

REPORT TO THE LEGISLATURE

Department Efforts to Reduce Violence in the State Hospitals

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

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EXECUTIVE SUMMARY

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

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

This report describes the Department’s efforts to reduce violence in the state hospitals, with updated details on the efforts put forth by each hospital during the reporting period FY 2023.

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

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

BEHAVIORAL HEALTH ADMINISTRATION

The mission of the Behavioral Health Administration (BHA) is to transform lives through dedication to the wellness of individuals, their families, and the community through behavioral health intervention, treatment, and education.

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 65 beds and employs approximately 196 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 367 beds; with approximately 175 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 739 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 715 beds; with approximately 428 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 2,035 staff members.

DEPARTMENT EFFORTS TO REDUCE VIOLENCE IN STATE HOSPITALS

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

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 2021/2023 BHA Strategic Plan.

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

STATE HOSPITAL ONGOING EFFORTS TO REDUCE VIOLENCE

The state hospitals comply with all federal and state laws and rules related to workplace safety including 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 (TJC) which requires compliance with leadership, Human Resources, Environment of Care, and Emergency Management standards that address workplace violence, an ongoing and increasing TJC focus. The Joint Commission compliance also requires standards covering the Provision of Care, Life Safety Patient Rights, and other workplace safety-related standards to meet conditions of participation required by the Centers for Medicare & Medicaid (CMS).

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 hospital's Accident Prevention Program, required under WAC 296-800-140. Links for each hospital's Workplace Safety Plans are included within this report.

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

Safety Committees, Environment of Care Committees, Employee Safety Information

Safety Committees are maintained by each hospital in accordance with WAC 296-800-130 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 the effectiveness of action plans. The 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 mitigation.

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

Environmental Safety and Hazard Inspections

Safety and security considerations are evaluated annually as part of the 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 review and development of corrective actions to mitigate or eliminate identified risks.

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

Emergency Response, Environmental Controls, Employee Safety Equipment

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

Child Study and Treatment Center provides all cottage Program Directors, Psychiatric Child Care Counselors, RNs, LPNs, and teachers with hand-held radios that allow immediate communication and emergency response.

Eastern State Hospital provides hand-held radios to all direct care employees, security and safety personnel, and other identified staff to mitigate risk. These radios are equipped with emergency alarms that when activated, initiate an emergency response. This is in addition to duress systems activated by keyed or "push to activate" alarm stations or card readers located throughout the wards equipped with emergency alarms that may be used for activating an emergency response.

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

Each hospital has emergency codes and/or response systems for activation of security, medical and other assistance during emergencies. Eastern State Hospital and Western State Hospital utilize Psychiatric Emergency Response Teams (PERT). PERT staff are trained in advanced crisis intervention and incident management skills, identification of antecedents for violence and aggression, and de-escalation techniques. The teams respond to difficult patient situations and manage conflict focusing on staff, patient, and scene safety. CSTC has now assembled a team of Institutional Counselors (IC3s) that function in a manner like the PERT teams at Eastern and

Western State Hospitals.

All three hospitals conduct Crisis Prevention Institute (CPI) training. This training incorporates philosophy, de-escalation, safe physical holds, and self-protection training. CSTC does not use mechanical or chemical modes of restraint. CSTC utilizes Western State Hospital Security personnel for backup 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.

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

Injury Reporting, Incident Review, Workplace Violence Data

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

Each hospital reports incident information to the DSHS Enterprise Risk Management Office (ERMO). The ERMO claims unit inputs and tracks injury and illness reports through the RiskMaster database system and determines whether the incident meets the criteria to be recorded on the OSHA Injury and Illness Log and Summary Sheet. 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. The Behavioral Health Administration Safety and Risk Auditors complete a secondary review of assault injuries meeting specific criteria. These reviews are provided to hospital Safety Managers and Leadership with recommendations for best practices. Trends identified by the reviews are shared with hospital safety committees.

Enterprise Major Incident Reporting System

The DSHS Enterprise Major Incident Reporting System was developed to create a consistent and expedient method to report Major incidents to DSHS Executive Leadership and other key stakeholders. BHA has been piloting this system since June 1, 2023. It is intended to be accessible to all staff and includes layered permissions for leadership to review, inquire, and follow up. It provides a user-friendly method for submitting Major Incident Reports, ensures consistency in information, and notifies those that need to be notified expeditiously. It allows for a wide array of review, follow-up, and investigatory steps that help to mitigate the potential of miscommunication and similar occurrences moving forward.

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 patients and those with developmental disabilities) are noted in the patient admissions psychological evaluation, psycho-social assessment, social work history, nursing

assessment, and individualized treatment plan. Fall Risk Assessment plans, 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 assisted in obtaining additional medical attention as required.

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

ANNUAL UPDATE ON STATE HOSPITAL EFFORTS TO REDUCE VIOLENCE

This annual update summarizes efforts by each state hospital during FY 2022 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 Phase 2 of the Patient Safety Risk Reduction Review Project (Capital Project No: 20-461) began in FY21. The scope of the project is 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 continues to provide ligature-resistant fixture retrofitting, product recommendations, design guidance, and insight regarding safety and ligature risk mitigation at CSTC.

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 cannot be torn to hide contraband or fashioned into a ligature device. Leg wraps that can be removed by the patient once secured, prevent kicking or tripping staff while a physical hold is being applied. CSTC staff also found

that providing weighted blankets for certain patients is an effective means of helping the patient feel calm and secure, reducing tension, and contributing to a safer workplace for patients and staff. Though extremely durable CSTC will require additional annual expenditures in FY22-23 to maintain an adequate inventory of these safety devices.

Capital Safety Projects

CSTC Expansion (Capital Project NO: 2016-440)

An additional 18-bed secure Children's Long-Term Inpatient Program (CLIP) treatment cottage. This new cottage features a state-of-the-art safety design and construction that will significantly increase the state's ability to safely care for older youth who have severe behavioral and psychiatric disorders. San Juan Cottage also increases CSTC's capacity for the treatment of forensic patients.

Camano Cottage, design planning and construction (Capital Project 2018-419)

Designed to treat CSTC's youngest patient population, completed its design planning and construction of a new calming room Camano Cottage patients have successfully utilized the calming room in FY22. This additional space now provides a designated area for assisting with calming patients to prevent restrictive interventions. Construction began in December of 2022 (Capital Project NO: 2022-464) on a new Seclusion Suite in Building 50 which houses CSTC's Administration and Oak Grove School. The new Seclusion Suite located near the Oak Grove School, will be used primarily by Camano patients. The new Seclusion Suite replaces an older single-room seclusion space with a three-room configuration consisting of a vestibule, seclusion room, and restroom. The space is equipped with an anti-ligature-resistant wall finish, high-security doors, and a camera system.

The Cottage Bathrooms Exhaust (18-420)

This project is designed to improve ventilation in cottage bathrooms increasing air circulation and decreasing moisture and condensation. This project was successfully completed in 2022 and produced the desired result of increased air circulation and decreased moisture and condensation in the cottages.

Multi-Cottage Door Replacement (20-452)

Construction began in 2022 and continues at this time replacing doors in the Orcas Cottage lower stimulus area. The integrity of the doors at CSTC is an important factor in maintaining a safe and secure environment for our staff and patients.

Sprinkler Pipe Replacement at Warring Cottage (2022-433). CSTC's Maintenance building project was completed in 2022 and replaced the aging fire sprinkler pipe, a critical element in the building's automatic fire suppression system.

CSTC Administration and Oak Grove School Building Fire Alarm System (2022-435). This project will replace the aging fire alarm panel and associated fire alarm equipment. The project kicked off in April of 2023 and is currently in progress.

CSTC Berm and Drywell Project (Capital Project 2016-440). Construct a new infiltration berm on the east side of San Juan Cottage. Construct a new drywell on the west side of the San Juan cottage. A new infiltration Berm on the east side of San Juan was completed in February of 2023. Drywell construction on the west side of San Juan Cottage is pending a permit.

Ketron Cottage Expansion (Capitol Project 2022-432)

CSTC embarked on a project in April of 2022 to provide a 1,600-square-foot exterior expansion on the East side of Ketron Cottage. This expansion will contain a new Low Stimulation Area (LSA) suite with

two seclusion rooms, one toilet room with a lavatory and shower as an anteroom to the seclusion rooms equipped with ligature-resistant fixtures, epoxy wall finish, high security doors, and a camera system. Construction work is expected to begin in 2023 and finish in 2024.

Elementary School Seclusion Room Improvement Project (20-464)

This project will improve an existing seclusion room. By bringing the seclusion room into conformity with contemporary Department of Health (DOH) guidelines for seclusion suites. Design and construction will add a seclusion room vestibule and bathroom with ligature-resistant fixtures and improve the existing seclusion room door, floor, and walls. Construction began in the third quarter of 2022 and is in progress and expected to reach substantial completion in June 2023.

