

## REPORT TO THE LEGISLATURE

### Department Efforts to Reduce Violence in the State Hospitals

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

September 1, 2017

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Department of Labor and Industries 2015 Sidebar Agreement

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Department of Labor and Industries 2015 Sidebar Agreement – May, 2017 Status Report

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State Hospital Assault Data

## **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 ongoing efforts by the Department to reduce violence in the state hospitals, updated efforts at each hospital to reduce violence during the report period (FY 2017) and the status of the 2015 Sidebar Agreement with the Department of Labor and Industries concerning workplace safety improvements at the hospitals.

This report also includes patient-on-staff assault data that demonstrates the Department and state hospital efforts to reduce violence are achieving reductions in reported staff assaults, injuries due to assaults, workers compensation claims and time loss.

### **Behavioral Health Administration**

The mission of the Behavioral Health Administration (BHA) is to transform lives by supporting sustainable recovery, independence and wellness. BHA provides prevention services, outpatient treatment and recovery support to people with addiction and mental health needs and operates the following three state psychiatric hospitals:

Eastern State Hospital (ESH): Located in Medical Lake, ESH is one of two Washington state psychiatric hospitals for adults. ESH has a total bed capacity of 317 beds; with 125 beds allocated for forensic patients and the remainder dedicated to civil patients, including specialized services for older adults and people with intellectual disabilities. ESH employs about 778 staff members.

Western State Hospital (WSH): Located in Lakewood, WSH is one of two state psychiatric hospitals for adults. WSH has a total capacity of 842 beds, with approximately 285 beds allocated for forensic patients, and the remainder dedicated to civil patients, including specialized services for geriatric and intellectually disabled populations. WSH employs about 2,388 staff members.

Child Study and Treatment Center (CSTC): Located in Lakewood, CSTC is Washington’s only state-operated psychiatric hospital for children (ages 5 to 18). CSTC has a total capacity of 47 beds and employs about 155 staff members.

### **Department Efforts to Reduce Violence in State Hospitals**

Department efforts to reduce violence in state hospitals includes providing resources for each hospital to make safety related facility improvements and purchase safety equipment, employ sufficient staff, provide effective workplace safety training, maintain safety committees, maintain

incident reporting and incident review systems and to support injured workers.

The Department collaborated with labor partners in 2013 to form the Ad Hoc Safety Committee for the purpose of collaborative development of recommendations to prevent and reduce violence at the state hospitals. Three of the Ad Hoc Safety Committee recommendations were funded in the 2015 - 2017 BHA Biennial Budget; expansion of the Psychiatric Emergency Response Teams (PERT) at Western State Hospital and creation of a PERT at Eastern State Hospital, implementation of Enhanced Safety Training at all three state hospitals and creation of a Psychiatric Intensive Care Unit at Western State Hospital to serve violent and assaultive patients from both WSH and ESH. In FY17 the Department implemented the expanded PERT at WSH, the new PERT at ESH and enhanced safety training at the three hospitals.

The Department's Enterprise Risk Management Office provides workplace safety information, safety consultation, safety training, violence related data, industrial insurance claims management and other support to the state hospitals. In FY 2017, ERMO sponsored and provided two trainings directly applicable to violence in state hospitals; a Safety Summit and a specialized safety training on situational awareness taught by a recognized national expert.

The Department monitors outcomes of efforts to reduce violence in the state hospitals through Results Washington with violence related strategic objectives, action plans and performance scorecards included in the 2015-2017 BHA Strategic Plan.

### **State Hospital Ongoing Efforts to Reduce Violence**

The state hospitals strive to comply with all federal and state laws and rules related to workplace safety including those of the Occupational Safety and Health Administration, Washington State Department of Occupational Safety and Health and the Washington Department of labor & Industries and the Centers for Medicare & Medicaid Services. Eastern State Hospital and Child Study and Treatment Center also meet environment of care, patient care and other workplace safety related accreditation standards.

Each State Hospital is required to develop a Workplace Safety Plan under RCW 72.23.400. Subsection (1) of that section provides that each State Hospital's plan must "reasonably prevent and protect employees from violence at the state hospital". The Workplace Safety Plan for each hospital also incorporates the hospitals' Accident Prevention Program, required under WAC 296-800-140. The Workplace Safety Plans can be found at the following websites:

Eastern State Hospital:

<https://www.dshs.wa.gov/sites/default/files/BHSIA/ESH/ESHWSPReportandAppendix2017.pdf>

Western State Hospital:

<https://www.dshs.wa.gov/sites/default/files/BHSIA/WSH/2017WSHWorkplaceSafetyPlanfinal.pdf>

Child Study and Treatment Center:

<https://www.dshs.wa.gov/sites/default/files/BHSIA/CSTC/Workplace%20Safety%20Plan%202017.pdf>

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

#### Safety Committees, Environment of Care Committees, Employee Safety Information

Safety Committees are maintained by each hospital in accordance with WAC 296-800-130 in order for employees and management to mutually address workplace safety and violence reduction. Safety Committees review patient to staff assault data, develop recommendations for safety improvements and prevention of assaults, and monitor action plans. Environment of Care Committees are maintained by each hospital to perform risk assessments of the environment of care, make safety recommendations and develop action plans to improve workplace safety and violence reduction.

