

REPORT TO THE LEGISLATURE

Department Efforts to Reduce Violence in the State Hospitals

RCW 72.23.451

September 1, 2021

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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 of FY 2021.

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.

COVID-19 response and infection control efforts impacted normal operations at the state hospitals throughout this reporting period. Visits were limited, as were off ward activities. Additionally, unplanned time off spiked during outbreaks, resulting in staffing shortages and increased overtime. These factors likely contributed to the increase in violence at the hospitals during this reporting period.

COVID-19 also negatively impacted physical plant improvements that were scheduled to be completed during this reporting period. Those projects are now all under construction, but completion dates were required to be moved out.

The Behavioral Health Administration (BHA) is committed to providing the best care possible for its clients through a combination of leadership, innovation, and understanding of evidence-based practices.

Effectively training staff is essential in accomplishing this goal. New Hire Orientation (NEO) has been expanded and standardized across all BHA facilities. Annual-In-Service (AIS) Training has also been expanded for our incumbent personnel, and offers training that may not have had been offered when beginning employment. This includes, but is not limited to Advanced

Crisis Intervention Training (ACIT) and Crisis Prevention Institute (CPI) Training.

BEHAVIORAL HEALTH ADMINISTRATION (BHA)

The mission of the Behavioral Health Administration 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. An additional 18-bed secure Children's Long-Term Inpatient Program (CLIP) treatment cottage is scheduled to open September 2021.

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 342 beds; with approximately 150 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 875 staff members.

Western State Hospital (WSH): Located in Lakewood, WSH is one of two Washington state psychiatric hospitals for adults. WSH has a total capacity of 857 beds; with approximately 370 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 2600 staff members.

DEPARTMENT EFFORTS TO REDUCE VIOLENCE IN STATE HOSPITALS

In order to cultivate a culture of safety, the hospitals support workers in a variety of ways on an individual or group basis as-needed. 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 reducing violence in state hospitals.

The Department monitors outcomes of efforts to reduce violence in the state hospitals through Results Washington, as established by Governor Inslee in 2013, with violence reduction related strategic objectives, action plans, and performance scorecards included in the 2021-2023 BHA Strategic Plan.

The Department also made organizational changes to provide additional oversight and guidance to the agency in pursuit of compliance and consistency of operations at BHA 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 hospitals Workplace Safety Plans are included within this report.

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

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 to employees 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, information on prevention of injuries, and recent hospital performance indicator data.

Environmental Safety and Hazard Inspections

Safety and security considerations are evaluated annually as part of the hospitals 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 personnel for to review and develop 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 and 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 staff in the event they require assistance during emergencies and situations involving actual or potential violence.

CSTC 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.

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

WSH 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. All state hospital staff receive Crisis Prevention Institute (CPI) training. Which incorporates philosophy, de-escalation, safe physical holds and self-protection training.

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.

CSTC utilizes Western State Hospital Security personnel for back up support. CSTC does not use mechanical restraints. However all their staff receive Crisis Prevention Institute (CPI) training which incorporates philosophy, de-escalation, safe physical holds and self-protection training.

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 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. BHA Headquarters investigators complete a secondary review of assaults for any injuries that require medical treatment beyond first aid. These reviews are provided to hospital safety managers and leadership. 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 and developmentally disabled) 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, and emergency response protocols and procedures.

Other required staff training includes the evidence based Crisis Prevention Institute's (CPI), Non-violent Crisis intervention course, which focuses on the recognition and response to everyday crisis situations. The Advanced Crisis Intervention Training (ACIT) Course, focuses on maintaining a safe and therapeutic environment for the staff and patients while responding to a crisis in a secure psychiatric setting.

All trainings emphasize the importance of communication, teamwork, and situational awareness and help with identification and response to changes in baseline behavior. A person centered culture requires these elements to build relationships and rapport with both patients and fellow co-workers.

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 post-incident debriefings after assault incidents then follow up with inter shift meetings or safety huddles to support staff. These meetings are used to 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. CISM 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. Over 40 additional BHA staff members received CISM training during this reporting period.

ANNUAL UPDATE ON STATE HOSPITAL EFFORTS TO REDUCE VIOLENCE

This annual update summarizes efforts by each state hospital during FY 2021 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.

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

- CSTC began Phase 2 of the Patient Safety Risk Reduction Review Project in FY21, the scope of the project being to update potential patient safety risks in all patient accessible areas. Despite delays due to the COVID-19 pandemic, the completion of the survey in 2021 will continue to provide product recommendation, design guidance and insight regarding safety and ligature risk mitigation at CSTC (Capital Project No: 20-461).
- Work continues in identifying potential ligature-risks (i.e. shoestrings, belts and drawstrings). CSTC vetted a number of products to replace shoestrings settling on a small bungee-like device with a solid “knot” that operates as a safety feature. There will be an ongoing cost to keep these in stock for all CSTC patients. CSTC also invested in the purchase of 4 ligature rescue knives and the purchase of sand that will be utilized to weight specialized behavioral health safe furniture.
- CSTC does not use mechanical restraints, but does employ a variety of products designed to assist our staff and patients in times of crisis. For example, safety smocks and safety mattresses that cannot be torn to hide contraband or fashioned into a ligature device. Leg wraps that cannot be removed by the patient once secured, preventing 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 \$3,755.00 during FY21, and though extremely durable will require additional annual expenditures in FY22 in order to maintain.

- Communications plays a pivotal role in regards to safety and security at CSTC; two-way radios are a key element in communications on the campus. CSTC utilizes a durable Motorola radio for staff to staff and WSH Security communications. In FY21 CSTC invested in the purchase of 40 Motorola radios, 17 spare batteries, belt clips and two multi radio, charging trays to accommodate the addition of the new San Juan Cottage and provide replacement radios for existing radio's damaged and taken out of service at a cost of \$37,333.00. In addition, CSTC invested in the purchase of two additional hand held metal detectors.
- The CSTC Expansion, (Capital Project NO: 2016-440) which funded an additional 18-bed secure Children's Long-Term Inpatient Program (CLIP) treatment cottage. This new cottage will feature a 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. Construction began in February of 2020 and is in the final stages of completion. Opening is projected to occur on August 1, 2021.

Future Investments in Safety

- Camano Cottage which treats CSTC's youngest patient population completed its design and planning of a new calming room (Capital Project 2018-419). This addition space will provide a designated area for assisting with calming patients in order to prevent restrictive interventions. Construction on this space began in April 2021.
- CSTC is currently in the design phase of a multi-building access control system (Capital Project No: 2020-426). This project will provide increased security across the CSTC campus with the introduction of electronic card key access controls. This project is scheduled to begin construction in June of 2021.
- Ketron Cottage is awaiting a fenced recreational area (Capital Project No: 2020-448) which will provide adolescents on the cottage with a secure outdoor play area for patients. Upon completion, the area will allow patients with increased levels of restriction the opportunity to enjoy the health benefits of being outdoors. This project is scheduled for construction and completion in 2021.
- CSTC is currently in the design phase of multi-cottage door alarm upgrade, (Capital Project No: 2020-463). Patient door alarms are utilized by staff to assist with

monitoring patient movement. These systems are an important tool in maintaining patient safety especially during night shift when staffing is significantly reduced. This system upgrade is scheduled to begin in June of 2021.

- Ketron Cottage was recently awarded funding for a Low Stimulation Area in the 2021-2023 Capital Budget. This new construction will provide an area for patients to assist with calming them in order to prevent restrictive interventions.

Security Response

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 tabletop exercises.

In order to stay in compliance with CMS Emergency Preparedness Rules, CSTC purchased emergency food specifically manufactured to meet or exceed health care requirements for an emergency meal plan that is suitable for shelter-in-place or emergency operations. In addition, CSTC invested in a security key box and bins to store emergency supplies, to include flashlights, batteries and barrels of drinking water. The Emergency Response Manual and Hazard Vulnerability Analysis (HVA) were revised in April 2020. Updates included significant changes in infectious disease protocol as a result of COVID-19. Additionally, CSTC's Continuity of Operations Plan (COOP) annual review was completed June, 2020.

Hospital Staffing

CSTC partnered with DSHS Human Resources Talent Acquisitions and WSH's Recruiting Center to expand its recruiting efforts. Through this collaboration, CSTC now has dedicated recruitment teams with its partners that assist the hospital with hiring, which includes the additional 74 FTEs required for the opening of its fourth unit (San Juan Cottage) anticipated to open August 1, 2021.

In FY21 Child Study and Treatment Center hired 39 direct care staff (Psychiatric Child Care Counselors and Registered Nurses) to fill numerous vacancies due to separations, employee injuries and those related to COVID-19 leave statuses (i.e. FFCRA). These vacancies were filled in order to improve the provision of patient care, active treatment and workplace safety and security.

Staff Training

- CSTC has job specific training plans in place to ensure all new hires are competent to perform the duties within the scope of their assigned job; along with providing ongoing training throughout their employment. The upgraded learning platform, The Learning Center (TLC) that replaced the Learning Management System (LMS) in November 2020 has provided employees with improved access to both online and instructor-led trainings.

In FY21, CSTC continued to expand the new employee orientation curriculum to include:

- 6 hours of Milieu Management Strategies presented by one of the facilities Licensed Clinical Psychologists. Consisting of Cognitive Behavioral Therapy (2 hours), Engagement Strategies (2 hours), and Behavior Principles (2 hours).
- 32 hours of skilled nursing training for Registered Nurses and Licensed Practical Nurses presented by a Licensed Clinical Pharmacist. Consisting of Psychiatric Mental Health (Antipsychotics, Mood Stabilizers, and Dosage Calculations).
- 4 hours of Infection Control training. Consisting of Basic PPE Orientation, which includes Donning & Doffing, and N95 Fit Testing. This module assists in properly preparing employees who may be working and operating in high-risk environments.

