



Report to the Legislature

Workplace Safety in State Hospitals

Chapter 187, Laws of 2005, Section 1

August 2010

Department of Social & Health Services

Integrated Health Systems

State Psychiatric Hospitals

1115 Washington St. SE MS-45010

Olympia, WA 98504

(360) 902-7762

TABLE OF CONTENTS

BACKGROUND..... 3

OVERVIEW.....4

Child Study & Treatment Center.....6

Eastern State Hospital.....9

Western State Hospital.....13

2010 Report to the Legislature - Work Place Safety in State Hospitals

BACKGROUND

Chapter 72.23 RCW requires each state hospital to develop a plan to reasonably prevent and protect their employees from violence at those hospitals, and directs the Department of Social and Health Services (DSHS) to provide an annual report to the legislature on efforts to reduce violence in the hospitals.

Specific statutory language states:

RCW 72.23.400(1) (4) – Workplace safety plan

- (1) By November 1, 2000, each state hospital shall develop a plan for implementation by January 1, 2001 to reasonably prevent and protect employees from violence at the state hospital. The plan shall be developed with input from the state hospital's safety committee, which includes representation from management, unions, nursing, psychiatry and key function staff as appropriate. The plan shall address security considerations related to the following items:
 - (a) The physical attributes of the state hospital;
 - (b) Staffing, including security staffing;
 - (c) Personnel policies;
 - (d) First aid and emergency procedures;
 - (e) Reporting violent acts, taking appropriate action in response to violent acts, and follow-up procedures after violent acts;
 - (f) Development of criteria for determining and reporting verbal threats;
 - (g) Employee education and training; and
 - (h) Clinical and patient policies and procedures.
- (2) Before the development of the plan required under subsection (1) of this section, each state hospital shall conduct a security and safety assessment to identify existing or potential hazards for violence and determine the appropriate preventive action to be taken. The assessment shall include, but is not limited to, analysis of data on violence and worker's compensation claims during at least the preceding year, input from staff and patients such as surveys, and information relevant to subsection (1)(a) through (h) of this section.
- (3) In developing the plan required by subsection (1) of this section, the state hospital may consider any guidelines on violence in the workplace or in the state hospital issued by the department of health, the department of social and health services, the department of labor and industries, the federal occupational safety and health administration, Medicare, and state hospital accrediting organizations.
- (4) The plan must be evaluated, reviewed, and amended as necessary, at least annually.

2010 Report to the Legislature - Work Place Safety in State Hospitals

RCW 72.23.451 – Annual report to the Legislature

By September 1st 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 state hospitals.

OVERVIEW

This report includes activities related to the three state psychiatric hospitals as follows:

Western State Hospital: located in Lakewood, Washington, has a capacity of 825 beds, including the Program for Adaptive Living Skills;

Eastern State Hospital: located in Medical Lake, Washington, has a capacity of 287 beds;

Child Study and Treatment Center: located on the grounds of Western State Hospital in Lakewood, has a capacity of 47 beds.

The Report updates last year's report by adding data for June 2009 through April 2010.

Initial workplace safety plans from the three state hospitals were submitted to the legislature in November 2000 and have been evaluated, revised and updated at least annually. These plans provide a safety assessment, detailed security activities undertaken, and also identify further plans of action. These plans are available for review upon request.

Creating a safe working environment in state hospitals remains a top priority for the Governor's office, the Department of Social and Health Services the Department of Labor and Industries (L&I), leadership of all three state hospitals, Western State Hospital (WSH), Eastern State Hospital (ESH) and Child Study & Treatment Center (CSTC) and local labor unions.

Implementing a Continuous Quality Improvement Plan (CQI Plan) is a top priority for DSHS leadership including implementation of a strategic plan to improve risk management outcomes related to state hospitals. Strategies are being implemented to improve patient care, quality management, data management and workplace safety, as well as increased individualized treatment planning, active psychosocial rehabilitation treatment and training, monitoring and adequate staffing. Under the leadership of the Director of Integrated Health Systems, each hospital is adopting strategies to improve care and services, and ultimately safety, as part of their individual Continuous Quality Improvement Plans.

While safety programs at all three hospitals are a priority and funded within current resources, recent legislative decisions to cut administration and FTE's to backfill for staff

2010 Report to the Legislature - Work Place Safety in State Hospitals

on light duty Return to Work programs (RTW) or safety training may have created challenges for maintaining past gains. Further funding cuts may increase the difficulties for maintaining improvements to the state hospital safety programs.

The Return to Work program provides employees, who have either an occupational injury or illness and are unable to return to full regular duties immediately, with a safe, timely transition back to work with modified duties based on medical restrictions until medically released to full duties. The program involves monitoring an injured employee's progress and identifying temporary modified duties that are suited to physical capacity guidelines established by the designated physician or medical provider.

The goal of the state hospital return to work program is to reduce the cost of Labor and Industry (L&I) premiums for the state hospitals and reduce costs for L&I compensation for injuries. Premiums are determined by L&I on a three year rolling average and based on the combined performance of all DSHS institutional staffs. The state hospitals are currently paying premiums based on the cost of claims for all DSHS institutions for 7/1/2006 through 6/30/2009. Full impact of cost savings due to RTW state hospital programs is not expected until 2012 or 2013 and will be influenced by the performance of other DSHS institutions.

Safety programs, other than increased challenges related to back filling for staff on light duty or attending safety training, remain intact at all three hospitals.