Orcas Cottage LSA Improvements Project (2022-434)

Orcas Cottage Low Stimulation Addition opened in 2018. In the ensuing five years, this space constructed to enhance opportunities for patient calming has suffered a considerable amount of wear and tear. The improvement project will focus primarily on door replacement and functional redesign to increase the utilization capabilities of the space. This project scope has expanded to include some refurbishment of the Close Attention Program area at Orcas now referred to as "Harbor". The project is expected to kick off in August of 2023.

Conduit Verification Project-

This project began in February 2023. The project was initiated to verify desired conduit pathway routing and availability to be utilized for future fiber cable installation at CSTC.

This project remains in progress.

Emergency Response

CSTC continually improves preparedness for emergencies due to natural disasters or other major safety events, maintaining an inventory of emergency supplies, augmenting cottage capacity for response and effective communication; and preparing for scenarios ranging from active shooter to earthquake disaster through training, drills, and tabletop exercises. In keeping with the CMS Emergency Preparedness Rule, CSTC purchased emergency supplies for the addition of San Juan Cottage to meet or exceed healthcare requirements for an emergency meal plan that is suitable for shelter-in-place or emergency operations. In addition, CSTC invested in security key rings and devices to secure the key rings, replenishment of emergency medical supplies and PPE for pandemic preparedness, Motorola Two Way Radios, and a Satellite Phone.

The Emergency Response Manual and Hazard Vulnerability Analysis (HVA) were revised in October 2022 and updates included significant changes due to emerging infectious diseases (e.g., COVID-19 and Influenza).

CSTC's Continuity of Operations Plan (COOP) was revised in May 2022.

Hospital Staffing

CSTC continues to partner with DSHS Human Resources Talent Acquisitions and WSH's Recruiting Center in recruitment efforts. Through this collaboration, CSTC has continued to increase recruitment percentages for direct care staff in FY23.

CSTC employs a total of 113 direct care staff (Psychiatric Child Care Counselors and Registered Nurses) for all four cottages. Of the 113 direct care staff, 7 are out due to employee injury. As of May 1, 2023, CSTC has a total of 34 full-time vacancies for those respective job classes. It is CSTC's goal to reduce the vacancy rate to 12.5% over the next 3 months. The vacancy rate as of May 2023 is 21%.

Staff Training FY23

CSTC has job-specific training plans in place to ensure all new hires are competent to perform the duties within the scope of their job; along with providing ongoing training throughout their employment. The Washington State Learning Center continues to provide employees with improved access to both online and instructor-led training.

In FY23, CSTC continued to revise its New Employee Orientation (NEO) curriculum to facilitate a Rapid NEO. This shortened version of the 2-week General New Employee Orientation program covers just the minimum requirements and was activated to address immediate staffing needs.

CSTC continues to utilize the Crisis Prevention Institute's (CPI) Non-violent Crisis Intervention (NCI) with Advanced Physical Skills for its crisis prevention and intervention training. All CSTC staff receive training that is comprised of 20 hours of face-to-face instruction with Certified Instructors. This model gives our employees the skills and confidence to respond to anxious, hostile, or violent behaviors safely and effectively. In May 2022, CSTC invested \$22,000 to train four new instructors in CPI's Advanced Physical Skills training. The 4-day blended Instructor Certification Program was \$5,549 per staff, a cost increase of \$2,100 compared to FY21.

The hospital had five Certified Instructors trained in this evidence-based approach at the end of FY22. CSTC will be investing \$16,647 in September 2023 to bring the hospital to eight (8) Nonviolent Crisis Intervention 2nd Edition Advanced Physical Skills Certificated Instructors. This will allow CSTC to offer this course more frequently, across shifts, and in larger class sizes if needed. This also ensures that CSTC will always have an instructor available to avoid any unforeseen scheduling conflicts and provide training coverage more long-term. Lastly, having instructors certified in the Advanced Physical Skills version of NCI will add more safety tools for all CSTC employees intervening in crisis situations and further a culture of safety. Since February 2022, all new employees and employees getting recertified have been participating in the Non-violent Crisis Intervention Advanced Physical Skills coursework (comprised of 20 hours of face-to-face instruction with certified instructors). In addition to the CPI NCI APS course, CSTC added an additional four (4) hours of instructor-led training that has a focus on least restrictive means relevant to patient age, the physical location of the event, and completing the accompanying documentation to facilitate data collection. The framework is an integral approach to recognizing, preventing, de-escalating, and predicting high-risk behaviors that psychiatric patients display across settings.

Additionally, CSTC invested \$2,119 in Basic Life Safety and Basic First Aid courses and Certification fees. This included instructor training, requalification courses, current instructor renewal fees, and CPR and First Aid Certification Cards. Because numerous vacancies occurred due to separations, CSTC was left with only three (3) Certified BLS Instructors out of five (5) needed for the hospital.

Overall, CSTC continues to emphasize Dialectical Behavioral Therapy as its primary evidence-based practice for treatment throughout the hospital. Staff continues to receive Dialectical Behavior Therapy principles from a licensed clinical psychologist during onboarding. Dialectical Behavior Therapy (DBT) is the primary focus to teach patients how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others. Collaborative Problem Solving (CPS) is a secondary evidence-based practice for treatment throughout the hospital. The focus is on building positive relationships using PBS guidelines; encouraging patient engagement in all aspects of their daily lives; maintaining structured, daily skill-acquisition activities; and emphasizing a collaborative approach to solving problems and

addressing issues.

The CSTC Training Department constantly considers ways to improve staff development and the most effective way to carry out these plans. The CSTC Training Department hopes to continue to add additional training in the Learning Center for SILAS for Supervisors and Schedulers, Seclusion or Restraint Guidelines, and update current training to be more interactive and meaningful to better engage and to facilitate increased retention and comprehension. Not only has the CSTC Training Department updated and created training material, but also held New Employee Orientation (NEO) twice per month since FY21. This is due to the new cottage addition and the continuous need for additional staff caused by the turnover of direct-care employees. Many employees who were hired and completed NEO in FY22 have separated. This has been an especially difficult component for the Training Department, as classes have been overfilled and difficult to manage with only 1 Training Coordinator and very limited training space. In January 2023, a position was added to the CSTC Training Department to assist with the NEO program and related tasks. In March 2023, an additional training space was obtained onsite to better meet the training needs of our expanding hospital setting.

Performance Improvement

CSTC remains committed to the implementation of evidenced-based training across campus. As mentioned above Dialectical Behavior Therapy (DBT) continues to be an evidence-based practice implemented into all aspects of treatment including but not limited to individual, group, and family therapy along with school education. The goal is to improve patient engagement, as it boosts staff intervention skills, confidence, cohesive teamwork, and a shared language. Additionally, the Training Department continues to enhance its New Employee Orientation (NEO) curriculum to meet CSTC's specific job standards and address specific patient-based needs.

CSTC continues to increase the availability and transparency of data at the hospital to ensure that clinical and nursing teams have the appropriate information when making data-driven decisions to improve patient care and staff safety outcomes. Data reports are created monthly and posted to the Quality Improvement shared folders for all staff to access and review. Hospital-wide data trends for assaults and injuries are presented regularly at our Quality Council, Governing Body Committee, and monthly Safety Committee meetings.

Additionally, CSTC has been invited to attend workgroups as assigned by DSHS BHA headquarters for the anticipated Electronic Health Record (EHR) implementation for the agency. The EHR system will improve the accuracy and quality of patient records, reduce errors, and improve communication among physicians and clinicians who provide direct care services.

[CSTC 2023 Workplace Safety Plan](#)

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 trends and develop plans for improvement to correct deficiencies and mitigate risk. The 2023 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 in April 2023 and incorporates The Joint Commission (TJC) findings and corrective actions to mitigate risk to patients and staff. This is in addition to individual assessments resulting from Sentinel Events, drill evaluations, hazard reports, environmental safety surveys, unusual occurrences and injury reporting, and individual building evaluations. Action plans are developed and implemented based on assessments and monitored by the Environment of Care Committee, Employee Safety Committee, and Quality Council.

There is an ESH IT Department project in place to update software and hardware for door control systems on all FSU wards to ensure consistency. The equipment is onsite with the target for project completion in Fall 2023.

The ESH IT Access Control System project has been expanded to include the entry doors at the Staff Education building, Eastlake Health Information Management office, Eastlake Information Technology offices in the Administration building, and the Main Distribution Frame entry doors at Eastlake and Westlake.

Cameras in on-ward patient video visitation rooms were installed in Spring 2023. Camera installation on both civil and forensic ward locations is ongoing with dayroom and dining room locations a priority. Additional Security camera installations are targeted for building entrance locations not currently being monitored.

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, to ensure proper function and compliance with Life Safety code requirements, TJC and CMS standards compliance and mitigates the risk of unsecured building entrances. The anticipated design completion is December 2023.