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

#### Environmental Safety and Hazard Inspections

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

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

The state hospitals have emergency response systems to initiate assistance for employee during emergencies, including situations involving actual or potential violence. Eastern State Hospital and Western State Hospital both have Personal Alarm and Duress Systems where employees carry personal alarms that may be activated during emergencies. Child Study and Treatment Center provides all RN's, LPN's and PCC's with radios that may be used for activating emergency response.

Each hospital has emergency code systems for activation of security and other assistance during emergencies. Eastern State Hospital and Western State Hospital utilize Psychiatric Emergency Response Teams with staff trained in crisis intervention skills, incident management skills, of antecedents for violence and aggression and de-escalation techniques. As needed, the hospitals contact local police authorities for heightened security situations or containment of a violent incident.

Environment of care controls and safety equipment include camera monitoring systems, visibility mirrors, personal protection equipment, behavioral safe furniture and specialty designed patient rooms for patient de-escalation or seclusion and restraint as needed.

## Injury Reporting, Incident Review, Workplace Violence Data

The hospitals maintain incident reporting systems to address workplace injuries, including those caused by violence. Employee and supervisor responsibilities for reporting and investigating patient-on-staff assault incidents are included in the hospital Workplace Safety Plan as well as applicable DSHS Administrative policies and hospital policies. Incident reports and investigation information is reviewed by hospital safety staff, Safety Committees, Environment of Care committees and others to determine the need for corrective action plans.

The hospitals report incident information to the DSHS Enterprise Risk Management Office (ERMO). The ERMO claims unit inputs and tracks injury and illness reports through the RiskMaster database system and determines whether the incident must be recorded on the OSHA Injury and Illness Log and Summary. ERMO provides monthly employee injury and claims data reports to the hospital safety managers and Safety Committees. ERMO investigators complete a secondary review of assaults with an injury that requires medical treatment beyond first aid ERMO reviews are provided to hospital Safety Managers and recommendations are provided to hospital Safety Committees and other committees as appropriate.

## Patient Risk Assessment and Treatment Planning

Patients determined to be at risk of violence have safety protocols or safety plans incorporated into the patient's Individualized Treatment Plan. As applicable, risk considerations for specific patient populations (e.g. geriatric, developmental disability) are noted in the patient intake assessment, social work history and Individualized Treatment Plan. Treatment strategies and safety concerns are reviewed at interdisciplinary team meetings and during daily shift change meetings.

## Workplace Safety and Violence Prevention Training

New state hospital employees are required to attend New Employee Orientation (NEO), with a curriculum including all OSHA required safety information, accident prevention, workplace violence prevention, infection control, use and maintenance of personal protective equipment and other required staff training.

NEO training includes Enhanced Safety Training with curriculum covering behavioral intervention techniques, use of seclusion and restraint, patient de-escalation, situational awareness and other training designed to prevent workplace violence and injuries. Upon completion of the basic NEO, clinical and nursing staff complete additional training about violence prevention and advanced skills in managing escalating situations with patients. Annual training on violence prevention, including Enhanced Safety Training, is also required depending on employee job class.

## Employee Support

Injured employees have access to first aid measures and emergency medical response. Employees who sustain more serious injuries are provided assistance in obtaining additional medical attention.

The hospitals conduct team debriefings of assault incidents and conduct post-incident and inter shift meetings to support staff as well as identify effective interventions and opportunities for improved awareness or skill development. Critical Incident Stress Management teams are available to provide assistance to individual staff or team members who have been impacted by workplace violence. Employees are provided information about the DSHS Employee Assistance Program for further support following incidents of violence.

## **Annual Update on State Hospital Efforts to Reduce Violence**

This annual update summarizes efforts by each state hospital during FY 17 to reduce violence.

### **Child Study and Treatment Center**

#### Environment of Care

- A low-stimulation area was added to the Orcas Cottage Housing Unit to provide an area for de-escalation of high-risk patients and defusing potential violence. Construction began January 30, 2017 and is expected to be completed by December 31, 2017.
- The Orcas Cottage Camera Project, completed in December 2016, addressed visibility blind spots in the cottage by placing cameras and monitors in strategic locations to improve safety through increased observation and camera image clarity.
- The CSTC Campus-wide Patient Safety Risk Reduction Project was designed to mitigate risk of patient self-harm and to mitigate the risk of older fixtures that could be dislodging and utilized as weapons against staff. The Project replaced plumbing fixtures, door hinges and other objects in the patient cottages with risk reduction fixtures. This project was launched in the spring of 2016 and completed in January 2017.

