Washington State Department of Social and Health Services

Transforming Lives

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

September 1, 2018

Behavioral Health Administration
PO Box 45050
Olympia, WA 98504-5050
(360) 725-2261
https://www.dshs.wa.gov/bha/

Washington State Department of Social & Health Services
Transforming lives

TABLE OF CONTENTS

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 ongoing efforts by the Department to reduce violence in the state hospitals, updated efforts at each hospital to reduce violence during this report period FY 2018.

This report also includes patient-on-staff assault data that demonstrates the Department and state hospital efforts to reduce violence; unfortunately achieving reductions in reported staff injuries due to patient assaults, resulting workers compensation claims and time loss has increased for the first time this period in five years.

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 about 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 125 beds allocated for forensic patients and the remainder dedicated to civil patients, including specialized services for older adults and people with intellectual disabilities. ESH employs about 836 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 842 beds, with approximately 285 beds allocated for forensic patients, and the remainder dedicated to civil patients, including specialized services for

geriatric and intellectually disabled populations. WSH employs about 2,501 staff members.

DEPARTMENT EFFORTS TO REDUCE VIOLENCE IN STATE HOSPITALS

Department efforts to reduce violence in state hospitals includes providing resources for systems. As part of a Culture of Safety, hospitals support injured workers in a variety of ways on an individual and as needed a 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. ERMO provides trainings directly applicable to violence in state hospitals and this year conducted a Safety Summit and a specialized safety training on situational awareness taught by a recognized national expert.

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.

STATE HOSPITAL ONGOING EFFORTS TO REDUCE VIOLENCE

The state hospitals comply with all federal and state laws and rules related to workplace safety including those of the Occupational Safety and Health Administration, Washington State Department of Occupational Safety and Health and the Washington Department of Labor & Industries, Department of Health and the Centers for Medicare & Medicaid Services. Eastern State Hospital and Child Study and Treatment Center also maintain accreditation from The Joint Commission complying with Environment of Care, Provision of Care, Life Safety, 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. The Workplace Safety Plans for each hospital are attached to 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 prevention of assaults, and monitor 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 and reduction.

Workplace safety information is available on each hospital's intranet, including the hospital Workplace Safety Plan, training information and safety related forms. Each hospital maintains Safety Bulletin Boards in designated locations with all required Occupational Safety and Health Administration information, including information about job injuries.

Environmental Safety and Hazard Inspections

Safety and hazard checks are conducted frequently by each hospital to identify hazards or items that could potentially contribute to workplace violence. In addition, safety and security considerations are evaluated annually as part of the hospitals annual review of required Workplace Safety Plans (RCW 72.23.400). This evaluation identifies existing or potential hazards for violence and identifies the appropriate preventative action in place or action(s) required to mitigate or eliminate risk. Evaluation results are provided to hospital Safety and Environment of Care Committees for development of action plans and hospital Leadership for review, approval and monitoring of action plans.

Emergency Response, Environmental Controls, Employee Safety Equipment

The state hospitals have emergency response systems to initiate assistance for employees during emergencies, including situations involving actual or potential violence. Western State Hospital utilize Personal Alarm and Duress Systems where employees either carry personal alarms that may be activated during emergencies or have the ability to activate staff emergency alarms located strategically throughout each ward. Child Study and Treatment Center provides all cottage Program Directors, Psychiatric Child Care Counselors (PCCCs), RN's, and LPNs and teachers with hand-held radios that allow immediate communication and emergency response. Additionally, Eastern State Hospital provides all direct care employees with radios equipped with emergency alarms that may be used for activating emergency response.

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 with staff 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 individual staff and patient safety, personal safety, and scene safety.

CSTC trains all direct care staff in "CPI" including 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

The hospitals maintain 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 policies and hospital policies. Incident reports and investigation information is reviewed by hospital safety staff, Safety Committees, Environment of Care Committees and others to identify the need for and track corrective action plans.

The hospitals report incident information to the DSHS Enterprise Risk Management Office (ERMO). The ERMO claims unit inputs and tracks injury and illness reports through the RiskMaster database system and determines whether the incident must be recorded on the OSHA Injury and Illness Log and Summary. ERMO provides monthly employee injury and claims data reports to the 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.

The hospitals conduct team debriefings of assault incidents and conducts post-incident and 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 training was conducted in the last year at WSH and CSTC. Staff members who are trained in Critical Incident Stress Management are available to provide assistance to groups of staff members who have been impacted by workplace violence. All employees are provided information about the DSHS Employee Assistance Program at hire, and are referred on an individual basis for further support as requested following incidents of violence or other traumatic events.

ESH CISM Info
New ESH Critical Incident Stress Management (CISM) team members were selected and trained, April, 2017. The team is comprised of two groups providing 24/7 coverage. CISM members are requested to initiate contact with employee(s) per Leadership, supervisor or other staff referral. A new referral request mechanism has been added to the ESH SharePoint. CISM enables employees to return to work quicker with less likelihood of experiencing post-traumatic stress disorder (PTSD).

ANNUAL UPDATE ON STATE HOSPITAL EFFORTS TO REDUCE VIOLENCE

This annual update summarizes efforts by each state hospital during FY 18 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:

- The CSTC Campus-wide Patient Safety Risk Reduction Project, completed in the 2nd Quarter of 2017 was designed to mitigate risk of patient self-harm removing older fixtures that could be a ligature point, or dislodged and used for self-harm or as a weapon against staff. The Project replaced plumbing fixtures, ventilation diffusers, fire sprinklers, sinks, door hinges etc., in the patient cottages and replaced them with ligature-risk-reduction fixtures. (Capitol budget $436,000.00)
- 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 bungie-like device with a solid “knot” that operates as a safety feature at a cost of $2,948.09. There will be an ongoing cost to keep these in stock for our 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 will allow 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 concludes two years

of planning and construction funded by the Washington State Legislature. (Capitol Budget $952,651.98)

- CSTC's Orcas cottage where the older teens reside instituted additional precautions to mitigate issues of contraband in the context of patients fashioning weapons (e.g. "shanks") out of what would be considered common household items such as standard pens, plastic forks and toothbrushes. Replacement products are manufactured from a soft silicone, which resists being manipulated into a sharp object. CSTC spent $1,127.00 dollars on safe pens, eating utensils and toothbrushes during the 2017-18 fiscal year.
- 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 on the cottage and contributing to a safer workplace for staff. Combined, these aids amounted to an expenditure of $5588.80 during the 2017-18 fiscal years.
- Child Study and Treatment Center utilizes the Crisis Prevention Institute out of Milwaukee, WI. - Model of non-violent crisis intervention. CSTC trains all direct care staff in "CPI" including philosophy, de-escalation, safe physical holds and self-protection training. CSTC invested $14,697.00.00 on additional intensive CPI training for CSTC's direct care-staff CPI trainers, and an additional $2,700.00 on CPI Training Workbooks.

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 and implementation by the 2018 legislature. 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 campus-wide "shows of support" when immediate staff resources are not able to contain a situation. In highly escalated situations CSTC calls upon Western State Hospital Security Officers to provide assistance. CSTC meets regularly with WSH

security officers to reinforce effective and timely communication and to debrief incidents. As needed, the hospital contacts local police authorities for heightened security situations or containment of an off grounds violent incident or elopement. Handcuffs may only be employed by local law enforcement.