Performance Improvement

CSTC remains committed to the implementation of evidenced based trainings across campus. As mentioned above two evidence practices implemented were Dialectical Behavior Therapy (DBT) and Collaborative Problem Solving (CPS). However, Dialectical Behavior Therapy continues to be the primary evidence based practice incorporated into all aspects of treatment including but not limited to individual, group and family therapy along with school education. The goal being to improve patient engagement, as they boost staff intervention skills, confidence and a cohesive teamwork/shared language. Additionally, the Training Department continues to enhance its New Employee Orientation (NEO) curriculum to CSTC's specific job standards to address specific patient based needs.

CSTC continues to increase the availability and transparency of data at the hospital in order to ensure that clinical teams have the appropriate information when making data-driven decisions to improve patient and staff safety outcomes. Data reports are created on a monthly basis and posted to the QI SharePoint page, along with being posted throughout the hospital. Hospital-wide data trends for assaults and injuries are presented monthly at safety committee meetings, along with quality council. Additionally, CSTC continues to work closely with Western State Hospital's Information Technology Department (WSH-IT) to develop an electronic incident reporting system. Taking the existing paper process to an electronic system, will expedite the efficiency of timely reporting and improve data analysis.

In FY21, CSTC worked closely with a dedicated project team to launch the System for Integrated Leave, Attendance, and Scheduling (SILAS) for the facility. This electronic system was focused on the creation of a new integrated scheduling, time and leave system that standardizes and modernizes staffing management process in order to maximize staff time spent providing direct care. Production of the system went live on November 1, 2020.

Lastly, the Workplace Safety Workgroup continues to meet and further enhance its Crisis Prevention Institute – Nonviolent Crisis Intervention (CPI/NCI) curriculum. The workgroup meets bi-weekly to review participant’s assessments of the course, employee injury data trends along with provide consultation opportunities for cottages.

[CSTC Workplace Safety Plan 2021](#)

EASTERN STATE HOSPITAL

Environment of Care

- Environment of Care (EOC) plans (safety, fire safety, medical equipment, utility systems, security and hazardous waste management) are in place and assessed annually for objective, scope, performance and effectiveness. Data is reviewed by the EOC, Employee Safety Committee and Quality Council to identify negative trends and develop plans for improvement to correct deficiencies and mitigate risk. The 2021 annual evaluation of the Workplace Safety Plan validates the plan is adequate and effective in practice.
- The comprehensive Environmental Proactive Risk Assessment was reviewed and updated November 2020. This is in addition to any individual assessments initiated as a result of sentinel events, drill evaluations, hazard reports, environmental safety surveys, unusual occurrence, injury reporting, or individual building evaluations. Action plans are developed based on assessment and monitored by the Environment of Care Committee, Employee Safety Committee and Quality Council.
- A 'Rosary Risk Assessment' was completed by the Safety Office in October, 2020. The intent of this assessment was to identify a hospital provided rosary that presented a lower risk for use as a ligature or weapon but still allows patients to practice their faith/religion. Identified (safe) rosaries are provided by the hospital in lieu of allowing personal rosaries to decrease risk.
- The ESH Camera project; Phase 1, was funded to increase camera coverage on the Forensic Services Unit (FSU) wards to mitigate blind spots. Nine additional cameras were ordered in 2019 and installation was completed June 2020. Additional cameras were purchased and installed via operational funding for the Adult Psychiatric Unit (APU) wards and 2S1. Phase 2 completed January 2021 and Phase 3 was completed July 1, 2021. Phase 3 included additional camera installation at the Westlake facility. Additional cameras will be purchased based on needs identified via risk assessments.
- Proposed ESH Camera project; Phase 4 will provide additional camera coverage on 1S1 and 3S2. Phase 5 will provide additional camera coverage of the APU and 2N3 (FSU north NGRI ward). Phase 6 will provide additional camera coverage for the zero level corridor areas, APU stairwells, court rooms, and Patient Technology Center and

Telehealth locations. Quotes have been received for phases 4, 5 and 6, and are pending funding approval.

- A Failure Mode Effect Analysis (FMEA) was conducted for the APU visitor and patient screening processes. As a result of this assessment, a metal detector was installed in a location that can be shared by all APU and north FSU wards for screening visitors and patients. In addition, visitor lockers were installed outside the building to secure visitor belongings prior to entering the building to decrease risk of contraband on the wards. Hand-held metal detector wands are in place in addition to the walkthrough detectors.
- Capital Program funding for Smoke and Fire Retro-Commissioning project design includes additional fire door replacements, including exterior and interior entrance replacement, as indicated by assessment. This is to ensure proper function and compliance with Life Safety Code requirements and The Joint Commission (JC) and Centers for Medicare and Medicaid Services (CMS) standards compliance. This will reduce the risk of unsecured building entrances. This project is anticipated to be completed by June 2021.
- A risk assessment of both the Eastlake and Westlake Private Branch Exchange (PBX) has indicated that staff are vulnerable to workplace violence (e.g. armed assailant, agitated visitor, etc.) Some of the vulnerabilities include, limited visibility of in-coming visitors and physical location is either unsecured or non-hardened (no barriers between visitor and operator). Both locations contain critical alarm systems, equipment for fire detection and response, two-way radio communications, cameras and overhead annunciation equipment. This equipment is utilized for alerting and providing information to hospital staff during an emergency. A Capital Programs project, (2020-471 W32V5 ESH) for the Westlake Switchboard Security Relocation was funded and began construction in May 2021. The additional visitor screening equipment for the project is dependent on future funding.

The Eastlake Main Entry security project (Capital Program CBS 40000789), is not funded to date, but is part of the 2021-23 biennium request. This will also require approval of additional Security FTEs' to staff visitor screening locations 24/7. Additional FTEs are being added to ensure two staff are continually present and available at the PBX 24/7 for emergency response coordination and communications.

- A Capital Programs project has been funded to replace the Eastlake boiler plant. This project began construction February 2021 with an anticipated completion date in August 2022. The steam plant provides heating to the Eastlake campus and is vital for Continuity of Operations,

to include safety and shelter for patients and staff.

- Patient rooms on all APU and FSU wards have been systematically renovated for patient and staff safety. This included purchase and installation of additional molded furniture. This furniture consists of molded vinyl beds and molded cubicles for patient storage which are specifically manufactured for behavioral healthcare facilities. The molded vinyl furniture is bolted to the floor and/or wall or sand-ballasted to prevent being thrown, broken, or used as a weapon. The civil commitment wards are complete and FSU is targeted for completion July 2021.
- Molded vinyl beds will also replace all electrical, medical beds on all GPU wards unless a there is a doctor's order. This improvement will reduce the risk of medical bed parts and cords being used for self-harm (ligature) or for use as weapons. Beds and mattresses have been ordered and target date for installation is scheduled to be completed in the summer of 2021.
- A Capital Programs request (ESH Integrated Safety and Security Controls) for the 2023-25 biennium has been made to replace the existing, antiquated staff duress systems on all wards. The plan is to install a "personal duress alarm" system in all locations to provide wider coverage, ease of activation and electronic location tracking for quicker emergency response. Scope and design are currently under review by Capital Programs with intent to request future funding.
- A Capital Programs project was funded and completed during this review period which addressed existing issues with fire and smoke controls, annunciation, egress compliance, and also included installation of a roll-up door with Lexan (Lexan-polycarbonate resin thermoplastic) at the medication administration window to mitigate patient's ability to assault staff in this area.

Active Treatment

The Active Treatment Planning Council was incorporated which develops and implements additional methods to insure active treatment data is captured accurately to account for the average hours of active treatment provided to each patient. Strategic goal target hours for active treatment is 20 hours per week. Data for 2020 indicates a decrease in treatment hours, however much of this was created by COVID-19 infection control restrictions. Although treatment often did occur during this timeframe, much of the treatment hours were not captured with the changes that were made due to the pandemic. This deficiency was not identified until six months into the COVID-19 response. Once identified, adjustments and improvements were immediately implemented.

Staff escorted community outings (SECO) are conducted on a regular basis for the NGRI patients upon approval by the Risk Review Board and Public Safety Review Board. Community reintegration groups were halted for much of this reporting period, due to COVID-19 restrictions, but community reintegration outings have resumed once criteria was met for entering Phase 3 of the BHA Safe Start Plan, in conjunction with utilizing the COVID-19 Risk Assessment Tool.

Staff Training

A training plan has been established to ensure all staff are appropriately trained during New Hire Orientation (NEO) and training continues annually throughout employment. As part of this plan, ESH has adopted The Learning Center Management system, which provides better access to available and required training, also provides recordkeeping of participation in training. The TLC system also enables improved post-testing and timely feedback to participants. Educational Services has developed a matrix of mandatory training which is utilized to compile monthly compliance reports.

ESH has implemented Crisis Prevention Institute (CPI) training, which is evidence based and incorporates philosophy, de-escalation, safe physical holds and self-protection training. 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 practical demonstration and documentation of the employee's competency to perform all required tasks and functions. Moving to CPI training is in alignment with all other BHA facilities.

