation and quarantine wards and unexpected maintenance issues that took a ward offline, the original space identified for the Step-Up ward was no longer available.

Staffing Impacts

The pandemic also resulted in an inability to discharge patients for several months in 2020 due to infection control concerns, and the associated community stay in-place precautions. Without the option to transfer to a Step-Up ward or transition to the community, patients who had made good progress became frustrated which resulted in some cases of reverting to aggressive behavior. Consequently, assault trends remained generally high on the STAR Ward.

The COVID-19 response also restricted staff work assignments to only their assigned ward or its sister ward. This limited the ability of hospital staff to respond to staffing shortages with overtime staff from around the hospital. Locum nurses were utilized when possible. The STAR Ward being viewed by both internal and external candidates as a difficult work environment created a difficulty in recruiting staff for this program. A shortage of locum nurses, fueled by the demand across the country to staff hospitals dealing with COVID-19 patients, meant that they were not a resource for WSH.

The STAR Ward has experienced a high rate of staff turnover which contributes to program instability. Examples include a 95% turnover rate in nursing staff, including four nurse managers since inception and four different ward psychiatrists, which has impeded patient progress with medication stabilization.

Staffing issues have contributed to overtime expenses for FY 2021 totaling \$398,467. Due to the intensive program design along with above mentioned recruitment, turnover and staffing challenges, it was necessary to use locum nurses to staff the STAR Ward, at a cost of \$1,184,000. Additionally, the STAR Ward Psychiatrist is a locum / contracted resource, costing \$600,000 annually. Continuing the STAR Ward's operation with locums will require roughly \$1.8M annually.

Safety Data

The STAR Ward has the highest assault rate in the hospital for both Patient-to-Patient and Patient-to-Staff Assaults. According to WSH assault data for August 2021, the STAR Ward had:

- The highest assault rate of all WSH wards
- More than twice the Patient-to-Patient Assault rate of other wards (18.63 per 1,000 patient days v 6.98 per 1,000 patient days),
- A significantly higher rate of Patient-to-Staff Assaults of other wards (31.06 assaults per 1,000 patient days compared to 6.00 per 1,000 patient days).
- Labor & Industries claims filed since the program's inception include:
 - 9 compensable claims filed (with five since January 2021),
 - 13 non-compensable claims
 - 40 incidents where there was no claim

STAR Ward Conclusions

The above limitations coalesced to create major obstacles to fully staff the STAR Ward in its configuration to serve the 10 patients. Consequently, WSH reduced the ward census from 10 patients to 5, and half of the patients were transferred back to wards within the Civil Center in August 2021. Staffing levels remain a concern, and constant staff changes along with use of contracted agency staff add to the difficulty in stabilizing the program.

Project Outcomes

The data in the tables and figure suggests that the STAR Ward concept has not significantly reduced the assault rates within the Civil Center, or on the STAR Ward itself. As noted above, there has also been a change in the patient characteristics of those being served in the Civil Center, with more assaultive patients being admitted, which will perpetuate concerns for assault rates.

Table 1. – August 2021 Assault Report Scorecard

Metric/ Center	2021 Target	August-2021	August-2020	2021 YTD	2020 YTD	2019 YTD
Patient to Patient Assault Rate						
WSH	3.97	5.07	5.00	4.94	4.24	5.16
Civil¹	4.95	7.18	5.34	5.69	5.71	5.43
Civil²	4.95	6.98	4.80	5.08	5.56	5.43
STAR	4.95	18.63	24.39	26.46	13.42	NA
Patient to Staff Assault Rate						
WSH	3.55	3.79	5.00	3.59	3.77	4.08
Civil¹	5.48	6.43	6.89	5.16	5.99	4.96
Civil²	5.48	6.00	5.94	4.41	5.12	4.96
STAR	5.48	31.06	40.65	30.57	52.95	NA
Total Assault Rate						
WSH	7.52	8.86	10.00	8.53	8.01	9.24
Civil¹	10.43	13.61	12.23	10.85	11.70	10.39
Civil²	10.43	12.98	10.74	9.49	10.68	10.39
STAR	10.43	49.69	65.04	57.03	66.37	NA

¹Civil Center of Excellence includes all wards. ²Civil Center of Excellence without STAR ward metrics.

Table 1 shows the August 2021 assault rates for all Civil Center wards with a comparison to the August 2020 data and year to date information for comparison by year. The WSH data includes the Gage Center. The Civil Center’s target for Patient-to-Patient assault is 4.95 per 1,000 patient days, and the target for Patient-to-Staff assaults is 5.48 per 1,000 patient days. Although the assault rates are extremely high for STAR, other Civil Center wards are also above the target measure.

Table 2. Civil Center of Excellence, 2021 Assaults and Assaults per 1,000 Patient Days by Month with Prior Year Comparisons

Month	Patient to Patient		Patient to Staff		Total Assaults	
	#	Rate	#	Rate	#	Rate
January 2021	53	4.65	48	4.22	101	8.87
February 2021	40	3.91	50	4.88	90	8.79
March 2021	56	4.93	52	4.58	108	9.50
April 2021	66	5.92	48	4.30	114	10.22
May 2021	63	5.56	61	5.39	124	10.95
June 2021	54	5.09	44	4.15	98	9.23
July 2021	46	4.30	42	3.92	88	8.22
August 2021	70	6.51	62	5.77	132	12.28
2021 YTD	448	5.12	407	4.65	855	9.77
2020 YTD Comparison	447	5.17	446	5.16	893	10.33
2019 YTD Comparison	465	5.57	392	4.70	857	10.27

Table 2 provides Civil Center assault data by month for 2021 and provides year to date information for comparison. The 2021 assault information is consistent month to month with little fluctuation. The overall rate for Patient-to-Patient assaults is generally unchanged when comparing year to date data for 2021 and 2020.