Summary

The state hospitals continue to collaborate on several projects:

- Workplace Safety Initiatives
- Reduction of Seclusion and Restraint Initiatives
- Standardized policies and procedures for adult Forensic programs

The state hospitals are planning to collaborate on new projects:

- Evidenced Based Practice treatment interventions both for medication management and psychotherapy intervention (Cognitive Behavior Training and Dialectical Behavior Training)
- Creating a Smoke-Free Campus

Implementation of new initiatives – positive results

- Development of a new ESH policy and procedure to reduce Seclusion & Restraint implemented 02/03/10. Seclusion/restraint has been reduced by 90% since implementation.
- At WSH in 2008 and 2009, the staff reported assault rate significantly decreased when compared to 2007 17.9 to 12.2 per 10,000 patient days. The last time these indicators were this low at WSH was in 2001.

Child Study & Treatment Center

Summary of Accomplishments

- Principles of an Effective Treatment Milieu

CSTC has developed into a nationally recognized model of a successful public sector-academic (University of Washington) mental health collaboration. CSTC provides state of the art care for the most psychiatrically complex youth in Washington State. Our professional staffs are involved in clinical and translational research and are active nationally in developing standard of care guidelines and practices for diagnosing and treating youth with serious emotional disturbances.

CSTC has finalized a treatment manual that works to translate this knowledge into day to day treatment strategies. Principles of an Effective Treatment Milieu describes how nursing and counseling staff can utilize evidenced based treatments in every interaction with children and youth. The manual describes the elements of an effective treatment milieu and describes the foundational knowledge necessary for treatment teams to more quickly implement individualized behavior support plans for youth displaying disruptive behaviors.

Analysis of employee injuries shows a strong correlation between an effective milieu and the reduction of staff assaults. CSTC will conduct ongoing self-assessments of the Principles of an Effective Treatment Milieu and monitor quality indicators such as reported staff assaults.

- Center-wide training on Developmental Teaching/Developmental Therapy
CSTC has provided advanced training in child development to both nursing and counseling staff. Many of the children and youth admitted to CSTC present at a developmental level much younger than their chronological age. Analysis of data on restrictive interventions (situations similar to those where a staff assault might occur) indicates that an intervention with a child that is not targeted to the child's developmental level is more likely to escalate rather than deescalate a situation. Training on the Development Teaching model, in addition to regular consultation, will increase utilization of developmentally appropriate treatment interventions and reduce further behavioral escalation.
- Staffing patterns / reducing vacancies

2010 Report to the Legislature - Work Place Safety in State Hospitals

With a focus on timelines filling vacancies, staffing consistency has improved. CSTC performance data show that a stable shift team is correlated with reduced behavioral incidents.

Continued Challenges

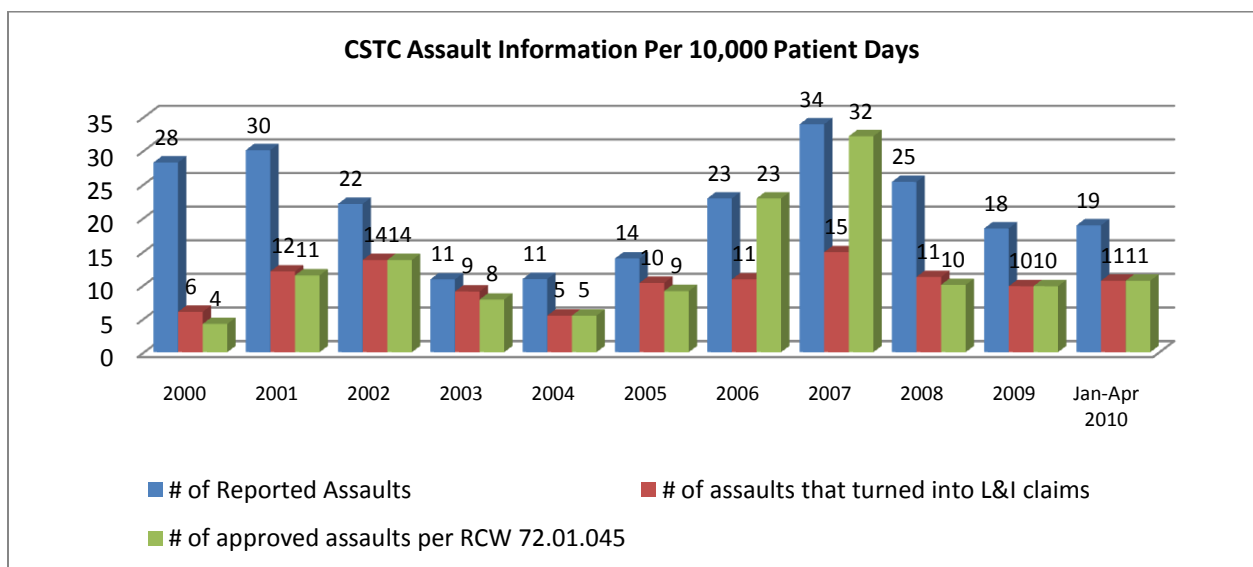
Budget cuts

- CSTC has reduced the number of on-call counseling staff to support overall budget reduction. This reduction is impacting how CSTC is able to provide ongoing staff training and clinical consultation.
- In June 2008, CSTC formalized a Return to Work Program in an effort to reduce Time Loss Days and assist injured workers to return to work more quickly by staying connected to the work environment. In November 2009, CSTC was unable to provide Return to Work opportunities due to budget reductions. The data on Time Loss days is negatively impacted by the removal of light duty job assignments.