Following NEO training that all newly hired staff are required to attend, all RN's, LPN's, MHT's, PSA's and PSN's are assigned to preceptor on the wards for an additional three weeks in order 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.

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.

Performance Improvement

ESH has created a Zero Harm Workgroup (ZHW) as part of its efforts to become a highly reliable organization. According to the Joint Commission, Zero Harm is defined as zero complications of care, zero falls, zero infections, zero missed opportunities for providing effective care, zero overuse and even zero lost revenue. Highly reliable organizations have safety procedures that stop errors and prevent them from propagating and leading to harm. They also identify problems and unsafe conditions and correct them before they cause harm. This workgroup has focused initial attention and efforts on reducing the usage of seclusion and restraint which can inadvertently contribute to both worker and patient injury during this high risk activity.

Work was initiated by identifying a group of frontline employees that came together and brainstormed potential causes for high seclusion numbers (based on state and national averages). The frontline employee group then analyzed data, identified potential root causes, and developed potential solutions to address the root causes that were identified.

ESH conducted a Culture of Safety Survey in March and April 2021. In previous Culture of Safety surveys, ESH applied internal benchmarking (comparing results between workgroups), which can cause staff concerns regarding anonymity and confidentiality, and silo mentality (conflicting goals of different departments, instead of same goals across the entire organization). This year ESH determined that external benchmarking (comparing our data with other hospitals across the nation) is key toward establishing a standard of excellence and exposure to safety best practices implemented in other hospitals. The AHRQ Patient Safety Culture Hospital survey 2.0 provides ESH the opportunity to submit its survey results to a central repository database that houses survey data from hospitals across the nation.

The Culture of Safety Survey data is the best indicator to truly declare that ESH has successfully transformed to a safety culture where all employees report unsafe events, speak up about safety risks, and report errors and near misses across the entire hospital without fear of retribution. An overall report will be created comparing workgroup improvement initiatives, action plans, success measures, and the Culture of Safety principle that the action plan supports.

The state budget for hospital staffing is 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 is 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 further refined the acuity model to reflect activities that drive staffing levels and continues to be monitored.

An electronic injury reporting system using SMART forms is being implemented by the DSHS Enterprise Risk Management Office for use by all DSHS facilities for injury reporting and is targeted to go-live at all BHA facilities June, 2021. Electronic reporting will expedite timeliness of reporting and any required response.

Emergency Response

The Psychiatric Emergency Response Team (PERT) responded to 2,294 calls; April 2020 through April 2021. The PERT provides a safe, effective and immediate plan of response for patients during a psychiatric crisis or anticipated crisis.

The Hazard Vulnerability Analysis (HVA) was revised October 2020 and has been updated to include Emerging Infectious Diseases (e.g. COVID-19 and Influenza).

The ESH Continuity of Operations Plan (COOP) annual review was completed June 2020. Continuity of Operations activities were conducted throughout most of 2020 and are ongoing in accordance with the Governor's directives. Two wards were repurposed for COVID respiratory observations for all new admissions and isolation of COVID positive patients as needed. An outdoor testing location was set-up for on-site testing of staff as identified through contact tracing. Resources were coordinated through DSHS Behavioral Health Administration incident command and internally as needs were identified. Screening stations were setup at all entrances for staff and visitors and personal protective equipment utilized per CDC and BHA guidance.

Multiple emergency staff response drills were conducted in 2020 to ensure that existing processes were effective, including assurance that proper donning and doffing and PPE protocols were followed while providing immediate response during a staff or medical emergency occurring on the COVID-19 isolation ward.

Employees who self-report to their employer as being victims of domestic abuse are immediately referred to the Human Resource Business Partner (HRBP). HRBP will provide information regarding community resources for safety and assistance for the employee and their family as well as other resources. Additionally, employees have

access to the Employee Assistance Program (EAP) for referral to additional specialized resources. There is a safety plan in place to provide awareness and assistance for supervisors addressing safety and security concerns.

Safety Improvement Purchases

Expenditures for safety improvement purchases in FY20 include:

- CPI Training Certification.
- Molded Behavioral Health furniture for wards.
- Emergency medical equipment (ECGs).
- High/low exam/treatment tables to decrease the amount of provider bending during patient treatment.
- Security monitoring mirrors.
- Metal detectors.
- Eyewash stations and replacement cartridges.
- Ergonomic equipment including sit-to-stand work surfaces, fatigue matting and adjustable task chairs.
- Over 400 radios to replace an aging inventory.
- Over 100 additional cameras purchased to reduce blind spots on Eastlake wards and other areas of Eastlake that previously did not have cameras. Cameras were also installed to provide coverage throughout the Westlake facility; on and off-ward.
- Two vehicles; one for GPU patient transport and one for Pharmacy services.
- Replacement of flooring in additional Eastlake and Administration locations to address Infection Control concerns and slip/trip hazards.
- Renovation of the Central Nursing office to support increased staff, ergonomics and workflow efficiency.

Staffing

In FY2021 ESH hired 223 new 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 FY20 include 122 nursing (direct patient care), 101 clinical and non-clinical staff including medical providers, social workers, food services, rehabilitation, environmental services and other support staff. ESH's overtime average for FY21 was 5.5% which remains unchanged from FY20. Maintaining a low overtime rate not only assists facility budget, it also assists with quality and consistency of care for our patients.

[ESH Workplace Safety Plan 2021](#)

WESTERN STATE HOSPITAL

Environment of Care

In FY 2021, Western State Hospital (WSH) completed or are in the process of completing several patient and staff safety initiatives to create a safer environment for both our patients and staff. Some of these safety initiatives include but are not limited to on-going projects to enclose nursing stations; fire door replacement in various areas across the campus; and several physical plant renovations.

Nurse Station Enclosure

After several incidents in which patients climbed over open nurse's stations on the civil wards and assaulted staff in recent years, senior leadership made the decision to enclose all nurse's stations that are currently open throughout the WSH campus.

The following nursing station enclosures were completed during this reporting period: (Wards C3, C5, C6, C7, C8, S7, S8, and E5).

The following wards are scheduled to be completed by August 30, 2021: (Wards W1N, W1S, C2, S3, S4, and S5).

Elevator Refurbishment

The following Elevator Modernization projects will began June 2021; Building 21/Elevator 12-1; Building 9/Elevator 9-1; Building 29/Elevators 29-1, 29-2, 29-3, and 29-4. Operational elevators provide much safer means of transportation for both patients and staff.

Patient Safety Projects

Construction was completed on the Support Services building (Bldg #22) that houses the main kitchen, commissary, central services and pharmacy. The kitchen moved into the new facility in March 2021. Commissary, central services and pharmacy are anticipated to move in by the end of 2021. Although, not directly related to violence reduction, improvements in services rendered

reduces stress and anxiety for both staff and patients.

New/Replaced Fire Systems

New fire systems were installed in building 17 (Wards C7, C8 and C9). This project began October 2020 and passed final inspection April 1, 2021.

An on-going project to replace fire doors in multiple buildings that do not meet current code has expanded over time. 25 doors have been replaced thus far and additional doors have been identified as the project has progressed. New criteria and requirements have been added to the annual Fire Door Survey, which has led to additional doors being identified as being required to be replaced. This project is still in design phase. The scheduled construction start date is August 2021.

The start date for the upgrade to the fire alarm notification system with new head replacement (campus wide) still needs to be determined. This project will require long periods of power outages which will need to be coordinated with the hospital. Will also need to be completed when outside temperatures are conducive. This project has been in design phase since 2020.

Ward Remodels and Renovations

East campus, wards E3 and E4 were renovated, hardened and repurposed for a forensic population. This included exterior fencing to Building 29 South. The remodel and exterior fencing upgrade were completed in March 2021.

Construction began in September 2020 on two new forensic wards in Building 28, (Wards F9 and F10). Construction is scheduled for completion February 27, 2022.

The Center for Forensic Services (CFS) Building 29 entry improvement project was started and completed construction during this reporting period.

Hospital Staffing

Due to national shortage of nursing/medical staff and competition with the private sector, many nursing positions have been difficult to fill. This continues to be a challenge for WSH. The hospital continues to use the recruitment team to assist with talent acquisition and traveling nurse contractors to supplement

RN vacancies. In addition the hospital has begun piloting/exploring the “zoning” method of distributing staff as it has previously been successful for optimizing the use of direct care staff. The recruitment team continues to work towards filling all vacant nursing positions.

In March 2020, the Hospital Acuity Resource Tool, (HART) was implemented for both Eastern and Western State hospitals. All future funding for direct care staffing will be tied to this acuity tool and the data it generates. Data collected over time will allow for extensive analysis of staffing trends/needs and will allow for informed staffing recommendations in the future. BHA is still in the data collection phase of this process.

Violence Reduction

Safety Committee Restructure

The safety committees at WSH continue to be revamped to ensure all safety concerns are appropriately addressed. Each ward has ongoing safety discussions where safety concerns/issues are brought up. All safety concerns/issues are reported to their respective center-based safety committee, which then are reported to the hospital-wide safety committee. The hospital-wide committee reviews all concerns that have been rolled up from the ward and center levels that cannot be resolved at the local level and assigns responsible parties to ensure action plans to address these concerns are completed. Information is communicated back down to the center and ward levels, for a top-down and bottom-up communication strategy.

STAR Ward

The mission and goals of the STAR ward is to reduce violence by providing individualized, evidence based treatment to empower patients to safely manage their lives. The STAR ward was developed with comprehensive programming to address violence and antisocial behavior by subject matter experts (SME’s) with specialized training. Individuals with the highest levels of violence are treated on this ward. STAR ward opened in February 2020.