Table 3. 2021 STAR Ward¹, Assaults and Assaults per 1,000 Patient Days by Month with Prior Year Comparisons

Month	Patient to Patient		Patient to Staff		Total Assaults	
	#	Rate	#	Rate	#	Rate
January 2021	2	6.85	9	30.82	11	37.67
February 2021	4	14.44	10	36.10	14	50.54
March 2021	12	38.71	8	25.81	20	64.52
April 2021	7	23.33	9	30.00	16	53.33
May 2021	15	49.02	10	32.68	25	81.70
June 2021	5	18.05	5	18.05	10	36.10
July 2021	10	37.17	11	40.89	21	78.07
August 2021	3	18.63	5	31.06	8	49.69
2021 YTD	58	26.46	67	30.57	125	57.03
2020 YTD Comparison	18	13.42	71	52.95	89	66.37

¹The STAR Ward opened 2/2020, so 2020 YTD figures only include 6 months, rates would be comparable not raw numbers.

Table 3 contains assault rates (Patient-to-Patient and Patient-to-Staff) for the STAR Ward, which shows that the rates have been variable throughout 2021, and the rate of Patient-to-Patient assaults were double compared to year-to-date 2020 data through August. Patient-to-Staff assaults were impressively about 40% lower year to date in 2021 compared to 2020. It is noted that during August 2021, the number of patients on the STAR Ward were reduced by half to five patients, as that was the maximum number that could be safely served due to the staffing difficulties. This means that the data for August 2021 cannot be reliably compared to other months, and that there is a questionable effect on the 2021 data.

Figure 1. 2021 STAR Ward, Assaults per 1,000 Patient Days by Month

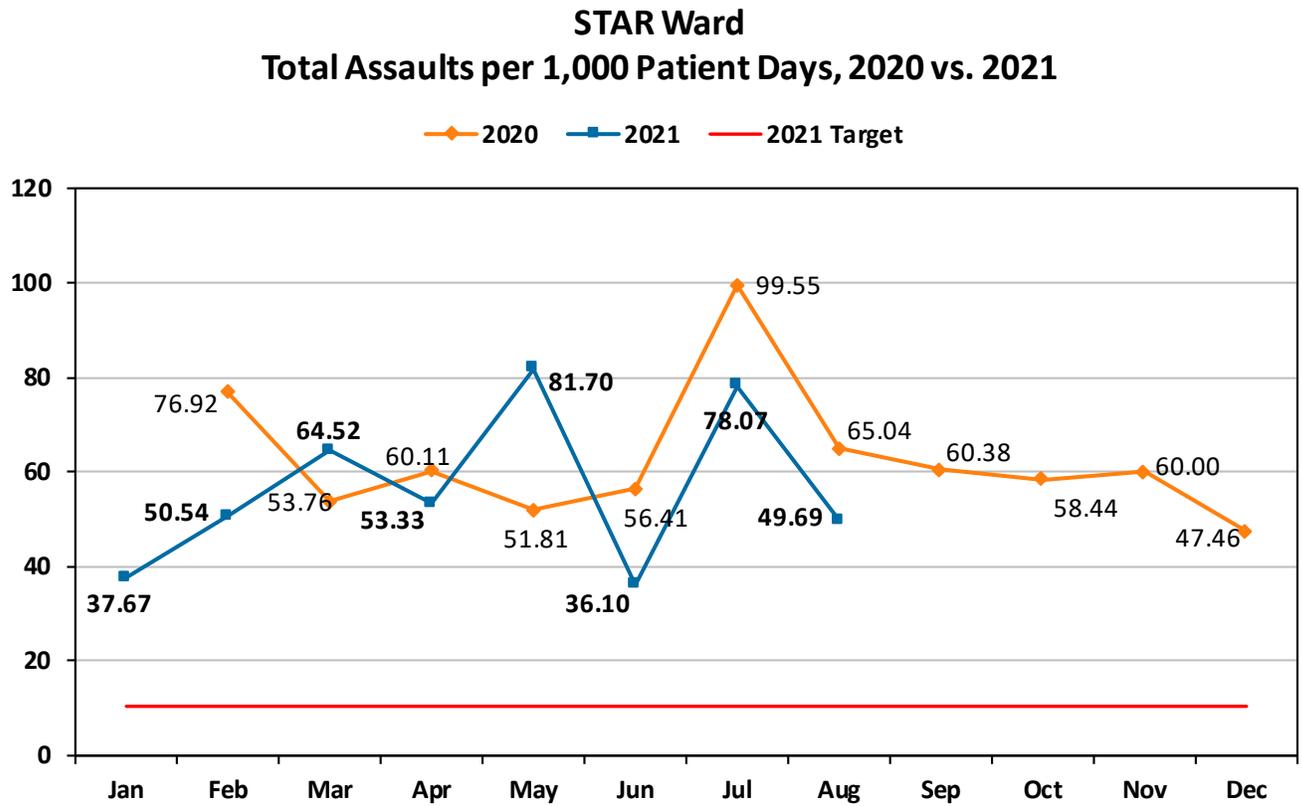


Figure 1 compares total assaults for the STAR Ward for 2021 and 2020 with the 2020 target. It demonstrates the month-to-month general variability in the total assault rate, although June and July 2021 were better than the corresponding months in 2020. The total assault rates are significantly above the target.