

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

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

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

## BEHAVIORAL HEALTH ADMINISTRATION

The mission of the Behavioral Health Administration (BHA) is to transform lives by supporting sustainable recovery, independence, and wellness. BHA provides prevention services, outpatient treatment and recovery support to people with substance abuse disorder 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 65 beds and employs approximately 161 staff members.

**Eastern State Hospital (ESH):** Located in Medical Lake, ESH is one of two Washington state psychiatric hospitals for adults. ESH has a total bed capacity of 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 897 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 747 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 2,605 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 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:

### **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 effectiveness of action plans. Environment of Care Committees are maintained by each hospital to perform risk assessments of the environment of care, make safety and security recommendations and

develop action plans to improve workplace safety and violence prevention/mitigation.

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

## **Environmental Safety and Hazard Inspections**

Safety and Security considerations are evaluated annually as part of the 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/staff safety. All items identified are appropriately documented, distributed and placed on plans for rectification.

## **Emergency Response, Environmental Controls, Employee Safety Equipment**

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

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

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

Western State Hospital utilizes a Personal Alarm and Duress System that nearly all employees carry. If they do not carry the alarm or it fails, they 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, personal and scene safety.

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 back up support. As needed, the hospitals contact local police authorities for heightened security situations or containment of an off grounds patient elopement or violent incident occurring internally.

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

### **Injury Reporting, Incident Review, Workplace Violence Data**

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

Each hospital reports incident information to the DSHS Enterprise Risk Management Office (ERMO). The ERMO claims unit inputs and tracks injury and illness reports through the Risk Master database system and determines whether the incident meets criteria to be recorded on the OSHA Injury and Illness Log and Summary. ERMO provides monthly employee injury and claims data reports to hospital Safety Managers for trend analysis and reporting to appropriate hospital committees including Safety and/or Environment of Care Committees. Behavioral Health Administration Investigators complete a secondary review of assaults for injuries that require medical treatment beyond first aid at ESH and WSH. These reviews are provided to hospital Safety Managers and Leadership and suggestions for future best practices 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 psychological evaluation and Psycho-social assessment, social work history, nursing assessment and individualized treatment plan. Fall Risk assessment plans and physician recommendations, treatment strategies and safety concerns, including review of patient aggression events, are reviewed at interdisciplinary team meetings and during daily shift change meetings.

### **Workplace Safety and Violence Prevention Training**

New state hospital employees are required to attend New Employee Orientation (NEO), with a curriculum including all OSHA required safety information, accident prevention, workplace

violence prevention, infection control, use and maintenance of personal protective equipment, emergency response procedures and other required staff training.

## **Employee Support**

Injured employees have access to first aid measures utilizing internal medical emergency response procedures. Employees who sustain more serious injuries are 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 (PTSD). Referrals for CISM intervention(s) can be initiated by peers, supervisors, or Leadership. In addition, all employees are provided information about the DSHS Employee Assistance Program upon hire and are referred on an individual basis for further support as requested following incidents of violence or other traumatic events.

## **ANNUAL UPDATE ON STATE HOSPITAL EFFORTS TO REDUCE VIOLENCE**

This annual update summarizes efforts by each state hospital during FY 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 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 ligature resistant fixture retrofitting, product recommendation, design guidance and insight regarding safety and ligature risk mitigation at CSTC (Capital Project No: 20-461).

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 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 FY21-22 to maintain adequate inventory of these safety devices.

### **Future investments in safety**

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 was completed in fall of 2021 and admitting first patients in November of 2021.

Camano Cottage which treats CSTC's youngest patient population completed its design planning and construction of a new calming room (Capital Project 2018-419). This addition space now provides a designated area for assisting with calming patients to prevent restrictive interventions. Construction on this space began in April 2021 and completed in December of 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 began construction in June of 2021 and was completed in October of 2021.

Ketron Cottage's fenced recreational area (Capital Project No: 2020-448) provides adolescents on the cottage with a secure outdoor play area for patients. The area allows patients with increased levels of restriction the opportunity to enjoy the health benefits of being outdoors. This project began construction in June of 2021 and was completed in October of 2021.

CSTC embarked upon a multi-cottage door alarm system replacement, (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. Construction began on the door alarm system replacement in July of 2021 and was completed in November of 2021.

### **Capital Projects Future Investments in Safety**

Ketron LSA Expansion Project (2022-432) Ketron Cottage was recently funded a Low Stimulation Area in the 2022-2023 Capital Budget. This new construction will provide an area for patients to assist with calming them to prevent restrictive interventions. On site construction projected to begin in March of 2023 and will reach substantial completion in February 2023.

Cottage Bathrooms Exhaust (18-420) this project already in the early stages of construction is designed to improve ventilation in cottage bathrooms increasing air circulation and decreasing moisture and condensation.

Multi-Cottages Door Replacement (20-452) Design work completed, and some construction has begun, doors on order. Installation work will likely start in in the fall of 2022. The integrity



of the doors at CSTC is an important factor in maintaining a safe and secure environment for our staff and patients.

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 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 may begin in the third quarter of 2022.

Sprinkler Pipe Replacement at Warring Cottage (2022-433) CSTC's Maintenance building, this project will replace the aging fire sprinkler pipe a critical element in the MOD buildings automatic fire suppression system.

Orcas Cottage LSA Improvements Project (2022-434) Orcas Cottage Low Stimulation Addition opened in 2018, In the ensuing four 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.

CSTC Administration and Oak Grove School Building Fire Alarm System replacement (2022-435) This project will replace the aging fire alarm panel and associated fire alarm equipment.

### **Emergency 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 keeping with CMS Emergency Preparedness Rule CSTC purchased emergency supplies for the addition of San Juan 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 security key boxes, bins for emergency supplies as well as flashlights, batteries and water barrels for drinking water storage, spare two-way radio batteries and belt clips.

The Emergency Response Manual and Hazard Vulnerability Analysis (HVA) were revised in October 2021 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**

Child Study and Treatment Center continues to partner with DSHS Human Resources Talent Acquisitions and WSH's Recruiting Center to expand its recruiting efforts. Through this collaboration, CSTC has had dedicated recruitment teams assist the hospital with hiring, and onboarding.

In FY21 Child Study and Treatment Center hired 86 direct care staff (Psychiatric Child Care Counselors and Registered Nurses) to support the new cottage (San Juan) as well as fill 92 separations, employee injuries and those leaves related to COVID-19. These vacancies were

filled to improve the provision of patient care, active treatment and workplace safety and security.

## **Staff Training**

Child Study and Treatment Center (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 provided ongoing training throughout their employment. The Washington State Learning Center continues to provide employees with improved access to both online and instructor-led trainings.

In FY21, Child Study and Treatment Center continued to revise its New Employee Orientation curriculum to include:

Eight (8) hours of Milieu Management Strategies presented by one of the facilities Licensed Clinical Psychologists. The training consists of Cognitive Behavioral Therapy (2 hours), Engagement Strategies (2 hours), Behavior Principles (2 hours), and Family Therapy (2 hours).

In FY21, Child Study and Treatment Center added Therapeutic Boundaries (1.5 hours) to the Milieu Management Strategies curriculum. This presentation will soon be uploaded to the Washington State Learning Center to ensure all previously hired staff have received the training.

CSTC continues to utilize the Crisis Prevention Institute's (CPI) Non-violent Crisis Intervention (NCI) model for its crisis prevention and intervention training. All CSTC staff receive training in this model to learn the skills and confidence to respond to anxious, hostile, or violent behaviors safely and effectively.

Previously in FY21, CSTC invested \$13,800 on the CPI 2-day blended Instructor Certification Program; \$3,450.00 per staff. CSTC then invested an additional \$5,904 on CPI Training Workbooks; along with \$11,232 to train 3 current instructors in CPI's Advanced Physical Skills training. The hospital had six (6) certified instructors trained in this evidence-based approach. However, vacancies have left CSTC with only three (3) Certified Instructors at the end of FY21. CSTC will be investing \$19,285 in April 2022 to bring the hospital back to six (6) *Nonviolent Crisis Intervention® 2nd Ed. Advanced Physical Skills Certificated Instructors*. Having tripled our instructor base since February 2022, CSTC will be able to offer this course more frequently 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 all employees that are 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 is scheduled to begin providing Advanced Crisis Intervention Training (ACIT) at the beginning of FY22. ACIT has a comprehensive framework and is an integrated approach to predicting, recognizing, preventing, and de-escalating psychiatric crises. Several staff were able to attend ACIT at WSH during FY21, but nearly 30% of employees that received this training have since separated from CSTC. In addition, the only

2 CSTC employees that received ACIT instructor credentials have since separated. So, CSTC has been unable to provide this specialized training to its direct-care employees thus far in FY22. CSTC is currently in the process of acquiring additional instructors and enrolling them in the instructor certification process. CSTC will have 5 on-site ACIT instructors by June 2022. Once instructors have completed their certification process, CSTC will begin phasing current employees through the ACIT program on-site and then will have new hires complete the training within 90 days of hire. This training will be essential for direct-care employees at CSTC, as de-escalation strategies are at the core of using least restrictive means in crisis interventions with our patients.