Data Summary

Number of Reported Assaults, Assaults that turned into L&I claims and approved assaults Per 10,000 Patient Days

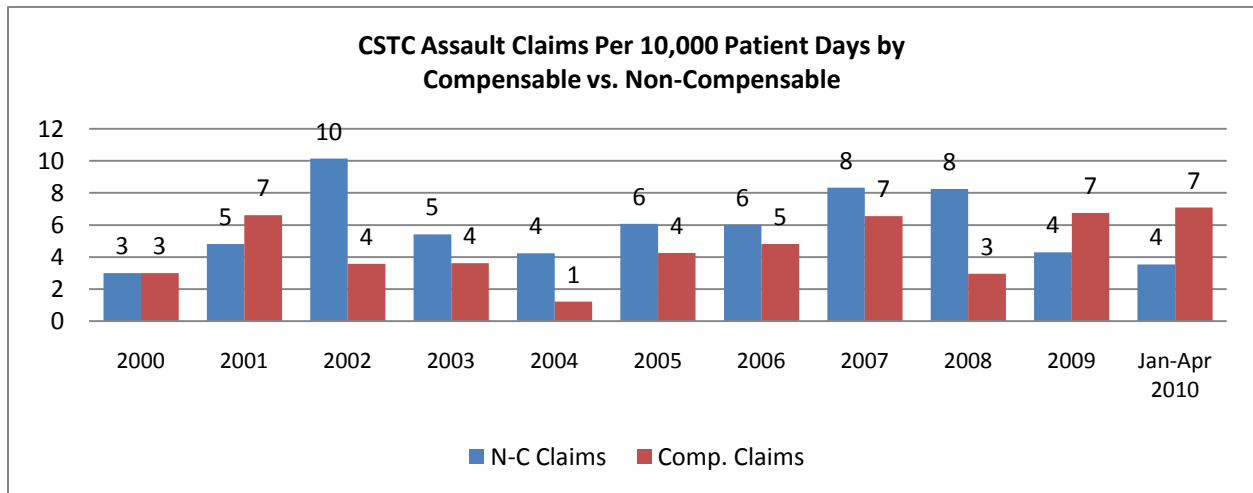
The rates of reported assaults decreased in 2009 and slightly increased during the first four months of 2010.



2010 Report to the Legislature - Work Place Safety in State Hospitals

Compensable vs. Non-Compensable Assault Claims

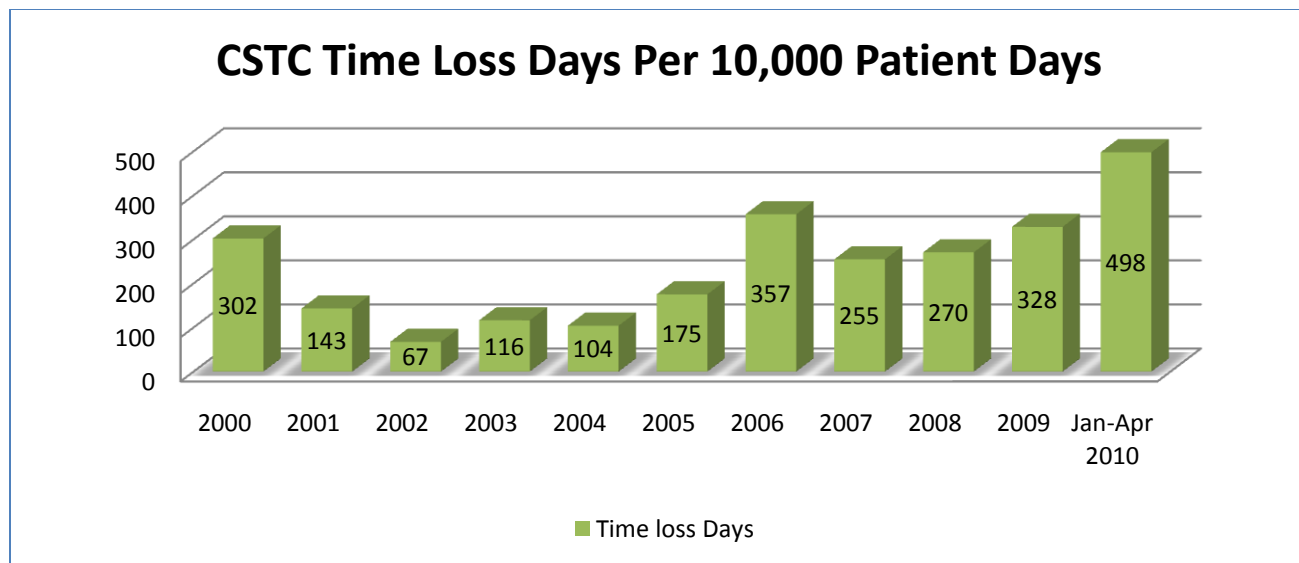
CSTC monitors the severity of employee assault injuries based on the proportion of Compensable claims to Non-Compensable claims. Compensable claim means time loss (wages) had to be paid to an employee on their claims due to an on the job injury. For the past 7 years over 50% of the assault claims at CSTC have been non-compensable. In 2009 there were the same numbers of assault claims; however a greater proportion of claims were compensable, suggesting more severity of injury. This trend appears to continue into the first 4 months of 2010.