CSTC utilizes two way radios to enhance safety at the hospital with rapid response capability of instant push-to-talk communications with WSH Security. The Clover Park school district which operates two schools on the CSTC campus is utilizing the same type of radios as the CSTC staff, furthering the ability to communicate effectively between the two entities. CSTC recently upgraded our security response at the expense of $45,253.00 with the purchase of 57 Motorola Radios and the FCC license to operate the radios. The new Motorola radios are more durable and employ improved signal and battery technology this particular radio purchase also includes a programming feature that allows CSTC staff to speak directly to WSH Security. This feature greatly enhances our ability to communicate effectively during Incident Command and in emergency situations such as Unauthorized Leaves when quick response time is critical to achieving safe and successful resolution.

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 to current staff maintaining and advancing intervention skills and new staff completing a successful integration on their assigned patient unit. A full-time Training / Staff Development coordinator position (RN3) was established towards the end of FY 2017. Staff training had previously been supported by only a partial FTE. This step, instituted without an increase in budget, demonstrates CSTC's commitment to sustaining a level of excellence and continuing the benefits of the legislatively supported "Enhanced Safety Training" which concluded at the end of FY 2017.

CSTC New Employee Orientation (NEO) has been modified to include an extra day to allow greater focus on personal safety. NEO includes two days specific to violence prevention and advanced verbal and physical management skills (CPI - addressed above). Recertification (every three years) and refresher training on violence prevention is also provided in a cottage team, group environment, or "as needed" coaching for an individual.

Training in evidence-based intervention is provided by Ph.D. Program Directors (Motivational Interviewing, Trauma-Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and collaboration, an approach more preventive and effective in use with children and youth who are aggressive and often resistant to treatment than 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 require 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 trained and a reporting process implemented. This model has gained traction on all three cottages and as expected, is becoming a team-enhancing aspect of the cottage milieu culture.

Restraint of a patient is a high-risk situation and often associated with staff injuries. 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 a few 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 and another 52% reduction the second quarter for an overall reduction of 69% in six months.

Child Study and Treatment Center 2018 Workplace Safety Plan

EASTERN STATE HOSPITAL

Environment of Care
To reduce the vulnerability of Switchboard staff to workplace violence, a preliminary design for relocating the Westlake Switchboard reception desk, installing cameras at entrance doors 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 Switchboard have also been identified. A Capital Programs request was

submitted in the 2017-2019 minor projects budget request to implement these security improvements. This will require Legislative funding approval. Both locations contain critical alarm systems and equipment for fire, two-way radio communications and camera equipment and overhead annunciation equipment utilized for alerting and notification of hospital staff in an emergency

- Due to the risk of plastic tooth brushes that can be broken and used for self-harm or as a weapon, an alternative toothbrush, designed specifically for Behavioral Health and Corrections facilities, was put into place on all admission and other high-risk wards as identified in the Environmental Proactive Risk assessment; December, 2017.
- Patient rooms on all APU wards are undergoing systematic renovations for increased patient and staff safety, including removal of existing closets and installation of Norix molded cubicles for safe patient storage. The Norix furniture is specifically manufactured for Behavioral Healthcare and Correctional facilities. The molded vinyl furniture is bolted to the wall to prevent being thrown and used as a weapon. The civil commitment admission ward patient bedrooms were equipped with Norix beds; May, 2018. Target for installation of Norix molded vinyl beds and molded cubicles for patient storage on 2N1 (civil commitment ward); 2019.
- Capital Program funding has also been requested to upgrade the APU fencing as part of the 1N3 and 3N3 Forensic ward renovation projects to mitigate the risk of Unauthorized Leave by patients. These projects are targeted for completion between September and December of 2019.
- All electric bed cords have been shortened to three feet and secured to the bed frame on all purchased and rental beds to mitigate risk of use for self-harm or as a weapon; July, 2017. The length of electric cords has been added to the EOC Audit Tool, monitored during the EOC rounds and reflected in the Environmental Proactive Risk Assessment.
- A checklist was created to document the security and location of equipment utilized in the woodshop that present a staff and patient safety risk. This checklist is completed pre and post patient group. Compliance is based upon the completion of the checklist log and audited during EOC rounds to ensure compliance.
- A project was funded and completed, October, 2017, for replacement of the existing nurse call system at Westlake. This project included installation of additional staff duress devices in the Westlake Treatment Mall locations.

Active Treatment

- Many patients are diagnosed with substance use disorders which often leads to recidivism and acuity upon admission. In April 2018, ESH obtained a Washington State Substance Use Disorder (SUD) Assessment License. This license enables SUD staff to complete assessments necessary for patients to be placed in SUD treatment upon discharge from ESH. The SUD counselors work in conjunction with the treatment teams and patients to provide SUD assessments, individualized treatment planning and individual counseling. ESH hired three SUD counselors; 1st quarter, 2018.
- There has been an increase in the number of groups offered during the day on the civil commitment wards for patients who are unable and/or refuse to attend and participate at the Treatment Mall. An additional Recreation Therapist was hired April, 2018, whose primary responsibility is facilitating groups on the wards.

Staff Training

- Security implemented training regarding use of hand-held metal detectors at hire; March, 2017. Unit education coordinators are implementing refresher training for current staff.
- Seven Mock Emergency Medical Codes were completed between September 2017 and April 2018; one on each unit, day and evening shift, and one at the Treatment Mall.
- All clinical staff and staff having significant patient contact are being scheduled for re-training in Physical Skills and Application of Restraints training; target calendar year 2018. This training will be supplemented with the Enhanced Safety online training to cover the non-physical portion of Crisis Intervention training. This is planned for late summer or fall, 2018, in conjunction with the nursing skills fair.

Performance Improvement

- A lean workgroup was initiated to develop and implement process improvements related to injury/illness reporting and the Labor and Industries (L&I) claim process. Improvements included creation of a communication site on the ESH SharePoint to include links to the L&I and DSHS Enterprise Risk Management (ERMO) safety and claims webpage; training Subject Matter Experts, all shifts, to assist injured workers with access to accurate information related to the reporting process and how to access additional information and resources at time of occurrence; creation of process communication posters and name badge cards for improved employee awareness. An LMS training outlining all LEAN improvements was created and implemented 10/1/17.

- As the result of a root-cause analysis, source documents required for law enforcement notifications of UL were audited, in addition to clarification of the Escort policy relating to escorting to, from and while within the yard and identifying mechanisms for monitoring compliance were implemented. The escorting policy was reviewed and revised to clarify staffing ratios when escorting patients to the yard and Eastlake 0N and 0S basement floor. Revisions included additional guidance and direction to staff reinforcing the use of clear language when communicating an Unauthorized Leave (UL) by a patient via radio e.g. "UL North Patient Yard". Target for completion; July, 2017
- Community outings for Civil Commitment patients, per policy # 1.124, were approved in March, 2018. This policy includes safety and security procedures/protocols to ensure community outings are implemented safely and securely while still keeping the integrity of the purpose for the outing.
- ESH implemented a tobacco-free campus for patients; November, 2017.