A Capital Program project for the Administration building security improvements is funded and the anticipated completion date is November 2023. This project includes the replacement of entrance doors and access controls, PBX office security improvements, and installation of additional cameras and intercom systems at main entrances; to improve overall safety and security for the PBX, Administration building, and Eastlake Center core office for staff and visitors. Due to ongoing, nationwide active threat events, an interim plan was implemented in May 2023 to secure the Administration building main entrances to mitigate risk to PBX, Administration, and Eastlake Center core offices ahead of the Capital Programs project completion.

A Capital Program project for Westlake Lobby Security Enhancement provides a new security office and area for more detailed security screening as necessary. This includes updating and hardening the office with bulletproof glass and walls. The anticipated completion date is September 2023.

A Capital Program project has been funded to replace the Eastlake boiler plant. This project started in February 2021 with a completion date of Summer, 2023. The steam plant provides heating to the Eastlake campus and is critical for the Continuity of Operations.

Existing exterior lighting has been improved at the west and north Eastlake parking lots and north recreational yard including installation of LED lighting increasing overall visibility.

Patient rooms on all APU and FSU wards have been systematically renovated for patient and staff safety and include the 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 and Correctional facilities. The molded vinyl furniture is bolted to the floor/wall or sand-ballasted to prevent being thrown or broken apart and used as a weapon. Replacement of beds on the civil commitment and FSU wards and the 2N3 visitor room was completed in March 2023. In response to a TJC citation, additional Behavioral Health furniture, ligature-resistant TV enclosures, and door hardware have been ordered with a target for installation in October 2023. Metal clothing closets and plastic hangers were removed from the NGRI ward 2N3 in March 2023 and replaced with molded and ligature-resistant wall-mounted cubbies for storage of clothing.

A Capital Program request (ESH Integrated Safety and Security Controls) for the 2025-27 Biennium has been made to replace the existing, antiquated staff duress systems on all wards and install a “personal duress alarm” system in all (on and off ward) locations to provide wider coverage, ease of activation and electronic location tracking for quicker emergency response.

A Capital Program project was funded and completed in April 2023 to enclose all GPU nurse stations for increased staff safety.

Active Treatment

Patient programs, treatment, and care are provided by clinical staff focusing on anxiety and stress management, recovery, negotiating needs versus wants, processing loss and change, using methods including but not limited to exercise, relaxation, music and mood, socialization activities such as table games and activities, exercise, expressive arts, and creativity.

Development of a structured schedule for each ward with identified activities and leaders was developed in May 2023. In addition to a consistent structure with the use of a calendar and programming language across all wards, the selected activities for evening groups all have intervention descriptions available to the staff conducting the activity. Group rosters to document activities completed and by whom in addition to canceled activities and why they are canceled have been re-implemented.

The ESH NGRI Community Transition Team partners with the Department of Corrections to supervise NGRI patients residing in the community with a court order for Conditional Release to Reside in the Community (CRCOMM). As of May 2023, ESH supervises approximately 22 NGRI patients residing in the community via CRRCOMM.

ESH is working to decrease recidivism due to substance use disorders (SUD). The SUD counselors work in conjunction with the treatment teams and patients to provide SUD assessments, individualized treatment planning, and groups to prepare patients for SUD treatment and recovery. SUD counselors have expanded services to provide groups to competency restoration patients to decrease recidivism due to substance use.

Staff Training

A training plan is in place to ensure all staff are trained upon hire and continues throughout employment as required. ESH utilizes The Learning Center Management System, which provides better access to and recordkeeping of participation in training. The system also enables improved post-testing and timely feedback to participants. Educational Services has developed a matrix of mandatory training, at orientation and ongoing, which is utilized to compile training compliance data. New Employee Orientation is conducted at regular intervals, at least monthly.

ESH has implemented CPI training which is evidence-based and incorporates philosophy, de-escalation, safe physical holds, and self-protection training. Staff is trained in 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, the hierarchy of physical intervention, physical containment, and the application of mechanical restraints. All physical skills require demonstration and documentation of the employee's competency to perform these skills.

All direct care (milieu) staff are trained at hire and at identified intervals in violence prevention practices that range from situational awareness of the environment and milieu dynamics, ongoing risk assessment, and effective documentation to a formal non-violent crisis intervention training program.

Preceptor (peer) training is conducted to provide practical actions that a front-line preceptor (peer trainer) can do to optimize a new employee's learning and enable them to achieve early success in demonstrating core job competencies. This helps peer trainers understand what is needed to optimize on-the-job learning for new employees to create a supportive, safe work environment.

Performance Improvement

ESH has implemented Psychological Safety Training to support the ESH Culture of Safety Strategic Goal. The goal is to have all employees complete the workshop with the intent to help supervisors create an action plan with their teams to hardwire behaviors toward becoming a psychologically safe organization.

A Capital Program request has been made for funding to install an electronic key management issuance and tracking system for internal building keys and a card access building entry system. This will require Legislative approval and funding.

Security is currently implementing a process to place all individual sets of hospital keys on a tamper-proof key ring for improved key security. Each ring has its own unique numerical identifier that will be tracked in a Security database. The target for completion is June 30, 2023.

A workgroup including the Safety Office, Security, and Director of Facilities is evaluating existing walk-through metal detectors for age, life expectancy, maintenance capabilities, and policy and procedures to develop recommendations for hospital-wide implementation. The target for completion is August 2023.

Emergency Response

The Psychiatric Emergency Response Team (PERT) responded to 2,492 calls from April 2022 to April 2023. PERT provides a safe, effective, and immediate plan of response for patients during a psychiatric crisis or anticipated crisis.

The ESH Communications Plan was revised in June 2023 to ensure the inclusion of all required The Joint Commission (TJC) and Centers for Medicare and Medicaid Services (CMS) emergency management standards and BHA Major Incident Reporting process and guidelines.

Plans and procedures are in place for emerging infectious diseases and were ongoing in 2022 for emergency response and Continuity of Operations (COOP) related to COVID-19 in accordance with the Governor's directive, and CDC and DOH guidelines.

Employees who self-report to their employer as 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 specialized resources.

In addition, DSHS Administrative Policy No. 18.67, Workplace and Domestic Violence/Reasonable

Safety Accommodation provides guidance regarding workplace violence and domestic violence affecting the workplace. The department director or supervisor works with the employee to develop and document a safety plan to support the employee's safety at work, determining if further actions are necessary.

As part of an emergency event After-Action-Report, language is being developed in addition to the existing ESH 2.14 Patient Visitors policy to define procedures for trespassing campus visitors, including employees separated from employment. The estimated completion date is June 30, 2023.

"Stop the Bleed" is a grassroots national awareness campaign that encourages bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives. ESH Medical Emergency Response Committee (MERC) has purchased supplies and is developing a plan for training implementation.

Safety Improvement Purchases

Expenditures for safety improvement purchases in FY23 include, but are not limited to:

- Molded Behavioral Health furniture and tamper-proof and ligature-resistant furniture and equipment for wards and video visitation rooms.
- Repaired and resurfaced the Eastlake kitchen flooring to mitigate the risk of slip/fall injuries.
- Purchased and installed bottle fillers to increase staff access to drinking water in non-patient care areas.
- Eyewash stations for Environmental Services locations.
- Installation of HVAC mini split air conditioning equipment for the Westlake medication rooms to increase staff comfort and efficacy of medications that are temperature sensitive preventing waste due to fluctuating temperatures.
- Westlake nurses' station enclosure project was completed utilizing operational funds.
- Blank cards for implementation of identification and access program.
- COVID-related supplies e.g., hand sanitizer, gloves, safety glasses, etc.

Staffing

In FY23 ESH continues to utilize travel agency contracts to respond to staffing shortages. ESH contracted with five placement agencies to assist with hiring applicants to fill vacancies. In FY23 ESH hired 37 nursing staff (direct patient care) and 89 non-clinical staff.

A Certified Sexual Offense Treatment Professional (CSOTP) position has been established and posted. The CSOTP is an essential clinician for robust continuity of care and discharges into the community without jeopardizing public safety. External contracts are in place for Clinical Neuropsychologist services and Psychology Evaluators with specialized training and experience in conducting psychodiagnostics and forensic risk assessments. These assessments go above the typical assessments for suicide, depression, etc., providing more robust assessments to determine diagnosis and risk for violence, sexual offenses, etc. ESH serves over one-hundred forensic and civil patients with complex treatment challenges associated with TBI, dementia, and intellectual disability. A Clinical Neuropsychologist would establish an evidenced-based foundation for treatment and discharge.

To reduce violence on the wards, positions for a Behavioral Management Team (BMT) were established. This team meets with the treatment team to obtain background information on the patient and then conducts a comprehensive patient assessment, offers detailed treatment recommendations, and provides on-site ward staff training for the purpose of improving clinical outcomes, including a reduction in highly disruptive or assaultive behavior. The team will report to the Chief of Clinical

Services. This team requires ongoing annual funding. The team consists of one psychiatrist, one psychologist, three Institution Counselors 3 positions, and one Therapies Supervisor.

