

REPORT TO THE LEGISLATURE

Department Efforts to Reduce Violence in the State Hospitals

House Bill 1160, Section 1
(Chapter 187, Laws of 2005)
RCW 72.23.451

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EXECUTIVE SUMMARY

The 2005 State Legislature enacted House Bill 1160 (Chapter 187, Laws of 2005) to reduce workplace violence in the state hospitals. Section 1 of that act, which was codified as RCW 72.23.451, requires the Department of Social and Health Services to do the following:

“By September 1st of each year, the department shall report to the house committee on commerce and labor and the senate committee on commerce and trade, or successor committees, on the department’s efforts to reduce violence in the state hospitals”.

This report describes Department efforts to reduce violence in the state hospitals, with updated details on the efforts put forth from each hospital during the report period FY 2019.

This report also includes patient-on-staff assault data. Each hospital in the Department tracks and trends this data on a frequent basis in attempt to mitigate future violence in their facilities. Unfortunately, reported staff injuries due to patient assaults has risen during this reporting period, as have overall compensation claims and time loss.

There has been an increase in assaults at many state psychiatric hospitals across the country in recent years. There are varying theories for the cause of this rise in violence, but one consistent assessment is that the acuity level of patients entering the hospitals has risen for various reasons. It is only through training, leadership and innovation that this trend may be turned around. The Department is committed to providing the best care possible for its clients, but in turn must also look for the safest achievable manner to do so.

BEHAVIORAL HEALTH ADMINISTRATION

The mission of the Behavioral Health Administration (BHA) is to transform lives by supporting sustainable recovery, independence and wellness. BHA provides prevention services, outpatient treatment and recovery support to people with addiction and mental health needs and operates the following three state inpatient psychiatric hospitals:

Child Study and Treatment Center (CSTC): Located in Lakewood, CSTC is Washington’s only state-operated psychiatric hospital for children (ages 5 to 18). CSTC has a total capacity of 47 beds and employs approximately 161 staff members.

Eastern State Hospital (ESH): Located in Medical Lake, ESH is one of two Washington state psychiatric hospitals for adults. ESH has a total bed capacity of

317 beds; with approximately 125 beds allocated for forensic patients and the remainder dedicated to civil patients, including specialized services for older adults and intellectually disabled populations. ESH employs approximately 888 staff members.

Western State Hospital (WSH): Located in Lakewood, WSH is one of two state psychiatric hospitals for adults. WSH has a total capacity of 857 beds; with approximately 330 beds allocated for forensic patients, and the remainder dedicated to civil patients, including specialized services for older adults and intellectually disabled populations. WSH employs approximately 2605 staff members.

DEPARTMENT EFFORTS TO REDUCE VIOLENCE IN STATE HOSPITALS

As part of a Culture of Safety, hospitals support injured workers in a variety of ways on an individual or as needed group basis. The Department's Enterprise Risk Management Office (ERMO) provides workplace safety information, safety consultation, safety training, violence related data, industrial insurance claims management and other support to the state hospitals and their employees. ERMO assists in taking a proactive approach and provides trainings directly applicable to violence in state hospitals.

The Department monitors outcomes of efforts to reduce violence in the state hospitals through Results Washington with violence related strategic objectives, action plans and performance scorecards included in the 2017/2019 BHA Strategic Plan.

The Department also made organizational changes in the later part of the FY to provide additional oversight and guidance to the agency in pursuit of compliance, consistency and credibility at all Behavioral Health Administration facilities.

STATE HOSPITAL ONGOING EFFORTS TO REDUCE VIOLENCE

The state hospitals comply with all federal and state laws and rules related to workplace safety to include those from the Occupational Safety and Health Administration, Washington State Department of Occupational Safety and Health, Washington State Department of Labor & Industries, Department of Health and the Centers for Medicare & Medicaid Services.

Eastern State Hospital and the Child Study and Treatment Center also maintain accreditation from The Joint Commission and comply with Environment of Care, Provision of Care, Life Safety and Emergency

Management, Patient Rights and other workplace safety related standards.

Each state hospital is required to develop a Workplace Safety Plan under RCW 72.23.400. Subsection (1) of that section provides that each State Hospital's plan must "reasonably prevent and protect employees from violence at the state hospital". The Workplace Safety Plan for each hospital also incorporates the hospitals' Accident Prevention Program, required under WAC 296-800-140. Links for each hospital's Workplace Safety Plans are included within this report.

The three state hospitals all maintain ongoing practices to reduce violence, including:

Safety Committees, Environment of Care Committees, Employee Safety Information

Safety Committees are maintained by each hospital in accordance with WAC 296-800-130 in order for employees and management to mutually address workplace safety and violence prevention and reduction. Safety Committees review patient to staff assault data, develop recommendations for safety improvements, and monitor effectiveness of action plans. Environment of Care Committees are maintained by each hospital to perform risk assessments of the environment of care, make safety and security recommendations and develop action plans to improve workplace safety and violence prevention/mitigation.

Workplace safety information is available on each hospital's intranet and includes the Workplace Safety Plan, training information, and safety related forms. Each hospital maintains Safety Bulletin Boards in designated locations and includes all required Occupational Safety and Health Administration information. Also included is additional information on job injuries/prevention and recent hospital performance indicator data.

Environmental Safety and Hazard Inspections

Safety and Security considerations are evaluated annually as part of the hospital's annual review of their required Workplace Safety Plans (RCW 72.23.400). This evaluation identifies existing or potential hazards that may increase the likelihood of injury to patients and staff. Evaluation results are provided to hospital Leadership and Safety for review and development of corrective actions to mitigate or eliminate identified risks.

Environment of Care rounds are conducted at frequent intervals throughout the year at each hospital to identify items that could potentially contribute to workplace violence or negatively impact overall patient/staff safety. All items identified are appropriately documented, distributed and placed on plans for rectification.

Emergency Response, Environmental Controls, Employee Safety Equipment

Each state hospital has an emergency response system that is readily available to initiate response and assistance during emergencies, to include situations involving actual or potential violence.

Child Study and Treatment Center provides all cottage Program Directors, Psychiatric Child Care Counselors (PCCC's), RN's LPN's and teachers with hand-held radios that allow immediate communication and emergency response.

Eastern State Hospital provides all direct care employees with radios equipped with emergency alarms that may be used for activating emergency response.

Western State Hospital utilizes a Personal Alarm and Duress System that nearly all employees carry. If they do not carry the alarm or it fails, they have the ability to activate staff emergency alarms located strategically throughout each ward.

Each hospital has emergency codes and/or response systems for activation of security, medical and other assistance during emergencies. Eastern State Hospital and Western State Hospital utilize Psychiatric Emergency Response Teams (PERT). PERT staff are trained in advanced crisis intervention and incident management skills, identification of antecedents for violence and aggression and de-escalation techniques. The teams respond to difficult patient situations and manage conflict focusing on staff, patient, personal and scene safety.

All CSTC staff receive Crisis Prevention Institute (CPI) training. Which incorporates philosophy, de-escalation, safe physical holds and self-protection training. CSTC does not use mechanical or chemical modes of restraint. CSTC utilizes Western State Hospital Security personnel for back up support. As needed, the hospitals contact local police authorities for heightened security situations or containment of an off grounds patient elopement or violent incident occurring internally.

Environment of care controls and safety equipment include camera monitoring systems, visibility mirrors, personal protection equipment, furniture specifically manufactured for Behavioral Healthcare and Correctional facilities, access control, metal detectors, duress alarms, and specialty designed patient rooms for patient de-escalation or seclusion and restraint as needed.

Injury Reporting, Incident Review, Workplace Violence Data

Each hospital maintains incident reporting systems to address workplace injuries, including those caused by violence. Employee and supervisor responsibilities for reporting and investigating patient-on-staff assault incidents are included in the hospital Workplace Safety Plan as well as applicable DSHS administrative and hospital policies. Incident reports and investigation information is reviewed by

hospital Leadership, Safety personnel, Safety Committees and Environment of Care Committees for the purpose of identifying and tracking corrective actions.

Each hospital reports incident information to the DSHS Enterprise Risk Management Office (ERMO). The ERMO claims unit inputs and tracks injury and illness reports through the Risk Master database system and determines whether the incident meets criteria to be recorded on the OSHA Injury and Illness Log and Summary. ERMO provides monthly employee injury and claims data reports to hospital Safety Managers for trend analysis and reporting to appropriate hospital committees including Safety and/or Environment of Care Committees. ERMO investigators complete a secondary review of assaults for any injuries that require medical treatment beyond first aid. ERMO reviews are provided to hospital Safety Managers and Leadership and recommendations are provided to hospital Safety Committees and other committees as appropriate.

Patient Risk Assessment and Treatment Planning

Patients determined to be at risk of violence have safety protocols or “Safety Plans” incorporated into the patient’s Individualized Treatment Plan. As applicable, risk considerations for specific patient populations (e.g. geriatric, developmental disability) are noted in the patient admissions assessment, social work history, nursing assessment and individualized treatment plan. Fall Risk assessment plans and physician recommendations, treatment strategies and safety concerns, including review of patient aggression events, are reviewed at interdisciplinary team meetings and during daily shift change meetings.

Workplace Safety and Violence Prevention Training

New state hospital employees are required to attend New Employee Orientation (NEO), with a curriculum including all OSHA required safety information, accident prevention, workplace violence prevention, infection control, use and maintenance of personal protective equipment, emergency response procedures and other required staff training.

Employee Support

Injured employees have access to first aid measures utilizing internal medical emergency response procedures. Employees who sustain more serious injuries are provided assistance in obtaining additional medical attention as required.