Additionally, CSTC invested \$2,119.00 in BLS/BFA Courses and Certification fees. This included instructor training, requalification courses, current instructor renewal fees, and CPR and First Aid Certification Cards. Again, numerous vacancies occurred due to separations, which left CSTC with only 2 Certified BLS Instructors for the hospital. CSTC invested an additional \$528.00 March 2022 to add 3 Certified BLS Instructors to bring us to 5.

Overall, Child Study and Treatment Center continues to emphasize Dialectical Behavioral Therapy as its primary evidence-based practice for treatment throughout the hospital. Staff continue to receive Dialectical Behavior Therapy principles by a licensed clinical psychologist during NEO. Dialectical Behavior Therapy (DBT) being 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 being 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. Several new trainings have been created and added in areas that are new to CSTC or have been updated since the beginning of FY22; this includes:

- Contraband Search
- SILAS
- Hazardous Drugs: Physician, Nursing, Environmental Services
- Pharmacy Anticoagulation
- Hazardous Drug Spill Kit

CSTC Training Department hopes to continue to add additional trainings in the Learning Center for SILAS for Supervisors and Schedulers, Seclusion or Restraint Guidelines, and update current trainings to be more interactive and meaningful to better engage to facilitate increased retention and comprehension. Not only has the CSTC Training Department updated and created training material, but also holding New Employee Orientation (NEO) twice per month since FY21 due to the new cottage addition and continuous need for additional staff caused by turnover of direct-care employees. Nearly 60% of employees that have been hired and completed NEO in FY21 have separated as of December 2021. This has been an especially difficult component for the Training Department, as class sizes have been oversized and difficult to manage with only 1 Training Coordinator and very limited training space. In FY22, there will be a position added to the CSTC Training Department to assist with the NEO program and related tasks.

## **Performance Improvement**

Child Study and Treatment Center (CSTC) remains committed to the implementation of evidenced based trainings across campus. As mentioned above Dialectical Behavior Therapy (DBT) continues to be a evidence based practices implemented across campus 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 and address specific patient-based needs.

CSTC continues to increase the availability and transparency of data at the hospital 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 monthly and posted to the QI SharePoint page, along with 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 a paper process to an electronic system, which will increase the efficiency of timely reporting and improved data analysis.

### Child Study and Treatment Center 2022 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 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 January 2022. This is in addition to any individual assessments initiated because of Sentinel Events, drill evaluations, hazard reports, environmental safety surveys, unusual occurrence and injury reporting, and 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 Capital Programs project installing cameras throughout the Westlake facility was completed October 2021. Eighteen additional CCTV cameras were added to the FSU 2S1 NGRI ward in addition to replacement of seclusion room monitoring equipment: complete July 2021. Eleven FSU and APU ward CCTV cameras were replaced to increase the field of view; complete May 2021. Phase 6 camera project covers zero level corridor areas, APU stairwells, court rooms, and Patient Technology Center, pending funding approval.

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/CMS standards compliance, and mitigate the risk of unsecured building entrances. Anticipated design completion September 2022.

A risk assessment of both the Eastlake and Westlake Private Branch Exchange (PBX) identified that staff are vulnerable to workplace violence (e.g., armed assailant, agitated visitor, etc.) Vulnerabilities include but are not limited to; limited visibility of in-coming visitors and staff, physical location is either unsecured or non-hardened (zero barriers between visitor and operator and/or barrier easily broken to access location, etc.). Both locations contain critical alarm systems and equipment for fire, two-way radio communications, camera and overhead annunciation equipment utilized for alerting and notification of hospital staff in an emergency. A Capital Programs project for relocating the Westlake PBX reception desk, installing cameras at entrance doors, and enclosing the desk area to increase visibility of the parking lot and in-coming visitors was completed November 2021. Additional FTEs are being added to ensure two staff are staffed at the PBX 24/7 for emergency response coordination and communications.

A Capital Programs project for Westlake lobby security enhancements provides a new security office and area for more a detailed security screening, as necessary. Project includes updating and hardening the office with bulletproof glass and walls and walk-through, multi-zone screening equipment. Anticipated start date August 2022.

A Capital Programs project for security enhancements for the Eastlake main entry is anticipated to go to bid June 2022. This includes electronic door controls for building security, hardening the PBX office space and additional camera installations.

A Capital Programs project has been funded to replace the Eastlake boiler plant. This project started February 2021 with a completion date of fall, 2022. The steam plant provides heating to the Eastlake campus and is vital for Continuity of Operations.

Upgrades to the current card reader access control software/hardware that has been in use at ESH since 2012 is targeted for replacement June 2022.

Installation of an additional radio repeater to service two radio channels; Eastlake North and a new channel for the Facilities Department complete June 2022.

Due to the failure of a fire suppression line and resulting flooding, a Capital Programs project was initiated to demo and replace water damaged building components and to replace the aging fire suppression line. Additionally, replacement of several other lines occurred which were in a compromised state and at risk to fail. Project completion March 2022.

Patient rooms on all APU and FSU wards have been systematically renovated for patient and staff safety and include 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 furniture on the civil commitment wards is

complete and FSU target for completion is September 2022.

As the result of a 2021 TJC survey, a plan of correction was completed to replace all electrical, medical beds with molded vinyl beds on all GPU wards unless a doctor's order is in place based on patient need. This improvement reduces the risk of medical bed parts and cords being used for self-harm (ligature) or for use as weapons.

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 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.

### **Active Treatment**

Staff escorted community outings (SECO) are conducted on a regular basis for the NGRI wards with Risk Review Board and Public Safety Review Board approval. Community reintegration groups stopped March 2020, due to COVID-19 restrictions but resumed March 2022 utilizing a COVID-19 Risk Assessment.

An introduction to group facilitation training has been added to NEO and was implemented in January 2022 utilizing a facilitation competency assessment tool. The consistent delivery of this training in NEO has been limited due to COVID restrictions. Programs, treatment, and care are provided by rehabilitation 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.

Due to COVID restrictions, the Rehab department moved to cohort-based teams to provide programming on and off the ward. This allows active treatment to continue to occur while still operating within the safety guidelines issued by IC related to COVID. When wards are on a yellow stop status, it limits active treatment to 1:1 interaction and the inability to attend groups at the Treatment Mall.

### **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 (TLC) system, which provides better access to and 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, at orientation and ongoing, which is utilized to compile monthly compliance reports.

ESH has implemented 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 demonstration and documentation of the

employee's competency to perform these skills. ESH is identifying trainers for implementation of Advanced Crisis Intervention Training, May 2022.

Following classroom NEO training that all newly hired staff are required to attend, RN's, LPN's, MHT's, PSAs, and PSN's are assigned to precept on the wards for an additional three weeks to complete New Nursing Orientation. This is designed to intermix mental health theory content with core competency training required for different levels of nursing practice.

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.

ESH is identifying ten trainers for implementation of Psychological Safety training. This training is in line with the ESH Strategic Goal of creating, maintaining, and promoting a Culture of Safety. The trainers will receive train-the-trainer education in June 2022 with the goal of having all Leadership staff trained by the end of August 2022 and 50% of all staff by October 2022.

### **Performance Improvement**

A workgroup of frontline employees collaborated to identify a Violence Risk Assessment to utilize for routine assessment of all new admissions and patients who present increased risk of inpatient aggression. The (Dynamic Appraisal of Situational Aggression (DASA-IV) has been identified as the tool for use at ESH. This tool assesses seven indicators to provide a score of predictive aggressions that correspond to scaled interventions. As the score increases it triggers the creation of a safety plan and interventions which help the patient avoid aggression. The tool is being piloted on the FSU Admission ward May 2022.

A budget request for funding of a Violence Reduction Team (VRT) has been made. This team will review all assaults and offers nursing staff preventative strategies, behavioral interventions, training, mentoring, and coaching, when necessary to mitigate future assaults. The team will focus their efforts on working with patients that are the most assaultive, developing rapport and providing therapeutic engagement for these patients. The team will report to the new Chief of Clinical Services. The Chief of Clinical Services position has been hired with an anticipated start date of June 20, 2022.