Since the STAR ward opened, the following achievements/celebrations have occurred;

- The STAR ward has discharged four patients and another is near meeting the requirements for discharge from WSH.

- Of the four patients discharged, none have returned to WSH, which demonstrates effectiveness in reducing recidivism rates. Details of these discharges described below;

Patient #31 Discharged August 2020

Patient #2 Discharged August 2020

Patient #3 Discharged December 2020

Patient #4 Discharged February 2021

- Three patients have received their food handlers card since being treated on the STAR Ward.
- Currently one patient has met criteria for Level 3 (in total 7 have met Level 3 criteria, which allows limited independent outside yard privileges).
- One patient is working on his GED/ABE through their Pierce College instructor.
- One Patient is currently holding a vocational employment position.
- Ten patients have family involvement despite challenging times and limited visits due to the COVID19 pandemic.

Town Halls

BHA Headquarters and WSH Leadership continue to conduct town hall meetings across all three shifts in order to improve communication with all staff, as shift workers are not regularly available for singular meetings. These meetings allow leadership to quickly communicate changes in process and answer any questions staff may have. This was particularly helpful with communication to staff during the COVID-19 response as infection control protocols changed rapidly.

Tableau Reports

The hospital continues to use Tableau as a data and visualization tool. Center directors, Cabinet members, and other staff on the leadership team have been granted the licenses to access Tableau, which provides them the ability to track data for their wards and centers, for the purpose of identifying negative patterns and trends, and take mitigation measures.

Data reports are created on a monthly basis and are posted on 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.

Tableau is also used to monitor individual patient trends and patterns. An example of this is, patient data related to recent involvement in assaults in correlation to staff injuries is examined. The top 10 most assaultive wards and patients are monitored closely, in addition to other demographic information such as diagnoses, to determine if the patient is a good candidate for transfer to the Specialized Treatment, Assessment, and Recovery (STAR) Ward.

Violence Reduction Team (VRT)

The Violence Reduction Team is a multidisciplinary team that specializes in the development and implementation of interventions rooted in evidence-based practices to provide support on wards experiencing higher rates of violence. Members of the VRT are highly skilled and trained in crisis intervention, incident management, de-escalation, and behavioral analysis. VRT works collaboratively with treatment teams and ward staff to assess factors associated with aggression and to identify specific strategies and interventions to mitigate negative outcomes. VRT continues to review all assaults and offers nursing staff preventative strategies, behavioral interventions, training/mentoring and coaching, when necessary, to assist in mitigating future assaults.

Psychiatric Emergency Response Team (PERT)

Safety is the primary goal of PERT as they assist wards by providing a safe, effective, and immediate plan of response for patients in psychiatric crisis or anticipated crisis. PERT members are trained in ACIT, CPI and work closely with ward staff and treatment teams to assist patients in crisis safely in an atmosphere of recovery. Verbal intervention tools such as VDSP (Validate, Defer, Suggest Alternative, and Positive Prompt) are utilized prior to physical restraint techniques with the understanding that PERT will always use the least-to-most method. Physical restraint techniques will only be considered as a last resort and must be directed by the charge nurse, and will only be utilized when able to be performed as safely as possible.

Staff Training and Development

In FY 2021, providing education and training continued to be a priority in New Employee Orientation (NEO), and adjustments where necessary to complete this training during the COVID-19 Pandemic. The nationally recognized Crisis Prevention Intervention (CPI)

Training, and Advanced Crisis Intervention Training, (ACIT) are provided to all new hires. Students must demonstrate competency in both ACIT and CPI to successfully complete NEO Training. In addition, personal safety courses are also instructed.

Annual In-Service (AIS) training was reinstated in January 2020 to provide ongoing safety/violence prevention training to all direct-care employees. Training is offered to all employees from all three shifts on six month rotating basis. AIS curriculum includes courses on personal safety, small team tactics, CPI, and ACIT.

Since July 2020, the Organizational Development (OD) department has instituted training plans and certified in-house Trainers for ACIT, CPI, and BLS/CPR. OD has also provided AIS training to all three shifts in the last year and a half. During this timeframe OD has trained over 500 employees in ACIT and over 450 in CPI. This is in addition to new hires that receive these trainings in NEO. Instituting additional training in NEO is a much easier task than training all incumbent staff with such a large facility, but there has been good progress thus far.

Through use of an outside curriculum development company, in-house curriculum development writers, and subject matter experts (SMEs) and OD has revamped nearly 90% of all curriculum courses. Additionally, OD partnered with the BHA headquarters and an outside production company to build and implement a Virtual Reality training program that is being offered as part of NEO. NEO also incorporated additional Physical Intervention and Restraint Application Training for Clinical Staff.

To identify and address training needs, OD staff attend all ward-level Safety Committee meetings. OD managers attend all center-level Ward Safety Committee meetings, and the Director of OD attends the hospital-wide Safety Committee meetings.

Regular reviews of the Noncompliance Training report assists supervisors identify staff that have not completed mandatory training. Reports are regularly shared with leadership and gaps of noncompliance are being both identified and addressed. This same process assisted WSH in meeting commitments with the DSHS Diversity and Cultural Competence course.

[WSH Workplace Safety Plan 2021](#)

STATE HOSPITAL STAFF ASSAULT DATA

The state hospitals routinely review staff assault data for identification of needed action plans to prevent and/or 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 result in Labor and Industry claims
- 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

2021 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 Unauthorized touching from a patient to an employee 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

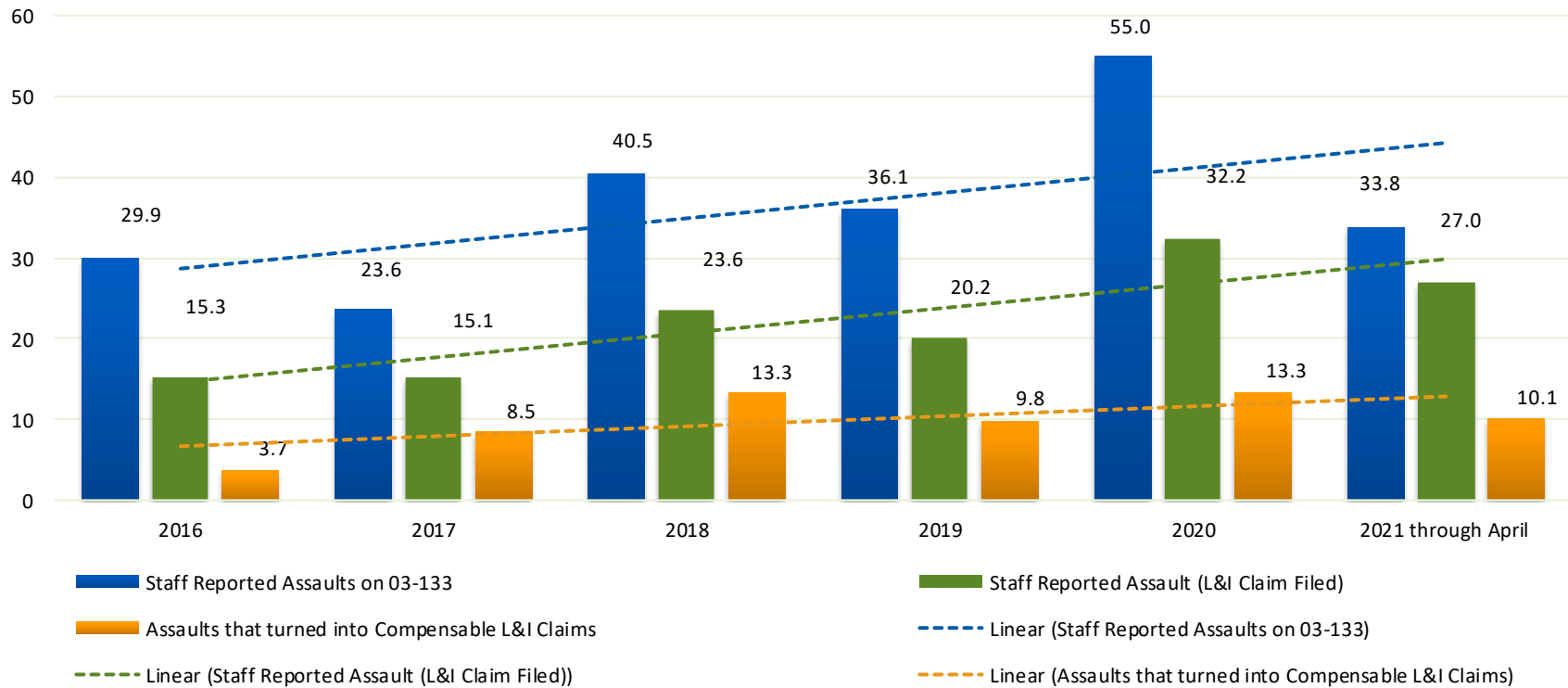
Injured employees at the state hospitals report injury information on the DSHS 03-133 Safety Incident/Near Miss Report form. An electronic injury reporting system using SMART forms is being implemented by the DSHS Enterprise Risk Management Office for use by all DSHS facilities for injury reporting and is targeted to go-live at all BHA facilities June, 2021. Electronic reporting will expedite timeliness of reporting and any required response.

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.