Eastern State Hospital is seeking to bring the Security Department duties into alignment with other BHA facilities, which includes the coverage of responsibilities currently covered by direct care staff. This expansion of duties would also include the scheduled coverage as escorts for contractors and vendors on site, transporting patients to medical appointments in the community, and escorting/supervising patients for family/professional visits, including establishing a Visitation Center with Security Department oversight. A decision package has been submitted in support of this transition. ESH established two new permanent security positions in FY22 to provide additional security coverage on the evening and night shifts.

Eastern State Hospital's overtime average for FY22 was 7.8%. As of April 2023, ESH's overtime average is 6.1% due to ongoing staffing shortages.

[Eastern State Hospital 2023 Workplace Safety Plan](#)

WESTERN STATE HOSPITAL

This report is an overview of Western State Hospital's (WSH) initiatives toward preventing violence and increasing workplace safety for both patients and employees. Highlights of these efforts include staffing and training, specialized staffing, and training, analyzing safety, and environment of care.

Staffing and Training

Hospital Staffing

Nursing positions are difficult to fill nationally. At WSH, the nursing shortage was exacerbated by COVID-19, making recruitment an ongoing challenge. Despite this, the hospital employed several strategies to increase recruitment:

- Contracting agency nurses via a third-party Talent Acquisition Contractor.
- Attending Job Fairs and Career Days weekly.
- Working with DSHS Talent Acquisition to improve recruitment efforts using social media including LinkedIn and Twitter.
- Incorporating outside websites such as Indeed.com.

Work is also being done to link to the BHA public-facing websites. This ensures users see Western State Hospital jobs when typing the name in a search engine. The WSH Workforce Administration is also attending weekly job fairs and Nursing Career Day at local nursing schools. By adding Nurse Employment Navigators, the Workforce team doubled recruitment efforts. The Workforce Administration team also conducted Stay and Exit interviews to improve retention.

Staff Training

In 2022 a new personal safety training technique, Choke Disengagement Training, was offered to staff, and this training continues to be provided for direct care staff as a safety measure. New wheeled restraint chairs were purchased in 2022 for each ward in both centers and staff training for these chairs was initially provided to direct care staff on each ward. This training was also implemented into the New Employee Orientation curriculum, as well as annual in-service training to ensure training compliance.

In April 2022, the current training content offered in NEO was reviewed and sent out to other disciplines

and departments within the hospital for updates. The goal of this was to standardize a multi-disciplinary team process to develop a hospital-wide standard of evidence-based best practices.

The nationally recognized Crisis Prevention Institute (CPI) Part I-Non-violent Crisis Intervention (NCI) and now, as of March 2023, CPI Part II (APS) must be renewed every two years. In addition, Advanced Crisis Intervention Training (ACIT) is still required of direct care staff and must be renewed annually.

Campus Patrols

A dedicated campus patrol is active 24/7 on WSH grounds and responds to all emergent situations.

Personal Pendants

A pendant personal alarm and duress system is operational at WSH and is mandatory for all employees. Each employee is provided their own personal alarm pendant to use in a personal safety and/or security threat situation. Employees can activate their pendant whenever they think an immediate/potential violent threat or aggressive situation is present. When activated, the pendant location is triangulated; a code grey is called, and security guards will respond. If an employee does not have access to a phone and needs immediate assistance, they can activate their pendant and will receive a response from security. If the pendant moves, the control center provides security with location updates.

Specialized Staffing and Training

Behavior Management Team (BMT)

The STAR Ward opened in February 2020, providing intensive treatment to the Civil Center's 10 most-assaultive male patients. Despite making good progress, various influences (primarily COVID-19) began impacting WSH in March 2020, resulting in the STAR Ward facing programmatic and staffing challenges.

Various options were attempted to improve the situation, including reducing the census to five patients in August 2021, with the hope to re-open the STAR Ward after COVID-19 passed. STAR Ward staff provided support (medication recommendations and therapeutic interventions) to the patients who were transferred to other wards, along with maintaining care and therapy for the five patients remaining on the ward. However, COVID-19 lingered and intensified. This continued to impact the STAR Ward program and necessitated the ward closure in December 2021. After transferring the patients to other Civil Center wards, STAR Ward staff continued to support STAR Ward patients in their new placements. STAR Ward staff took on stronger consulting roles for their former patients regarding:

- medications and diagnosis,
- medical and health concerns,
- seclusion and restraint processes from a nursing perspective,
- therapeutic interventions, and
- behavioral interventions in support of the consultation process.

The STAR Ward staffs' consulting roles expanded to include other patients. By August 2022, it became clear the STAR Ward could not be reopened and the STAR Ward program was closed. The STAR Ward staff became the Consult Liaison Service (CLS) and provided consultation for the hospital's most acute patients based on their multidisciplinary expertise.

Although similarities exist between the former Violence Reduction Team (VRT) and CLS regarding input to treatment teams on behavioral interventions, considerable differences are also present. The CLS

staff provided interventions for the treatment team in support of CLS treatment consultation recommendations, while VRT continued their work with patients to address ongoing violent episodes.

CLS is a multidisciplinary team that includes a Psychiatrist, Pharmacist, Registered Nurses, Psychologist, Psychology Associates, Psychiatric Social Worker, and Institutional Counselors. The VRT was composed of a Therapies Supervisor and Institutional Counselors. Through the efforts of several staff from the VRT, STAR Ward program, and CLS teams, a solid foundation was laid for a new interdisciplinary group that provides improved integrated services for the Civil Center's most acute patients.

The new service is called the Behavior Management Team (BMT), which retains its multidisciplinary resources and experienced staff. The focus of the BMT is to work as a referral service to treatment teams in both hospital centers. Ward treatment teams can request assistance with patients experiencing challenging behaviors that include aggressive/assaultive behavior, frequent episodes of seclusion and restraint, and other complex behavior patterns. The BMT may also be referred by clinical leadership to assist treatment teams. The goal is to provide all members of the treatment teams with interventions to decrease a patient's challenging behaviors so they can optimize the implementation of effective treatment recommendations. The level of BMT involvement may be brief, from two or three weeks to up to three months, depending on the patient's needs.

The BMT is a united team whose purpose is to support improved patient care for referred patients and increase staff safety through providing multi-disciplinary expertise. The BMT responds to referrals from wards using the BMT referral process. The team includes a Director, Administrative Assistant 3, a part-time Psychiatrist, RN3s, Psychologist 4, Psychiatric Social Worker 3, four Psychology Associates, and three Therapies Supervisors, each working with small teams of IC3s.

As wards send patient referrals, the BMT will:

- triage the referrals to determine what services might be needed, and
- work with the patients and treatment teams to develop recommendations for incorporation into patient treatment plans, and
- provide possible recommendations, and
- support the treatment team with implementing the recommendations.

BMT staff focus on working with all ward staff and patients to identify therapeutic approaches and will provide a range of services including:

- review of diagnoses
- medication recommendations the treatment team may incorporate into the treatment plan, and
- review of behavioral processes that lead to seclusion and restraint (including efforts to first use less restrictive measures, seclusion and restraint paperwork and process, debriefing with patient and team, etc.), and
- review possible physical health concerns, and
- therapeutic services to referred patients by psychiatric social workers and
- psychology associates, and
- behavioral analysis and interventions by the psychologist, and
- work directly with the staff and patient to implement recommendations, which may involve deploying BMT, and
- support to treatment teams seven days a week during day and evening shifts

- Micro-training related to situational awareness, CPI/ACIT, de-escalation and patient engagement, and
- recommendations regarding the ward milieu to lower ward acuity.

Psychiatry Emergency Response Team

WSH's Psychiatric Emergency Response Team (PERT) consists of staff trained in violence and aggression antecedent identification, de-escalation techniques, incident management skills, and advanced crisis intervention skills. The PERT team responds to code greys (including difficult patient situations) and manages conflict by focusing on patient and staff safety. PERT was created to help ward staff engage with patients in crisis when other methods of engagement have been exhausted. PERT can assist ward staff by providing behavioral support, de-escalation strategies, physical intervention, and a therapeutic presence.

Trauma Informed Care

A pilot was launched on two admission wards at the Gage Center of Forensic Excellence in September 2021, to implement the Trauma Informed Care (TIC) model of psychiatric care. A trauma-informed organization is one that realizes the widespread impact of trauma and understands the potential paths for recovery. It is an organization that recognizes the signs and symptoms of trauma in people involved with the system of care and responds by fully integrating knowledge about trauma into policies, procedures, and practices while actively seeking to prevent re-traumatization.

Evidence-based research suggests trauma-informed care:

- creates an atmosphere of universal safety by improving patient and staff safety and well-being, and
- improves positive outcomes for-patients and enhances patient care, and
- improves employee satisfaction and engagement, and
- reduces staff burnout and turnover, and
- reduces seclusion and restraint use and assaults.

The current efforts include evaluating the environment of care and moving forward with targeted trauma-informed training. Since our last report, a second pilot at another facility is in the early stages of planning to launch. Eventual deployment across all BHA facilities is part of the BHA strategic plan.

