

REPORT TO THE LEGISLATURE

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

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

December 1, 2020

Behavioral Health Administration
PO Box 45050
Olympia, WA 98504-98504
(360) 902-7551
<http://www.dshs.wa.gov/bha>



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EXECUTIVE SUMMARY

The 2019 Washington State Legislature enacted Engrossed Substitute House Bill 1109 – the 2019-2021 Operating Budget. Section 202 (1) of the bill, provides \$11.2M in fiscal year 2020 and \$10.5M in 2021 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, 2019, 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 preliminary information on 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.

A report must be submitted by December 1, 2020, which provides an update on the implementation of the intensive care model, any changes that have occurred, and updated information on the outcomes associated with implementation of the program.

The initial report was completed December 1, 2019, prior to the program opening. This report will provide updated details of the program opening, current status and early data with the existing patients and within the hospital.

BACKGROUND

The Specialized Treatment Assessment and Recovery (STAR) Program is composed of the STAR Ward and the Step-Up Unit. Clinical programming within the STAR Program is 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).

The STAR Ward opened on February 3, 2020 and has a census of 10 patients. The STAR Ward provides intensive treatment in a highly structured setting. The goal is to reduce aggressive behaviors and engage patients in evidence-based treatments that treat the underlying causes of aggression/violence. The following guidelines will be used to determine when the patient is ready to transition from the STAR Ward and what level of service they should transition to:

- No violent acts for at least 30-days
- The treatment team determines that the patient is:
 - Stabilized on medications; and either
 - Ready for evidence-based practices on the Step-Up Ward;
 - Ready to return their original ward for treatment as usual (if they are not benefitting from evidence-based practices); or

- If they are committing criminal acts of assault that are not due to mental illness symptoms, patients will be considered for discharge to the community or referred to the police.

As the Step-Up Unit is not yet available (see Impact of COVID-19), the patients who have recovered are actively working on transitioning into the community from the STAR Ward or have been returned to other civil wards for community transition planning.

The intensive care model being implemented within the program includes the following treatments/services:

Services:
Full Psych Testing/Assessment
Advanced Diagnosis
Incentive Program
Trauma Informed Care Program
1:1 Trauma Therapy
12 hours of programming/7 days a week
Selected Evidence Based Practices
Advanced Crisis Intervention Training
Med Stabilization
Lower Census
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
Goal:
Treat Until Discharged to the Community
Long-term Recovery
Reduce Recidivism/Re-incarceration

IMPACT OF COVID-19

Program Opening and Transfers

The STAR Ward opened February 3, 2020. The Step-Up Unit was scheduled to open 3-months after the STAR Ward, but the opening was delayed in response to COVID-19. Additionally, the Department’s COVID-19 response, which followed Department of Health guidelines, includes restricted movements of patients and staff within the facility. Patients continue to be transferred into the STAR Program once it is determined safe, from an

infection control stand point.

Hiring Staff

While the STAR Ward is fully staffed and operational, the hiring for the Step-Up Unit is more complex. A majority of the staff were hired with the anticipated opening date of May, 2020, but due to the COVID-19 response, staff were redeployed to cover other staff shortages throughout the hospital.

STAFFING PLAN

Staffing Plan

The staffing plan for the STAR Program is more robust than on a standard ward 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 will not be utilizing 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 will be encouraged to have individual therapy
- Security staff will be physically present on the ward.
- All staff will receive expanded training in mental health topics, with a focus on trauma and its impact on behavior
- All staff who work on the ward will receive all evidence-based practice training.

The model below shows the number of FTEs needed by job class. There have been minor changes to the original staffing plan, but with no increase in costs or FTEs. 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 is designed to take the civil patients who have the highest frequency and severity of assaultive behavior while at the hospital. The underlying conditions are often chronic mental health issues including trauma, substance use, antisocial personality disorder and psychosis that has not responded well to other treatment modalities – often a combination of these factors.

Given the complexity of the underlying conditions and the severity of the symptom presentation, assessment and treatment of these conditions can take months to reach maximum benefit. That being said, the STAR Ward has made tremendous progress in the short time it has been open.