Time Loss Days

Although the number of reported assaults has decreased since 2007, there has been an increase in the rate of Time Loss Days per 10,000 patient days. In 2009 two injured employees were unable to return to work and remained on Time Loss as they awaited reasonable accommodation and retraining. By March 2010, these two incidents were resolved.

2010 Report to the Legislature - Work Place Safety in State Hospitals



Eastern State Hospital

Summary of Accomplishments

Projects:

- Activity Therapy Building Security Upgrades
- Eastlake Adult Psychiatric Unit (APU) Yard Security Upgrades
- Westlake Interior Building Lighting Evaluation
- Forensic Services Smoke Damper Replacement

Performance Improvement Activities:

- Process improvement project with Consolidated Support Services (CSS) to improve documentation for the preventative maintenance of the fire safety equipment and life safety building features to address: format, consistency of information documented, ease of review and ease of validation
- Development of a new policy and procedure to reduce Seclusion & Restraint implemented 02/03/10
 - The Code Green procedure is a process that focuses on prevention
 - When a patient is showing signs of aggression the staff call a Code Green and assigned members from the clinical leadership team respond to assist and try to prevent the use of seclusion/restraintSeclusion/restraint has been reduced by 90% since implementation in February 2010.
- Emergency Protective Equipment Response Team (EPERT) identified and policy implemented April, 2010.
- Unauthorized Leave policy and procedure was revised to improve timeliness of communication with outside agencies

2010 Report to the Legislature - Work Place Safety in State Hospitals

Risk Assessments:

- A Proactive Environmental Risk Assessment was completed to identify safety and security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. These risks have been prioritized utilizing a 5-point scale and include recommendations for improvement.
- Hazard Vulnerability Analysis (HVA) was reviewed and updated for Emergency Management planning.

Workgroups:

- The Safety Officer and Infection Control Coordinator continue to actively participate in the Region 9 Healthcare Coalition sub-committee workgroup to develop a regional mental health disaster response plan.

Continued Challenges

- There is currently one Security Guard on duty for both the afternoon and night shift due to lack of funding for additional positions. This reduces Security's ability to respond to emergencies and unauthorized leaves, monitor the campus for trespassing, unsecured doors, etc.

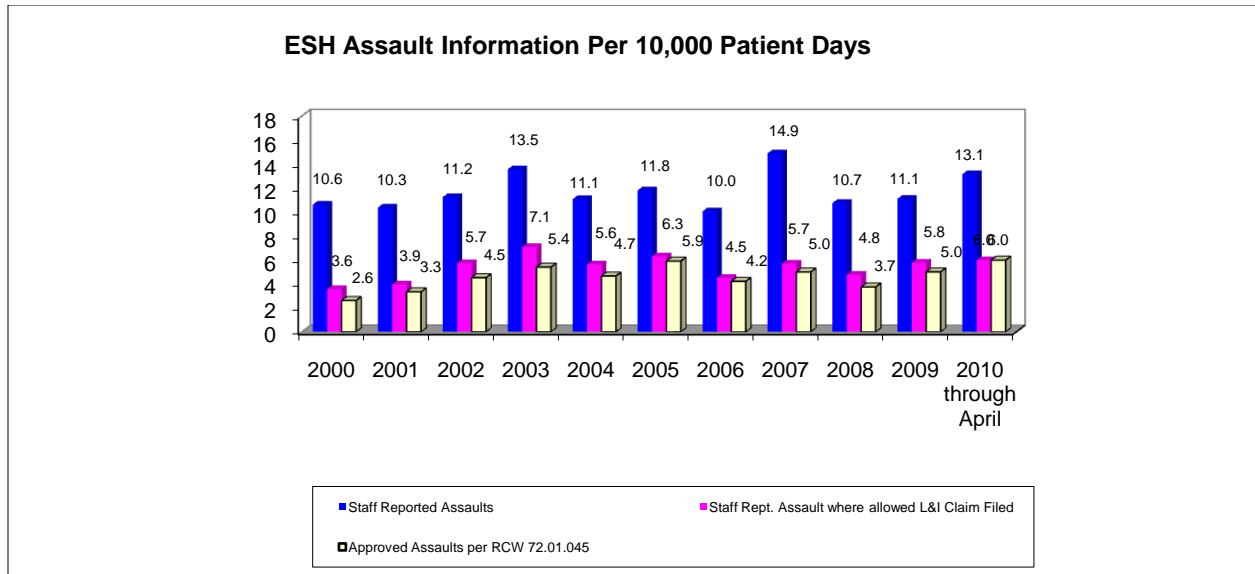
Budget:

The current biennium budget reduces funding for 21.8 FTE's and operating costs. Reductions and the hiring freeze make maintaining safety programs a challenge. The reductions limit backfilling for mandatory safety training, pit safety equipment replacement purchases against direct care needs, and limits maintaining Transitional Return to Work opportunities for injured workers.