Child Study and Treatment Center Assault Information per 10,000 Patient days

Three cottages comprise the CSTC patient population, with a fourth 18-bed unit scheduled to come online August 1, 2021. The CSTC cottages are organized by age and developmental needs. Children roughly aged 5 between and 12 years of age reside on Camano Cottage. Young adolescents aged 12 to 16 years old reside on Ketron Cottage and adolescents generally 15 to 17 years old reside 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.

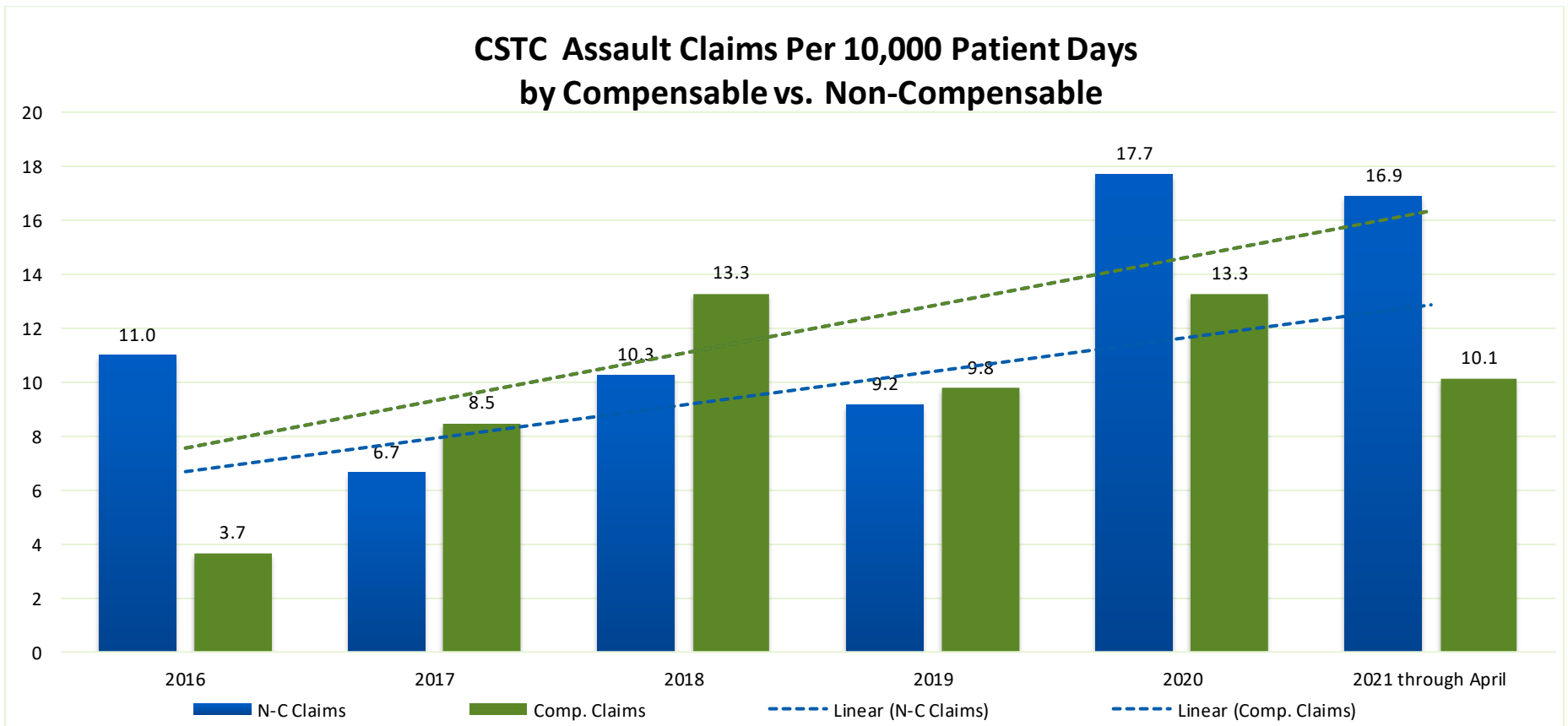
CSTC Assault Information Per 10,000 Patient Days



The above data shows the **ratio of Staff Reported Assaults vs. L&I Claims filed vs. Compensable L&I Claims**. Although the data for 2021 is not mature at the time of this report, early data indicates a significant decrease in the number of staff who have reported assaults, which previously spiked in 2020, along with the number of assaults and those that turned into compensable claims.

The Child Study and Treatment Center (CSTC) contributes these spikes to a growing population of patients diagnosed with Intellectual or Developmental Disabilities (IDDs). This population routinely requires more restrictive interventions in order to maintain safety in the treatment milieu. As a result, clinicians have needed to develop Continuous Therapeutic Interventions (i.e. one-to-ones), which are continually modified and

adjusted based on individual youth responsiveness. Additionally, significant staffing challenges and increased task demands on direct care staff associated with COVID-19, has integrated the opportunity for additional training to effectively provide staff with continued skill building/training in clinical interventions. ChildStudy and Treatment Center's patient population continues to be among the most severely psychiatrically impaired youth in the state. Many patients admitted to CSTC have complex histories of problems across one or more domains (e.g. serious emotional/behavioral mental illness, state dependency, criminality, and/or 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, including other CLIP facilities are not able to safely maintain the



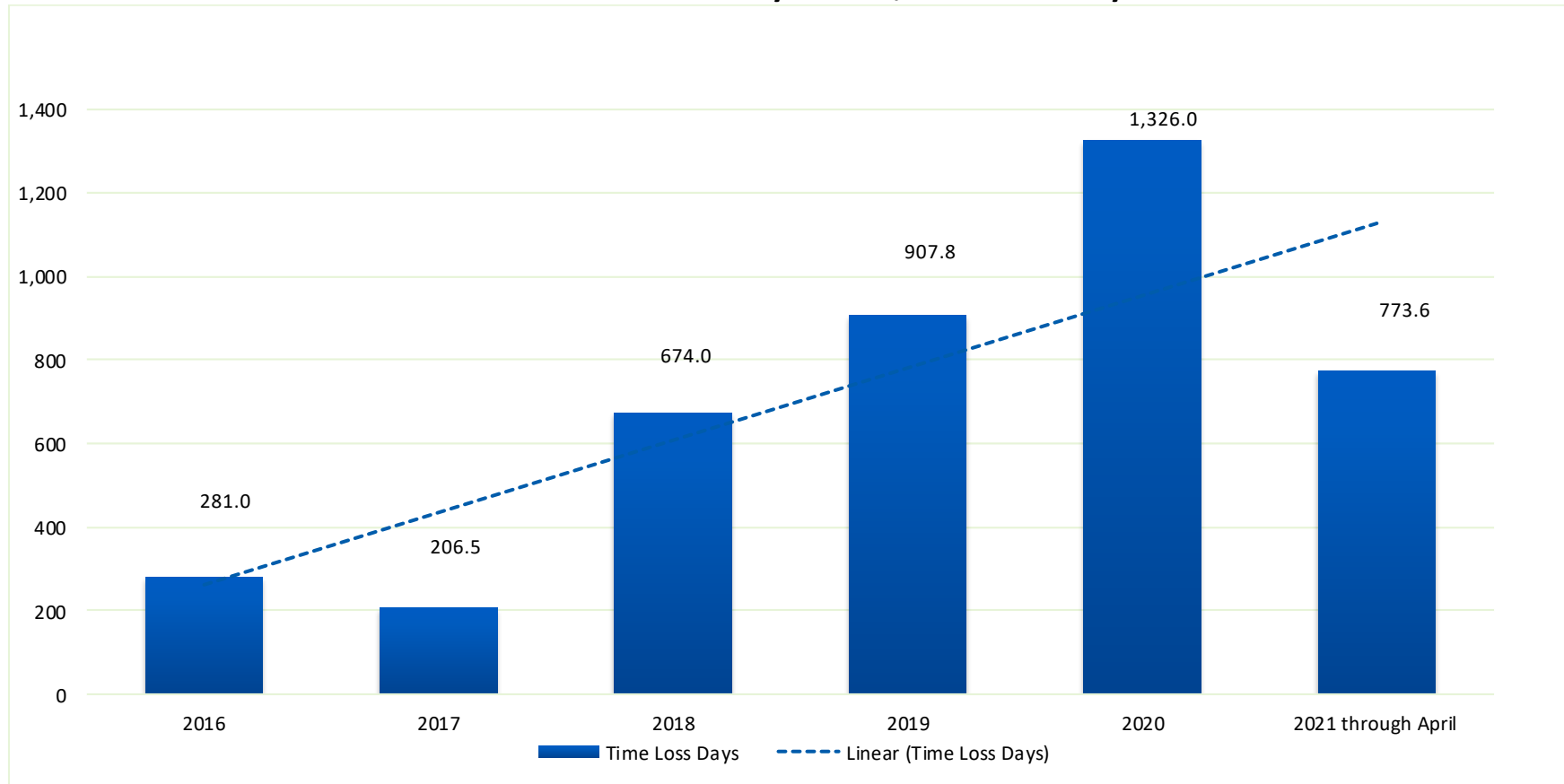
This data shows the **ratio of Compensable vs. Non-Compensable Claims**. The ratio of Compensable to Non-Compensable claims, although showing yearly variations, continue to indicate an overall upward trend in relation to Compensable and Non-Compensable claims. Although assault claims data for 2021 is not mature at this time, early data shows a significant decrease in compensable claims compared to last year. Currently six (6) employees have sought medical attention, with one being deemed compensable.