There are two patients who had been in restraints for a significant amount of time prior to their transfer to the STAR program. These patients were highly symptomatic, not just presenting with assaultive behaviors as you can see below in the progress they have made since transfer to the program.

Patient #1

- A. Patient is now speaking with staff, he was mute prior to transfer to the STAR Program. The patient is making his needs known to staff.
- B. In addition, he has learned the names of the staff and is now calling staff by their given name.
- C. The patient is engaging in therapeutic activities with staff - reading, requesting specific materials he enjoys reading, and playing board games. The patient states he is looking forward to going outside as soon as he is safe to do so.
- D. He is requesting to use the restroom- staff get him up to use the restroom; prior to this he was incontinent and requiring incontinence care.
- E. He is asking to take care of hygiene after going one year without showering or addressing any self-care. The patient is now showering and addressing self-care.

Patient #2

- A. He is getting out of the room and playing video games and meeting with staff for 1:1 therapy sessions.
- B. He is listening to music and asking for this as a coping skill.
- C. Patient has been able to get out of restraints and sit in day area for brief periods before becoming assaultive again.
- D. After long periods of time not addressing his hygiene needs, he has also started taking care of those needs.

Project Outcomes

Due to the acuity of these patients, treatment is a long-term process. Early results are impressive, but do not tell the whole story.

The objectives that have been established for the STAR Program include:

Violence Reduction Goals:

- a. Decrease the rate of assaults for the hospital, centers, wards and individual patients.

As of September 30, 2020, patient to patient assaults are down 26.4% compared to 2019, patient to staff assaults are down 18.4% from 2019, and total assaults are down 22.8% from 2019.

Table 1. 2020 Assaults and Assaults per 1,000 Patient Days by Month with Prior Year Comparisons

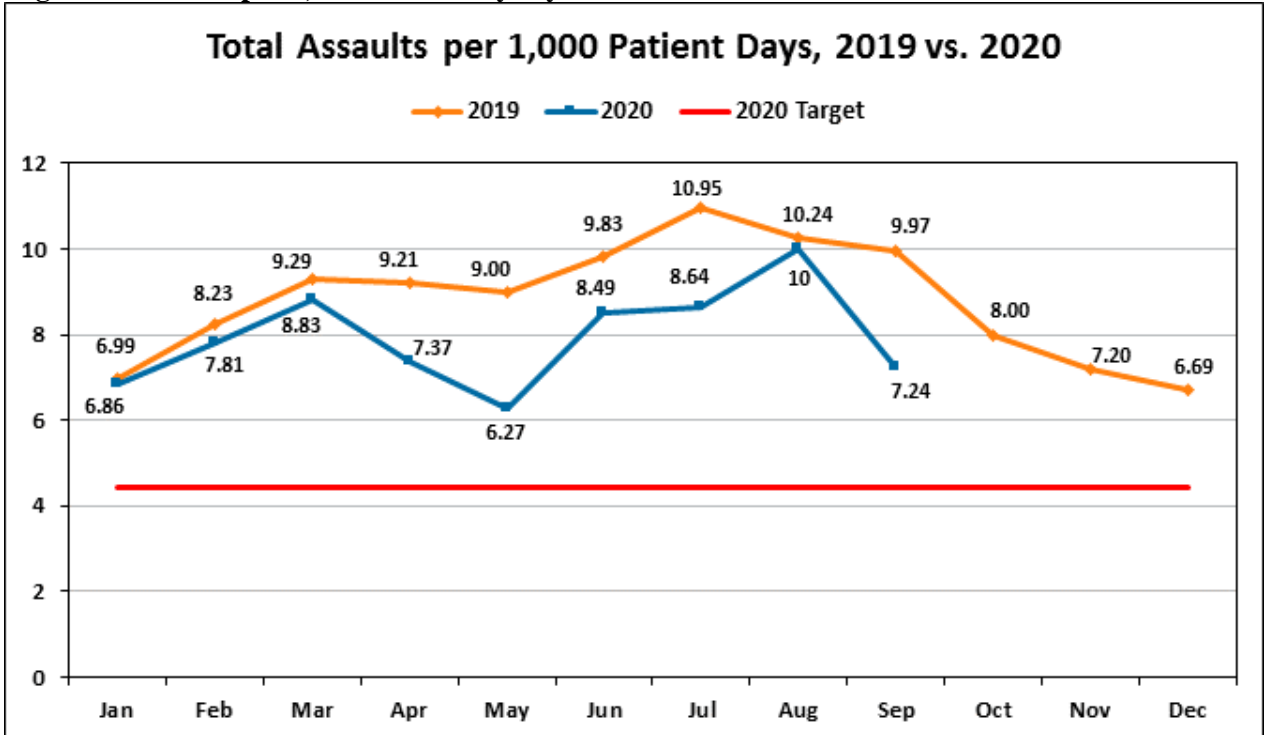
Month	Patient to Patient		Patient to Staff		Total Assaults	
	#	Rate	#	Rate	#	Rate
January 2020	100	4.13	66	2.73	166	6.86
February 2020	88	3.91	88	3.91	176	7.81
March 2020	119	5.05	89	3.78	208	8.83
April 2020	86	3.94	75	3.44	161	7.37
May 2020	70	3.30	63	2.97	133	6.27
June 2020	82	4.07	89	4.42	171	8.49
July 2020	92	4.47	86	4.18	178	8.64
August 2020	102	5.00	102	5.00	204	10.00
September 2020	78	3.92	66	3.32	144	7.24
October 2020						
November 2020						
December 2020						
2020 YTD¹	817	4.20	724	3.73	1,541	7.93
2019 YTD Comparison	1,110	5.18	887	4.14	1,997	9.32
2018 YTD Comparison	928	4.31	879	4.08	1,807	8.39