Emergency Response

- The Psychiatric Emergency Response Team (PERT) responded to 2,445 staff calls for assistance in 2017. The PERT provides a safe, effective and immediate plan of response for patients during a psychiatric crisis or anticipated crisis.
- The PERT team provides situational awareness utilizing on-the-spot staff coaching, when applicable, to reduce overall patient-to-staff assaults and events resulting in patient seclusion or restraint. Seclusion and restraint hours have both decreased when comparing April 2016-May, 2017 to April, 2017-May, 2018; 41% and 46% respectively. Both seclusion and restraint require employees to initiate physical contact with a patient and increases the potential for patient-to-staff assault.
- A meeting was held with Medical Lake Fire Department (MLFD) Fire Chief and facility Leadership including representatives from ESH, CSS, and Lakeland Village in order to clarify emergency response capabilities and MLFD MOUs with other local departments; May, 2017. The Hazard Vulnerability Analysis was updated to reflect increased risk due to decreased MLFD resources and response capabilities.
- The ESH Continuity of Operations Plans (COOP) substantial completion met September, 2017 with CEO signature; 10.13.17.
- An Emergency Communications Plan was developed and implemented November, 2017. This plan outlines the roles, responsibilities and protocols that guide the hospital in timely

dissemination of information during an emergency. This plan is part of the Eastern State Hospital Emergency Operations Plan and is administered by the hospital Incident Command. The plan is consistent with ESH's Region 9 Healthcare Coalition partners.

Safety Improvement Purchases
A decision package was submitted for the 2018-2019 biennium for funding of additional repeaters to improve radio communication reliability in identified "dead spots" and in outside locations.

Staffing
In FY17 ESH recruited and hired over 82 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 FY17 include ward-based patient care staff, facilities staff, security and rehabilitation staff.

Safety Improvement Purchases
Expenditures for safety improvement purchases in FY17 include: purchases of additional radios two-way radios, electric beds, flexible spoons, knives, bedroom furniture and toothbrushes designed for Behavioral Health environments to mitigate the risk of use for self-harm or as a weapon.

Eastern State Hospital 2018 Workplace Safety Plan

WESTERN STATE HOSPITAL

Environment of Care

- New Fire Alarm systems were installed in January 2018 in Buildings 9 and 20. The new Fire Alarm system in Building 21 is currently being installed and scheduled to be completed in December 2018.
- To slow down an attempted UL/Escape from the Pierce County court housed on WSH grounds, a six second delay was added to the push bar to ensure a more secure environment.

Hospital Staffing
In FY18 Western State Hospital recruited and hired a number of additional staff to improve the provision of patient care and improve workplace safety and security.

Patient care and ward based staff hired in FY18 include additional Clinical Nurse Specialists to provide training on evidenced based practice and center based ward educators who work in collaboration with the Clinical Nurse Specialists to provide immediate training to address important clinical or

medical educational deficits, a Speech Therapist to develop and begin providing in patient speech services, and Occupational Therapy (OT) Manager to provide clinical supervision and complete competency evaluations of OT staff, Substance Abuse screening staff to receive referrals, completed the screens and interface with social work when patients are discharged.

Facilities, security and safety staff hired in FY18 include Facility Planners to provide the hospital with an "Above the Ceiling Team," to process, approve or disapprove any above ceiling work requests and verify the work has been completed correctly with no penetrations found, Violence Reduction staff to review all assaults throughout the hospital and offer nursing staff preventative strategies to mitigate future assaults and provide on ward services in the form of preventative behavioral interventions, training, mentoring, and coaching staff serving patients who demonstrate or have a history of high-risk violent behaviors,

Staff Training and Development

A Staff Education team in Organizational Development has formed and a curriculum review board was established to review all training and revisions, as necessary. A comprehensive Education and Training on all new nurses employed by WSH was developed to ensure all nurses are fully trained to work on the wards.

In FY18, WSH adopted the Crises Prevention Institute (CPI), Nonviolent Crisis Intervention training model for reducing violence and improving safety. Organizational Development trained 20 multi-disciplinary staff to be instructors in the CPI nonviolent Crisis intervention model and completed CPI training for 9 wards identified by the Violence Reduction Design Group as having the highest rates of violence. The rest of the wards will be trained in the coming months to get everyone on the same page.

The Organizational Development Department hired a new a new Safety and Intervention Administrator.

In an effort to reduce violence hospital-wide, a comprehensive "boot camp" style Security Officer Academy was developed. The Academy is three weeks long and focuses on crisis intervention and de-escalation while maintain a safe and secure environment in a psychiatric hospital setting.

Workplace Violence System Focused Improvement Project:

WSH initiated a Workplace Violence System Focused Improvement Project in conjunction with our CSM consultant during FY 18 to continue reducing violence throughout the hospital This project is continuing and accomplishments in FY18 include the hospital developing a three-tier committee structure focusing on violence hospital-wide and creating

strategies to support the reduction in violence. The following describes the three-tier committee structure:

- The Project Executive Team (PET) will oversee the process of the subordinate groups and offer support and mentoring as needed.
- The Violence Reduction Design Group (VRDG) will develop strategies to offer the Hospital in an effort to reduce violence. The VRDG will report to the PET at least bi-weekly, strategies under development and others ready to implement
- The Violence Reduction Implementation Team is responsible for implementing strategies created by the VRDG. The group will be led by the ward Psychologist, Rn3s and Ward Administrators. They implement the strategies in the context of their individual ward, Center, and patient population

The Violence Reduction Design Group (VRDG) has created three strategies to support the reduction of violence.

- ***Medication Initiative:*** The PET has identified an opportunity to focus on medication optimization, medication practices, and medication administration algorithms, regarding specific patients who present dangerous/assaultive behaviors.

- ***Confinement Reduction Initiative:*** This strategy addresses the assault activity that occurs during periods of unstructured time on the units. The strategy contemplates the areas in each center that require adjustment. This includes the creation of comfort carts and comfort rooms on East Campus wards, extra off-ward activities on Central and South Campus wards, and the Center for Forensic Services (CFS). CFS was also targeted for additional yard-out periods, extra off-ward activities, and budgetary increases in ward incentive programs.

- ***CPI Training:*** This nationally known Crisis Prevention Training Program is currently being implemented for delivery to all staff, on all shifts. The goal is to have staff from all disciplines to speak the same language when engaging patients who experience high-risk and or assaultive behaviors.

These strategies to reduce violence have been completed on the top 9 assaultive wards and are currently being expanded hospital-wide.

Executive Leadership Team Morning Huddle:
In FY18, Executive Leadership Team utilizes their 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 huddle as well.

Western State Hospital 2018 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

Despite CSTC and WSH experiencing slight increases in FY18, the last five years at all three state hospitals have shown the number of staff assaults holding steady or showing moderate or significant declines. (Attachment A)

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

2018 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.