Analyzing Safety

Safety Committee and Safety Office

Western State Hospital's safety goals are developed by its hospital-wide safety committee. The committee is composed of WSH staff, management, and union partners who jointly make recommendations and track data/trends to actively decrease violence at WSH.

This hospital-wide safety committee is supported by two center-level safety committees, where safety concerns and Report of Work-Related Incident/Close Call reports (Form 03-133) are reviewed. Significant and unresolved incidents are elevated from the center level to the hospital-wide safety committee, which identifies responsible parties to address concerns by creating and implementing action plans.

The hospital-wide safety committee also provides the platform for a routine review of the hospital's assault data. The data review allows the identification of areas for improvement and initiates action plans to prevent or mitigate assaults.

Two safety offices are located on the WSH grounds. Each office consists of three team members and a shared Industrial Hygienist. The teams are responsible for the review process of 03-133s, and ensuring required, pertinent information is collected, reviewed, and analyzed. Recommendations are then made to further mitigate potential future occurrences. The safety teams also address all safety-related environmental concerns.

Each committee meets monthly to discuss safety concerns. The safety committees are responsible for:

- reviewing and evaluating incident reports, and
- reviewing and evaluating safety plans, and
- reviewing and discussing safety concerns from employees, and
- reviewing incident data and identifying trends, and
- Recommend corrective actions to resolve safety concerns.

Clinical Risk Management

Western State Hospital's Clinical Risk Management (CRM) program reviews events and medical conditions to identify and mitigate risks to patients and staff. CRM staff review assaults that result in injury requiring care beyond first aid. Reviews are compared against applicable policies and procedures to ensure appropriate steps were followed. The CRM report is sent to executive leaders and supervisors if policy/procedure errors occur. Recommendations to mitigate risks are included in the final report.

A Root Cause Analysis (RCA) is completed on assault-related injuries that meet the definition of an adverse or sentinel event. The RCA is a multidisciplinary, comprehensive, systematic analysis to identify system vulnerabilities to eliminate or mitigate risk.

Intensive Assessment reviews are conducted when a patient safety event does not meet the criteria of an adverse or sentinel event but is deemed significant. Like an RCA, an intensive assessment reviews the causal and contributing factors that lead to the event.

Environment of Care Projects

Environment of Care

In FY 2022, Western State Hospital began completing several safety initiatives to create a safer environment for both patients and staff. Some initiatives include but are not limited to ongoing projects to replace sprinkler heads that are not ligature resistant; fire door replacement in various areas across the campus; replacing security dome mirrors with a safer model; and several other physical plant renovations.

Medication Room Doors

Nine WSH Civil wards began receiving upgrades in their med rooms during the second half of 2022.

These upgrades will make work locations safer for staff by:

- Replacing the current hallway med room Dutch doors with new single leaf, heavy gauge metal doors with heavy-duty tray-ports and vision panels. The project has completed the design stage. Permit for this project has been received. Construction is to start in mid-July 2023.
- Building 28, Gage Center ward server doors have been replaced by new single leaf, heavy gauge metal doors with heavy-duty tray-ports and vision panels.

Civil Center Padded Rooms

Five WSH Civil wards have received a padded patient room. This creates a safe space for patients and provides a safer environment for staff. Construction of the five padded rooms is complete.

Elevator Refurbishment

The following Elevator Modernization projects began in June 2021:

- Building 9/Elevator 9-1-completed
- Building 21/Elevator 12-1-completed
- Building 29/Elevators 29-1, 29-2, 29-3, and 29-4-completed

Operational elevators provide a much safer means of transportation for both patients and staff.

New/Replaced Fire System

In FY 2021, upgrades to the campus-wide fire alarm notification and detection system were initiated. The project spans numerous buildings throughout campus to replace outdated fire detection and notification systems. Construction is anticipated to be completed in FY 2023.

Fire Door Replacement

Several fire doors were replaced in both Gage and Civil centers, and locking arrangements were altered to provide a more secure environment in FY 2021. FY 2021 through FY 2022, a second fire door replacement project was completed along with its design phase addressing an additional 198 fire doors. Within this scope of work, ward entry doors on F1 through F8 are scheduled to be replaced. Construction is anticipated to begin in June 2023.

Fire Sprinkler Replacement

Fire sprinklers on Gage Center wards began design in FY2021, to replace higher-risk sprinkler heads with an anti-ligature model. Construction began in FY 2022 and concluded in February 2023.

Building 29 Roof Replacement

Design began to replace the roof covering eight patient wards to address failing infrastructure in late FY 2021. Construction has begun and is scheduled to be completed by July 23, 2023.

Nurse Station Enclosures

A project began in early FY 2021 to enclose nursing stations throughout both centers. This will provide a security barrier between patients, staff, and sensitive equipment. The project concluded construction towards the end of FY2022.

Fire Damper Access

Fire Damper access has been restricted due to the building layout. This project addresses several compliance-related concerns and allows maintenance teams access to better heating and distribution control to ward environments throughout campus. Construction began in May 2023.

New Wards F9/F10

Construction began in FY2021 to build two new Gage Center wards. Construction efforts carried on throughout FY 2022 and were completed in FY 2023.

At this point, F9 and F10 reached Substantial Completion on April 17, 2023, and F9 received its first patients on May 1, 2023. F10 will be ready to receive patients towards the end of May 2023.

East Campus TRC

The design of a new Gage Center Treatment and Recovery Center began in early 2021. This project

adds treatment space for East Campus wards, a gymnasium, and a remodeled section on the second floor of the E wing to provide support staff workstations.

Serveries Door Project

This project provides new doors with a pass-through transaction window on wards F1 through F8. Design began in FY 2022; construction concluded in March 2023.

Shower Renovations Wards E5 & E6

Shower room renovations for two East campus wards (E5/E6) began in FY 2022. Construction started in March 2023 and is anticipated to be completed by the end of June 2023.

Gage Overhead PA System Replacement

Construction began in FY2021 to replace the overhead PA system that is used to call codes for emergent response throughout campus; construction concluded in FY 2022.

Parking Lot Upgrades

Staff parking has been an ongoing challenge on the Western State Hospital campus. Design for a new Gage Center North parking lot began in September 2022. Construction is expected to begin in May 2023 and anticipated completion is October 2023. The new parking lot will provide improved pedestrian circulation and access to and from the Gage Center. Approximately 165 new parking stalls, including eight electric vehicle charging stations, will be included.

Clinic Dental X-Ray

Work to replace the East Campus Clinic Dental X-Ray machine began in FY 2022. This converts the equipment over to digital, removing the need to have hazardous chemicals on site to develop film, and affords the opportunity to electronically retain documentation. Construction efforts are anticipated to begin in June 2023 and be completed by October 2023.

Anti-Ligature/Vandal Resistant Upgrades

Design efforts began in FY 2021 to replace patient furnishings that were identified as being a higher risk for self-harm opportunities. In FY 2022, non-shatterproof clocks in patient common day rooms were replaced with models providing both anti-ligature and vandal-resistant properties. This project includes door revisions to East Campus wards containing bathrooms with dual patient room entry points and the replacement of some bedroom furnishings. This work is anticipated to start construction in FY 2023.

[Western State Hospital 2023 Workplace Safety Plan](#)

STATE HOSPITAL STAFF ASSAULT DATA

The state hospitals routinely review staff assault data for the 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

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 workdays employees have missed (over 3 days) from work due to their assault injury.