A Consult Liaison Team consisting of one Psychiatrist, one Psychologist 4, and one Psychiatric Social Worker 3 has been established to assist ESH clinicians when additional consultation is required to move a patient's progress forward. Consultation may be required for some patients whose recovery becomes stagnate and may need additional clinical assistance related to medications or other interventions.

### **Emergency Response**

The Psychiatric Emergency Response Team (PERT) responded to 1,548 calls: April 2021 through April 2022. 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 2021 and has been updated and includes, but is not limited to, Emerging Infectious Diseases e.g., COVID 19, Cyber Security events, Active Threat, wildfire, and windstorms.

The ESH Continuity of Operations Plan (COOP) has been updated and converted to the online DSHS BOLD program May 2022. This program provides consistency in COOP plans for all DSHS facilities and improved access for staff responsible for implementing the plan during a continuity event.

Continuity of Operations activities related to COVID are ongoing in accordance with the Governor's directives. An outdoor testing location is in place for on-site testing of staff as identified through contact tracing. Resources are coordinated through DSHS Behavioral Health Administration incident command and internally as needs are identified. Screening stations are in place at all entrances for staff and visitors and personal protective equipment utilized per CDC and BHA guidance.

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 additional specialized resources. A safety plan is initiated to provide awareness for supervisors addressing workplace safety and security concerns as appropriate.

A tabletop exercise was conducted September 2021 to test the emergency staffing plan, collaboratively, with all disciplines, to identify gaps and ensure the ability to implement 48 hours, or longer, shift coverage and prevention of significant operational impact, protection of patients and staff, provision of 24/ patient care and facility maintenance of critical utilities for Life Safety.

"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 Staff Education is developing a plan for training implementation for all staff interested in taking this course.

### **Safety Improvement Purchases**

Expenditures for safety improvement purchases in FY21 include, but not limited to:

- Molded Behavioral Health furniture for wards.
- Emergency medical equipment (AEDs).
- Ergonomic equipment including sit-to-stand work surfaces, fatigue matting and adjustable task chairs.
- Cameras were replaced in some locations to increase the area of view.
- The 2S1 seclusion room cameras were replaced, and visitation room cameras added in multiple locations.
- Replacement of flooring in Westlake locations to address Infection Control concerns and



slip/trip hazards.

- ESH radio fleet replacement. This project upgrades the equipment to be Wi-Fi compliant for future expansion and replaces equipment that is no longer under warranty. This includes batteries, as needed.
- “Stop the Bleed” training supplies for emergency response to bleeding events prior to the arrival of trained personnel.
- Emergency disaster supplies to include emergency food rations and water, flashlights, blankets, stretchers, survival kits, and incident command supplies.
- Portable eyewash bottles for EVS carts.
- Paraslydes (emergency evacuation equipment) for newly established wards.
- COVID related supplies e.g., hand sanitizer, gloves, safety glasses, etc.
- Disposable microfiber mopping pads for increased workflow efficiency and cleanliness (infection control) and to reduce the risk for staff injuries related to mopping activities.

## **Staffing**

In FY21 ESH expanded travel agency contracts to respond to staffing shortages related to mandated vaccinations and the COVID pandemic. ESH hired 79 Nursing staff (direct patient care) and 50 clinical and non-clinical staff. ESH contracted with five placement agencies to assist with sourcing applicants to fill vacancies.

ESH established a new Violence Reduction Team (VRT). This team will review all assaults and offer nursing staff preventative strategies, behavioral interventions, training/mentoring and coaching, when necessary to mitigate future assaults. The team will focus their efforts on working with patients that are the most assaultive, developing rapport and providing therapeutic engagement for these patients.

Positions for a Consult Liaison Team were established to assist ESH clinicians with some patients whose recovery becomes stagnate and may need additional clinical assistance related to medications or other interventions to move the patient’s progress forward.

Eastern State Hospital has submitted a budget request to establish a psychology evaluation team. This team would consist of Psychology Evaluators, Certified Sexual Offense Treatment Professional (CSOTP) and Clinical Neuropsychologist. The Psychology Evaluators would have specialized training and experience in conducting psychodiagnostics and forensic risk assessments. These assessments would go above the typical assessments for suicide, depression, etc., providing more robust assessments to determine diagnosis and risk for violence, sexual offenses, etc. The CSOTP is an essential clinician for robust continuity of care and discharges into the community without jeopardizing public safety. 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.

Eastern State Hospital is seeking to bring the Security Department duties into alignment with other BHA facilities, which includes the coverage of some responsibilities currently covered by direct care staff. This expansion of duties would 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. Transporting and escorting patients is currently provided by Nursing positions and Mental Health Technicians. Security Guard 2s are trained to cover these responsibilities and would allow the direct care positions to focus on patient care.

Eastern State Hospital's overtime average for FY21 was 5.2%. As of May 2022, ESH's overtime average is 8.2% due to ongoing staffing shortages.

### Eastern State Hospital 2022 Workplace Safety Plan

## **WESTERN STATE HOSPITAL**

Western State Hospital has implemented robust protocols that keep staff safe. There is also collaboration with its DSHS partners to complement the safety program.

### **Pendant Personal Alarm**

A pendant personal alarm and duress system is operational at WSH. The pendant personal alarm is mandatory for all employees. Each employee is provided their own personal alarm pendants to use in a personal safety and/or security threat situation. Employees can activate their pendant whenever they think there is an immediate or potential violent or aggressive situation. When activated the pendant location is triangulated, a code grey is called, and security guards will respond. If the pendant moves, the control center provides the security on the ground with updates on location.

### **Psychiatry Emergency Response Team**

WSH has a Psychiatric Emergency Response Team ("PERT") who are trained in advanced crisis intervention and incident management skills, identification of antecedents for violence and aggression and de-escalation techniques. The PERT teams responds to all code greys including difficult patient situations and manages conflicts by focusing on staff and patient safety. The PERT was created to help ward staff engage with patients in crisis when other methods of engagement have been exhausted. The PERT assists ward staff with behavioral support, de-escalation, physical intervention, and therapeutic presence.

### **Violence Reduction Team**

A Violence Reduction Team (VRT), which is a multidisciplinary team that specializes in the development and implementation of interventions rooted in evidence-based practices. The VRT works with treatment teams and ward staff to assess factors associated with aggression and to identify specific strategies and interventions to mitigate negative outcomes. The VRT also reviews all assaults and offers nursing staff preventive strategies, behavioral intentions, training/mentoring, and coaching to assist in mitigating future assaults.

### **Campus Patrol**

There is a dedicated campus patrol 24 hours per day, 7 days per week on the grounds to WSH. A responsibility of this group is to respond to all emergent situations.

## **Clinical Risk Management**

Western State Hospital has a hospital-wide Clinical Risk Management (CRM) program that identifies, assesses, and mitigates clinical risks, and promotes patient and staff safety. Clinical Risk Management provides three types of reviews that assists with violence reductions (1) Clinical Risk Management Reviews (2) Root Cause Analysis (using The Joint Commission RCA Framework) (3) Intensive Assessments.

CRM Review includes reviews of assaults (patient to patient, patient to staff) that result in injury requiring care beyond first aid, reviews also include patient behaviors if they display a pattern of assaults. This review takes a clinical look at the patient as well as a review of all applicable policies, the findings are reported to all executive leaders and the direct supervisor of the area the incident took place. Recommendations for improvement are included, this review requests a response from supervisors.

A Root Cause Analyses (RCA) is completed on any assault related injury that meets the definition of an adverse event or sentinel event. The RCA provides a multidisciplinary comprehensive systematic analysis that helps to identify system vulnerabilities so that they can be eliminated or mitigated.

Intensive Assessment looks for causal factors of patient safety events that may not meet the criteria of root cause analysis but is deemed significant.

## **Trauma Informed Care**

To further the goals of transformative forensic care, the Behavioral Health Administration is transitioning to Trauma Informed Care (TIC). During late 2020, a workgroup was assembled at the request of the BHA Assistant Secretary with the purpose of assessing the Trauma-Informed Care (TIC) model of psychiatric care. The workgroup met weekly and determined that the TIC model would be useful for achieving positive outcomes such as reducing assaults, reducing seclusion and restraint, improving staff retention, and creating an atmosphere of universal safety. WSH is now working towards being a trauma informed organization one that realizes the widespread impact of trauma and understands the potential paths for recovery; 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.