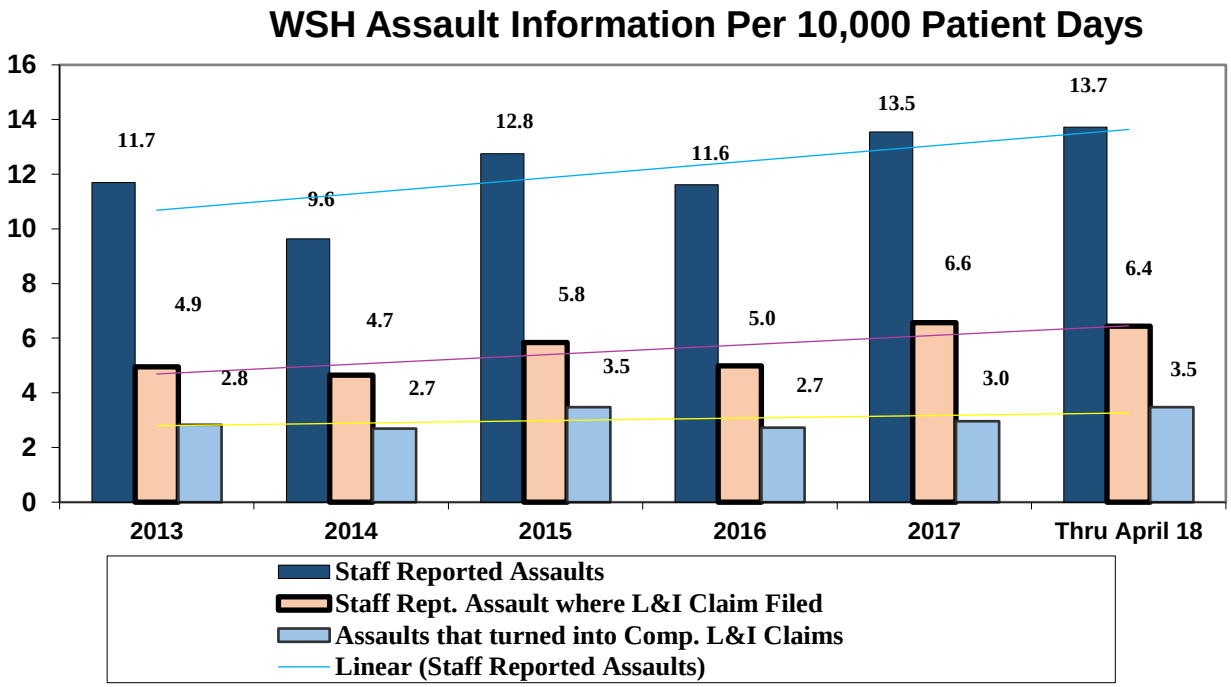
Non-Compensable Claim is when a claim is filed and the injured worker returns to work within three days of the filed claim. Non-Compensable Claims result in lower DSHS industrial insurance premiums.

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.