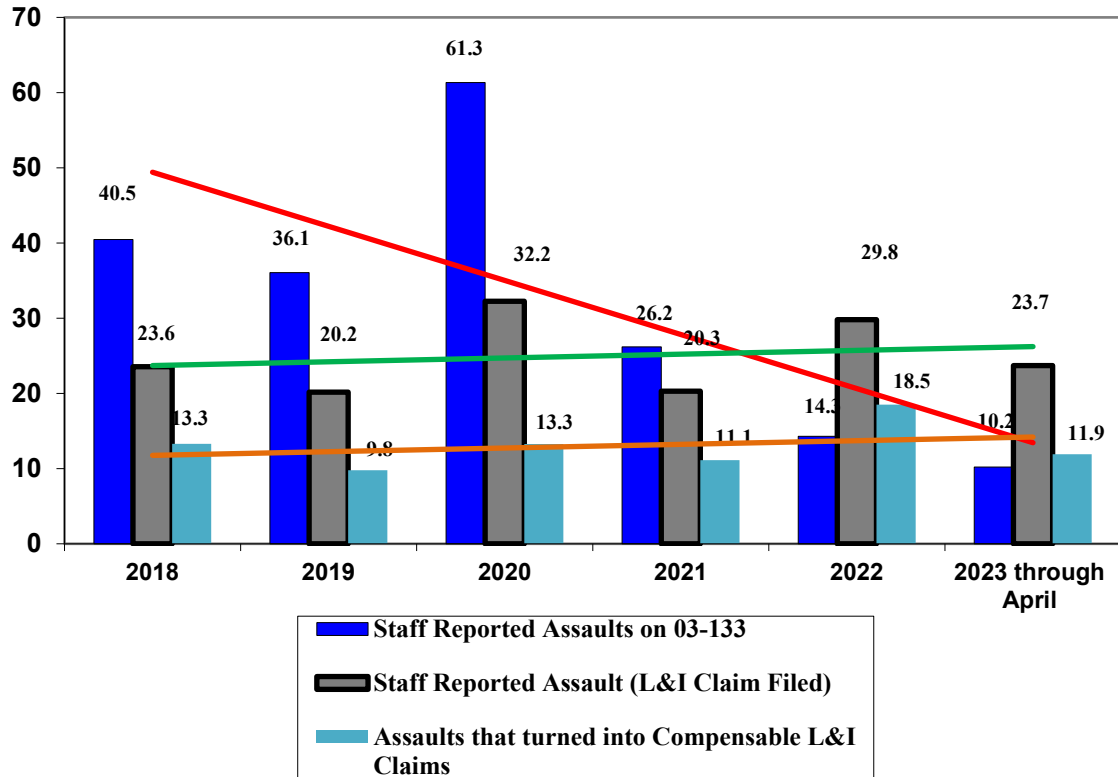
Data and Analysis

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 worker's compensation claims information into the Risk Master Database system. The following data was provided by ERMO and compiled by data departments at each hospital.

CSTC Data

As of November 17, 2021, four cottages comprise the CSTC patient population. These cottages are organized by age and developmental needs. Children aged 5 to roughly 12 years old reside on Camano Cottage, young adolescents aged 12 to 16 years old reside on Ketron Cottage, and adolescents generally 15 to 17 years old reside on Orcas and San Juan Cottage. Both Orcas and San Juan have self-contained programs for youth who require closer observation due to having a serious mental illness, forensic involvement, and/or histories of violence.

CSTC Assault Information Per 10,000 Patient Days

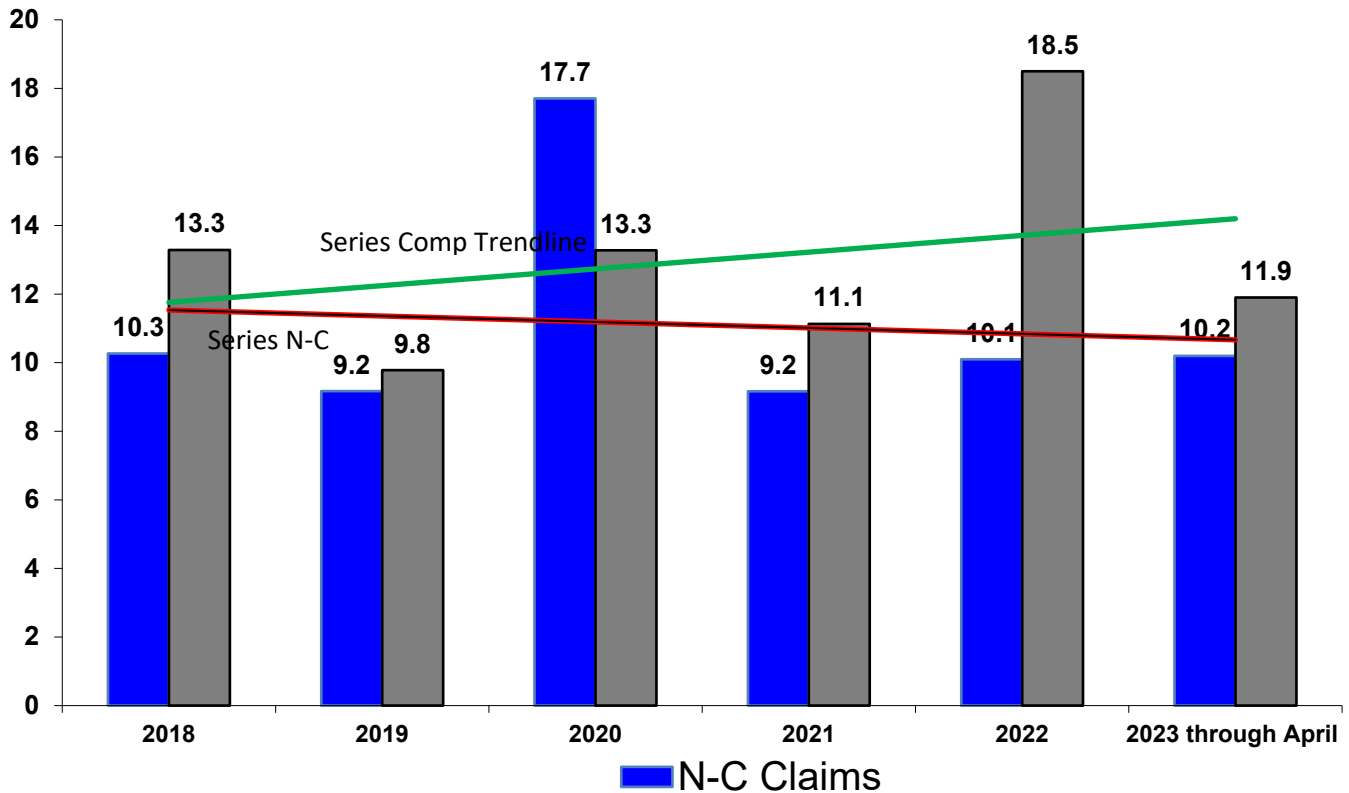


This data shows the **ratio of Staff Reported Assaults vs. L&I Claims filed vs. Compensable L&I Claims**. Although the data for 2023 is not mature at the time of this report, early data shows a decrease in the number of staff who have reported assaults, which previously spiked in 2020. The data also shows a significant decrease in staff reported assaults and those that turned into L&I claims and those that were deemed compensable.

CSTC attributes these injuries to a growing population of patients diagnosed with Intellectual or Developmental Disabilities (IDD). This population routinely requires more restrictive interventions to maintain safety in the treatment milieu. As a result, clinicians have needed to develop Continuous Therapeutic Interventions (i.e., one-to-one), which are continually modified and adjusted based on the youth’s responsiveness. Additionally, significant staffing challenges, increased rates of overtime, and retention difficulties for direct care staff and nursing have been ongoing challenges.

CSTC patient population continues to be among the most severely psychiatrically impaired youth in the state. These patients have complex histories of problems across one or more domain (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, including other CLIP facilities are not able to safely maintain them.

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

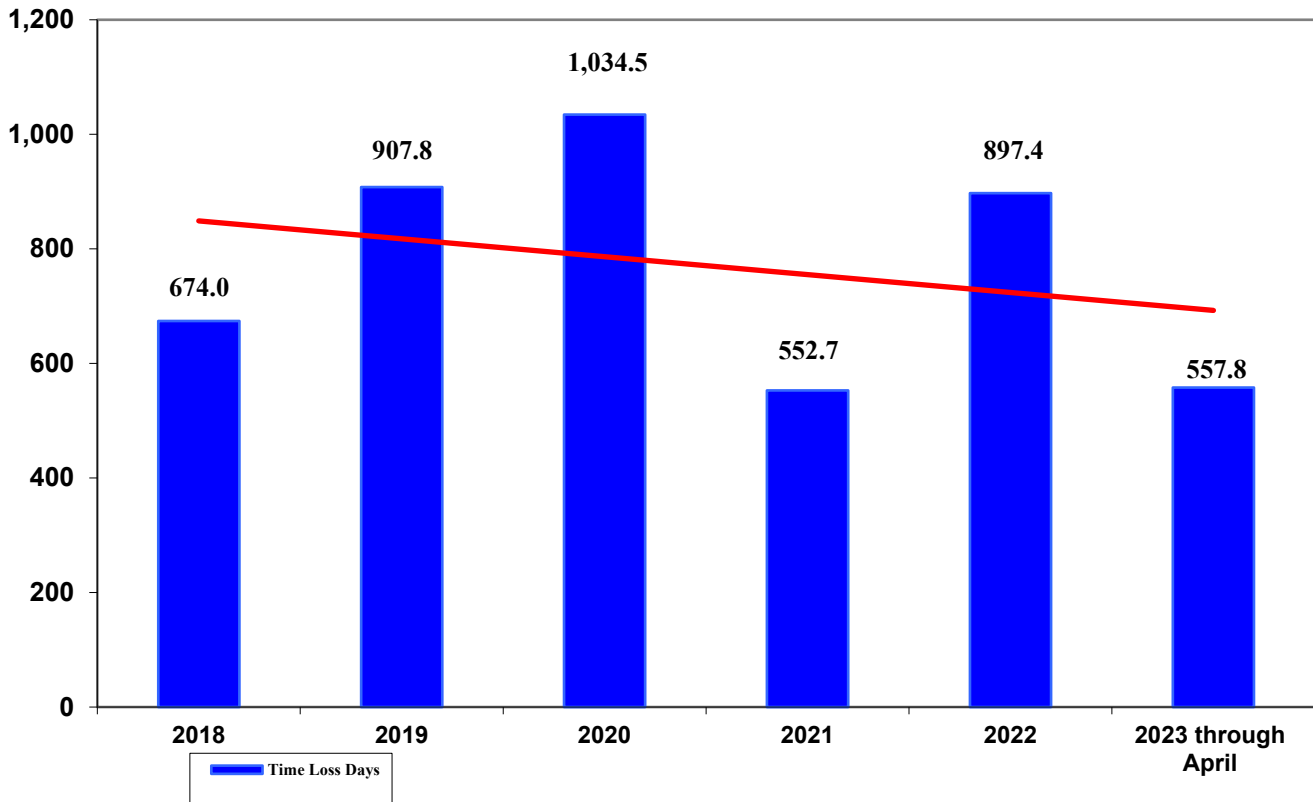


This data shows the **ratio of Compensable vs. Non-Compensable Claims**. The ratio of Compensable to Non-Compensable claims, although showing yearly variations, have continued a downward trend. Although assault claims data for CY 2023 is not mature at the time, early data shows a significant decrease in compensable claims compared to last year. Currently four (4) employees have sought medical attention and (2) deemed compensable.