¹Target for 2020 = 2.42 for Patient to Patient Assaults, 1.99 for Patient to Staff Assaults, and 4.41 for Total Assaults.

The Governor mandated a 50% reduction in violence and as such, goals are based on a 50% reduction from 2019 rates.

Green = 90%+ of the target; Yellow = 80-89% of the target; Red = Less than 80% of the target

Figure 1. Assaults per 1,000 Patient Days by Month



- b. Reduce the rate of violence for STAR ward patients by 75% during their stay.

Too few patients have moved through this program to present meaningful data at this time. However, subsequent sections of this report include stories of two patients who have graduated from the program and have successfully discharged to the community. Additionally, three other patients are no longer exhibiting violent behaviors (100% reduction in violence) and are participating in the discharge planning process.

Individualized Treatment Goals:

- a. Use a 3rd party to review patient records for individualized treatment plans with at least 80% compliance for 3 months, and 95% thereafter.

The STAR Program is utilizing Western State Hospital’s improved individualized treatment plan forms. The Director of Psychology has trained the staff on the new format and on writing individualized goals. The treatment team has also incorporated feedback from consultants who conducted audits on individualized treatment plans. A recent internal audit found that current treatment plans unique to each patient, with goals that address their individual barriers to discharge, primarily understanding the underlying causes of the violence and strategies that support that patient in managing their specific triggers, symptoms and behaviors.

A formal plan for tracking compliance on a monthly basis is in place.

- b. Develop a patient survey to measure patient feedback on treatment individualization.

Patient surveys have been developed and evaluated by BHA headquarters in November, 2020. Feedback was given that the surveys were about the group environment vs. individualization and the finalized survey was developed in December 2020 and will be deployed in early 2021.

Evidence-based Practice Goals:

- a. Verify the literature basis for evidenced-based practices for 100% of evidence based practices used in the STAR Program

This is complete. 100% of the evidence-based practices have been verified to treat the underlying conditions of violence which are the primary focus of treatment in the STAR Program.

- b. Amount of STAR Program staff trained in the three evidence-based practices at 100%.

Yes, new staff have training scheduled. The STAR Training Administrator ensures all staff are trained, this administrator also provides coaching and mentoring and ensures fidelity to the evidence-based practices on an on-going basis.

- c. Evaluate fidelity of staff implementation of evidence-based practices (e.g., with a third-party fidelity checklist), based upon the expectation of necessary variances in approach due to patient behavior and unusual occurrences.