The Child Study and Treatment Center (CSTC) injury reports are carefully reviewed on a continual basis by supervisors, management and safety. In more extreme situations, CSTC seeks risk consultants from the Enterprise Risk Management Office (ERMO). Historically, staff injuries have tended to reduce

in the summer months and then tended to increase when school starts, however due to COVID-19, CSTC saw patients experience increased social stressors and social conflicts due to restrictions placed on therapeutic leaves and community outings which were previously used as behavioral incentives and reinforces for adaptive skill usage.

It is worthwhile to note that Child Study and Treatment Center 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 always beneficial in therapeutic interventions along with motivational interviewing, trauma-informed care, dialectical behavioral therapy and other evidenced-based practices that target patient engagement, which encourage collaboration and teach coping skills.

CSTC Assault Time Loss Days Per 10,000 Patient days

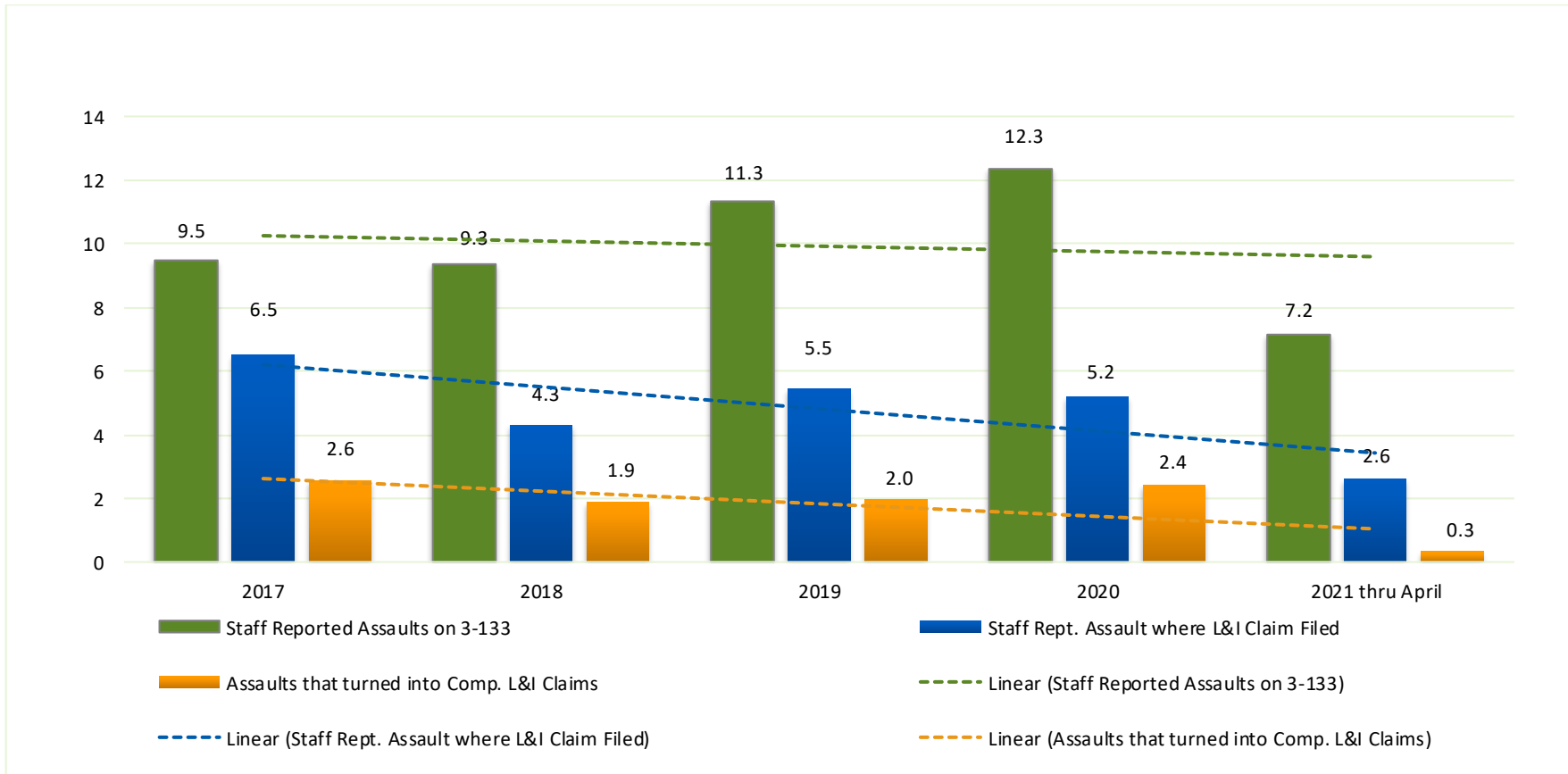


This data shows the overall trend in **time loss days due to assault**. Although the data for 2021 is not mature at the time of this report, early data shows a significant decrease in time loss due to assault. Overall, Child Study and Treatment Center (CSTC) has five employees who account for the majority of time loss indicated in this report. Also, in smaller facilities it is often the case that overall injuries are caused by a single patient. Of the loss time injuries sustained in 2020 and 2021, all but two have returned to full duty.

The CSTC Executive Leadership continues to meet weekly with Enterprise Risk Management Office (ERMO) and Human Resources (HRD) to discuss each individual case of time loss injuries and pursue Transitional Return to Work (TRTW) or Reasonable Accommodations when applicable. Additionally, CSTC's Workplace Safety Workgroup and Safety Committee remain committed to the Culture of Safety. Both committees review employee injuries and

trends on a monthly basis. The Safety committee continues to propose training initiatives and Workplace Safety Committee continues to provide CPI/NCI consultation and modify curriculum based on notable trends. Current initiatives include the implementation of Collaborative Problem Solving Training which began in October of 2020, along with the upcoming implementation of Advanced Crisis Intervention Training (ACIT); ongoing quarterly CPI/NCI refreshers; along with Situational Awareness Training.

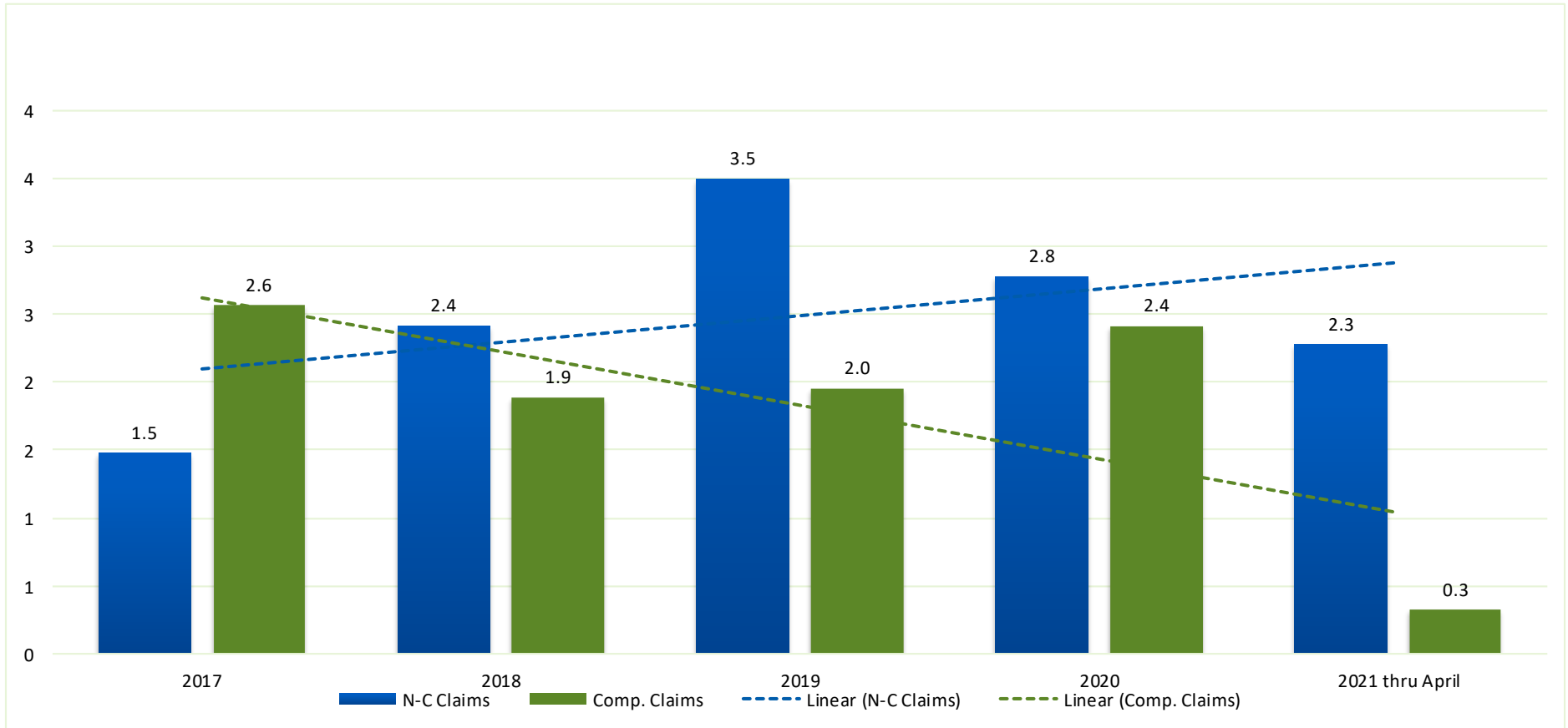
ESH Assault Information per 10,000 Patient Days



Assault data at Eastern State Hospital (ESH) indicates that 2020 had a slight decrease in staff reported assault rates in comparison to 2019. This trend has continued through the first Quarter of 2021.