Research suggests trauma-informed care:

- Improves client and staff safety and wellbeing
- Improves outcomes for clients and enhances client care
- Improves employee satisfaction and engagement
- Reduces staff burnout and turnover

In August 2021, a charter was signed by the BHA Assistant Secretary that initiated a TIC project (charter is attached). Since then, a project structure was created that has one main TIC workgroup and seven subcommittees including Leadership, Data, Human Resources, Workforce Development, Tools Implementation, Vigorous Debriefing, and Customer/Family Inclusion. The subcommittees are in the early planning stages and completing deliverables and the plan is to implement the product of the deliverables on two admission wards at the

Gage Forensic Center at Western State Hospital. After the implementation on the two admission wards, the plan is to spread the implementation to all BHA facilities.

### **DSHS & BHA Partners**

Western State Hospital receives support from the Enterprise Risk Management Office that provides workplace safety information, safety consultation, safety training, industrial insurance claims management, safety summits, and monitoring of DSHS' strategic objectives and action plans for reducing violence at WSH.

An Incident Review Team at DSHS Behavioral Health Administration Headquarters provides root cause analysis of OSHA recordable staff assaults at WSH to determine more specific causes of workplace violence. The findings are provided to the Assistant Secretary of the Behavioral Health Administration and to the leadership of WSH.

### **Hospital Staffing**

Nursing positions continue to be difficult to fill, there is a national shortage of nurses and at WSH the nursing shortage being experienced was exacerbated by the COVID-19 Omicron surge; recruitment also continues to be a challenge. Despite this, the hospital has employed a variety of strategies to increase recruitment, such as, contracting agency nurses, billboard advertisement, contracting nursing.com to conduct mailing campaigns, and recruitment through social media such as LinkedIn and Twitter and other websites such as Indeed.com. Work is also being done to link career.wa.gov to the BHA public facing websites, this ensures that when the community "googles" Western State Hospital jobs opening will also be visible. The WSH workforce administration is also attending nursing career day at local nursing school.

### **Safety Committee and Safety Office**

Western State Hospital 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 to decrease violence at WSH. This hospital-wide safety committee is supported by three center level safety committees, where safety concerns and 03-133s are reviewed; significant incidents and unresolved incidents are elevated to the hospital-wide safety committee which has a process of identifying responsible parties to create and implement action plans to address these concerns. WSH safety office has full-time employees who also support the review of the 03-133, they ensure all required and pertinent information has been collected. The hospital-wide safety committee also provides the platform for a routine review of the hospital's assault data, this data review allows for identification of areas for improvement which will initiate action plans to prevent or mitigate the occurrence of assaults. The hospital wide safety committee reports to the hospital's Quality Assessment and Performance Improvement Program.

### **Tableau**

The hospital continues to use Tableau as a data and visualization tool, with over 50 available dashboards. Center directors, Cabinet members, and other staff on the leadership team have been granted licenses to access Tableau, which provides them the ability to track data for their wards and centers, for the purpose of identifying patterns and trends and

taking mitigation measures. Data reports are created monthly 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 to inform discussion on safety mitigation at the hospital. Tableau is also used to monitor individual patient trends and patterns to determine if individual interventions have been effective for specific patients. The REDA department also works closely with ERMO to ensure the accuracy of staff injury data in Risk Master, and with BHA Investigations staff to ensure they have the information they need to investigate safety-related incidents.

### **Town Hall/ Other communication**

Western State Hospital communicates regularly to staff regarding efforts to reduce violence. Current efforts to communicate this information include monthly town halls where current assault rates, trends and action plans are discussed. The town hall provides a forum for staff to ask questions regarding current efforts. These meetings are recorded so staff from all shifts can review the information as they are able to. Staff are also able to read about violence reduction efforts through newsletters and emails from our CEO.

### **STAR Ward & Consult Liaison Service**

Western State Hospital's (WSH) Specialized Treatment Assessment and Recovery (STAR) program opened on February 3, 2020, with 10 patients (one month before the pandemic). It is an intensive treatment program targeting the top 10 assaultive patients by providing individualized, evidence-based treatment to empower patients to safely manage their lives. The goal of the program is to decrease the rate of assaults across the hospital and reduce the rate of violence of the STAR patients during their stay in the program. The program also included a plan to open a Step-Up Unit, this was the designated transfer unit that would receive the STAR patients who were successful in achieving the stated goals, unfortunately, the Step-Up unit did not open because of challenges caused by the COVID-19 pandemic.

The STAR program experienced a myriad of challenges.

Transfers and discharges: the original spaced identified for the Step-Unit unit was no longer available because the COVID-19 pandemic created a need for isolation and quarantine wards. In addition to this, the pandemic resulted in an inability to discharge patients to the community due to COVID-19 concerns.

Staffing: The hospital has significantly been impacted by the national nursing shortage, which was pronounced during the pandemic. DSHS and WSH's COVID-19 response restricted staff work assignments, this limited the hospital's response to staffing shortage.

Furthermore, the STAR ward experienced a 95% nursing staff turnover rate since inception, the unit has been able to retain a psychiatrist. This turnover rate has significantly contributed to the program instability. The high turnover rate has WSH very dependent on agency nurses to staff the STAR unit with a cost of \$1,184,000. This cost does not include other overtime expenses.

Safety Data: The STAR ward had the highest assault rate of all WSH wards, and the highest Patient-to-Patient and Patient-to-Staff Assault rates of all wards. Furthermore, Labor and Industries claims filed between January 2021 to November 2021 are as follows:

- 9 compensable claims
- 13 non compensable claims

Additionally, there were 40 incidents where no claim was filed.

The limitations coalesced to create a major obstacle to maintain stability in the STAR programming including safely staffing the STAR Ward in its configuration to serve the 10 patients. Consequently, WSH was forced to reduce the ward census from 10 patients to 5, and half of the patients were transferred to wards within the Civil Center in August 2021. With the patient census reduced by 50% so did the staffing levels. As WSH continued to respond to the challenges of COVID-19 pandemic it became clear that the program needed to be evaluated. As such in December 2021 the STAR ward was temporarily closed due to the staffing shortage.

The remaining patients who were being served on the STAR ward were moved to various wards within the Civil Center. To support the transition of these STAR patients, a smaller new team was created known as the Consult Liaison Service (CLS). Initially, the CLS acted as the treatment team for the former STAR Ward patients, since then their care has fully transitioned to the treating wards. CLS continues to support most of the former STAR Ward patients and began offering consultation to other treatment teams in February 2022. Currently the Consult Liaison Service assists the treatment teams in managing the most challenging patients. The Consult Liaison Service (CLS) is an experienced interdisciplinary team with expertise in psychiatry, mental health nursing, psychology, counseling, and social work. Their approach is highly collaborative and supportive of a treatment team's efforts. Upon request by the ward psychiatrist, the CLS staff reviews all aspects of a patient's current care and provides relevant feedback and recommendations in the following areas:

- Diagnosis
- Medication management
- Behavioral interventions
- Nursing interventions
- Staff-patient communication
- Milieu management
- Risk assessment for suicide/violence
- Monitoring/seclusion/restraint
- Counseling/Therapy
- Social issues

CLS team members work closely with the ward treatment team and staff, sharing relevant knowledge and demonstrating effective therapeutic approaches to managing patients with highly disruptive or assaultive behavior, to improve clinical outcomes, including a reduction in highly disruptive or assaultive behavior. CLS will assist more patients across the Civil Center than the current STAR Ward model. The STAR Ward provided services to 18 patients since inception and the CLS is estimated to be able to provide service to 24 to 30 patients annually.

The table below shows the Civil Center Patient to Patient and Patient to Staff assault data by month from Jan 2021 to April 2022. With the support of Consult Liaison Service both rates have demonstrated decreases when the patients began to be placed back on their home wards in August 2021. The Patient-to-Staff Assault rate experienced a 63.1% rate of change from August 2021 to April 2021

The table below also supports this phenomenon, it shows the trend of patient to staff assaults by fiscal year from 2020 to 2022. When the STAR patients began to be placed back on their home wards, assault data began to shift significantly downward, the most significant downward change is seen when the patients began to move to their home wards in August 2021 and in December 2021, for the first time since FY 2020, we were able to be below our target of 2.55 for patient to staff assaults.