Fidelity measures have been established and a tracking system has been developed.

- d. Evaluate staff competence in evidence-based practices achieving at least 75% competence within three months of initial training.

Staff are being evaluated with an initial evaluation, and follow-up evaluations at 90 days, six months, and one year. If staff receive scores below 75% an individualized training plan is developed to improve fidelity. The Training Administrator works with staff on all three shifts, is regularly on the ward observing, supporting, and interacting with staff and patients to demonstrate the tools used in the evidence based practices.

Staff who do not demonstrate 75% competence within three months work with the program leadership and their direct supervisor to determine next steps, which may include more training or consideration of whether the position is a best fit for the individual.

Patient Empowerment Goals:

- a. Patients will achieve transfer from the STAR Ward to the Step-up unit within 90 days of admission to the STAR Ward.

Delayed opening of the Step-Up unit due to COVID-19 has not allowed for transfers. Patients who are meeting treatment goals are being discharged from the STAR Ward to the community, or, depending on the patient's unique needs, transitioned to another hospital ward for discharge planning.

- b. Decrease seclusion and/or restraint use per patient by 50%.

This goal has been met with the majority of patients on the STAR Ward. There are two patients whose symptoms are so severe that this continues to be the target. Their progress since entering the STAR Program is being documented.

Transitioning to the Community -- Continuity of Care

Success of this model is reliant on discharging patients from the Step-Up Unit to the community. The BHA Director of Community Transitions will work closely with the treatment team, the Directory of Psychology and the Director of Social Work developing robust discharge plans with community partners. Discharge planning includes the following:

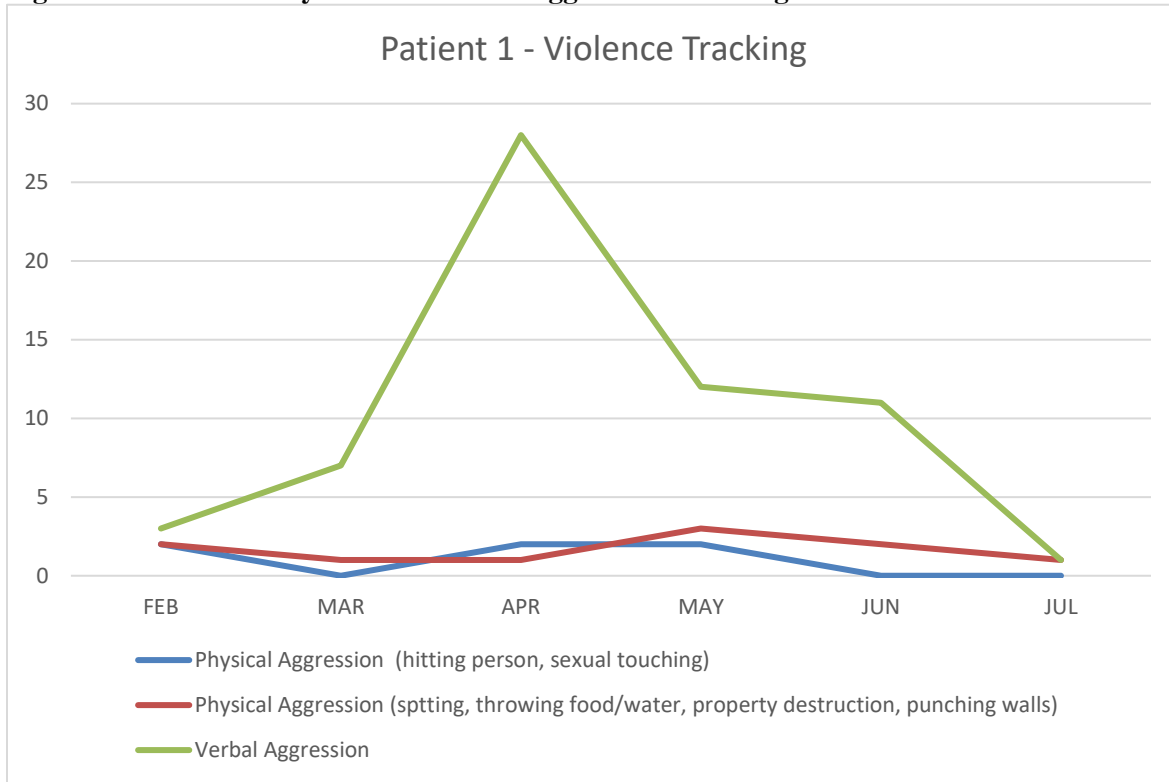
- Early engagement case staffing.
- Encouraging and inviting community partners to be involved in treatment conferences to determine the appropriate services the patient will need to be successful in the community
- Working with community partners to ensure that patients will have access to evidence-based programming to maintain their progress.