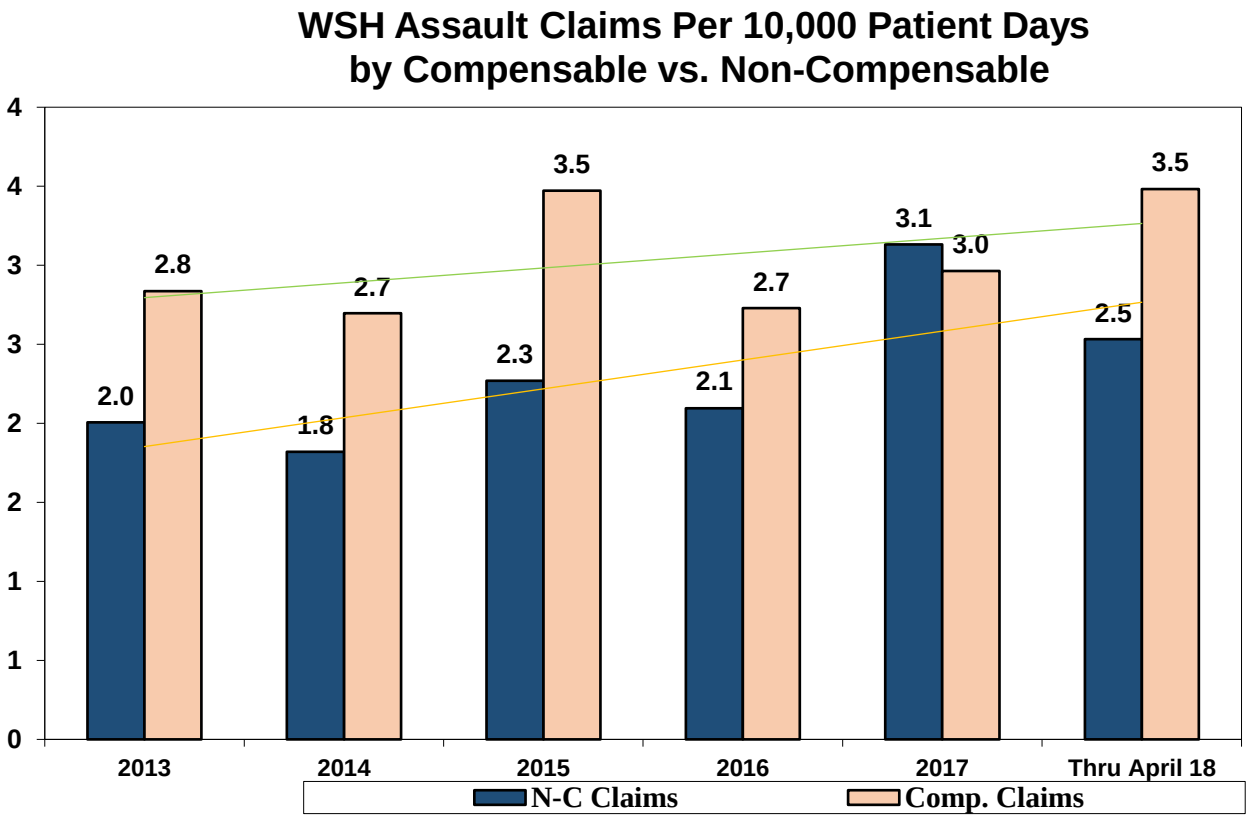
Western State Hospital



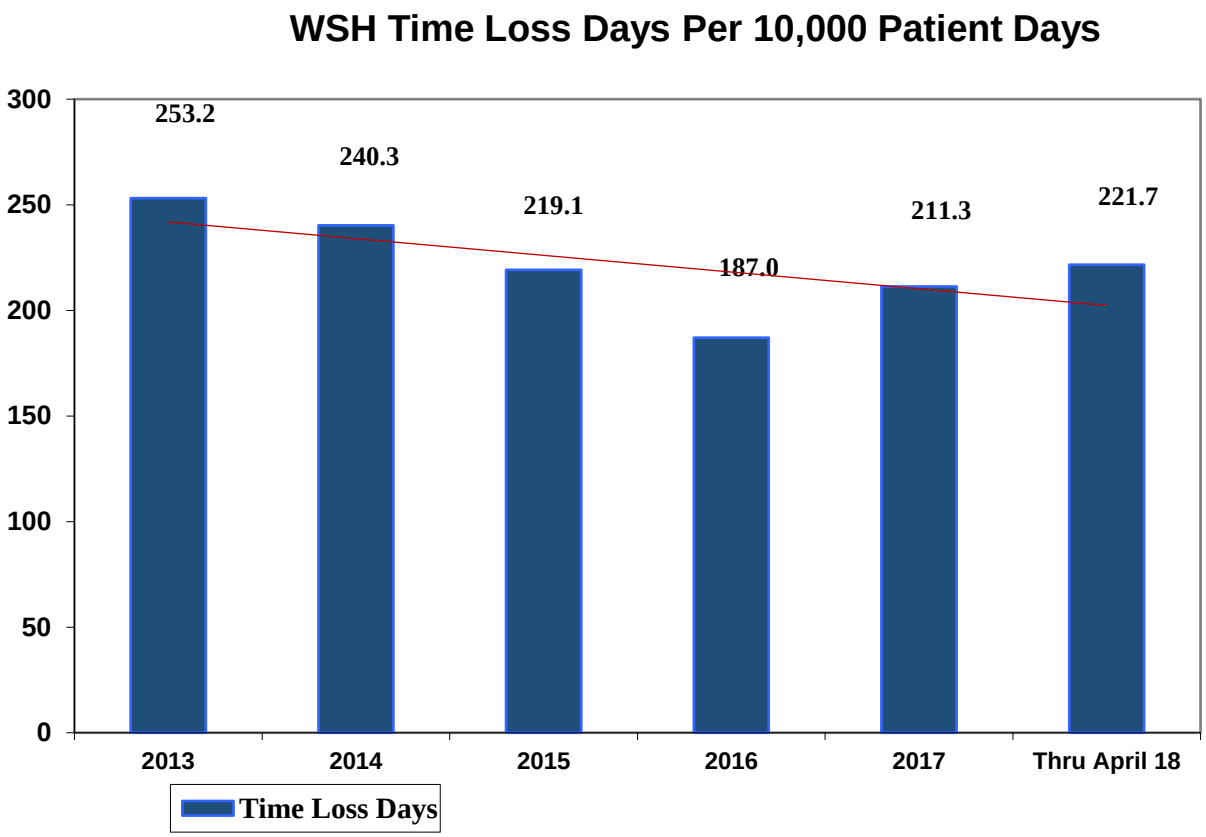
Staff Reported Assaults at Western State Hospital (WSH) have increased over the past 5 years. The rate of Staff Reported Assaults is continually monitored and, as indicated, is evaluated for determination of contributing factors and needed action plans. WSH emphasizes the importance of reporting all incidents to improve the 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 the data indicates increases in assaults, the hospital has hired more than 300 additional new employees, has experienced leadership changes and has made numerous programmatic and policy changes which contribute to this result. To help mitigate this recent increase, Executive Leadership sponsored a Violence Reduction System Focused Improvement Project (SFPI) and formed a multidisciplinary Violence Reduction Design Team (VRDT) to identify issues and recommend strategies to Executive Leadership for implementation to support the reduction of violence throughout the hospital. To date, the three initiatives adopted by the hospital include: a Medication Initiative, a Confinement Reduction Initiative, and an initiative to train all staff in the nationally recognized Crisis Prevention (CPI) training. Initially, the hospital focused on implementing the above referenced initiatives on the top 9 assaultive wards. Once initiatives are completed on the initial 9 wards, they will be extended to the rest of the hospital. The VRDT continues to review the data and make recommendations based upon the data to implement additional changes at the hospital to reduce violence.



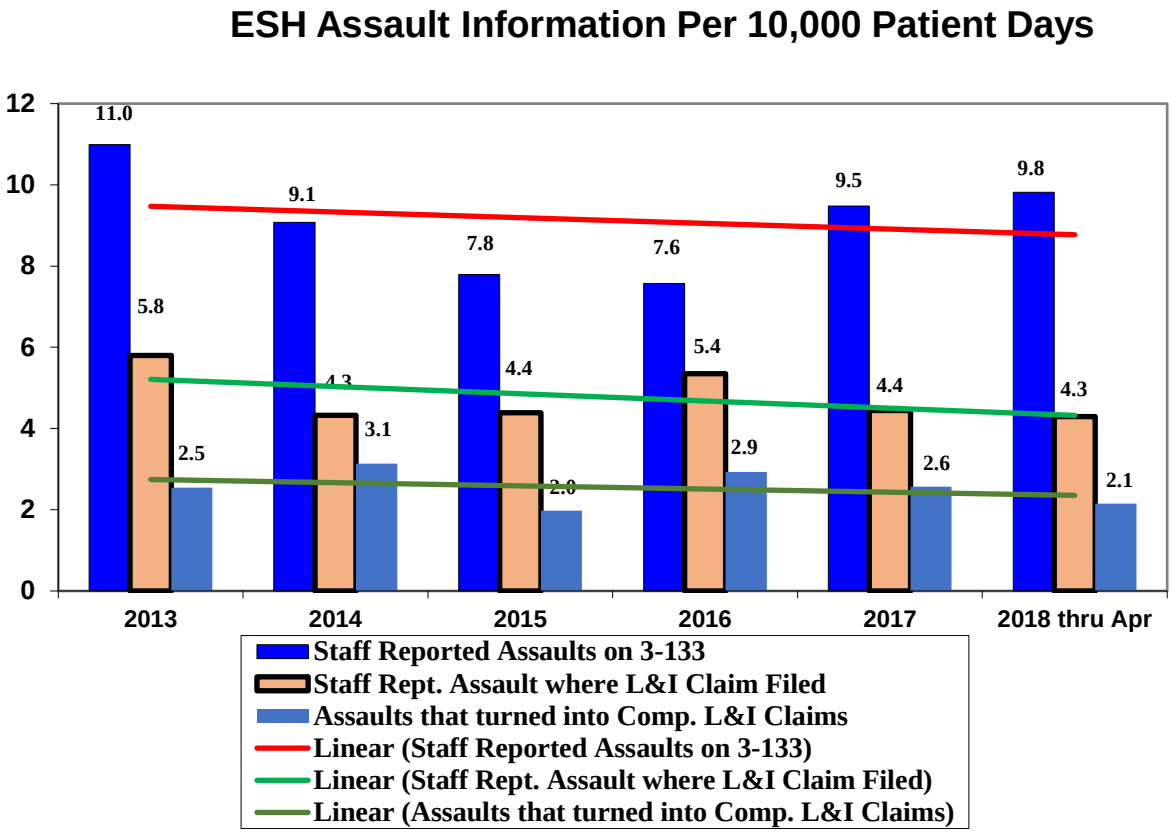
This data shows the **ratio of Compensable and Non-Compensable claims**. When comparing the last 5 years, the compensable to non-compensable ratio was improving at WSH. In 2017, the hospital had more non-compensable assault claims than compensable assault claims for the first time. This was due in part to the hospital consistently returning employees back to work through a transitional return to work program. Early 2018 data shows that Compensable Claims are increasing. Continued efforts to reduce Violence throughout the hospital and sustaining a Return to Work program will contribute in reducing compensable assault claims in the future.



When comparing **Time Loss Days** associated with assault claims over the past 5 years, there has been an overall decrease that is continuing into 2018. This is due to the hospital efforts in sustaining its Return to Work program.