In 2020, 44% of all assault events occurred on civil APU wards; 1N1 (23), 2N1 (15) and 3N1 (7). The 1S1 admission ward reported 14 assault occurrences and the remainder of the wards reported less than 10 events with two wards reporting zero assault events (2N3 and 3N3). Thirty-nine percent of all 1N1 assaults were the result of two patients with multiple assault events (Totaling Nine). Reported assaults on the 1S1 admission ward revealed no trends in individual patient assaults with no more than two occurrences for any given patient over the calendar year. This data point is being included to illustrate that overall assault data is often the result of multiple assaults by a few particular patients.

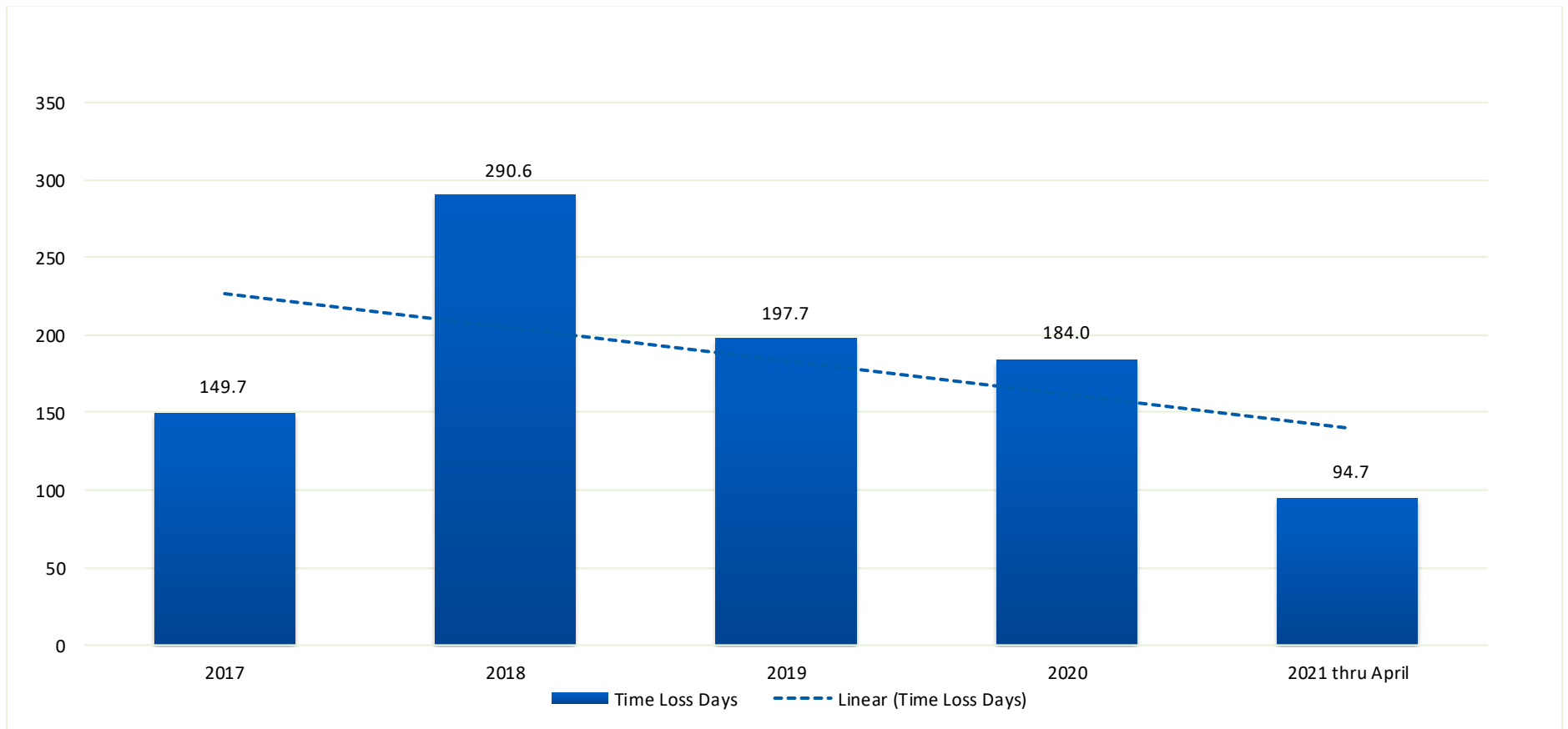
ESH Assault Claims Per 10,000 Patient Days by Compensable vs. Non-Compensable



This data shows the **ratio of Compensable and Non-Compensable claims**. Eastern State Hospital compensable claims with associated time loss remained consistent with the previous year. Non-compensable claims, medical treatment only, have decreased from the previous year; 34 to 23 in conjunction with the overall decrease in claims filed. Non compensable claims continue to be higher than compensable claims over the past three

years which may be attributable to a decrease in injury severity and a successful Transitional Return to Work Program. First quarter 2021 compensable and non-compensable claims data shows no significant changes with one of eight claims resulting in time loss.

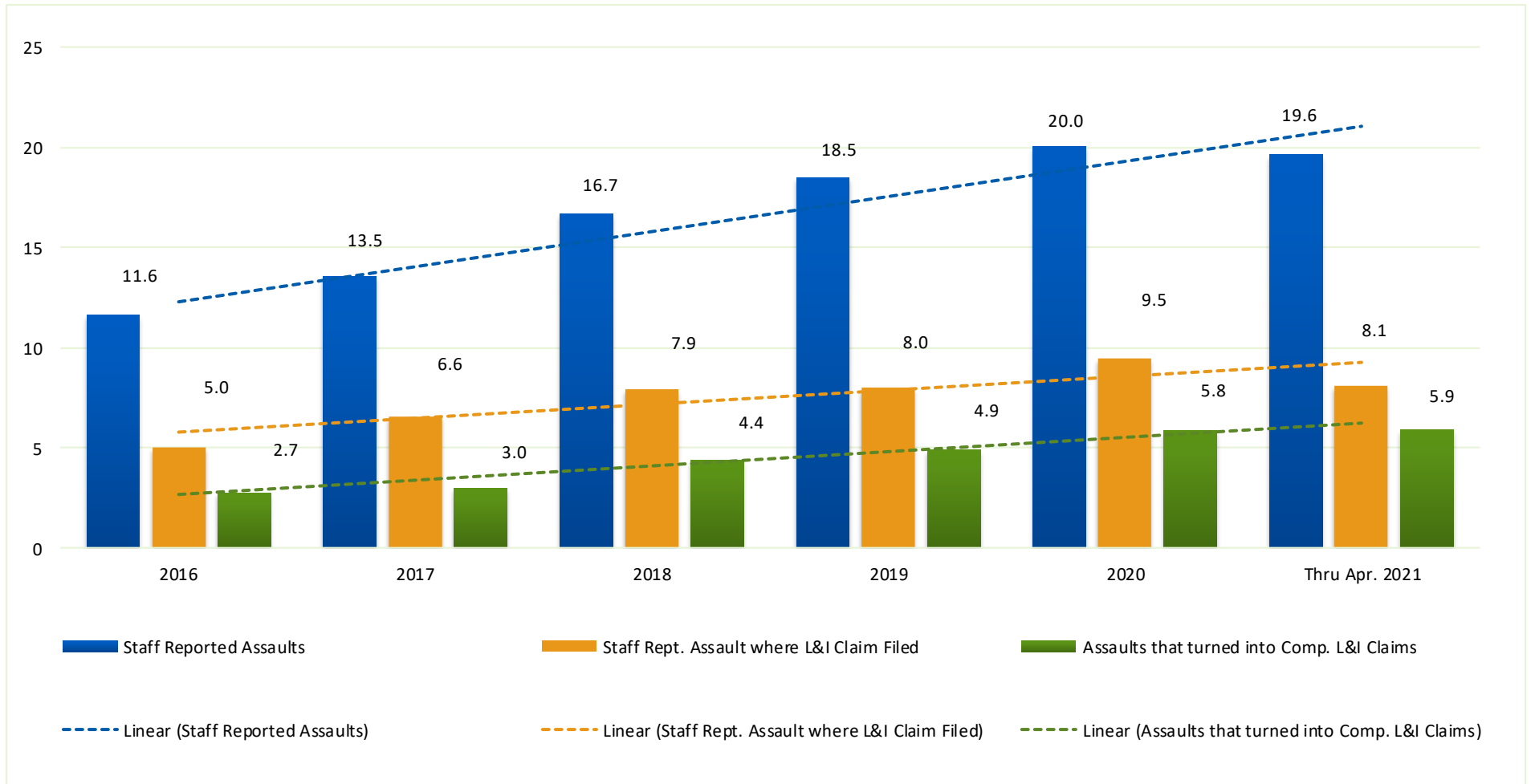
ESH Time Loss Days per 10,000 Patient Days



Time Loss Days associated with assault claims decreased from 1922 days in 2019 to 1523 days in 2020; a 26% decrease. Forty-four percent of the total time loss are associated with four employee injuries with over 100 days for each event. Again, this may be attributable to a decrease in injury severity and a successful Transitional Return to Work Program.