CSTC injury reports continue to be reviewed carefully by both the supervisors and the Safety Officer. In more extreme situations, CSTC seeks risk consultants from the Enterprise Risk Management Office (ERMO). Over the last year, CSTC has seen staff experience increased stressors and milieu instability resulting in an overall decrease in skillful interventions. Skills deficits continue to be targeted in the areas of milieu management and interventions.

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

CSTC Total 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 2023 is not mature at the time of this report, early data shows a slight decrease in time loss due to assault. CSTC average time loss has significantly decreased compared to previous years, particularly 2018 and 2019 when the hospital had several staff out on extended time loss.

CSTC Leadership continues to meet every other week with Enterprise Risk Management Office (ERMO) and Human Resources (HRD) to discuss each individual case of time loss 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 monthly. The Safety committee continued to propose training initiatives and Workplace Safety Workgroup continues to provide CPI/NCI consultation and modify the curriculum based on notable trends. Current initiatives include the implementation of a third day of CPI/NCI, along with the upcoming implementation of Advanced Crisis Intervention Training (ACIT); ongoing quarterly CPI/NCI refreshers; along with Situational Awareness Training.

ESH DATA

Assault data indicates that the total number of 2022 staff reported assaults increased 63% in comparison to 2021: from 51 to 83.

In 2022, 64% of all assault events occurred on the Habilitative Mental Health (HMH) ward (20), Adult Psychiatric ward 1N1 (19), and the Forensic Admission ward 1S1 (14). Seven of the nineteen 1N1 assaults were the result of one patient. Eight of the 20 assaults on HMH were the result of one patient. Multiple patients across the Adult Psychiatric and Forensic wards had three or more assault occurrences.

Fifty-one percent (42) of occurrences were on the evening shift with 12 occurring between 1500 and 1600 consistent with the highest number of occurrences on evening shift in 2021. The remainder of occurrences on the evening shift were distributed evenly throughout the shift. Forty-five percent of all reported assaults (37) occurred on the day shift with 25 of those occurrences reported between the hours of 0845 and 1200. Forty-nine percent of all reported assaults occurred on the day shift with 16 of those occurrences reported between the hours of 0800 and 1000 and 1400 and 1500.

First quarter 2023 data shows fifty percent of the reported assaults in Q1 occurred on one civil commitment admission ward. Eighty percent of those involved the same patient with six of the ten events occurring at 0700, 1200 and 1400 on Friday, Saturday, and Monday with two events each. Contributing factors reported for overall assault events included redirecting patient, containment/restraint, patient monitoring (1:1, 2:1), and intervening in a patient-to-patient assault.

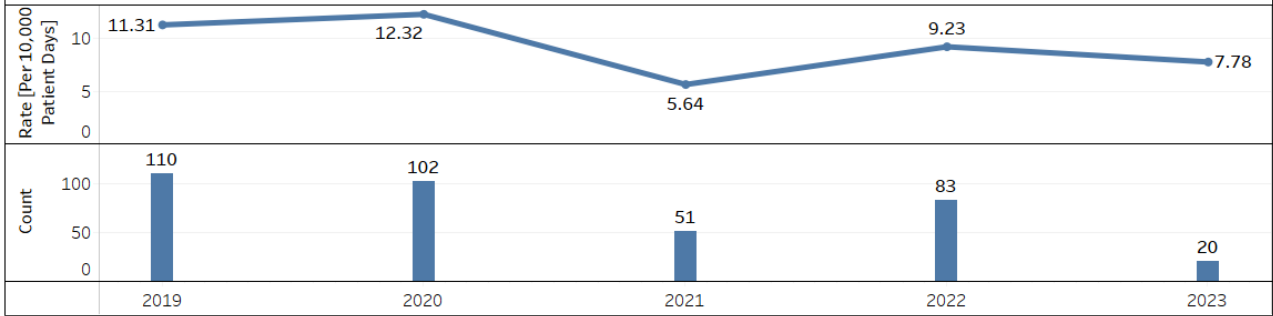
Ratio of Compensable and Non-Compensable claims. Reported assaults where L&I claims were filed increased from 34 in 2021 to 43 in 2022: 26%. Of the 43 claims filed, 19 resulted in time loss, 44%. Non-compensable claims, medical treatment only, have increased from the previous year; 16 to 24, reflecting a decrease in injury severity.

First quarter 2023 data reflects non-compensable and compensable claims are evenly paced year-to-date.

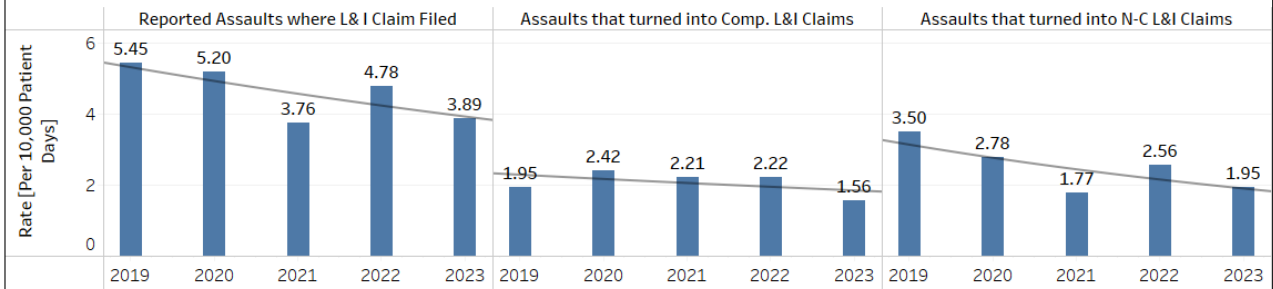
Time loss days associated with assault claims significantly increased from 807 in 2021 to 1756 days in 2022: a 118% increase. Sixty-six percent (1,154) of the assault time loss is associated with six employee injuries with over 100 days lost for each event. Three-hundred and seventy-five (375) days of the total time loss are associated with two assault claims that occurred in 2022. The remaining claims for 2022 had fifty or fewer days of time loss.

First quarter 2023 data shows 302 days of time loss with 64% of the total days accrued, the result of three injuries occurring in previous years.

**Eastern State Hospital
Staff Reported Assaults on 3-133
Rate [Per 10,000 Patient Days] & Count
2019 - 2023 YTD**



**Staff Reported Assaults
Claims Filed/Comp/N-C
Rate [Per 10,000 Patient Days]
2019 - 2023 YTD**



WSH DATA

Staff Reported Assaults increased consistently from year to year through 2020. Since 2020, WSH has experienced a decrease in Staff Reported Assaults and L&I Claims Filed Rates. These rates are continually monitored and evaluated for determination of contributing factors and needed corrective action plans. See Figure 1 below.