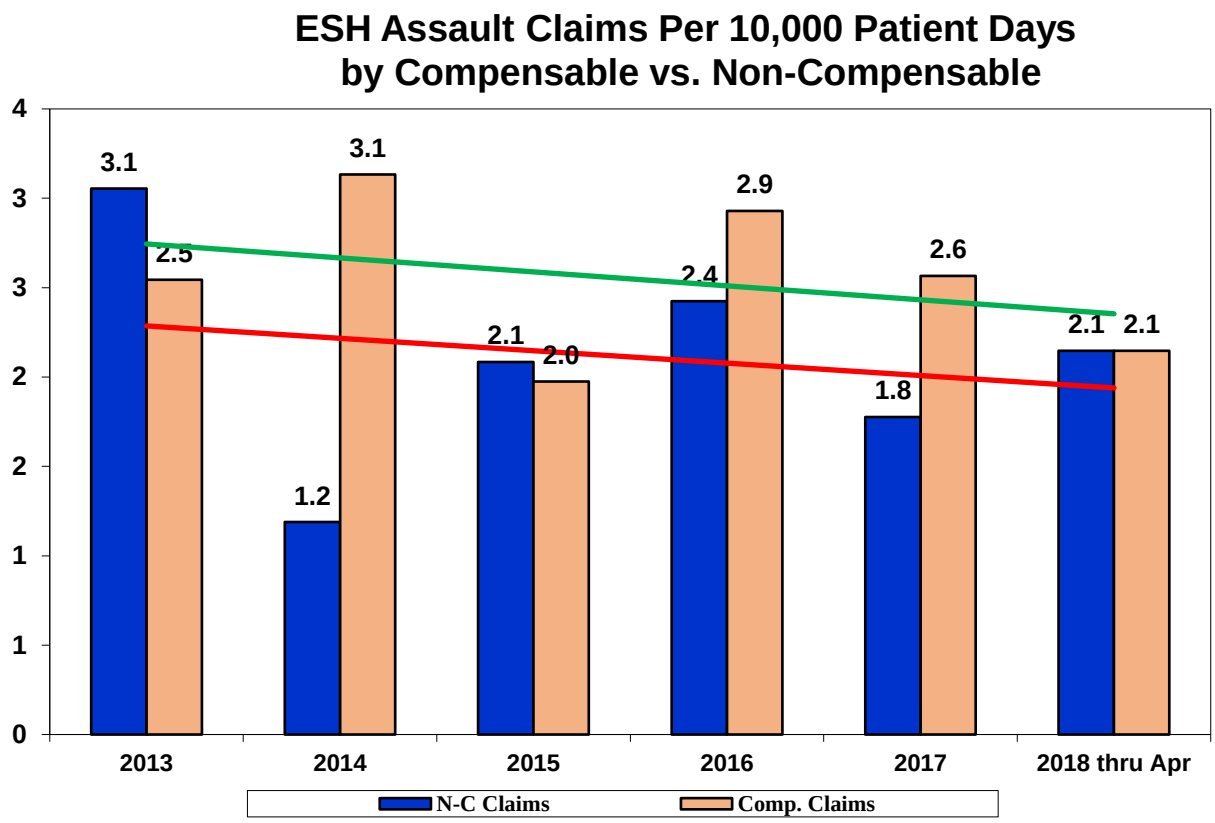
Eastern State Hospital

Staff Reported

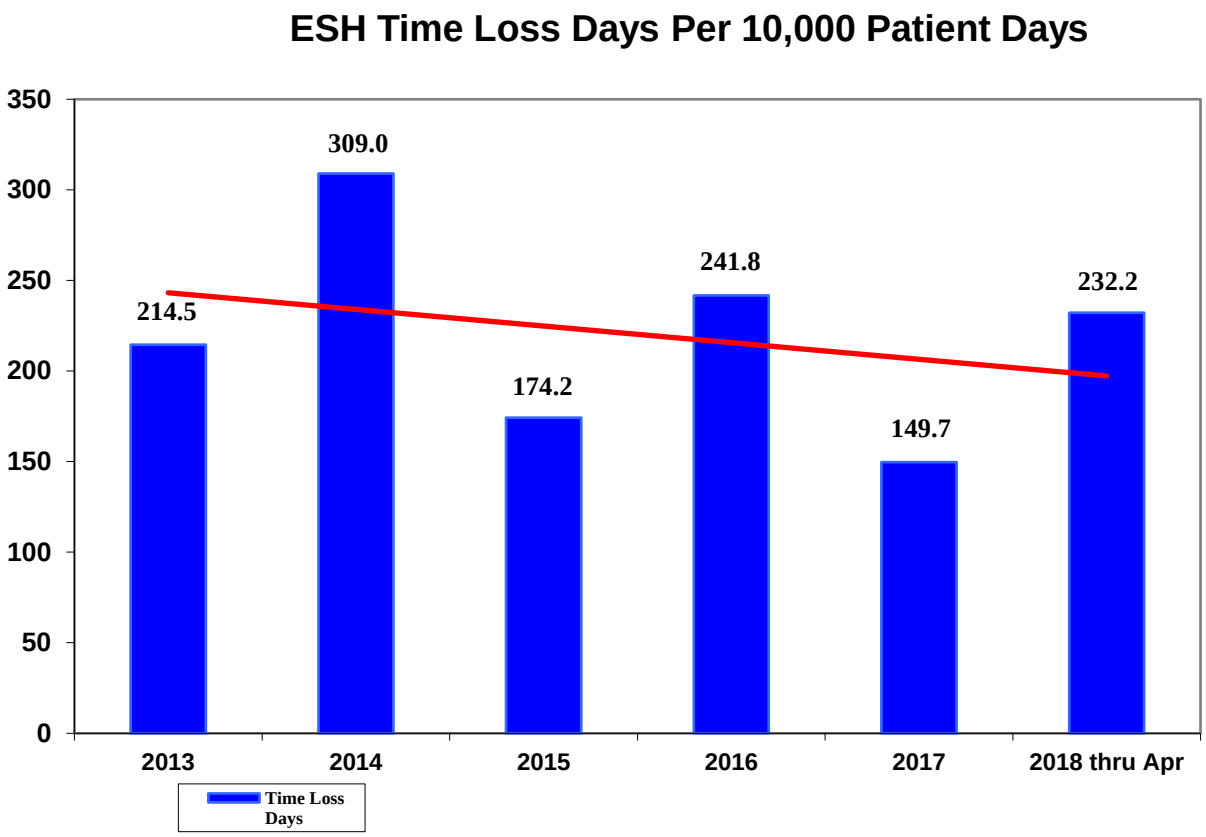


Assaults at Eastern State Hospital (ESH) have shown an overall decline although 2017 had a higher number of reported assaults. This trend continues into early 2018. The increasing rate of Staff Reported Assaults in 2017 is partially the result of the ongoing efforts to decrease wait times associated with the Trueblood court mandates. As a result, patients are admitted from jail much earlier and at higher acuity levels. For example, data (drill down data, not included in this report) shows reported assault incidents on the Forensic admission ward have surpassed reported assault incidents on the civil commitment admission ward. The civil commitment admission ward has historically had the largest number of reported assaults hospital-wide with reported assaults on all Forensic wards being typically lower than most civil commitment wards.

Staff Reported Assaults where an L&I Claim is filed and **assaults that turned into a Compensable L&I Claim** both show continued downward trends over the past 5 years and appear to be on pace with that in early 2018 reporting.