Each hospital conducts team post-incident debriefings after assault incidents, then follows up with inter shift meetings or safety huddles to support staff as well as identify effective interventions and opportunities for improved awareness or skill development.

Critical Incident Stress Management (CISM) support is available at all three state hospitals to provide assistance to individuals or groups of staff members who have

been impacted by workplace violence. Critical Incident Stress Management is an adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. It can also include pre-incident preparedness to acute crisis management to post-crisis follow-up. Its purpose is to enable employees to return to work earlier and with less likelihood of experiencing post-traumatic stress (PTSD). Referrals for CISM intervention(s) can be initiated by peers, supervisors or Leadership. In addition, all employees are provided information about the DSHS Employee Assistance Program upon hire, and are referred on an individual basis for further support as requested following incidents of violence or other traumatic events.

ANNUAL UPDATE ON STATE HOSPITAL EFFORTS TO REDUCE VIOLENCE

This annual update summarizes efforts by each state hospital during FY 2019 to reduce violence.

CHILD STUDY AND TREATMENT CENTER

Environment of Care

Environment of Care controls and safety equipment at CSTC include camera monitoring systems, visibility mirrors, personal protection equipment, behavior-safe furniture and specially designed rooms for patient de-escalation or seclusion and restraint as needed.

CSTC continually improves preparedness for emergency due to natural disaster or other major safety events maintaining an inventory of emergency supplies, augmenting cottage capacity for response and effective communication; and prepares for scenarios ranging from active shooter to earthquake disaster through training, drills and table-top exercises.

Projects conducted in the last year that have contributed to a safer environment at CSTC include:

- CSTC began the Patient Safety Fencing project in December, 2018. This project included a new fenced and gated children's play area on the West side of Camano cottage. A fenced enclosure and gate linking the Orcas LSA to the CAP Sports Court and gate for the Sports Court. Horizontal fencing over Camano, Ketron and Orcas cottage basement entry areas and stairwells. Project was completed on 04/10/2019 at a cost of \$250,000.00.(Capital Project NO:2018-479 G)
- Reduction of ligature-risk included elimination of items such as standard shoe strings, belts and drawstrings. CSTC vetted a number of products with

which to replace shoestrings settling on a small bungee-like device with a solid “knot” that operates as a safety feature at a cost of \$1018.46. There will be an ongoing cost to keep these in stock for all CSTC patients.

- Construction of The Orcas Addition – A “Low Stimulation Area” was completed, staffed and in use by the end of the 2018 fiscal year. This 1775 square foot addition has allowed earlier intervention, separation and reduction in risk of violence in the patient population on the Orcas, Close Attention Program (CAP), where some of the most seriously emotionally and behaviorally disturbed youth reside. This concluded two years of planning and construction funded by the Washington State Legislature. Sound absorption panels were and installed during FY 2019 at a cost of \$1593.08.
- CSTC does not use mechanical restraints, but employs a variety of products designed to assist our staff and patients in times of crisis. For example, safety smocks and safety mattresses cannot be torn to hide contraband or fashioned into a ligature device. Leg wraps that can be removed by the patient once secured, prevent kicking or tripping staff while a physical hold is being applied. CSTC staff also found that providing weighted blankets for certain patients is an effective means of helping the patient feel calm and secure, reducing tension and contributing to a safer workplace for patients and staff. These aids amounted to an expenditure of \$1771.00 during FY19 fiscal years, and will require additional annual expenditures to maintain.
- Child Study and Treatment Center utilizes the Crisis Prevention Institute (CPI) out of Milwaukee, WI. - Model of non-violent crisis intervention. CSTC trains all direct care staff in CPI which includes philosophy, de-escalation, safe physical holds and self-protection training. CSTC invested \$2,220.00 on CPI Training Workbooks in FY19, and will require additional annual expenditures to maintain.
- Two HIPAA Compliant privacy chart racks were purchased for Camano and Orcas cottages. The HIPAA compliant chart racks provide safety and security of patient Medical records during Fire Drills and other Emergency Preparedness activities when chart racks are required to be evacuated from the cottages along with staff and patients. The HIPAA Compliant privacy chart racks were purchased during FY19 at a cost of \$2299.96.
- CSTC purchased Emergency Preparedness equipment during FY19 to increase the likelihood of maintaining essential operations after a significant disaster as follows; Extension cords (21), surge protectors (6), gasoline cans (4) gasoline storage cabinet (1), Gas powered Generators (4), Work Lights and Light Stands (11), Cargo Container 40’(1), CSTC Satellite phone (1). Total cost \$13,779.

- CSTC supported staff training efforts in the FY19 in regards to Food Service Handlers, CPR and First AID Certifications at a cost of \$714.00. Substance Abuse and Trauma Focused Cognitive Training at a cost of \$2866.00, and also facilitated the training of two additional CISM team members to support staff safety and morale.

Future investments in safety

The CSTC Expansion Project 2016-440 which funded pre-design studies for an additional 18-bed secure Children's Long-Term Inpatient Program (CLIP) treatment cottage was completed in 2017 and was funded for construction. This new cottage will feature state-of-the-art safety design and construction that will significantly increase the state's ability to safely care for older youth who are seriously emotionally disturbed and forensically involved.

Security Response

Child Study and Treatment Center responds without delay to patient violence and unauthorized leaves (elopements) utilizing a campus-wide "show of support" when immediate staff resources are not able to contain the situation.

In highly escalated situations CSTC calls upon Western State Hospital Security to provide assistance. CSTC meets regularly with WSH Security to reinforce effective and timely communication and to debrief after incidents. As needed, the hospital contacts local police authorities for heightened security situations or containment of an off grounds violent incident or elopement. If required, handcuffs may only be utilized by local law enforcement.

CSTC utilizes two way radios throughout to enhance safety at the hospital with rapid response capability and instant push-to-talk communication with WSH Security. The Clover Park school district which operates two schools on the CSTC campus also utilizes the same type of radio, furthering the ability to communicate effectively between all entities.

CSTC also incorporates the use of hand held metal detection devices to screen patients for contraband – for cause, and routinely – e.g. when returning from school or an off-campus pass.

Hospital Staffing

The Child Study and Treatment Center hired new float positions for each patient cottage to replace unanticipated staff absences or to respond to patient acuity needs.

Staff Training

Staff development is crucial for incumbent and in-coming personnel. Establishing, maintaining and advancing intervention skills and techniques is paramount for

successful daily operations for employees assigned to patient units. A full-time Training / Staff Development coordinator position is assigned to CSTC. CSTC New Employee Orientation (NEO) has been modified to include an extra day of training focusing on personal safety. NEO includes two days focused specifically on violence prevention and advanced verbal and physical management skills. Recertification on CPI (described above) is required every three years. Refresher training on violence prevention is also provided in cottage team/group environment settings, or “as needed” for individual employees.

Training on evidence-based intervention is provided focusing on Program Motivational Interviewing, Trauma-Focused Cognitive Behavioral Therapy and Dialectical Behavioral Therapy. This approach is more preventive and effective in use with children and youth who are aggressive and often resistant to treatment with consequence-based interventions. Evidence-based models such as these improve patient engagement, as they boost staff intervention skills, confidence and cohesive teamwork.

Performance Improvement

The CSTC Workplace Safety Workgroup developed a process for the review of ERMO investigations of patient-to-staff assault injury cases that required medical intervention. The Workgroup reviews the recommendations made by the CSTC supervisor, Safety Officer and ERMO investigators then forward the workgroup’s reviews to the CSTC Safety and Leadership Committees for determination of action plans and feedback to staff and supervisors.

In response to findings on our biannual staff safety survey and a Workplace Safety Workgroup Lean problem solving protocol, CSTC instituted a performance improvement process. An incident debriefing model was developed, staff were trained and a reporting process was implemented. This model has gained traction at all three cottages and is becoming a team-enhancing aspect of the cottage milieu culture.

Restraint of a patient is a high-risk evolution in which staff injuries are likely to occur. Recognition of an increasing trend in the use of seclusion and restraint (S&R) on one of the patient cottages prompted an overall campus adoption of a collaborative stance in problem solving between staff and patients. This along with strategic programming and staffing changes resulted in a 37% decrease of S&R on the cottage with the highest use of S&R during the first quarter of the improvement plan, with another 52% reduction during the second quarter for an overall reduction of 69% in six months.

Child Study and Treatment Center 2019 Workplace Safety Plan

EASTERN STATE HOSPITAL

Environment of Care

- A risk assessment of both the Eastlake and Westlake PBX locations has identified that staff are vulnerable to workplace violence including armed assailant, agitated visitor, etc. Vulnerabilities include, but are not limited to; limited visibility of in-coming visitors and staff, physical location is either unsecured or non-hardened (zero barriers between visitor and operator and/or barrier easily broken to access location, etc.). Preliminary design for relocating the Westlake PBX reception desk, installing cameras at entrance doors and relocating and enclosing the desk area to increase visibility of the parking lot and in-coming visitors has been completed. Recommendations for added security at the Eastlake Administration building, including the PBX and center core offices, have also been identified. Both locations contain critical alarm systems and equipment for fire, two-way radio communications, camera and overhead annunciation equipment utilized for alerting and notification of hospital staff in an emergency. A 2019-2021 Capital Programs project request has been submitted to address identified security and safety risks at these locations. This would require legislative funding.
- Patient rooms on all APU wards are undergoing systematic renovations for increased patient/staff safety. Installation of molded cubicles and bed frames for safe patient storage to prevent patients from utilizing metal frame pieces as a weapon or for self-harm. This furniture is specifically manufactured for Behavioral Healthcare and Correctional facilities. The molded vinyl furniture is bolted to the wall or floor to prevent being thrown or used as a weapon or for use to barricade themselves rooms. Target for installation of molded vinyl furniture on all APU and FSU wards; August, 2019.
- The north patient yard fencing, lighting and camera coverage improvements were completed as part of the 1N3 and 3N3 Forensic ward renovation projects to mitigate the risk of Unauthorized Leave by patients. Completion; March, 2019.
- A Capital Programs request has been submitted for installation of fencing around the baseball field adjacent to the Activity Therapy building to provide additional secured space for patient group activities; 2019-2021 biennium. This would require Legislative funding.
- A Capital Program request has been made for funding to install an electronic “Key Watcher” issuance and tracking system for internal building keys and to install an electronic card reader building access system throughout the hospital. This would require Legislative approval and funding.