**Civil Center, 2021 and 2022 Assaults and Assaults per 1,000 Patient Days by Month with Prior Year-to-Date Comparisons**

Month	Patient to Patient		Patient to Staff		Total	
	#	Rate	#	Rate	#	Rate
2021						
January	53	4.65	48	4.2	101	8.87
February	40	3.91	50	4.88	90	8.79
March	56	4.93	52	4.58	108	9.50
April	66	5.92	48	4.30	114	10.22
May	63	5.56	61	5.39	124	10.95
June	54	5.09	44	4.15	98	9.23
July	46	4.30	42	9.92	88	8.22
August	70	6.51	62	5.77	132	12.28
September	53	5.03	34	3.23	87	8.26
October	36	3.32	44	4.06	80	7.38
November	47	4.58	36	3.51	83	8.09
December	40	3.71	20	1.85	60	5.56
2022						
January	44	4.06	30	2.77	74	6.83
February	44	4.68	23	2.45	67	7.13
March	46	4.71	22	2.25	68	6.96
April	38	4.04	20	2.13	68	6.17

Western State Hospital 2022 Workplace Safety Plan

**STATE HOSPITAL STAFF ASSAULT DATA**

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

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

- Time loss

### 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

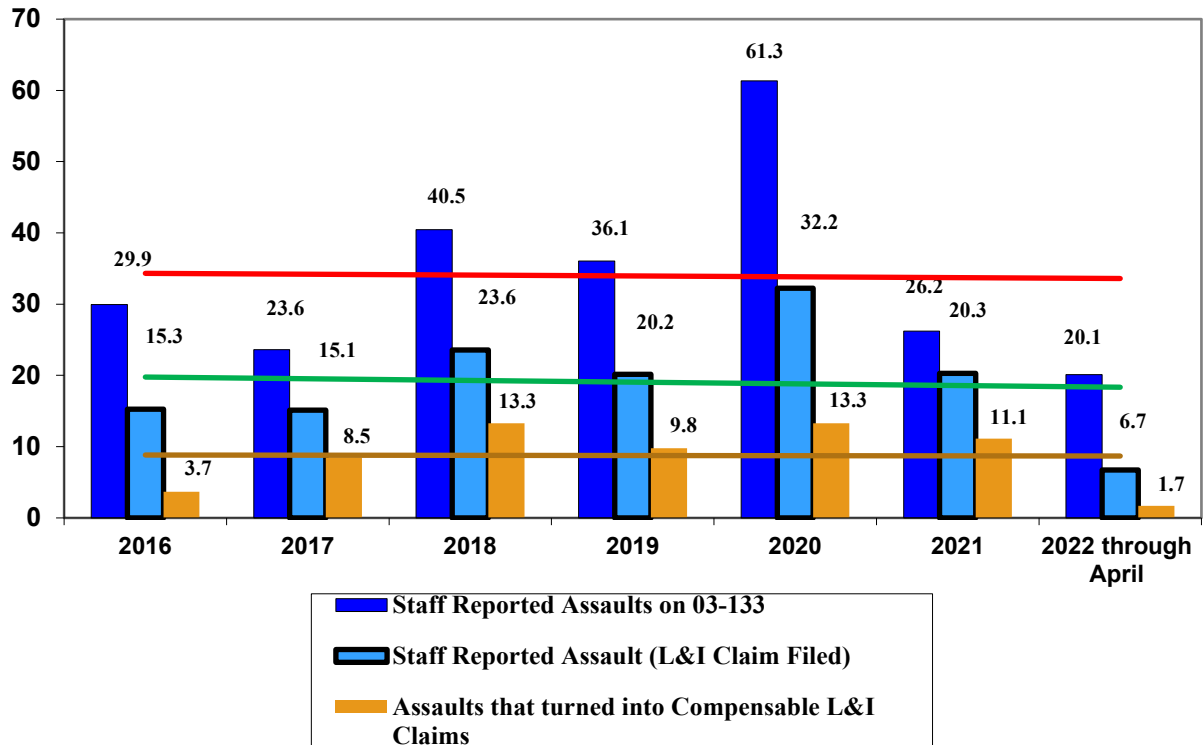
Injured employees at the state hospitals report injury information on the DSHS 03-133 Safety Incident/Near Miss Report form. The DSHS Enterprise Risk Management Office (ERMO) claims unit inputs injury information and workers compensation claims information into the Risk Master Database system. The following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

#### 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 serious mental illness, forensic involvement and/or histories of violence.



## CSTC Assault Information Per 10,000 Patient Days

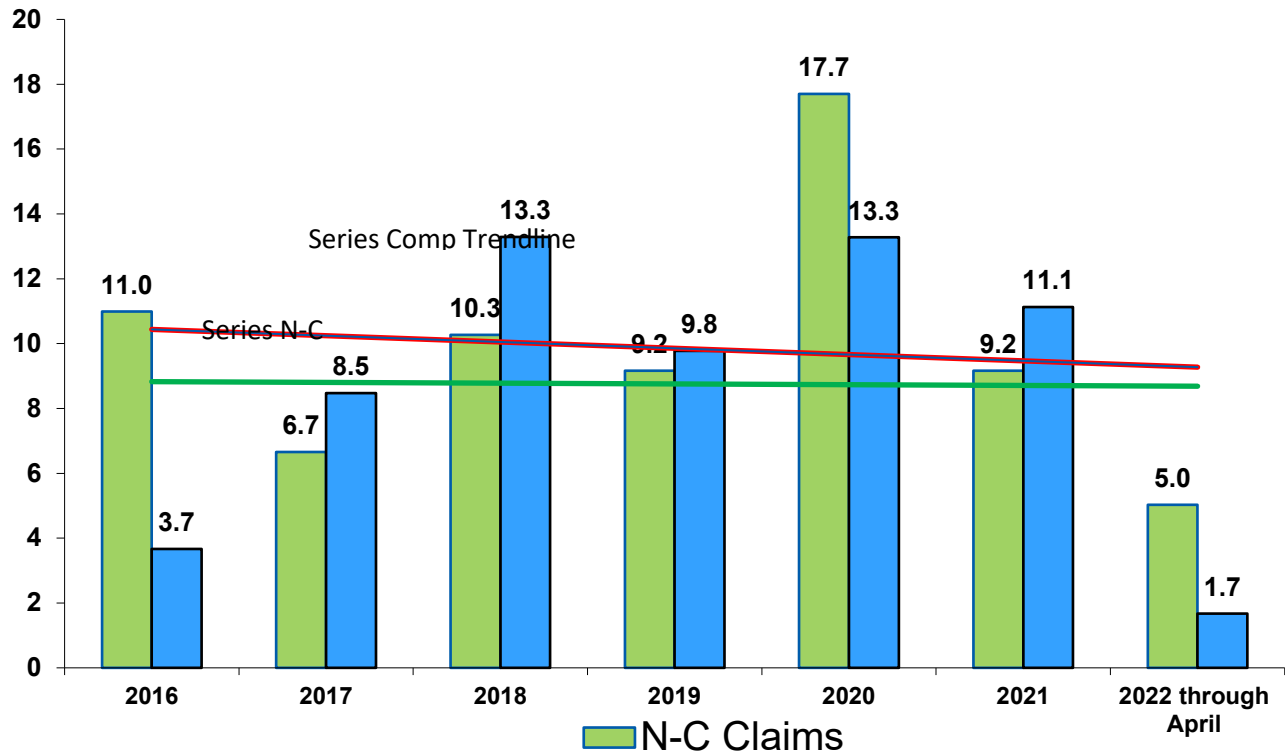


This data shows the **ratio of Staff Reported Assaults vs. L&I Claims filed vs. Compensable L&I Claims**. Although the data for 2022 is not mature at the time of this report, early data shows a slight decrease in the number of staff who have reported assaults, which previously spiked in 2020. The data 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-ones), which are continually modified and adjusted based on 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