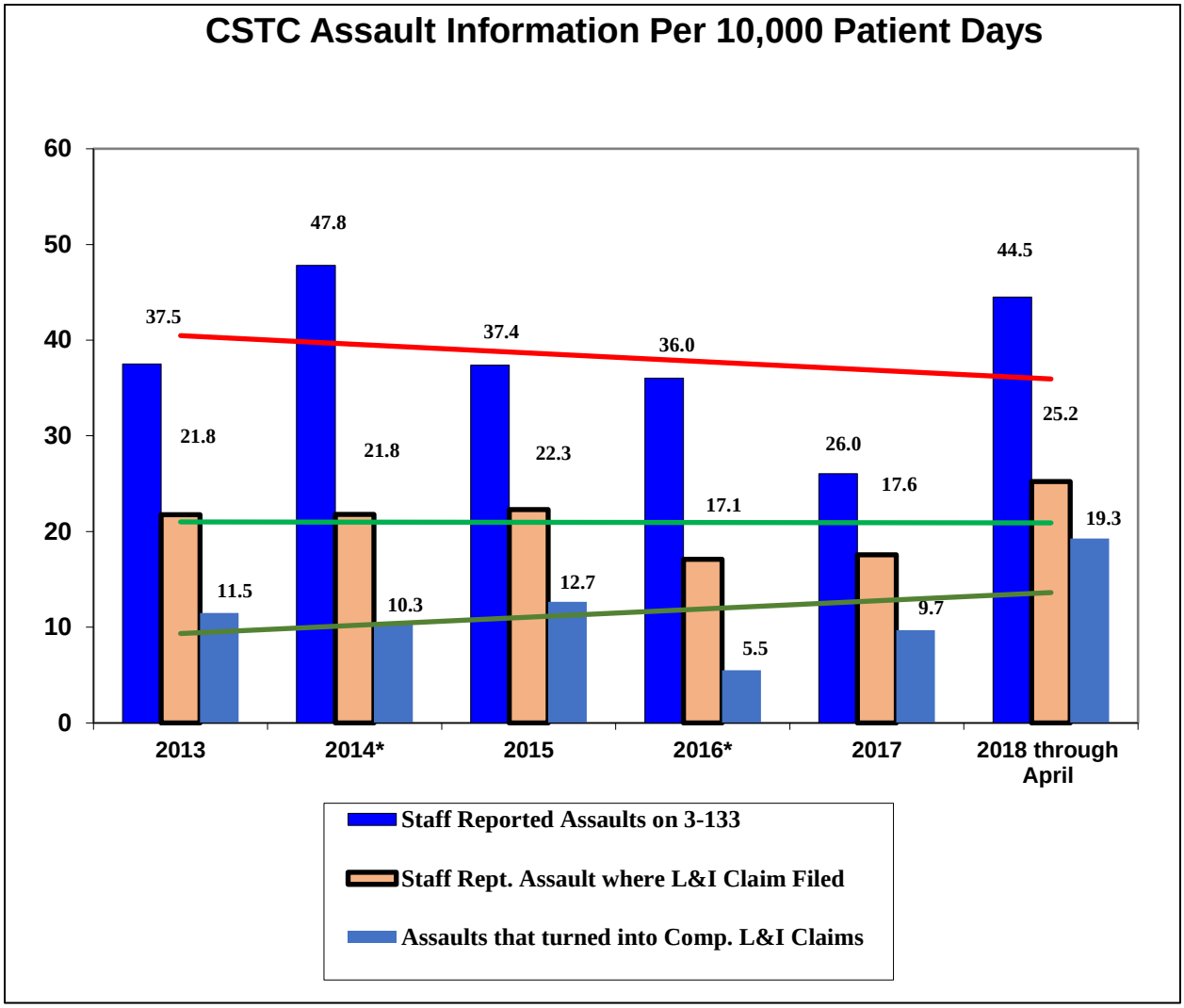
This data shows the **ratio of Compensable and Non-Compensable claims**. The ratio of Compensable to Non-Compensable claims, although showing yearly variations, indicate a declining trend over the last five year period. Although assault claims data for 2018 is not mature at the time of this report, early 2018 data shows non-compensable claims and compensable claims evenly split. While data indicates ESH is achieving steady progress in preventing and reducing staff assaults, compensable claims remain higher than non-compensable claims (claims for medical treatment only) over the last two years.



Time Loss Days associated with assault claims shows a moderately decreasing trend over the past 5 years, with a significant decline in 2017 compared to 2016 (37%). Four assault occurrences in 2017 resulted in 50% off the total time loss for 2017 and 303 days of the total were the result of assault injuries occurring in prior years. There is early indication of time loss in 2018 increasing as a result of compensable claims initiated in previous years versus current year. Factors that impact the amount of time loss associated with a claim include the severity of injury, timeliness of worker healthcare appointments and the ability of the hospital to accommodate a light duty workers physical restriction(s), as outlined by their Healthcare provider, through a Return to Work program.

Child Study and Treatment Center

CSTC Assault Information per 10,000 Patient Days



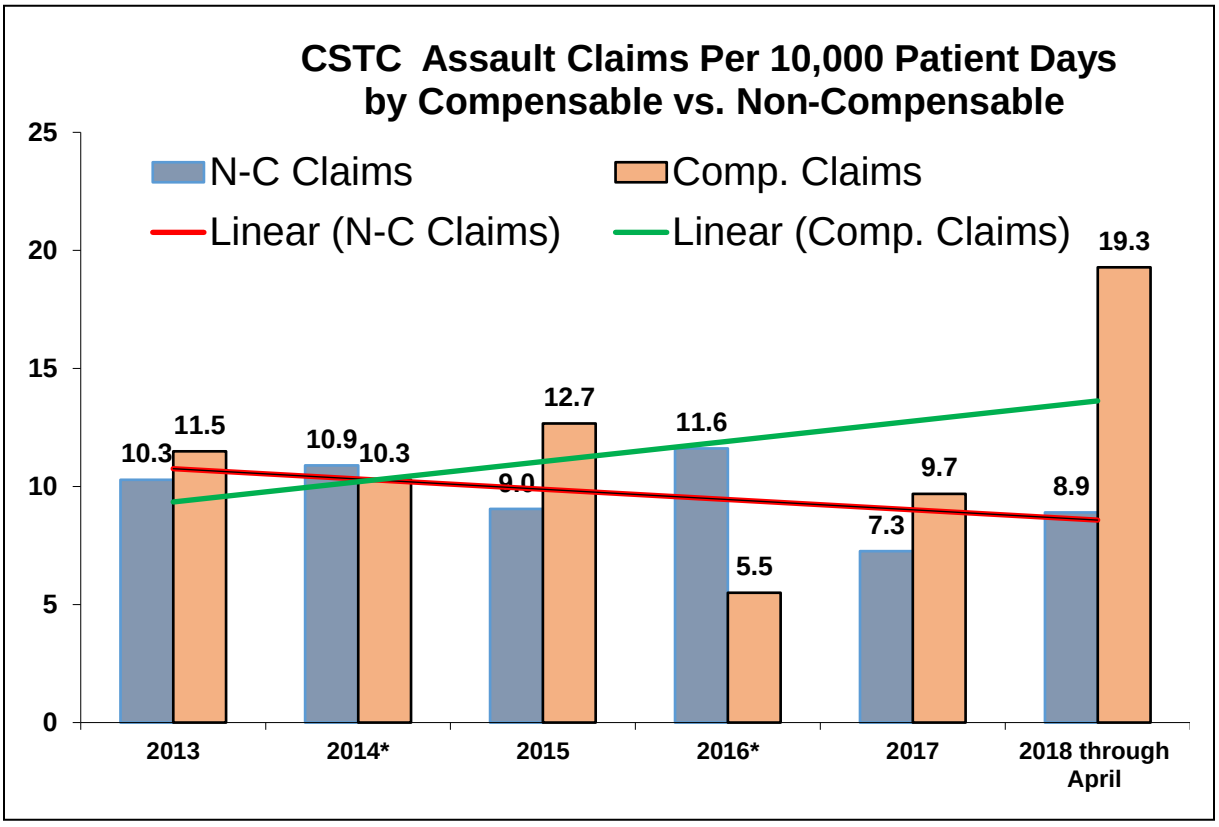
CSTC had an overall decline in staff injuries due to patient assault from 2014 through 2017. In the first four months of 2018, however, there was a significant increase. The patient population at CSTC resides on three cottages that are organized by age and developmental needs. Children as young as five may be admitted to Camano cottage. Middle-school-age children reside on Ketron and youth generally from 15 to 18 years of age live on Orcas, which also has a self-contained program for youth who require closer attention due to having serious mental illness, forensic involvement and/or histories of violence.