- A Capital Programs request has been made to replace the existing “antiquated” staff duress systems on wards and install a “personal duress alarm” system in all locations that provides wider coverage, more efficient activation and electronic location tracking for more immediate emergency response. This would require Legislative approval and funding.
- A request to install a new staff duress system on the APU wards that will interface with the new FSU wards and existing FSU wards has been made as part of the existing renovation project; target for completion May, 2020. Staff currently utilize two-way radio communications in lieu of a duress alarm to report requests for staff assistance or escalation in patient behavior until a new system is in place.
- A Capital Programs project was funded to address the restroom ligature risks in the Activity Therapy Building (Treatment Mall). The restrooms will be remodeled and configured to eliminate ligature risks. The project calls for creating 12 new individual/gender neutral/ handicap accessible bathrooms (two per floor). Projected completion date is October, 2019. This project was in response to a TJC citation. Currently patients are being monitored and restrooms are locked between uses to mitigate risk.
- A Capital Programs project has been funded to replace handrails, install ceiling clips and replace cabinet hardware (ligature risks) in response to a TJC citation in May, 2018. The project is projected to complete by August, 2019.
- A Capital Programs project has been funded to replace the Eastlake boiler plant which is scheduled to start December, 2019 with target for completion December, 2021. The steam plant provides heating to the Eastlake building and is critical for Continuity of Operations.
- A Capital Programs project has been funded to remodel the APU ward med rooms to address fire and smoke control, egress compliance and installation of a roll-up door and Lexan at the medication administration window to prevent patients from assaulting staff. Project starts August, 2019 with projected completion January, 2020.
- A Capital Programs project has been funded to continue ongoing work to mitigate patient safety risks throughout the hospital. Ongoing funding will be required to address all ligature and security risks for patient and staff safety and to maintain compliance with TJC and CMS requirements.

- Funding has been procured for replacement of the Nortel PBX (telephone system) with an Avaya PBX slated to begin in 2020. The existing PBX (telephone system) has had multiple failures in the last two years.

Active Treatment

- Rehabilitation clinical staff provide treatment and care focusing on anxiety, stress management, recovery, negotiating needs versus wants, processing loss and change, exercise, relaxation, music and mood, socialization activities such as table games and activities, exercise, expressive arts and creativity. Strategic goal target hours for active treatment are 20 hours. The average number of hours maintained for 2017 was 15.78 and 17.71 for 2018.
- Additional groups have been added to the competency restoration wards as well as an increase to in yard groups to assist in promoting well-being.
- Development of curriculum to address needs of patients who cannot leave the ward to attend mall treatment is occurring on both civil units. Ultimate goal is to correct problems that keep patients on the ward, which delays discharge.
- The Substance Use Disorder (SUD) counselors have expanded services to provide groups to the competency restoration patients in an attempt to decrease recidivism due to substance use.
- A Wellness Center for patients has been developed, promoting physical as well as mental health well-being through groups such as cardiovascular strengthening, yoga and tai chi.
- Staff escorted community outings (SECO) are occurring on a regular basis for the NGRI wards. Community reintegration groups are now offered four times per week for APU patients.

Staff Training

A training plan is in place to ensure all staff are trained upon hire and training is continued throughout employment. As part of this plan, ESH has adopted the LMS learning system, which provides better access to and recordkeeping of participation in training. The LMS system also enables improved post-testing and timely feedback to participants. Educational Services has developed a matrix of mandatory training, at orientation and ongoing, which is utilized to compile monthly compliance reports.

- Eastern State Hospital utilizes a crisis intervention program that is evidence based, and provides staff with the tools to keep themselves and patients safe while maintaining a commitment to positive approaches in serving patients whose behavior(s) may pose a danger to themselves or others. The program identifies how to provide services and support in a manner that does not promote patient need to resort to aggression or violence in order to participate in treatment, to be heard or to get his/her needs met.
- Milieu Management training is provided to all RN's at hire (New Employee Orientation) in support of provision of active treatment.
- RN3's and designees are offered a full day of training focused on the role and responsibilities of the Charge Nurse.
- Nursing skills training events are held two times a year for review of required nursing skill competencies. Education Services, in conjunction with nursing leadership reviews and determines content of training.
- Following classroom NEO training that all newly hired staff are required to attend, RN's, LPN's, MHT's, PSA's, and PSN's are assigned to precept on the wards for an additional three weeks to complete New Nursing Orientation. This is designed to intermix mental health theory content with core competency training required for different levels of nursing practice.
- Staff are trained on approved procedures for physical intervention should a patient become assaultive or engage in self-harm when less restrictive interventions have been unsuccessful. This training includes; evasion techniques, hierarchy of physical intervention, physical containment and application of mechanical restraints. All physical skills require demonstration and documentation of the employee's competency to perform.

Performance Improvement

- ESH Senior Leadership is researching the possibility of implementing Schwartz Rounds. Schwartz Rounds are an evidence-based forum for hospital staff from all backgrounds to come together and talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share their stories and offer support to one another.
- The ESH Executive Committee is currently reading the book Zero Harm that identifies how to achieve patient and workforce safety in healthcare – focusing on system issues and resolutions rather than blaming individuals. The program is proven to reduce preventable errors and produce measurable

results by putting the patient and safety first. ESH leadership meets monthly to discuss chapters and how to implement the topics within to our facility.

- ESH has made arrangements for the former Oregon State Hospital (OSH) CEO Greg Roberts to speak with the Hospital Leadership Committee regarding the transformational journey that changed OSH into an organization that accepted a “person centered culture”.
- Unusual Occurrence Reports have been transformed from paper to electronic copies, which increases the efficiency of workplace violence reporting and corrective actions.
- A robust Information Technology (IT) Disaster Recovery Plan (DRP) test schedule was developed in 2018. IT staff conduct and document quarterly DRP tests to ensure Continuity of Operations related to ESH computerized systems utilized for staffing, medication administration, and other essential functions are maintained.
- During the past legislative session, the state budget for hospital staffing was specifically tied to a requirement that a staffing tool must be designed and implemented to identify, on a daily basis, the clinical acuity on each patient and determine the minimum level of direct care staff by profession to be deployed to meet the needs of the patients on each ward. All future funding for staffing will be tied to this acuity tool and the data it generates over time. The Hospital Acuity Resource Tool (HART) evolved from the Johnson Behavioral Model by using a description of supervision and nursing interventions needed to safely and effectively provide quality care for patients. A team of ESH and WSH clinical, education and IT staff have further refined the acuity model to reflect activities that drive staffing levels. Both hospitals are currently completing a pilot of the HART to ensure that there is consistent assessments by the RNs which will achieve the appropriate inter-rater reliability. The next step will be to develop training and operationalize the procedures needed to meet the legislative requirements.
- A preceptor (peer) training class has been designed in 2019 to provide practical actions that a front-line preceptor (peer trainer) can do to optimize a new employee’s learning and enable them to achieve early success in demonstrating core job competencies. This class helps peer trainers understand what is needed to optimize on the job learning for new employees to create a supportive, safe work environment. Participants learn the importance of using consistent techniques to develop rapport with patients. Tools and techniques are practiced in the classroom to effectively assess knowledge and skills transfer to the learner. Skill building exercises

include how to apply adult learning principles, interactive feedback and coaching skills with a new employee. The current focus is to train core team members who directly impact patient care.

- In September 2018, the Westlake Safety Committee initiated a discussion with Education Services on how to improve the therapeutic interactions between staff and patients and improve the skillful, respectful communications between all team members in the patient care environment. The Committee is interested in supporting an effective path towards creating a safe environment to speak up, give feedback and keep a consistent focus on what is safest and best environment for our patients. The overall purpose is to improve the skillful and respectful communications between all team members in the patient care environment by implementing a set of consistently demonstrated rules of engagement (CARE). The deliverables over the next six months are:
 - C.A.R.E. Agreements – behaviors that all staff at Westlake agree to do in support of a therapeutic environment for all patients.
 - C.A.R.E. Coaches – identify, train and support peer leaders at Westlake who will be coaching and aligning staff behaviors to the C.A.R.E. Agreements.
 - On-ward, FSU training is being included in NEO for all new nursing staff in addition to the one day of preceptor led security training for all non-FSU assigned nursing staff.
 - ESH is in the process of hiring two LEAN experts to allow more focused attention on quality and performance improvement projects hospital wide.
 - IT submitted a Decision package for the 2019-2021 biennium, requesting funding for additional repeaters to improve radio communications and reliability in identified “dead spots” and exterior locations.

Emergency Response

- The Psychiatric Emergency Response Team (PERT) responded to 2,331 staff calls for assistance from June, 2018 to June, 2019. The PERT provides a safe, effective and immediate plan of response for patients during a psychiatric crisis or anticipated crisis.
- ESH participated in the REDi Healthcare Coalition (HCC) Evacuation Situational Awareness Exercise on May 23, 2018. The R9 HCC Evacuation Situational Awareness Exercise is designed to support REDi HCC partners in meeting their CMS emergency preparedness exercise requirements. Additionally, this community based exercise is used as an effort to strengthen local and regional partnerships.