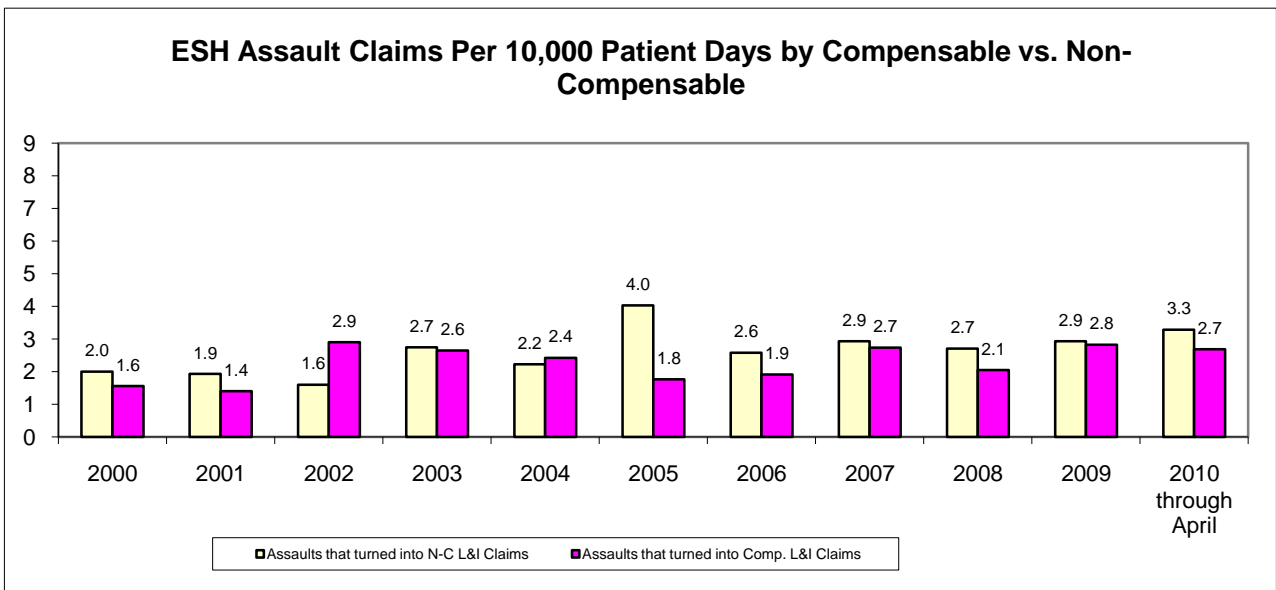
Data Summary

Through April 2010, the staff reported assault rate has increased from 11.1 per 10,000 patient days for 2009 to 13.1 through April 2010. In addition, there are also increased trends from 2009 in the number of staff reported assaults that turned into L&I claims as well as approved assault claims. Through April 2010, forty-five percent of the total staff reported assaults were the result of five patients who assaulted staff in three or more incidents.

2010 Report to the Legislature - Work Place Safety in State Hospitals



Compensable vs. Non-Compensable Assault Claims- At ESH, the annual data through April 2010 shows that there is an increase in the rate of non-compensable claims and a slight decrease in the rate of compensable claims. The ratio of compensable to non-compensable claims remains steady with non-compensable claims accounting for approximately sixty percent of total claims.



Time loss days due to assault ESH 'time loss days' rate through April 2010 shows that there is a slight decrease in the rate of 'time loss days' (from 71.2 in 2009 to 65.7 in 2010). Forty-seven percent of total time loss through April 2010 (104 days of 223 days)

2010 Report to the Legislature - Work Place Safety in State Hospitals

is due to one incident that occurred on a forensic ward during evening shift (staff is ineligible for transitional return to work as the staff is a non-permanent employee).

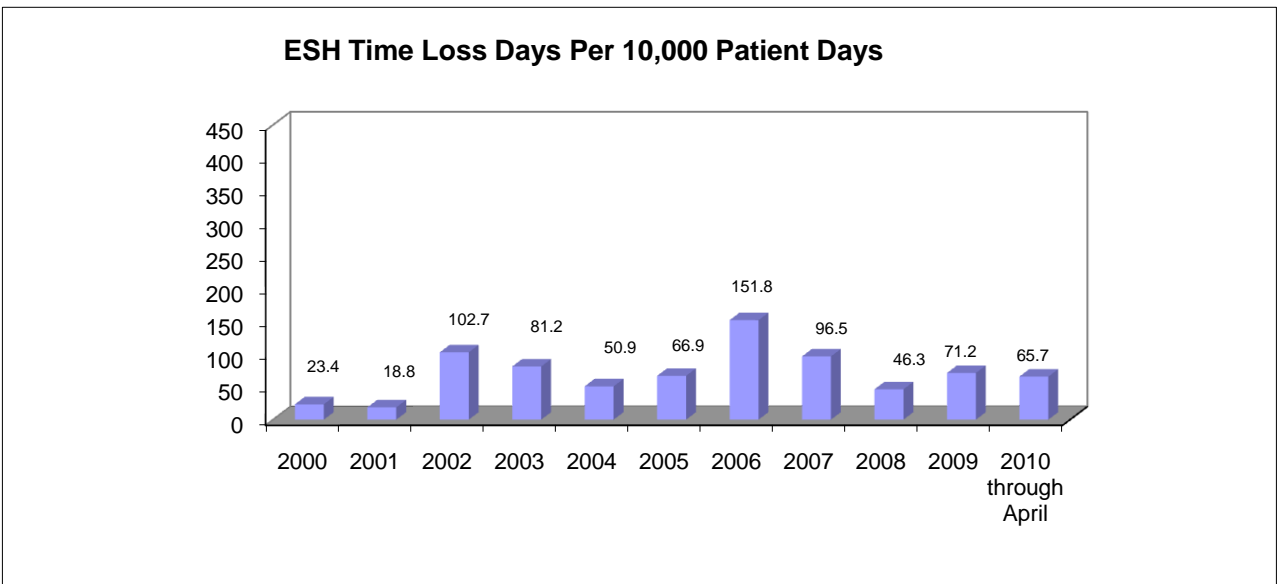
Further analysis shows:

Time loss due to “staff reported as assault” incidents *by location* through April 2010

- 52% of total time loss was the result of assaults that occurred on a single civil ward during 3 different incidents (117 days of 223 days)
- 35% of total time loss was the result of assaults that occurred on another civil ward during 3 different incidents (79 days of 223 days)

Time loss due to “staff reported as assault” incidents *by shift* through April 2010

- 66% of total time loss was the result of incidents that occurred during evening shift
- 32% of total time loss was the result of incidents that occurred during day shift



Western State Hospital

Summary of Accomplishments

- At WSH in 2008 and 2009, the staff reported assault rate significantly decreased when compared to 2007, 17.9 per 10,000 patient days, down to 12.5 -13.5.
- In 2008 and 2009, staff reported assault rates for L&I claims and approved assault claims significantly decreased when compared to 2007, 7.9 and 7.6 per 10,000 patient days down to 6.1, 6.7 and 6.7, 6.0.

2010 Report to the Legislature - Work Place Safety in State Hospitals

Treatment:

- Implemented a treatment model on two wards based upon the Social Learning Theory model. The Social Learning Theory focuses on learning that occurs within a social context, based on the theory that people learn from the behavior of others. This model has been used successfully in understanding aggression and psychological disorders.
- Continued development of the Recovery Centers, with a significant increase in the average number of active treatment hours delivered per patient.
- Staff Development has been integrated with Hospital Improvement.
- Cognitive Behavioral therapy (CBT) training has been provided to staff volunteers throughout psychiatric treatment and recovery center (PTRC) and Center for Forensic Services. CBT groups area now located in all three Recovery Centers in PTRC.
- The Social Learning Program expanded to an additional ward in January 2010.
- Nursing staff are trained annually in all nursing competencies. A nursing competence development and demonstration room has been opened.
- Department of Labor and Industries conducted a Safety and Health Assessment and Research for Prevention (SHARP) consultation review that identified ways to improve safety and reduce violence at the hospital. WSH signed the SHARP grant proposal to initiate the research project and is awaiting approval of the grant. This will correlate staffing and safety indicators.
- Accident Investigation Training continues to be offered quarterly to all supervisors. A Supervisor Safety Handbook was developed to go along with the training. Enhanced supervisor safety training is to be developed as resources allow.
- SAFE (Safe Alternatives for Everyone) Team training continues. In 2010 training relating to the de-escalation of potentially violent behavior was developed and implemented, Module 4, (828 staff trained). In addition, staff have continued to receive training in Module 1 "Therapeutic Relationships", Module 2 "Safety movement and mechanics", and Module 3, "Understanding Behavior" by SAFE Team members.
- The hospital incident command structure is integrated into and consistent with its communities command structure. 48 staff participated in national incident management system/incident command system (NIMS/ICS) supervisory training (ICS 100, 700, & 200.)
- The Critical Incident Stress Management Team (CISM) continues to include peer support, including compassion calls to injured employees.
- Safety Manager has been hired to provide enhanced leadership in WSH's ongoing commitment to safety.

Communications:

- The safety committee structure continues to be refined to ensure better communication and follow-up of prevention recommendations. Minutes and safety-related data are distributed to all members monthly to share with those

2010 Report to the Legislature - Work Place Safety in State Hospitals

they represent. Data is presented to and discussed by the sub-committees on a monthly basis.

- Patient, hospital, nursing, staff development, hospital improvement and infection control newsletters continue to be distributed hospital-wide.

Improved Processes:

- An improving organizational performance initiative regarding the clinical debriefing process following an assaultive incident to identify antecedents and recommendation is underway and ongoing.
- Safety questions are part of patient satisfaction surveys so that WSH can actively seek patient recommendations for improving safety.

Seclusion/Restraint:

- A new seclusion/restraint documentation form has been developed and implemented throughout the hospital that assists staff with assessing whether patients are released from seclusion/restraint at the earliest possible time.

Challenges

The WSH budget was reduced by \$1.7 million and 17 FTE's originally appropriated to operate the Return to Work program for the FY07-09 biennium. In addition to the RTW reduction, the L&I premium increase for WSH in FY2011 is estimated at \$600,000. In spite of administrative cuts, it is critically important to bring people back to work. So WSH has funded 6 FTE's for return to work backfills from general hospital funds.

Data Summary

On the grounds of WSH is a 30 bed residential program called the Program for Adaptive Living Skills (PALS). The beds are available to the community mental health system for patients needing a structured transition to community living. Data in this section is presented with and without the PALS beds.

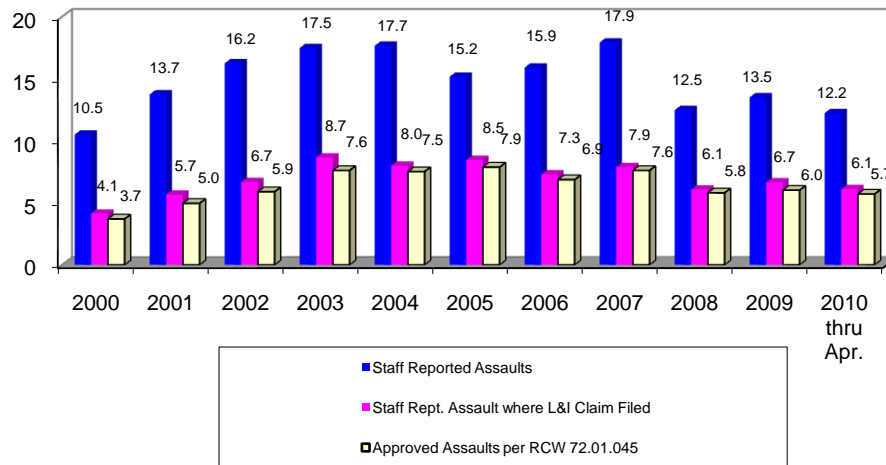
At WSH in 2008 and 2009, the staff reported assault rate significantly decreased when compared to 2007; 17.9 per 10,000 patient days, down to 12.5 -13.5. When looking at data through April 2010, the rate of staff reported assaults have remained steady at 12.2 per 10,000 patient days. The last time these indicators were this low at WSH was in 2001.