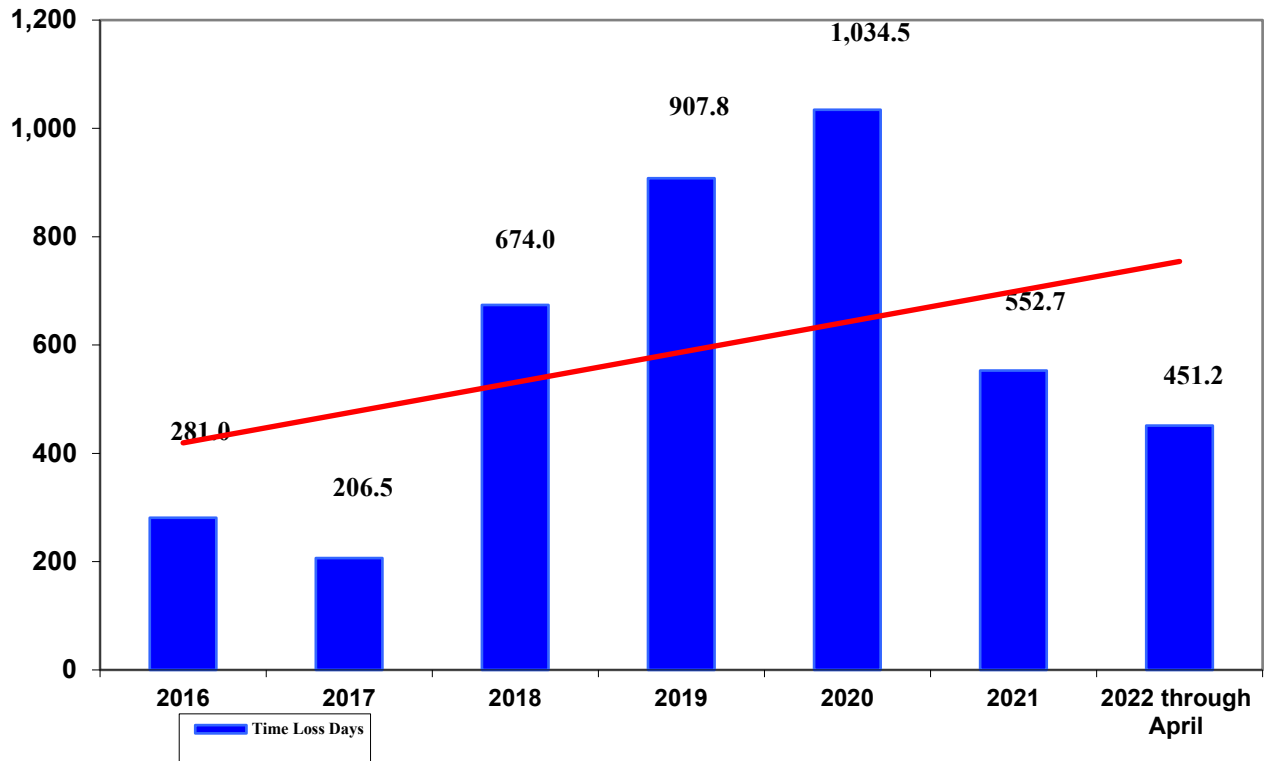


This data shows the **ratio of Compensable vs. Non-Compensable Claims**. The ratio of Compensable to Non-Compensable claims, although showing yearly variations, have for the first time showed a downward trend. Although assault claims data for 2022 is not mature at the time, early data shows a significant decrease in compensable claims compared to last year. Currently four (4) employees have sought medical attention and only one (1) 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, and dialectical behavioral therapy and other evidenced-based practices that target patient engagement, encourage collaboration, and teach coping skills.

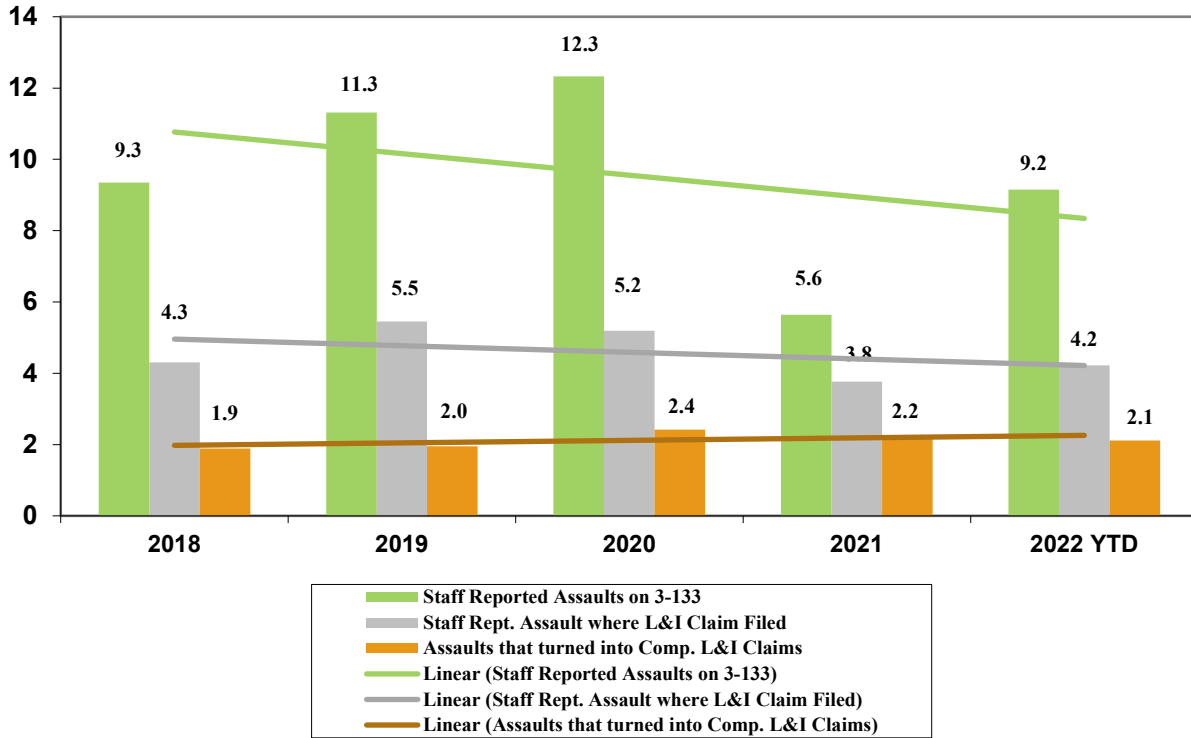
### CSTC Total Time Loss Days Per 10,000 Patient Days



This data shows the overall trend in **time loss days due to assault**. Although the data for 2022 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 Assault Information Per 10,000 Patient Days



**Assault data** indicates that 2021 had a significant decrease (50%) in staff reported assault rates in comparison to 2020; 102 to 51. Second quarter 2021 data indicates six occurrences were reported compared to 17 in the first quarter and compared to 28 reported assaults in the second quarter of 2020.

The second quarter reduction in patient-to-staff assault may be attributed to the overall decrease in patient census, effective staff and PERT responses, increased opportunities for CPI refresher training and movement of ward based active treatment back to the Treatment Mall beginning March 2021 as COVID restrictions allowed. There were 386 PERT responses for escalating patient behavior during the second quarter with 104 of those responses not resulting in seclusion/restraint.

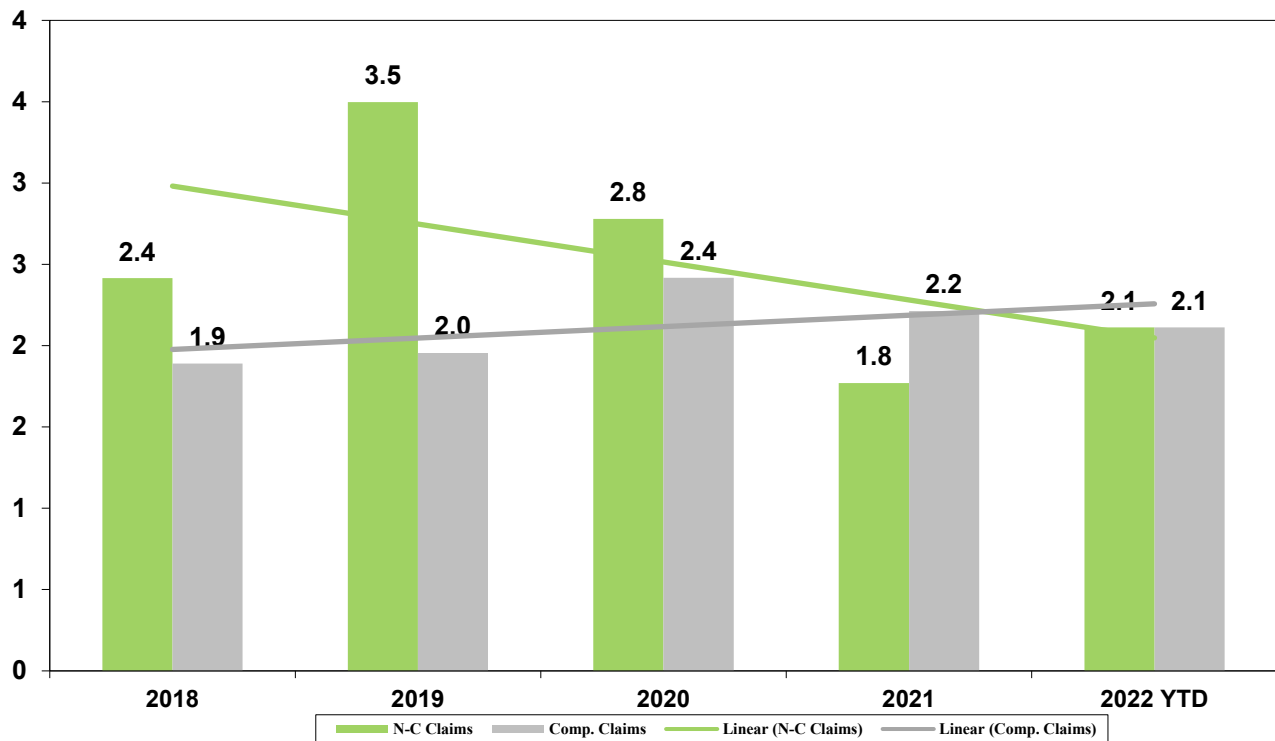
In 2021, 47% of all assault events occurred on Geropsychiatric wards, thirty-three percent of occurrences were on the Adult Psychiatric wards and sixteen percent of assault occurrences were on Forensic wards. Fifty percent of all assaults on the HMH Geropsychiatric ward were the result of one patient with multiple assault events for a total of five. Reported assaults on the Adult Psychiatric unit indicates nine of the 17 assaults were the result of four patients with two or more occurrences each.