- Based on wildfire events that occurred near the local community during the summer of 2018, and in response to a report that additional wildfire events were potential in the local community, to include ESH, CSS, and Lakeland Village facilities. The ESH Incident Command was activated on August 8, 2018. Designated staff were assigned to assess and/or verify patient census, acuity and medical status. Alternate Care Facilities were sought out and plans for transportation were initiated.
- A functional exercise was conducted on November 28, 2018. This drill was completed to evaluate established hospital response and continuity plans for coordinating a complete and full Westlake facility evacuation based on an HVAC failure. The drill focused on assessment of patient acuity and coordination of movement to the Eastlake campus and/or identified alternate care location (Lakeland Village gym). Coordination of patient and staff transportation, assessment of environmental risks, plans to mitigate risks at the alternate care facility, and resource requirements for maintaining Continuity of Operations and ensuring patient and staff safety.

Safety Improvement Purchases

Expenditures for safety improvement purchases in FY19 include:

- Molded Behavioral Health furniture
- SizeWise Behavioral Health electric beds for reducing ligature risks;
- License for use of IAuditor software for conducting Environment of Care rounds hospital-wide
- Emergency medical equipment (defibrillators)
- Armored patient phones for use on wards
- Security monitoring mirrors
- Flexible Behavioral health toothbrushes to prevent patients from breaking and using as weapon or self-harm
- Ligature resistant shower seats
- Replacement Security vehicle for campus monitoring and response to emergency occurrences hospital-wide;
- Metal detectors
- Safety PPE, supplies and emergency response vest
- Eyewash stations and replacement cartridges
- Fire extinguisher box to prevent patient access
- Ergonomic equipment including adjustable height (sit/stand) work surfaces, adjustable task chairs and fatigue matting
- Additional radio equipment
- Replacement of flooring on Eastlake wards and center core office spaces to address Infection Control concerns and slip/trip hazards.

- The approximate expenditure for safety and security purchases in FY19 was \$1,531,120.00

Staffing

In FY19 ESH recruited and hired over 153 additional staff to fill direct-care vacancies and newly established positions in order to improve the provision of patient care, active treatment and workplace safety and security. New positions hired in FY19 include 109 clinical and non-clinical nursing employees, medical providers, psychologists, security and other support care staff.

Eastern State Hospital 2019 Workplace Safety Plan

WESTERN STATE HOSPITAL

Environment of Care

In FY 2019, Western State Hospital (WSH) completed several patient and staff safety initiatives to create a safer environment for all parties. Some of these safety initiatives include but are not limited to the Nurses' station enclosures; development of a new ligature risk assessment process and procedure; a new fire alarm system in Building 21, fire door replacements in various locations throughout the hospital; and several projects that remodeled and renovated wards. Details included below;

Nurses Station Enclosure:

After several incidents in which patients climbed over open nurses' stations on the civil wards and assaulted staff, Senior Leadership made the decision to enclose all nurses' stations that are currently open throughout the WSH campus. Nurses' stations have been enclosed in C3, C7 and S7. The design phase for the remainder of the units without nurses' station enclosures will begin after July 1, 2019. Construction activities for these enclosures are projected to begin in early FY20.

Patient Safety Projects:

Anti-ligature bathroom partition renovations throughout campus were completed in early FY19. Building 21 (South Hall) still requires removal of ligature risks in the shower and tub rooms. This project is currently in design phase and is anticipated to start construction early in FY 2020. In addition, a new ligature risk assessment process and procedure was developed and field assessments are on-going. Completion of the assessment is projected to conclude early in FY 2020. This new process has been time intensive to develop, but the risk reducing strategies and documentation will streamline annual assessments in the future.

New/Replaced Fire Systems:

A new fire alarm system has been installed in Building 21 (South Hall) to replace the previous antiquated system. In addition, 25 fire doors that did not meet fire code

were replaced, as were sprinkler heads that were not tamper resistant throughout campus.

Ward Remodels and Renovations:

Wards S4, S5, (South Hall) E5, and E7 (East Campus) received Capital Projects renovations that were completed in FY2019. Ward E6 (East Campus) is currently under construction for required hardening and improvements. Construction is projected to be complete before August, 2019. Wards E3 and E4 (East Campus), are currently in design phase for renovations, hardening and repurposing for the growing forensic population. Construction is projected to begin August, 2019. Project will complete prior to the end of FY 2020.

Hospital Staffing

In FY19, changes to Nursing, Security, Psychiatric Emergency Response Team and Violence Reduction Team Staff were completed to provide increased coverage for the wards to provide additional stability throughout the hospital.

Over time the nursing staff schedule became unbalanced which created an unequal number of staff on shift each day. Balancing the nursing schedule is currently underway to level and equalize the number of staff on each ward to meet patient needs 24/7/365. In addition, Security was assigned daily dedicated posts to provide stability throughout the hospital. This also allows the patients to get to know the same staff working in the same area daily and should help ease the tension between patients and security, which occasionally occurs.

Western State Hospital has one Violence Reduction Team (VRT) and two Psychiatric Emergency Response Teams (PERT). All three teams were reorganized and placed under singular supervision to gain alignment and provide more effective coverage for hospital needs. This re-organization of resources better aligns the functions of VRT and PERT with reducing violence across the hospital. In addition, beginning July 1, 2019 both programs will offer new hours across day and swing shifts. VRT and PERT will be available as a resource to ward staff from 6:30 a.m. to 10:00 p.m.

In FY 19, there were three additional licensed Chemical Dependency Professional staff and one intern added to the active treatment staffing under the Department of Health licensure. These professionals receive referrals, complete screenings, conduct full substance use disorder assessments, and provide psychoeducation to patients both on the wards and in treatment malls and interface with social workers when patients are preparing to discharge.

Reducing Violence

Safety Committee Restructure:

The safety committees at WSH have been restructured to ensure all safety concerns are appropriately addressed. Each ward has its own safety committee, which report to their respective center-based safety committee, which then report to the hospital-wide safety committee. The hospital-wide committee reviews all concerns that have been rolled up from the ward and center levels and assigns responsible parties to ensure action plans to address concerns are completed in a timely manner.

Information is communicated back down to the center and ward levels, for a top-down and bottom-up communication chain.

STAR Ward:

Last year, the Violence Reduction System Focused Improvement Project (SFIP) was tasked with tracking and analyzing violence data and working on interventions to reduce violence on the most assaultive wards. The SFIP has since been disbanded and has morphed into the current safety committee structure. Additionally, based on a proposal from the prior SFIP, the hospital is working on developing a ward that will house the most assaultive patients, with a step-up ward for those patients that have improved. Staff on these wards will be trained in depth on their roles on this ward, in order to work effectively deal with highly assaultive patients.

Tableau Reports:

Tableau Dashboards have been created to assist the hospital with focusing its efforts on increasing the availability and transparency of data at the hospital and ensure it is making data-driven decisions to improve patient and staff safety and outcomes.

All ward administrators and center directors have been granted licenses for Tableau, which is a data visualization tool that allows them to track data for their wards and centers, and drill down the data to identify patterns and trends. When negative patterns and trends are identified, they can be addressed in order to prevent similar incidents from occurring in the future. Additional key staff have been granted licenses as well, to ensure data is easily accessed and readily available for analysis. Data reports are also created on a monthly basis and posted to the Research, Evaluation, & Data Analysis (REDA) Office's SharePoint page, which is available to all WSH employees. The REDA Office focuses its efforts on increasing the availability and transparency of data at the hospital to ensure it is making data-driven decisions to improve patient and staff outcomes. Hospital-wide data trends for assaults and injuries are presented monthly at the Safety Committee meeting, including a performance scorecard that was developed specifically for the committee to track whether or not we are meeting our targets across key outcome measures relating to violence.

Violence Reduction Team:

To reduce violence on the wards, the Violence Reduction Team (VRT) reviews all assaults and offers nursing staff preventative strategies, behavioral interventions, training/mentoring and coaching, when necessary to mitigate future assaults. They also focus their efforts on working with the patients that are the most assaultive, developing rapport and providing therapeutic engagement for these patients. Assaults attributed to the most assaultive patients are presented each quarter to the Quality Council by the Violence Reduction Administrator. During this report, the Violence Reduction Administrator offers trends the VRT has identified that contribute to assaults as well as strategies that can help reduce such assaults.

Smoking:

WSH's Tobacco policy was updated and patient care areas are now tobacco and smoke free. This was a preventative measure to ensure WSH meets Codes regarding smoking restrictions and to lower the opportunities for patients to engage in assaultive behavior regarding the desire to gain access to tobacco products.

Patients were given the opportunity to participate in eight cessation programs to slowly bring them down from their reliance on nicotine. In addition, patients and staff were provided education on how to cope with nicotine withdrawals.

Recreational/Vocational staffing were provided to increase activities in patient areas where smoking had previously been permitted. These activities were provided two weeks prior to and two weeks after the May 1st smoke free start date. To date, WSH has not had an assault directly related to a patient not being able to use tobacco products.

Staff Training and Development

In FY19, education and training provided to employees needed to be expanded in order to close identified gaps. New Employee Orientation (NEO) was expanded and added Leadership Training and Advanced Crisis Intervention Training (ACIT) for all employees beginning employment at Western State Hospital. Making these adjustments and spending the time and money to more properly prepare individuals prior to starting employment will pay benefits in the future.