In 2008 and 2009, staff reported assault rates for L&I claims and approved assault claims also significantly decreased when compared to 2007; 7.9 and 7.6 per 10,000 patient days down to 6.1, 6.7 and 6.7, 6.0. When looking at data through April 2010, the rates remain steady at 6.1 and 5.7 per 10,000 patient days. Again, these indicators have not been this low at WSH since 2001. This holds true when the Program for Adaptive Learning Skills (PALS) program is included.

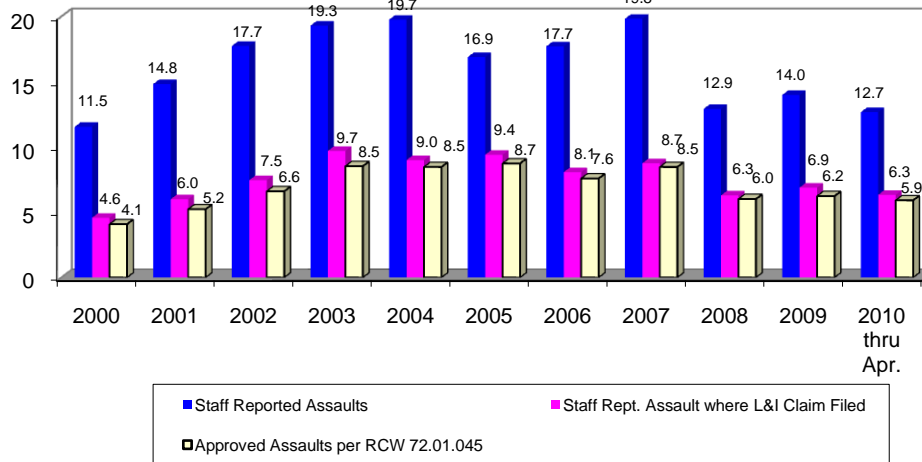
2010 Report to the Legislature - Work Place Safety in State Hospitals

These decreases in staff reported assaults and assault claims in 2008, 2009 and early 2010 are due to a number of programs that were implemented at WSH in late 2007 and continued through present. Some of these programs include: reinstating the SAFE Team, restructuring the Safety Committee, implementing a Return to Work program, although a RTW program continues it has been reduced due to budget reductions, and utilizing Risk Master to track all safety and claims data in one system.

WSH + PALS Assault Information Per 10,000 Patient Days



WSH Assault Information Per 10,000 Patient Days (Without PALS)