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. Thirty-seven percent of occurrences were on the evening shift with 12 occurring between 1500 and 1700.

First quarter 2022 data show increases in reported assaults with the largest proportion occurring on the Geropsychiatric ward HMH associated with two patients, followed by the APU and FSU admission wards and FSU Competency Restoration wards. Most assaults occurred on the evening shift, but only slightly more than assaults reported for dayshift.

Due to the decrease in census and overall patient days during 2021, the graph above depicting normalized numbers, may give the appearance of a slight increase in some comparisons.

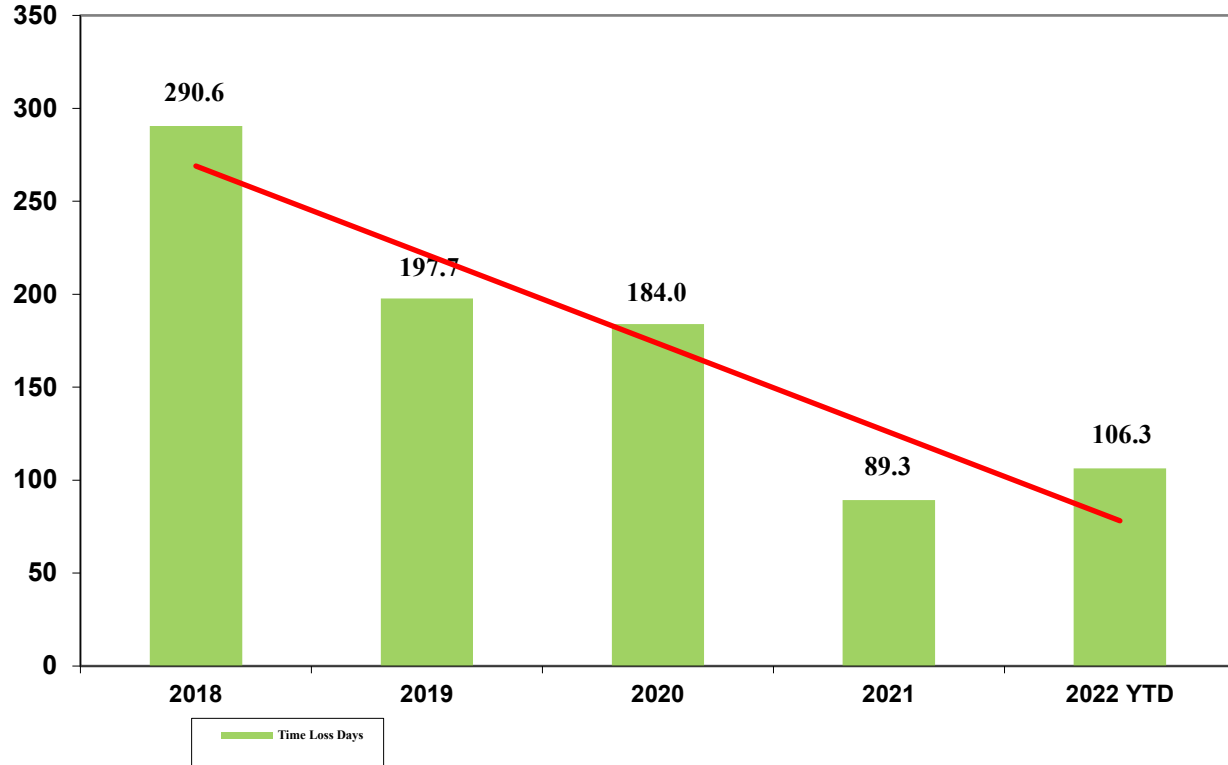
### ESH Assault Claims Per 10,000 Patient Days by Compensable vs. Non-Compensable



This data shows the **ratio of Compensable and Non-Compensable claims**. Reported assaults where L&I claims were filed decreased from 43 in 2020 to 34 in 2021; 21%. Of the 34 claims filed, 20 resulted in time loss, 70%. This is a significant increase in claims filed but overall time loss has decreased. Non-compensable claims, medical treatment only, have decreased from the previous year; 23 to 16. Compensable claims exceeded non-compensable claims in 2021. Non-compensable claims have exceeded compensable claims over the previous three years.

First quarter 2022 data shows an increase in total claims with the ratio of compensable and non-compensable claims split at 50%.

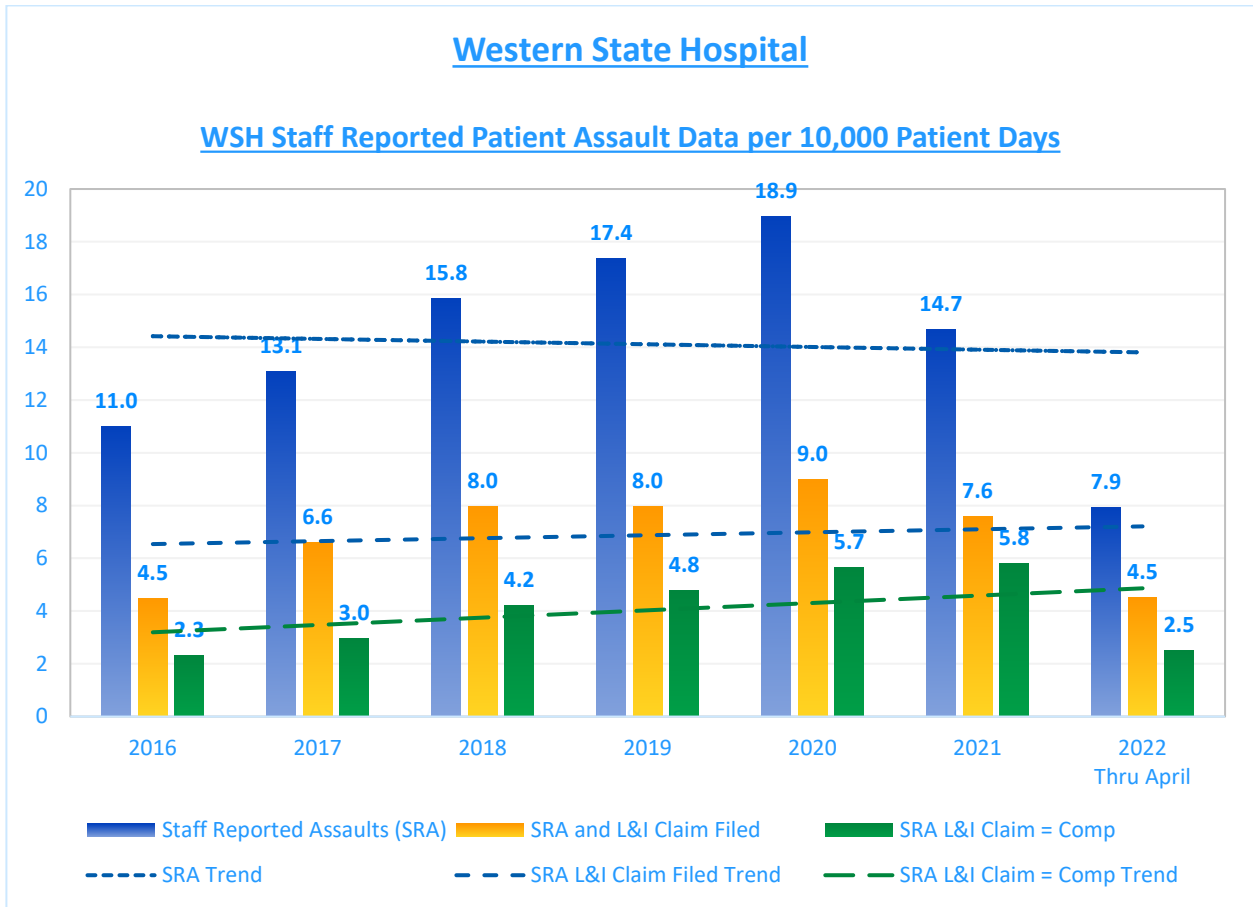
### ESH Time Loss Days Per 10,000 Patient Days