The nationally recognized Crises Prevention Intervention (CPI) training program was implemented in 2018, and has continued to be provided to all new hire employees enrolled in NEO. In addition to NEO, courses continue to be offered for incumbent employees who weren't offered CPI when they began employment.

CPI requires annual recertification training, so a condensed refresher version of CPI will be offered to all direct-care staff and delivered through Annual In-Service (AIS) training that is scheduled to begin in July 2019, and continue annually thereafter. AIS will also

include newly developed content on safeguarding personal welfare, small team tactics to incident response, incident debriefing, and personal safety.

Beginning July 2019, basic NEO that is required for all new hire employees regardless of position will be extended into a two week program (currently one week). Advanced Crisis Intervention Training (ACIT) was added for all employees and trains staff to intervene at the onset of a crisis with the intent of preventing the need for physical intervention. This program will also be included in AIS, which will provide an opportunity for current staff to receive the training.

Since July 2018, the Center for Organizational Development (OD) has conducted CPI training for all direct-care staff on day and swing shifts and continues to offer courses that provide opportunities for staff that missed their scheduled training to attend and gain compliance with this mandatory training. In addition to CPI, ACIT was developed to supplement CPI to provide staff with additional tools to prevent physical escalation. To date, OD has trained a total of 1,500 staff in CPI and 148 staff in ACIT. Enhanced Defensive Tactics and Restraint Training were added to the Clinical week of NEO as was an additional course “Understanding Mental Illness” which is intended to develop empathy and understanding in staff to assist in preventing crisis.

OD hired a new Instructional Effectiveness Administrator with extensive personal safety tactics and Master Defensive Tactics Instructor certification from CJTC. Additionally, Design and Delivery classes and train-the-trainer classes for Equity, Diversity and Inclusion have been added in order to enhance the knowledge, skills and abilities of OD employees.

OD staff currently conduct walk downs with the Violence Reduction Team and attend Safety Committee meetings to assist in identifying and addressing training needs. In addition, a request for the funding of additional safety trainers was submitted and approved for hire in FY 2020. These additional trainers will provide OD an opportunity to offer training on all three shifts, which will increase access and training opportunities for all direct-care staff.

Executive Leadership Team Morning Huddle:

The Executive Leadership Team utilizes Friday morning huddles to specifically review & analyze assault data. They look at patient to patient and patient to staff assaults and compare the data to the previous weeks. Outlier data and patients are discussed. The team discusses actions already taken, actions currently in place and works together to develop additional immediate actions to take in an effort to reduce violence/assaults. They discuss the data and actions by center and share practices and interventions that have been effective. This helps ELT monitor and keep a pulse on assaults throughout the

hospital. Staff injuries and follow-up with staff are discussed daily as they occur in morning huddles as well.

Western State Hospital 2019 Workplace Safety Plan

STATE HOSPITAL STAFF ASSAULT DATA

The state hospitals routinely review staff assault data for identification of needed action plans to prevent and reduce assaults. The following staff assault data is reviewed by the state hospitals:

- Staff reported assaults
- Staff reported assaults where an L & I claim is filed
- Staff reported assaults that turn into an L & I claim
- Compensable and non-compensable claims
- Time loss

ANNUAL REPORT SUMMARY

Reducing violence in the state hospitals requires comprehensive, integrated and sustained efforts by the Department and state hospitals in partnership with hospital employees, labor organizations, the Department of Labor & industries, the legislature and other stakeholders.

The Department and state hospitals are committed to working with stakeholders to further reduce violence in the state hospitals. The Department will continue efforts to provide sufficient staffing, provide effective safety training, implement environment of care improvements, maintain safety committees, deliver effective and safe patient care and review workplace safety data for identification of needed performance improvement plans.

Attachment A: State Hospital Staff Assault Data
2019 Report to the Legislature
Department Efforts to Reduce Violence in the State Hospitals

Data Definitions

Staff Reported Assaults is a measurement of the number of assaults where there was an unauthorized touching of an employee by a patient that resulted in a physical injury to the employee (RCW 72.01.045).

Staff Reported Assaults where an L&I Claim is filed is a measurement of the number of Staff Reported Assaults where medical treatment from a physician was pursued by the injured employee and a Workers Compensation claim filed with the Department of Labor and Industries.

Staff Reported Assaults that turned into a Compensable L&I Claim is a measurement of the number of Staff Reported Assaults where an L&I claim was filed and the employee missed more than 3 days of work due to the injury.

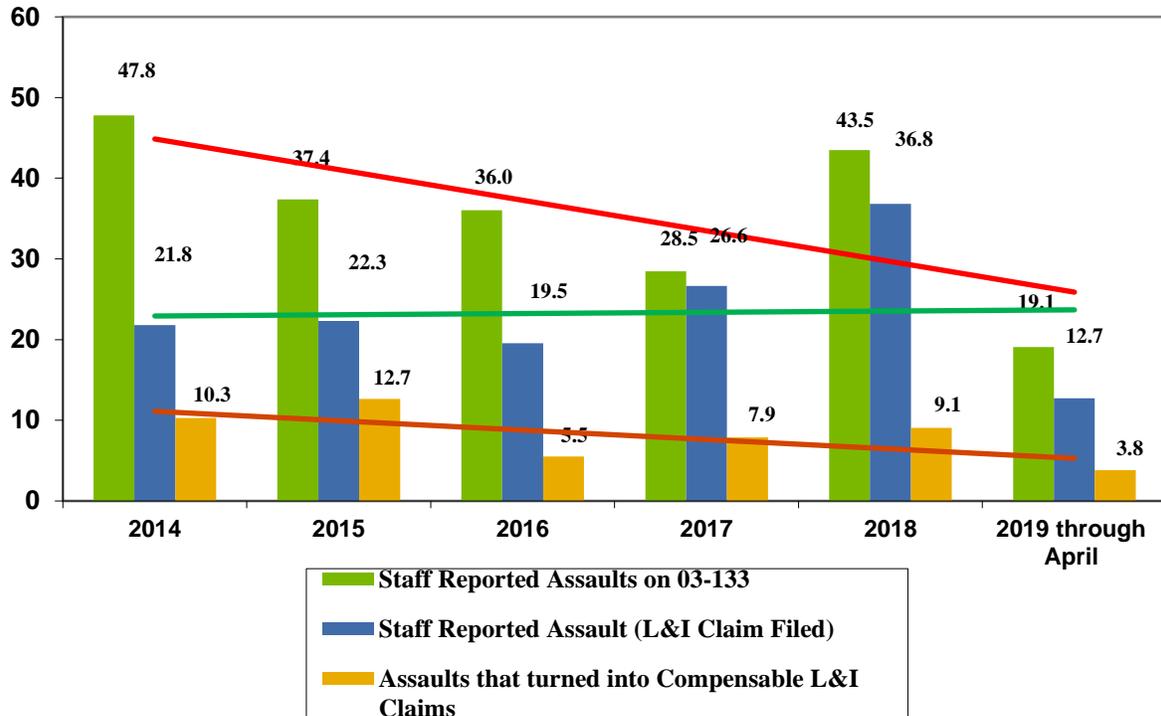
Non-Compensable Claim is when a claim is filed and the injured worker returns to work within three days of the filed claim. Non-Compensable Claims result in lower DSHS industrial insurance premiums.

Time-loss days are a measurement of the number of work days employees have missed (over 3 days) from work due to their assault injury.

Data and Analysis

Injured employees at the state hospitals report injury information on the DSHS 03-133 Safety Incident/Near Miss Report form. The DSHS Enterprise Risk Management Office (ERMO) claims unit inputs injury information and workers compensation claims information into the Risk Master Database system. The following data was compiled and provided by ERMO.

CSTC Assault Information Per 10,000 Patient Days

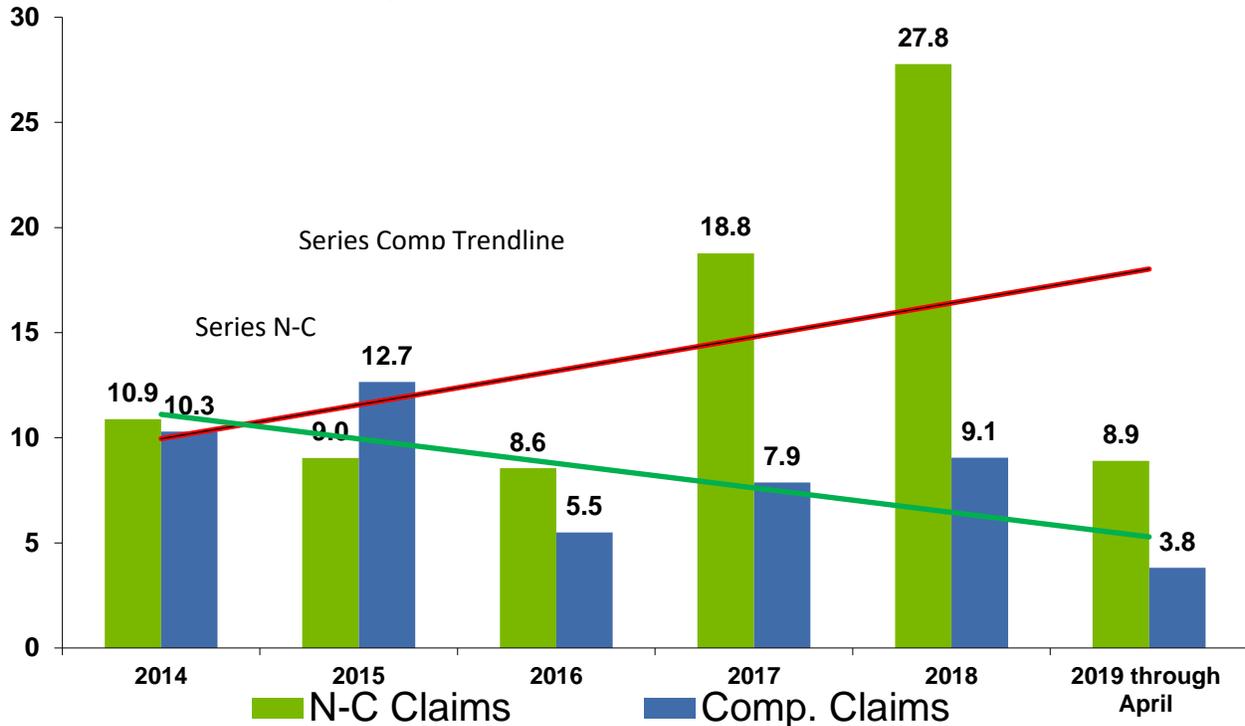


Three cottages comprise the CSTC patient population. These cottages are organized by age and developmental needs. Children ages 5 to roughly 12 years old reside on Camano Cottage. Young adolescents aged 12 to 16 years old reside on Ketron Cottage and adolescents generally 15 to 17 years old live on Orcas Cottage. Orcas has a self-contained program for youth who require closer observation due to having serious mental illness, forensic involvement and/or histories of violence.