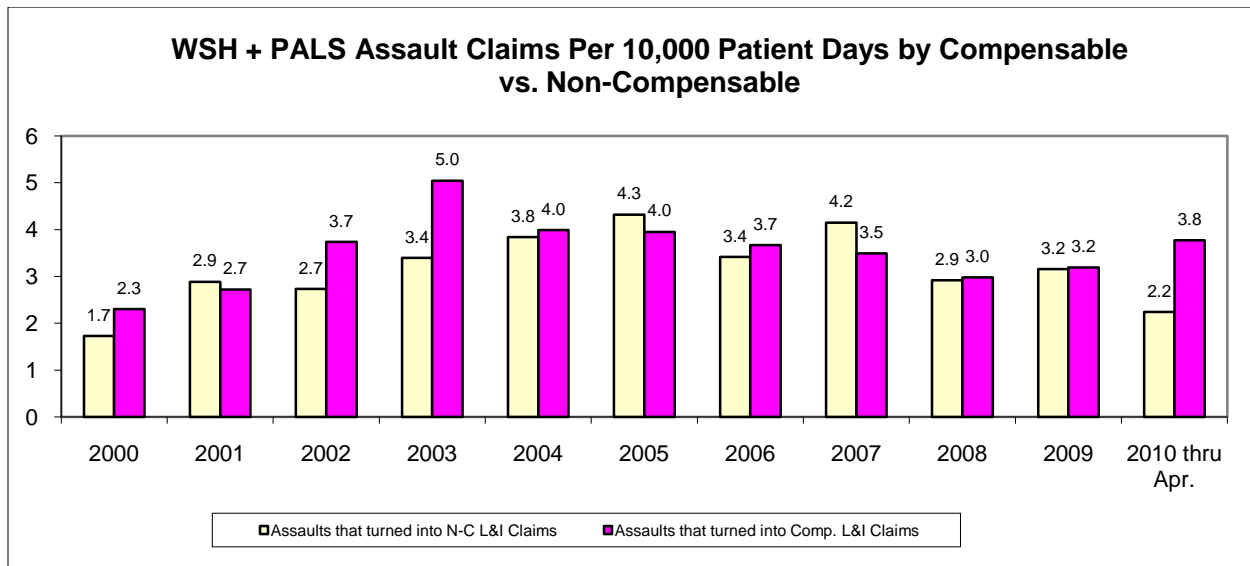


2010 Report to the Legislature - Work Place Safety in State Hospitals

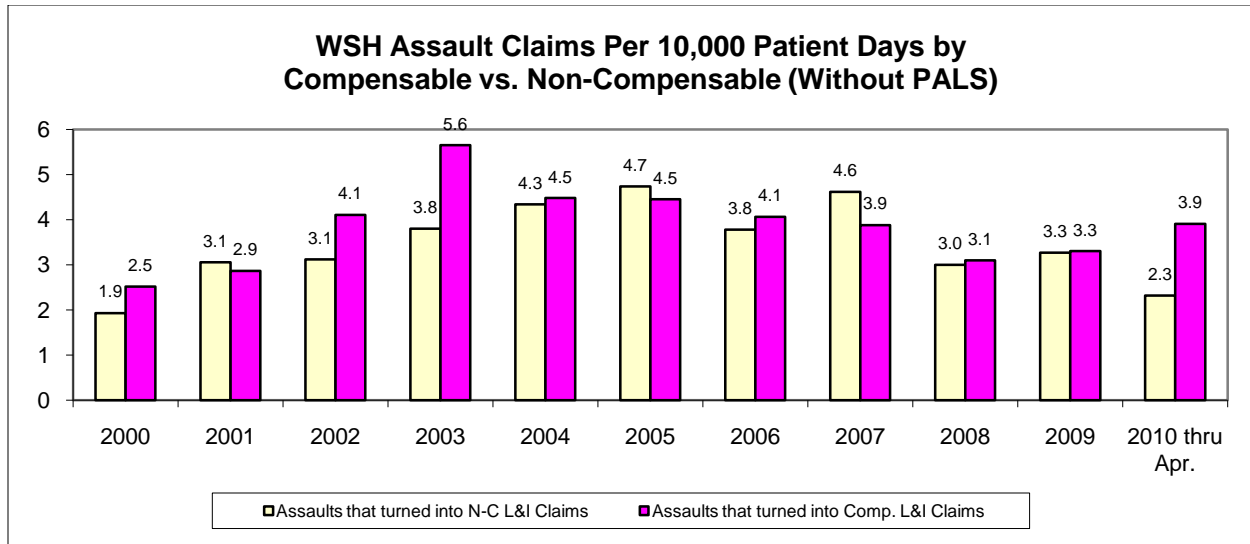
Compensable vs. Non-Compensable Assault Claims

Measuring the ratio between compensable and non-compensable claims is important as more non-compensable claims result in lower industrial insurance premiums and is an indicator of injured employees returning to work. Non-compensable claims should make up 50% or greater of claims filed. The most direct way to increase non-compensable claims is by having effective Return-to-Work and Claims Management Programs. However, safety prevention efforts by an organization can also decrease compensable claims as less serious injuries allow employees to return to work more quickly.

At WSH 2008 and 2009 data indicate that non-compensable assault claims have made up 50% or more of all assault claims since the implementation of the RTW program in July 2007. Data through April 2010 however, indicates this trend is reverting back to a less favorable ratio. This holds true when the PALS data is included with WSH data as well.



2010 Report to the Legislature - Work Place Safety in State Hospitals



Time Loss Days

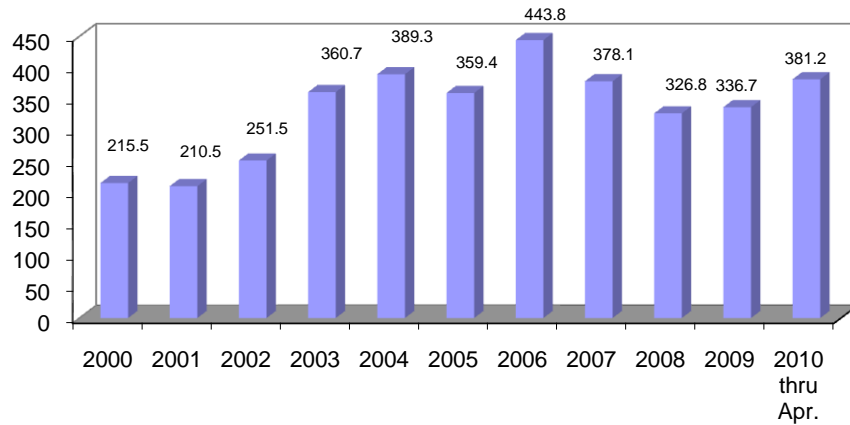
Time loss days are directly related to compensable and non-compensable claims.

At WSH, 2008 and 2009 data show a dramatic decrease in the rate of the number of days missed from work due to an assault. Data through April 2010 however, show an increase in the rate of the number of days missed from work due to an assault when compared to 2008 and 2009; 326.8 and 336.7 days per 10,000 patient days to 381.2. This holds true when the PALS data is included with WSH data as well.

The increase in the rate of compensable claims to non-compensable claims and the increase in the rate of the number of days missed from work due to an assault are directly due to budget reductions. For the years 7-1-2007 thru 6-30-2008, 17 FTE's were appropriated to operate a RTW program, currently; funding is available for only 6 FTE's.

2010 Report to the Legislature - Work Place Safety in State Hospitals

WSH + PALS Time Loss Days Per 10,000 Patient Days



WSH Time Loss Days Per 10,000 Patient Days (Without PALS)