Western State Hospital

WSH Patient to Staff Assault Data per 10,000 Patient Days:



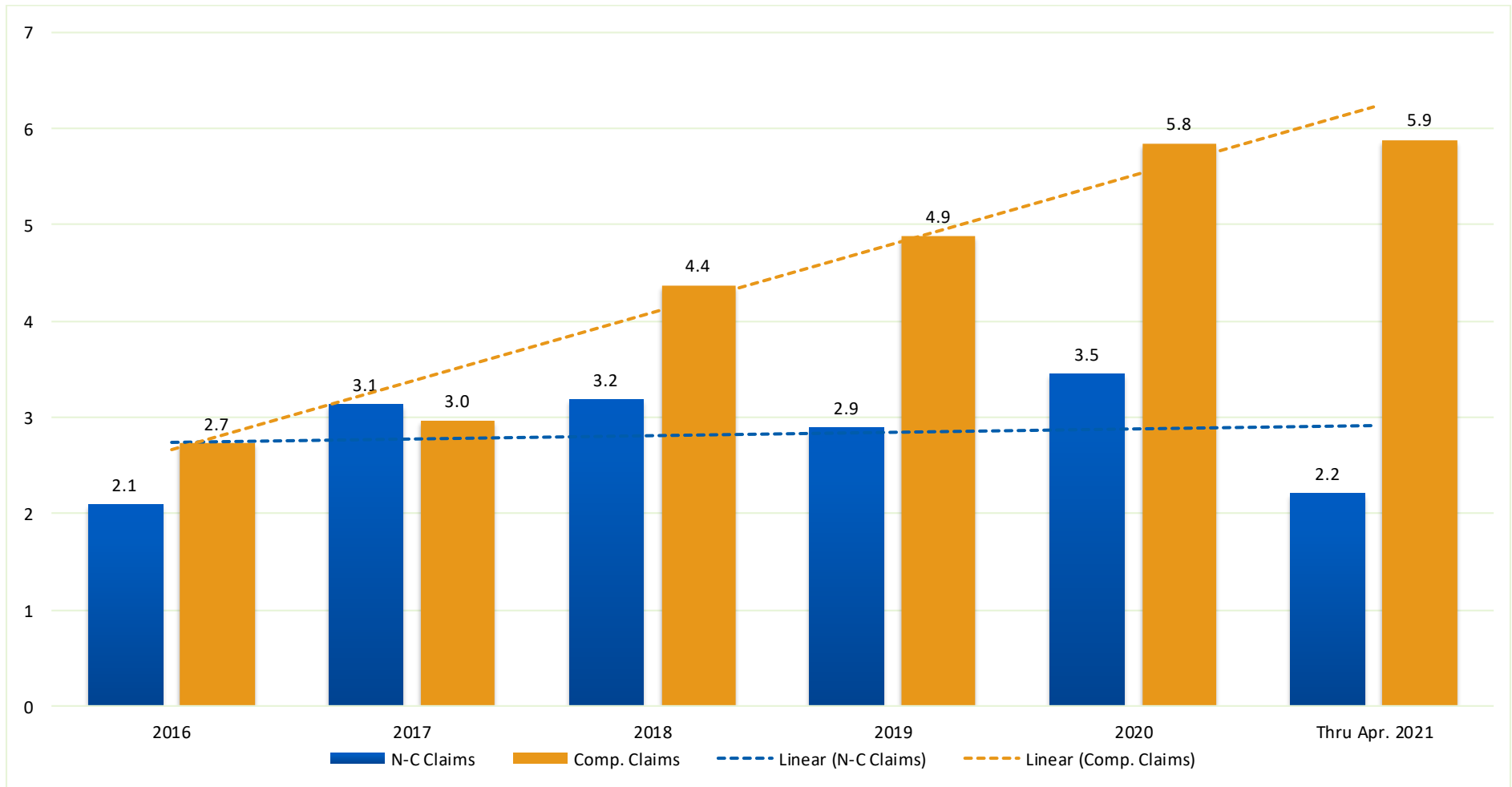
Staff Reported Assaults at Western State Hospital (WSH) have increased over the past 5 years, however, early 2021 data indicates a slight decrease

from 2020. The rate of Staff Reported Assaults is continually monitored and as indicated, is evaluated for determination of contributing factors and needed corrective action plans. WSH continues to emphasize the importance of reporting “all” incidents to improve the culture of safety. This is also reflected in the presented data, as reports have risen substantially over the last three years, but assaults resulting in claims has remained relatively stable.

While data indicates an increase in assault claims filed overall, early 2021 data looks promising considering current circumstances. The hospital has hired many new employees, has experienced leadership changes, managed the COVID-19 virus and has made numerous programmatic and policy changes and are still showing slight signs of improvement.

When negative patterns and trends are identified, they can be addressed in order to prevent similar incidences from occurring in the future. Additional key staff, such as VRT members, has been granted licenses as well, ensuring that data is easily accessed and readily available for analysis.

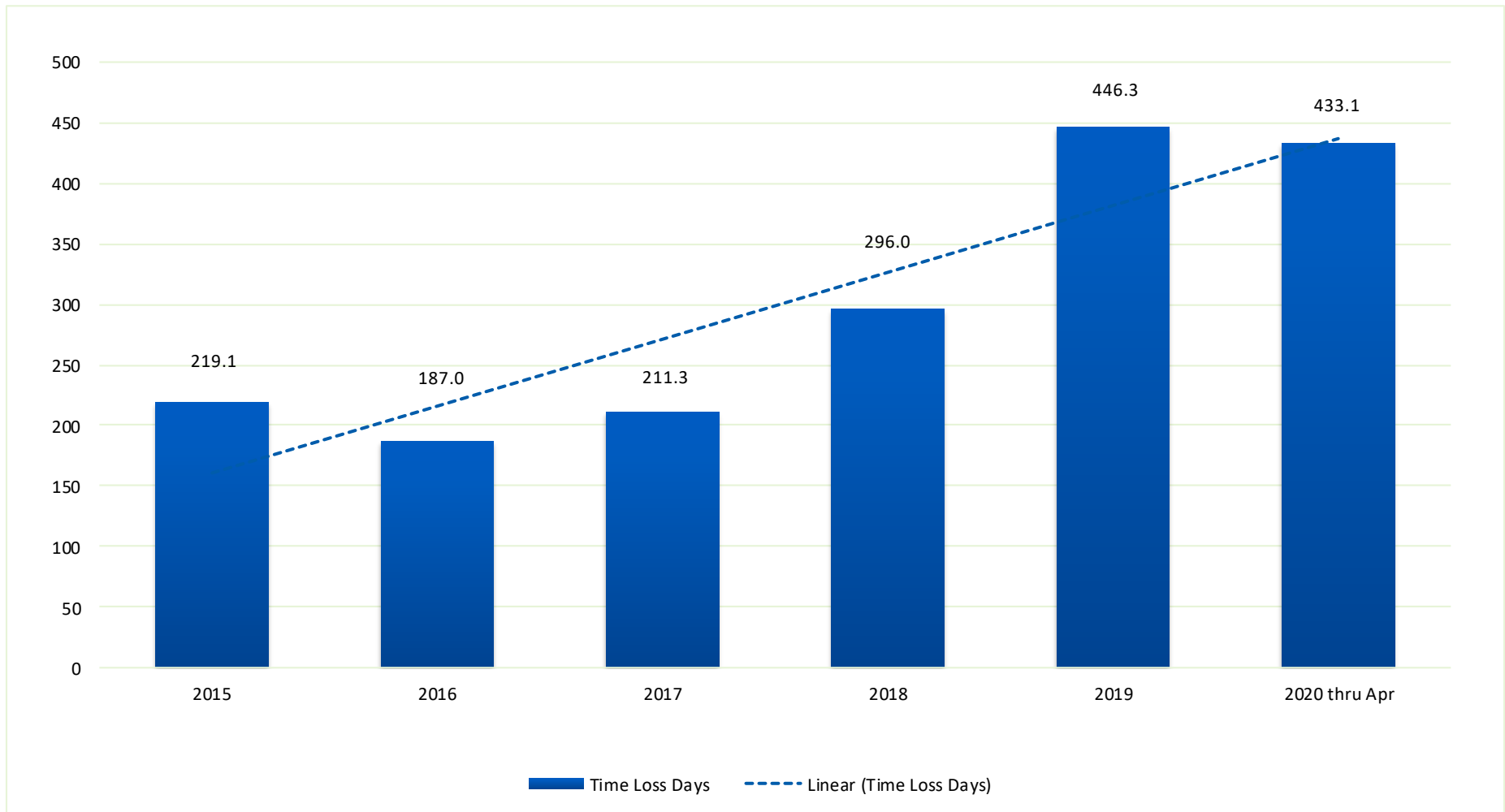
WSH Assault Claims Per 10,000 Patient Days by Compensable vs. Non-Compensable



The data above shows the **ratio of Compensable and Non-Compensable claims**. Compensable claims at WSH have increased since 2018. The threshold for staff filing a claim has appeared to lower over the past several years, but the compensable claims have remained relatively stable. This

is a good internal indicator, as data retrieved from this reporting can prevent potential injuries from being actual injuries if appropriately addressed. Continued efforts to reduce Violence throughout the hospital, and increasing the Return to Work program will contribute to reducing compensable assault claims in the future.

WSH Time Loss Days per 10,000 Patient Days:



WSH Time Loss ratio per 10,000 patient days has steadily increased over the last 5 years. However, early 2021 data shows a slight reduction. Continued efforts to reduce violence, along with maintaining a pro-active transitional Return to Work program has improved these statistics in early 2021.