CSTC staff reported assaults have had an overall decline over the past 5 years along with assaults that turned into compensable L&I Claims, however overall assaults spiked sharply in 2018. The number of total injuries reported and assaults have trended downward through the first four months of 2019. Ketron patients continue to account for the highest percentage of the assault injuries (60%). A single Ketron patient accounted for 71% of those injuries. Camano injuries were the result of four patients, while one patient residing in the “Close Attention Program” was responsible for 100% of the staff injuries on Orcas. Overall, the average length of stay for these patients involved with staff assaults is greater than 9 months. 30% of reported assaults in 2019 have met criteria as a compensable claim.

CSTC’s patient population continues to be among the most severely psychiatrically impaired youth in the state, i.e. youth with complex histories of problems across one or more of several domains (e.g. serious emotional/behavioral mental illness, state dependency, criminality, medical and developmental disabilities) along with prior psychiatric hospital admissions, outpatient treatment and juvenile justice incarcerations. These youth are admitted to CSTC when programs in the community are not able to safely maintain them.

CSTC Assault Claims Per 10,000 Patient Days by Compensable vs. Non-Compensable

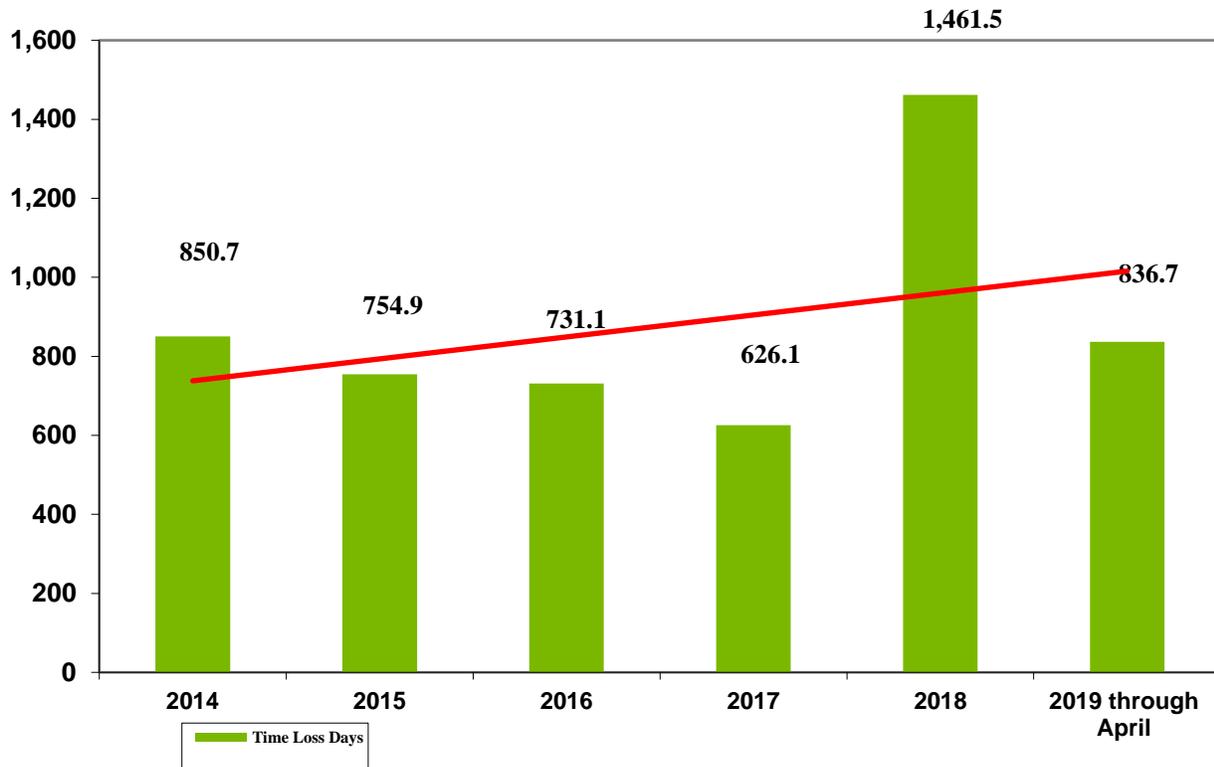


This data shows the **ratio of Compensable vs. Non-Compensable claims**. The ratio of Compensable to Non-Compensable claims, although showing yearly variations, indicate an overall downward trend in relation to compensable claims while trending an overall increase in Non-Compensable claims. Although assault claims data for 2019 is not mature at the time of this report, early 2019 data indicates a decreasing trend. As previously mentioned in this report, as a smaller facility data can be dramatically impacted by a small number of violent patients.

Injury reports continue to be submitted by staff and are reviewed carefully by the supervisor, the CSTC Safety Officer, and in more extreme situations, risk consultants from the Enterprise Risk Management Office (ERMO). Staff injuries tend to be lower in the summer and rise during the school year.

It is worthwhile to note that CSTC does not use any form of chemical or mechanical restraints. Recognizing that injury is more likely when needing to restrain a patient by manual hold, the use of seclusion and restraint is avoided whenever possible. A collaborative approach is informing personnel of therapeutic interventions along with motivational interviewing, trauma-informed care, and dialectical behavioral therapy and other evidenced-based practices that target patient engagement, encourage collaboration and teach coping skills.

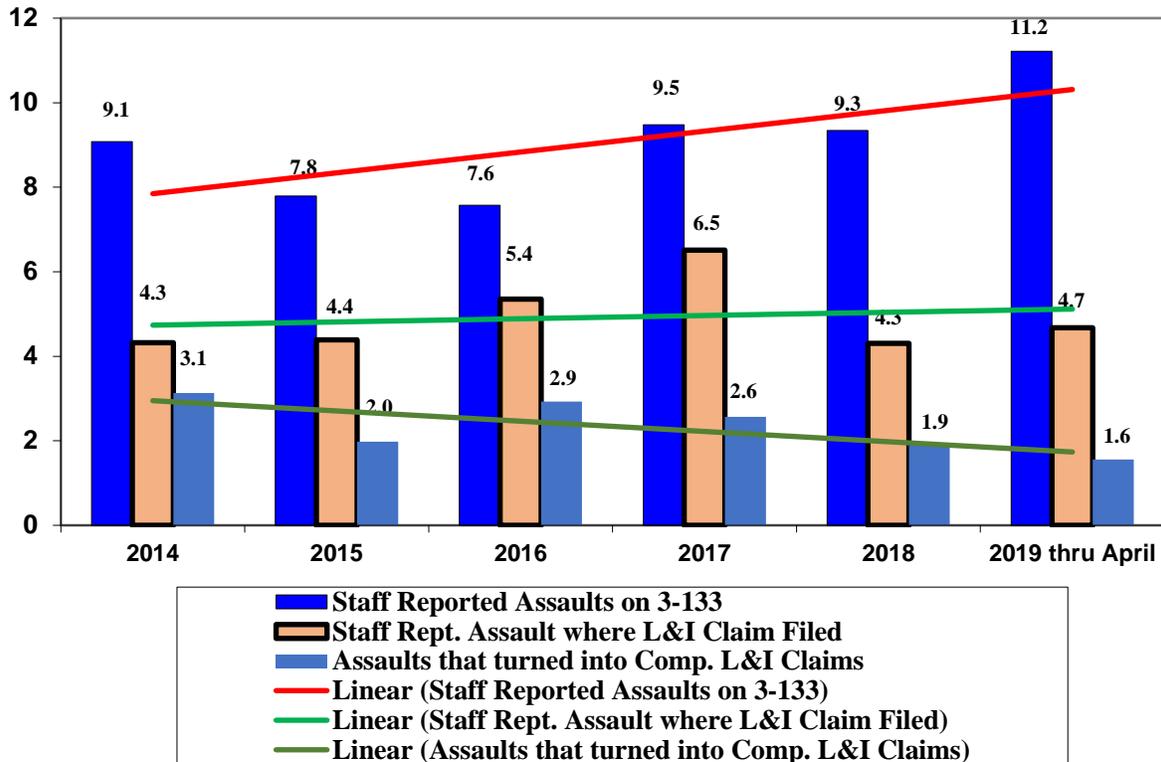
CSTC Time Loss Days Per 10,000 Patient Days



Time Loss Days associated with assault claims shows an increasing trend over the past 5 years, in part to 2018, which illustrates a significant spike compared to the rest of the 5-year period. Seven employees accounted for a minimum of 100+ days of time loss, and two with 200+ days. All of which have either returned to full duty or Transitional Return to Work (TRTW) which CSTC actively pursues for employees who qualify.