To date, two patients have achieved their treatment goals and transitioned to the community.

A 30-year old individual who was on her fourth stay at Western State Hospital and her 16th hospitalization overall, completed her treatment in August, 2020. The person discharged to a family home with PACT services and is doing great. Her mom recently called and let us know that she is taking medications, she is posting appropriate topics on Facebook, and the family is seeing a major change in her.

Figure 2 shows the decrease in this patient's aggression over the course of treatment in the STAR Program.

Figure 2. Patient 1 – Physical and Verbal Aggression Tracking



A 25 year old individual on his fifth admission to WSH, each admission required the use of 1:1 monitoring for danger to others and use of seclusion and restraint due to assaultive behaviors. This admission began on January 9, 2019, he was admitted to the STAR Ward in February, 2020. He achieved his treatment goals and discharged to the PACT services with PACT housing.

We would like to end this report with a letter from the male patient’s mother about the progress he has made.

Dear Western State Hospital;

I would like to write a note regarding my experiences with the Western State Hospital STAR program, and express my enthusiastic support for this new ward at Western State Hospital.

I have a 25-year old son, who was diagnosed with paranoid schizophrenia at age 17. He also has severe fetal alcohol syndrome. From the age of 17 on, my dear son has spent years in and out of the “system”, rotating between homelessness, incarceration in county jails for months on end, eventually sent to Western State for an evaluation and then sent back to jail and released on his own recognizance. It has been every mother’s nightmare; not knowing where her child is, whether he is alive, whether he is warm and fed or on the street.

Along with his paranoia comes poor impulse control, and thus attacks on other people and being involved in multiple physical altercations. For eight years, his father and I believed that the system had and would continue to fail him, and that my dear son was a lost soul who would never have the opportunity to find his full potential and live a stable and safe life.

His last transfer to Western State was almost two years ago; thankfully he was retained and not returned to jail and the streets. But he was aggressive and violent, and transferred from ward to ward due to being involved in fights and “not liking the people there”.

Then this year, he was invited to transfer to the STAR ward, a new program as I understand it for the most violent patients who had a pattern of fighting with other patients and staff. His father and I welcomed this transfer. We noted immediately that the staff/patient ratio was much lower than the other wards. He also was assigned two social workers, who contacted us (with his permission) regularly to ask questions about his history and notify us of his progress. He was given a form of cognitive therapy. This was especially useful as he cannot be “therapized” due to his brain damage and illness. He responds only to actions, reinforcements, and training. The entire staff was dedicated to the program, and he received more individual evaluation and attention than ever before.

All of these changes to the standard unit program made a remarkable difference. My son was engaged in zero fights at the STAR ward, even became friends with some of the staff and even some of the patients.

After less than a year in the STAR program, he “graduated” and was released to an outpatient program. To date, he is still in the program, taking his meds and following the rules.

We both so appreciate the wonderful help our son received all of these years at Western State. But the concept and implementation of the STAR program is what turned him around and has given him at least a possibility of living independently in the real world.

I would especially like to thank my son's two social workers, Jonathan and Anna. They made an above and beyond effort to really get to know our son, and that was instrumental to his growth. Largely due to them and the treatment he received, my son has made strides in trust, in building relationships, and learning better how to function in society. They are both unsung heroes in my book and I am forever grateful to both of them and the STAR program especially. I do hope this wonderful treatment program remains available for other patients as well.

Warmly,

A grateful Mom