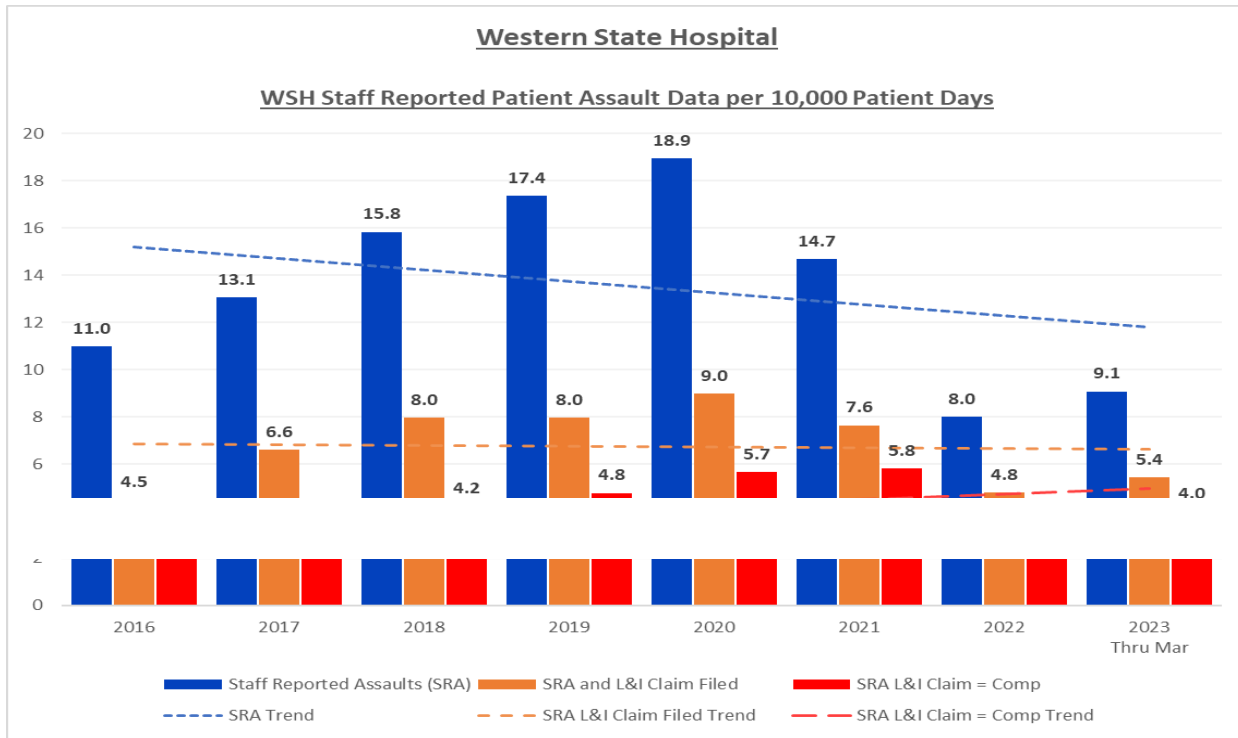


Figure 1. Compensable Claims Rate at WSH

The Compensable Claims Rate at WSH has increased without statistical significance since 2016. Continued efforts to reduce violence throughout the hospital will contribute to reducing compensable assault claims in the future. See Figure 2 below.

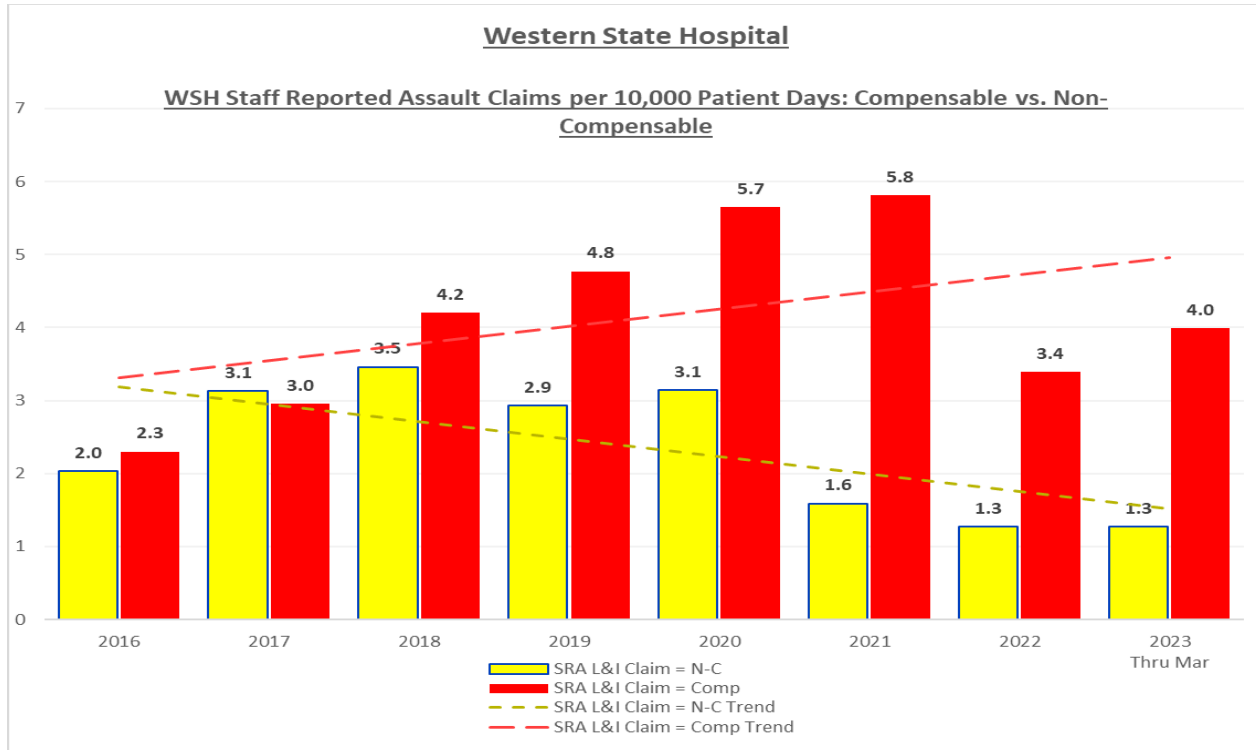


Figure 1. Compensable Claims Rate at WSH

The WSH Time Loss ratio per 10,000 patient days has increased significantly since 2016. See Figure 3 below.

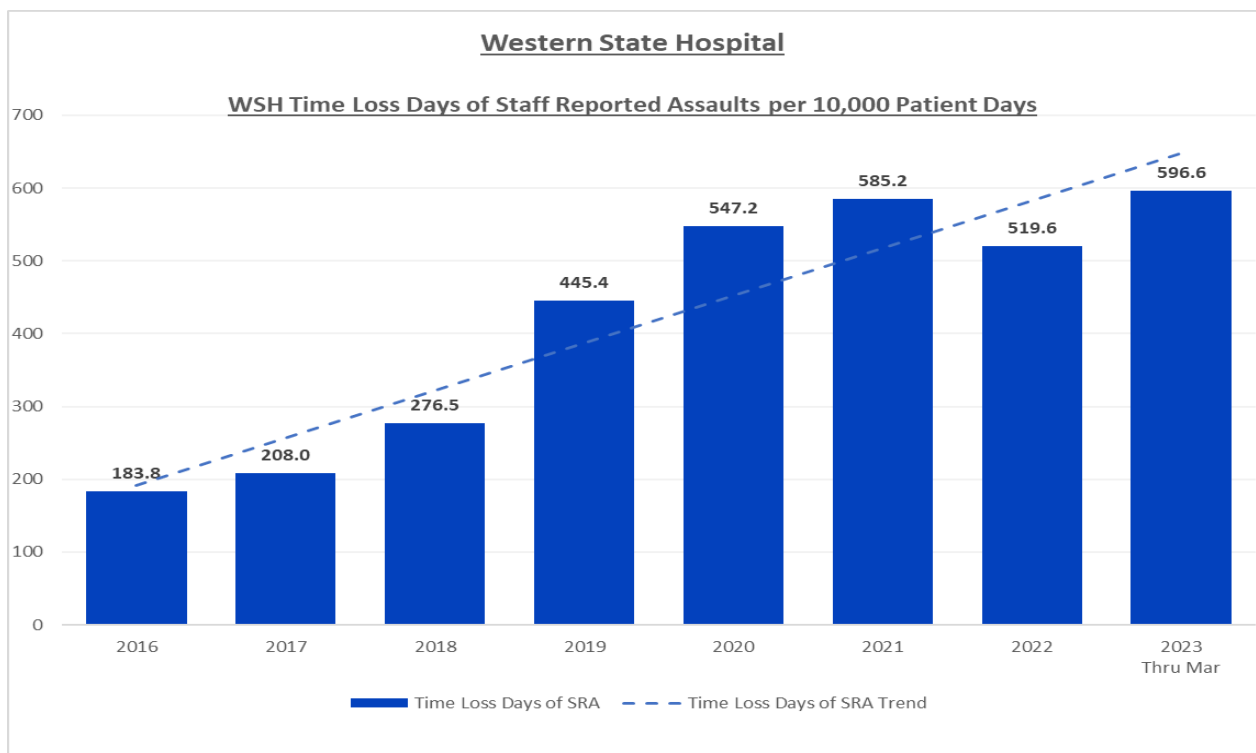


Figure 2. Time Loss Ratio

Town Hall/ Other Communications

Western State Hospital communicates regularly to staff regarding efforts to reduce violence. Current efforts to communicate this information include current assault rates, trends, and action plans. Ways the information is shared include:

- all staff messages from one or both CEOs
- daily electronic emails to all staff from each center
- monthly town hall meetings for each center
- Civil Center quarterly meet-and-greet events for all Civil/Shared staff.
- all Supervisors' meetings for each center
- monthly and quarterly newsletters
- electronic TV signs campus-wide
- monthly report on SharePoint

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.