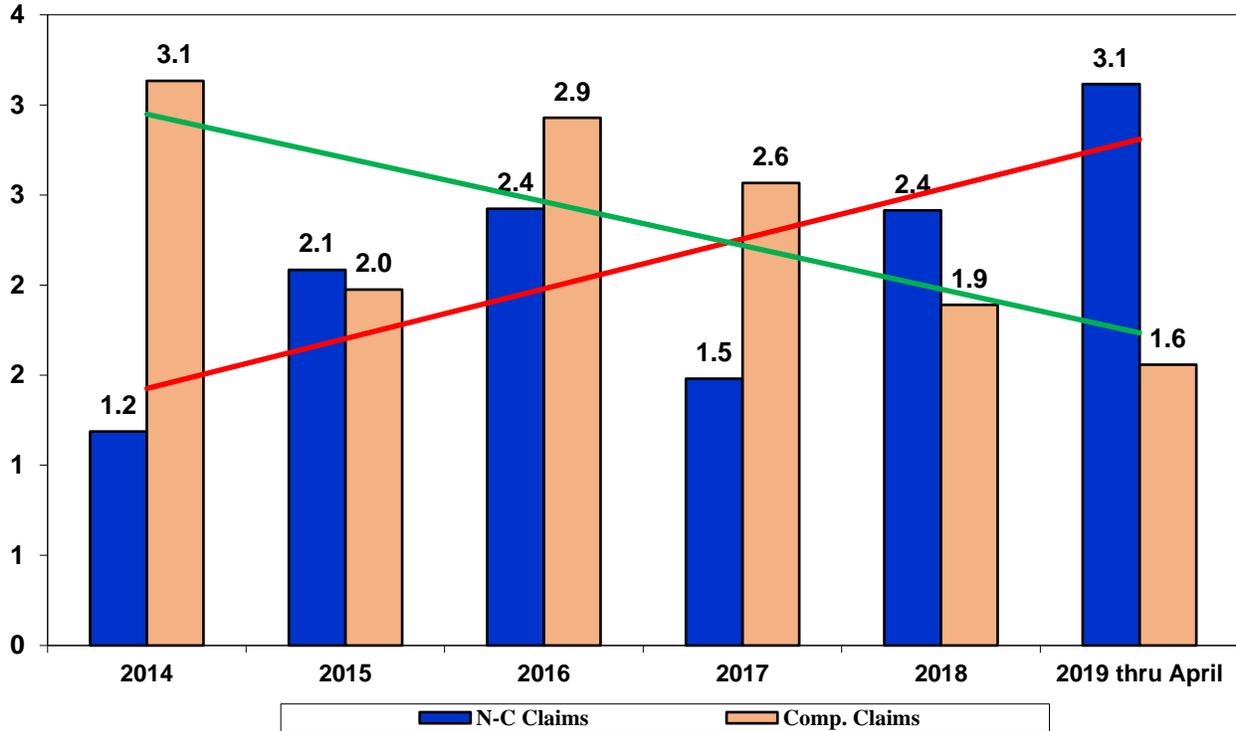
CSTC's Workplace Safety Workgroup, chartered in 2012 remains committed to channel staff input regarding assault/injuries and propose suggestions for change. It is made up of a cross-section of direct care staff, hospital administration, safety and quality management staff. The goal of the workgroup is to identify common themes and provide direction to the CSTC Safety Committee and staff training efforts with the mission of continually improving and sustaining a safe environment for staff and patients. It is also responsible for conducting the bi-annual CSTC Culture of Safety Survey. Exact cause and effect of changes in the direction of trends in staff injuries due to patient assault is elusive. We know that well-designed concurrent efforts are called for. Such remediation efforts are grounded in repeated refinement of staff vigilance, early intervention, verbal de-escalation, physical approaches to behavior management as well as principles of human behavior, motivation and trauma-informed care that ground clinical approaches and best practices. This philosophy is paired with providing consistent boundaries and skill development opportunities through "in the moment milieu", individual, family and group therapy. This comprises a therapeutic environment that makes the hospital a safe place to make mistakes and confront personal change. When the pillars of treatment are applied consistently, we see remarkable changes and resiliency in youth. When individual strengths, rather than problems are the focus in a multidisciplinary environment, youth have the opportunity to strengthen self-esteem, challenge themselves and turn their attention towards their futures.

ESH Assault Information Per 10,000 Patient Days



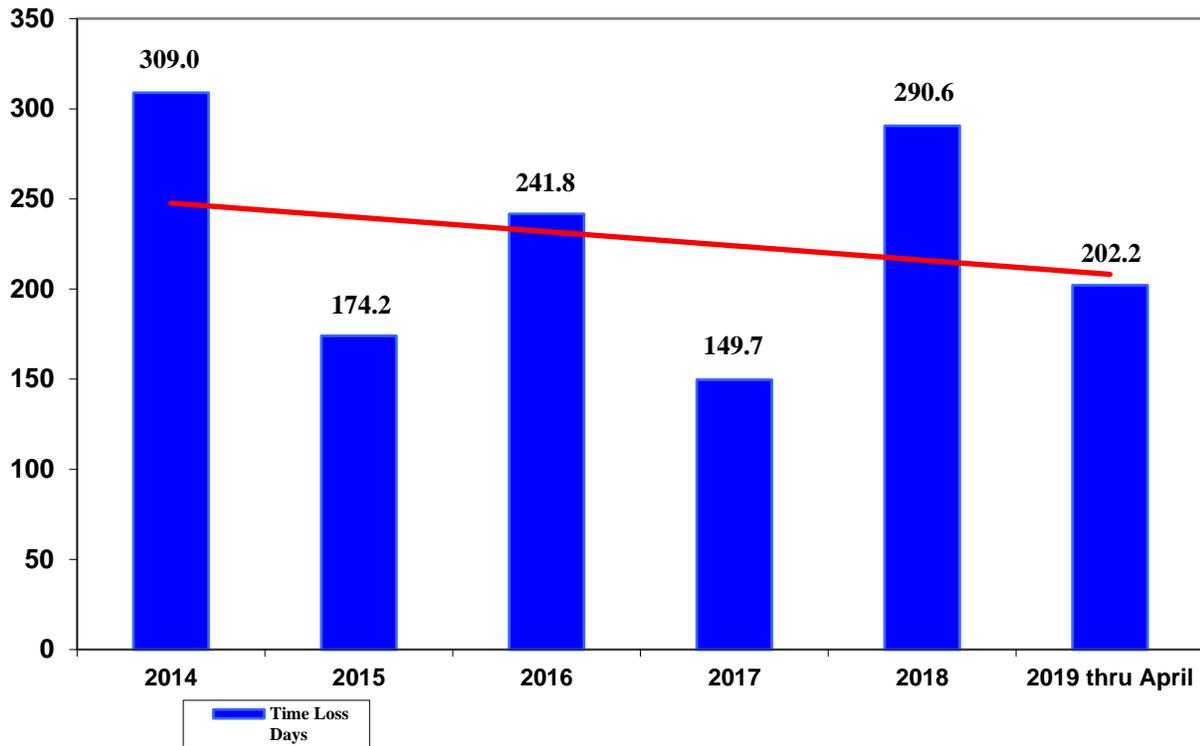
Staff Reported Assaults Data indicates that 2018 had a slight decrease in staff reported assault rates in comparison to 2017; from 96 to 80. In 2018, 56% of all assault events occurred on the Habilitative Mental Health ward and two civil commitment wards. Assault events on the Forensics admission ward decreased by 83% in 2018. Based on 1st quarter 2019 data, reported assaults are on target to increase with the Habilitative Mental Health(HMH) ward continuing to lead this trend with numbers driven by events involving two particular patients. **Staff Reported Assaults where an L&I Claim is filed** Data reflects a decrease in staff reported assaults where an L&I claim was filed in 2018 but has slightly increased over the first four months of 2019 attributable to ongoing occurrences on the HMH ward and civil commitment admission ward.

ESH Assault Claims Per 10,000 Patient Days by Compensable vs. Non-Compensable



This data shows the **ratio of Compensable and Non-Compensable claims**. Compensable claims with associated time loss continues to decrease over the last five years. Non-compensable claims, medical treatment only, have increased reflecting an overall lower severity of injuries.