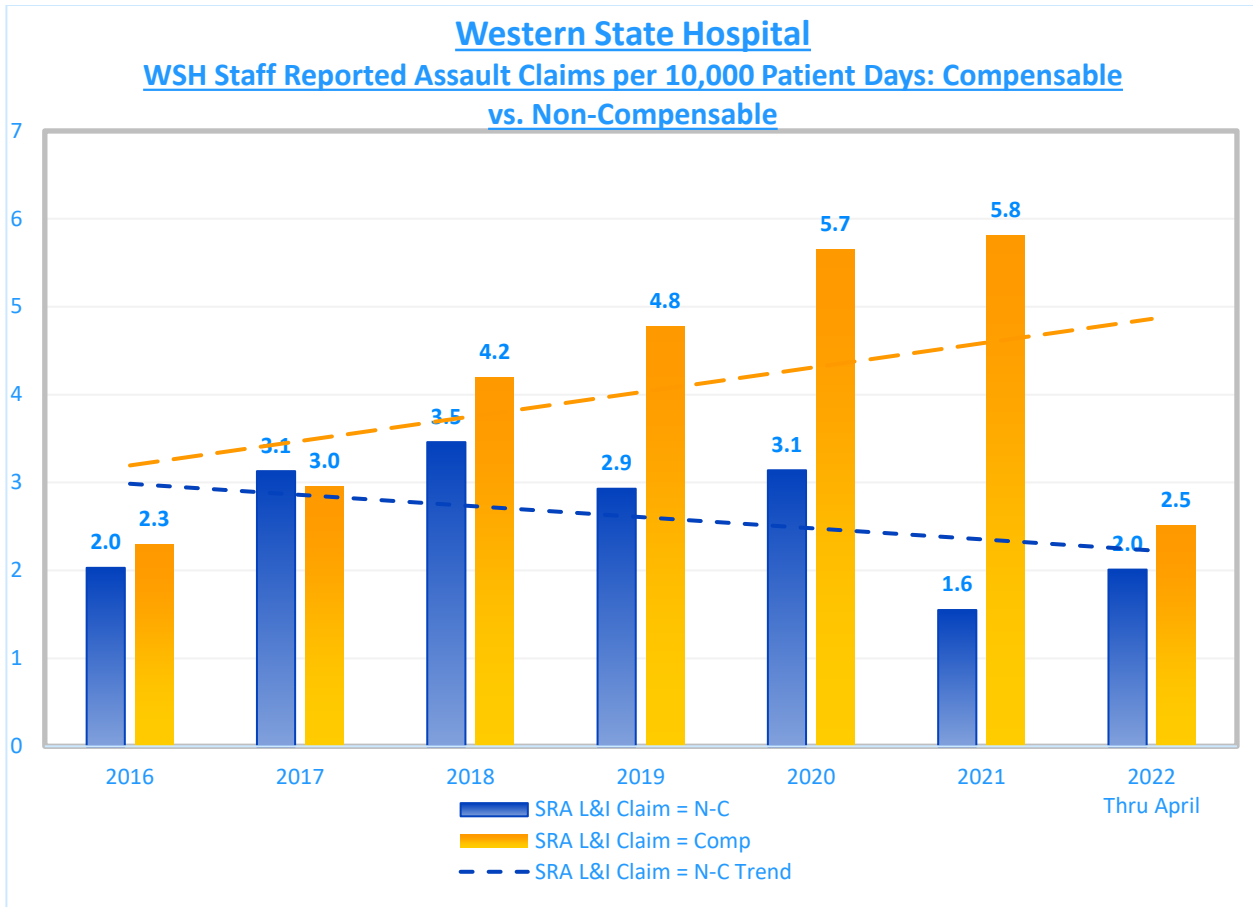
**Time loss** days associated with assault claims decreased from 1523 days in 2020 to 807 in 2021: a 47% decrease. Thirty-one percent of the assault time loss is associated with two employee injuries with over 100 days lost for each event. The overall number of time loss days may be impacted by delays in treatment related to COVID restrictions community wide. The decrease in time loss may be attributable to a decrease in injury severity and a successful Transitional Return to Work Program.

First quarter 2022 data shows 302 days of time loss with 64% of the total days accrued the result of three injuries occurring in previous years.

WSH Data

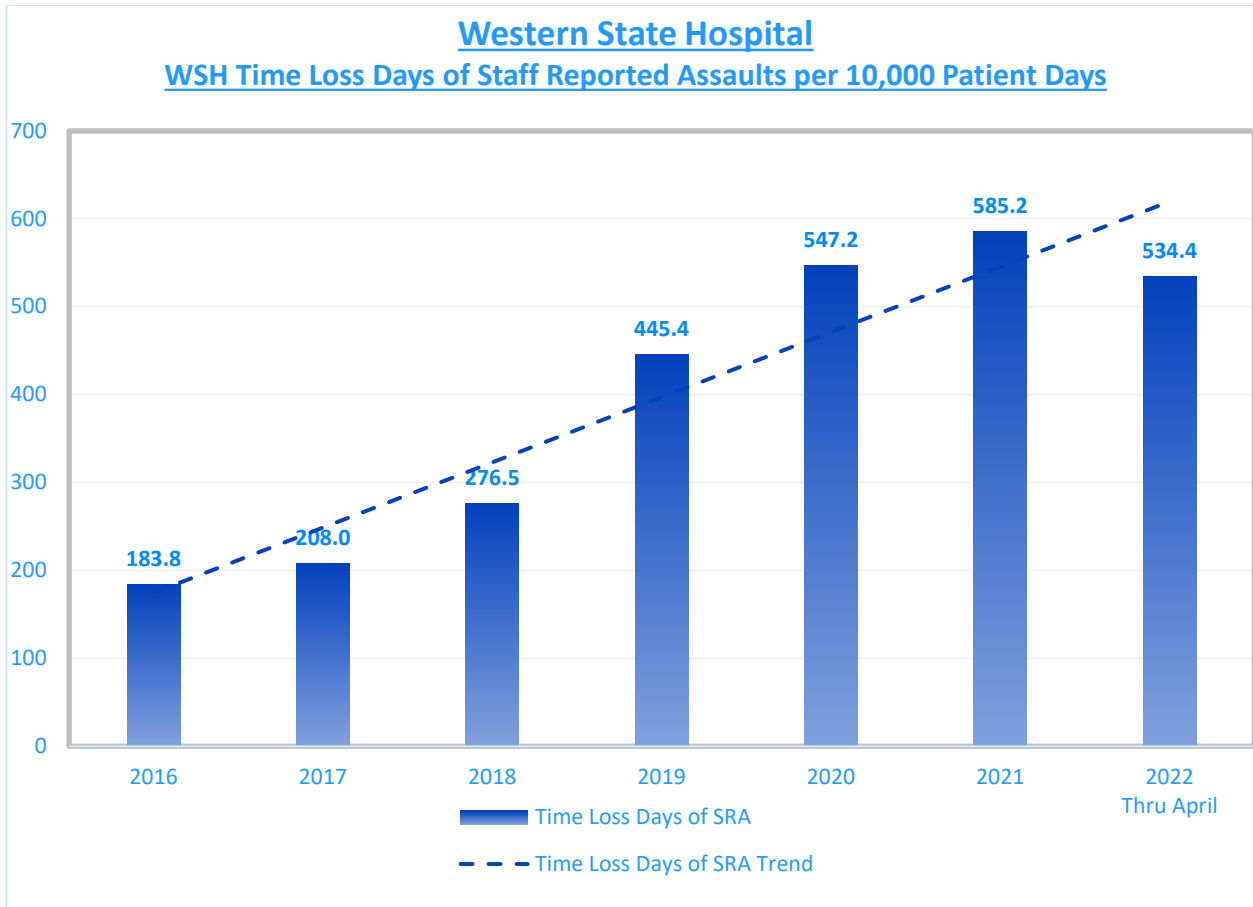


Staff Reported Assaults increased consistently from year to year through 2020. During 2021, WSH experienced a significant decrease. Over the past five years, the ratio of Staff reported Assaults to L&I Claims filed has decreased significantly, demonstrating that in recent years, assaults have not led to as many injuries. Staff Reported Assaults and L&I Claims Filed Rates are continually monitored and evaluated for determination of contributing factors and needed corrective action plans.



The Compensable Claims Rate at WSH has increased since 2016. Continued efforts to reduce violence throughout the hospital will contribute to reducing compensable assault claims in the future.





The WSH Time Loss ratio per 10,000 patient days has increased significantly over the last years.

### **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.