From January through April, 2018, injuries show a significant increase in assault injuries. Half of the assault injuries were sustained by staff working on Ketron; and nearly half of those injuries were caused by one patient. Two patients were responsible for half of the staff injuries on Camano, (youngest children) and on Orcas, one patient residing in the "Close Attention

Program" was responsible for 86% of the staff injuries. As a whole, across campus, 28% of all youth who committed assaults that resulted in a reported injury during this time period were responsible for 60% of the injuries and 65% of the claims. These claims were also more likely to be compensatory accounting for 54% of the total work days lost (which includes accidents as well as assaults, and is cumulative across years).

CSTC's patient population are 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.

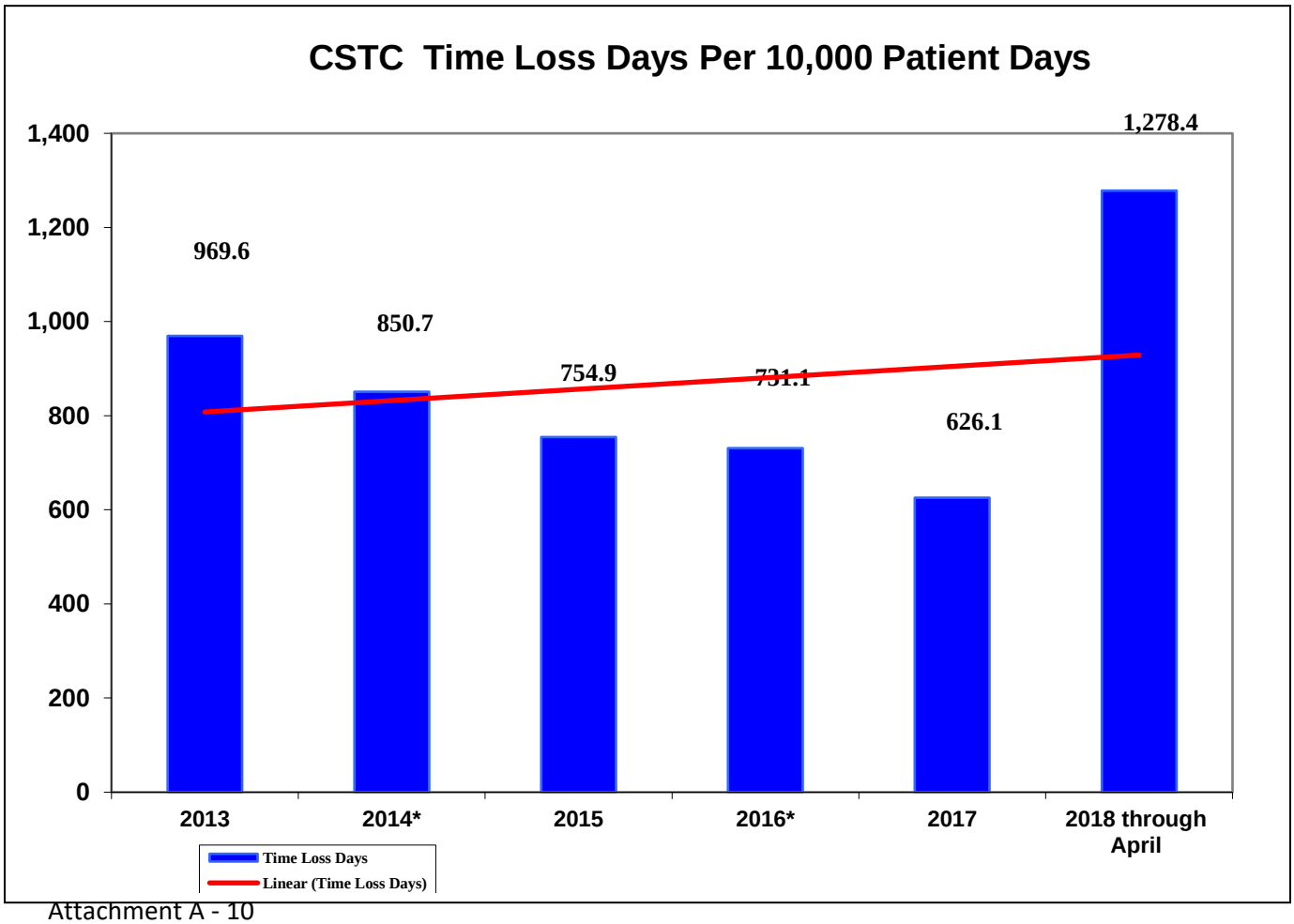
Criteria for admission includes being dangerous to self and/or others. From that standpoint, we anticipate that youth lacking developmental and coping skills to deal with stress and frustration will respond impulsively, often, violently. As the data reflects, it is not unusual that a few patients are responsible for a disproportionate number of staff injuries.



Compensatory claims also show an increase in calendar year 2018 through April. Out of 17 claims submitted on injuries reported as due to assault, 11 were compensatory and 6 were non-compensatory. Ten patients were responsible for these 17 injuries, all but one of which was

approved for assault benefits. One patient was responsible for four of the assaults in this category (3 compensable and one non-compensable). Analysis revealed no particular pattern of assault, injury or circumstance, other than the one patient who was responsible for 20% of the injuries that resulted in claims. Injury reports submitted by staff 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 reduce in the summer months and often there is a tick upwards when school starts. While not shown in this data, May, 2018 injuries are significantly down over those reflected for 2018, most of which occurred in in April. In April, 2018 alone, two patients were responsible for 58% of the injuries. The average tenure of injured staff was 1.9 years with 8 out of 11 staff having worked at CSTC less than one year. Although an anomaly, the CSTC Workplace Safety Workgroup is looking closely at April data to formulate improvement approaches.

Neither chemical nor mechanical restraints are not used at CSTC. 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 a shift in the 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.



Time loss data consists of injuries due to assault and non-assault circumstances resulting in lost work days due to incapacity and/or treatment. In 2018, 48% of the injuries resulting in time-loss were due to assaults and 52% were not assault related. Non-assault injuries include accidents that do not include contact with patients (e.g. accidents) as well as injuries that may be associated with patient contact but happen in a way other than a direct assault. Examples include injuries that happen as a result of a trip/fall while physically transporting a patient, or an injury that occurs while conducting a patient restraint that is not related to a direct assault.

Time-loss data is cumulative, i.e. including those injuries that occurred prior to the first of the year but continued to accrue time loss into the year. 79% of the time-loss reported for 2018 is for injuries that occurred in 2017. One injury occurred in 2016 and six occurred in 2017.

CSTC's CEO-sponsored Workplace Safety Workgroup, chartered in 2012 remains a committed effort to channel staff input regarding assault injuries and propose change efforts. It is made up of a cross-section of direct care staff and hospital administration, safety and quality management staff. The goal of the workgroup is to identify common themes and provide direction to CSTC's 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. The underlying belief that children and youth do well when they can is a positive framework that guides us toward meeting our patients where they are. 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 in self-esteem, challenge themselves and turn their attention towards their futures.