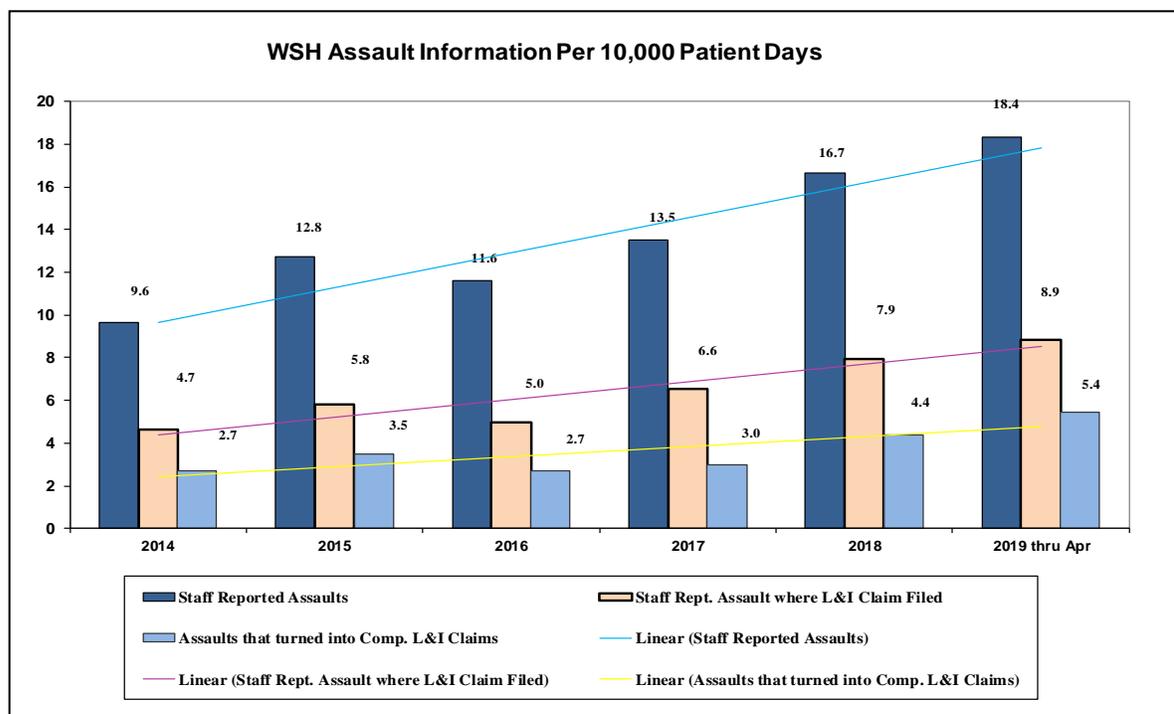
ESH Time Loss Days Per 10,000 Patient Days



Time Loss Days for 2018 assault injuries increased by 45% from 2017. Twelve of 32 claims occurring in 2017 and 2018 resulted in 84% of the total time loss. 49% percent of the total time loss were the result of assault injuries occurring in 2017 that overlapped into 2018. The overall five year trend continues to demonstrate a lower percentage of time loss into the first four months of 2019.

Western State Hospital

WSH Patient to Staff Assault Data:



Staff Reported Assaults as Western State Hospital (WSH) have increased over the past 5 years. The rate of Staff Reported Assaults is continually monitored and evaluated for determination of contributing factors and needed corrective actions. WSH continues to emphasize the importance of reporting all incidents honestly and accurately in effort to improve the overall hospital culture of safety.

Staff Reported Assaults where an L&I claim is filed and assaults that turned into a Compensable L&I claim also show increases over the past 5 years.

While data indicates increases in assaults, the hospital has hired many new employees, has experienced leadership changes and has made numerous programmatic and policy changes in attempt to improve safety and morale for both patients and staff.

To assist in mitigating the increase in violence the Executive Leadership Team instituted several initiatives at WSH to include but not limited to the following;

The safety committee restructure at WSH takes the focus of the safety committee down to the ward level. The Ward level Committees report to their respective center-based safety committee, which then reports to the hospital-wide safety committee.

Tableau Dashboards were created to assist the hospital with focusing its efforts on increasing the availability and transparency of data at the hospital to ensure it is making data-driven decisions to improve patient and staff outcomes.

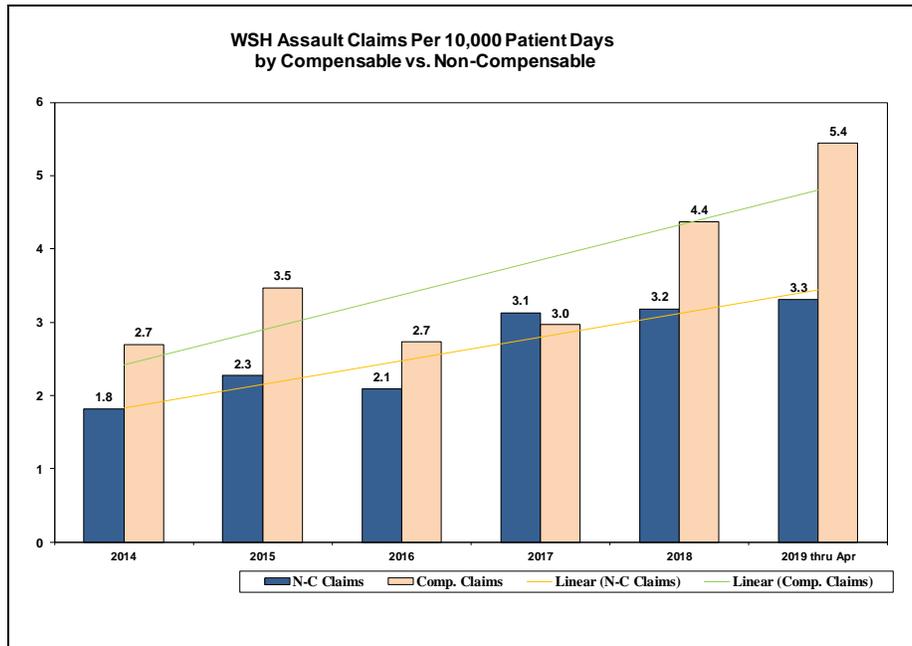
The Violence Reduction Team (VRT) and the two Psychiatric Emergency Response Teams (PERT) were aligned under the Violence Reduction Administration. This re-organization of resources allows VRT and PERT to collaboratively work on reducing violence across the hospital.

Education and training provided to WSH staff was expanded in order to close identified gaps. New Employee Orientation (NEO) was extended to include Leadership Training and Advanced Crisis Intervention training (ACIT) for all employees.

WSH patient care areas are now tobacco and smoke free. This was a preventative measure to ensure WSH meets Codes regarding smoking restrictions and to lower the opportunities for patients to engage in assaultive behavior regarding the desire to gain access to tobacco products.

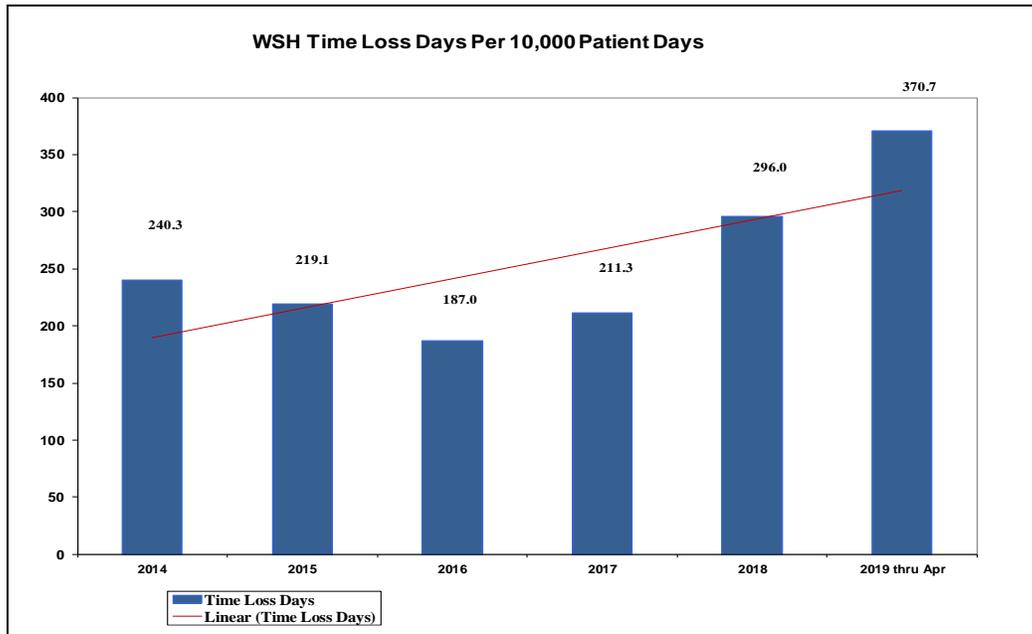
The Violence Reduction System Focused Improvement Project (SFIP) was previously tasked with tracking and analyzing violence data and working on interventions to reduce violence on the most assaultive wards. The SFIP has since been disbanded and has morphed into the current safety committee structure. Additionally, based on a proposal from the prior SFIP, the hospital is working on developing a ward that will house the most assaultive patients, with a step-up ward for those patients that have improved. Staff on these wards will be trained in depth on their roles, in order to work more effectively with the highly assaultive patients. A request for additional funding for the STAR Ward and step up was submitted and approved for FY20 and plans are underway.

WSH Assault Claims Per 10,000 Patient Days by Compensable vs. Non-Compensable



This data shows the **ratio of Compensable and Non-Compensable claims**. When comparing the last 5 years, the compensable vs. non-compensable ratio did improve at WSH in 2017, and for the first time the hospital had more non-compensable assault claims than compensable assault claims. This was due in part to the hospital consistently returning employees back to work through a transitional return to work program. However, Calendar 2018 and early 2019 data show that Compensable Claims are increasing. Continued efforts to reduce Violence throughout the hospital and increasing a Return to Work program will assist in the effort reduce compensable assault claims in the future.

WSH Time Loss Days:



When comparing **Time Loss Days** associated with assault claims over the past 5 years there is an overall increase at WSH. Enterprise Risk Management Office/Claims Insurance Services Program opened a satellite office on WSH grounds in January, 2019. This change was made to better assist staff with worker compensation claims and increase efficiency in transitional return to work (TRTW) opportunities for staff who were injured on the job. More TRTW opportunities will decrease time loss days and allow employees back to work in a contributing manner. This assists the employee, the hospital and the patients.