#### Security Response

CSTC relies on the WSH Security Department to respond to emergencies, patient assaults involving staff or other patients and patient elopements. In the last year CSTC has met regularly with WSH security to reinforce effective and timely communication and to debrief incidents. In 2017, additional two-way radios were purchased to ensure a surplus to cover for radio malfunctioning and to increase accessibility of radios. All classrooms in the two schools were assigned radios and staff were provided training about using the radios for requesting emergency assistance.

#### Hospital Staffing

The Child Study and Treatment Center hired new float positions for each patient cottage to replace unanticipated staff absences or to respond to patient acuity needs.

#### Staff Training

CSTC developed and implemented Enhanced Safety Training as part of the 2015 Labor and Industries Sidebar Agreement and over the last two years direct care staff have received an additional eight hours of training for the purpose of reducing violence and improving safety (Attachment B, Step 2.1.1.a). The training includes debriefing, trauma informed care, functional

behavioral analysis, situational awareness and Life Skills Crisis Intervention, a crisis prevention model based on staff-patient conflict resolution.

In addition, CSTC New Employee Orientation has been modified to include an extra day to allow greater focus on personal safety and two Program Directors completed training to become trainers in Collaborative Problem Solving, a model proven effective in use with children and youth who are resistant to treatment and often aggressive.

### Incident Review and Debriefing

The CSTC Workplace Safety Workgroup developed a process for the review of ERMO investigations of patient to staff assault injury cases. The Workgroup reviews the recommendations made by the ERMO investigators and the workgroup's reviews are forwarded to the CSTC Safety and Leadership Committees for further review and determination about action plans.

In response to a staff safety survey finding, CSTC developed an updated debriefing model, including routine debriefing of patient events that require seclusion and restraint. A pilot of the new debriefing model was conducted during the second half of 2016 and continues into 2017.

## **Eastern State Hospital**

### Environment of Care

- A Patient Safety Hardware Improvements Project included the replacement of overhead reading lights on Adult Psychiatric Unit (APU) wards to prevent concealment of contraband that could potentially be used as weapons.
- The 1N1 safe room was remodeled to provide improved patient monitoring and staff safety during patient seclusion or restraint.
- To mitigate the potential for plastic clothing hangers to be broken and used for self-harm or as a weapon, all hangers have been removed from high-risk and intermediate-risk locations. Similarly, due to risk of plastic tooth brushes that can be broken and used for self-harm or as a weapon, an alternative toothbrush was piloted for evaluation in March, 2017.
- Patient rooms on all APU wards are undergoing systematic renovations for increased patient and staff safety, including removal of existing closets and installation of Norix molded cubicles for safe patient storage. The Norix furniture is specifically manufactured for Behavioral Healthcare and Correctional facilities. The molded vinyl furniture is bolted to the wall to prevent being thrown and used as a weapon.
- Additional cameras were installed in March, 2017 on the Forensics admission ward for increased patient monitoring and incident investigation.
- A project has been funded and initiated for replacement of the existing nurse call system at Westlake. This project includes installation of additional staff duress devices in GPU Treatment Mall locations.

## Staff Training

ESH developed and implemented Enhanced Safety Training as part of the 2015 Labor and Industries Sidebar Agreement and over the last two years direct care staff have received an additional eight hours of training for the purpose of reducing violence and improving safety (Attachment B, Step 2.1.1.a). The training includes the use of restraints, trauma informed care, situational awareness, functional behavioral assessment and contraband identification and removal.

## Performance Improvement Project – Active Treatment:

An ongoing Active Treatment performance improvement project is focusing on increasing the quality of active treatment offered and improved data management. Building upon earlier efforts of this project, in FY 2017 a system was developed to report active treatment information to unit management teams and all treatment teams receive weekly active treatment reports for each patient. In addition, Illness Management and Recovery as well as Integrated Dual Disorders curricula are being implemented on all units and Active Treatment Council work groups are evaluating active treatment groups to ensure that all patient needs are being addressed. A patient survey was completed and the results are being studied to provide insight into further treatment programming needs.

## Ward Safety Practices

All wards have initiated a scheduled quiet and reflection time for patients during staff shift change between day and evening shift. This strategy encourages patients to spend time in their bedrooms during the shift change report allowing staff to focus on critical patient information and relay of potential safety risks.

# **Western State Hospital**

## Environment of Care

- Lights were installed on the steam tunnel access port building in the quadrangle area to enhance line of sight visibility, creating a safer means for staff to monitor patient activity.
- The project to expand the Personal Alarm System to Buildings 10, 15, 16, 24, 25 and priority exterior parking lots is in progress. This will improve emergency response time when staff needs assistance with controlling unsafe patient escalations.
- The project to expand the Viacom Camera System in eight locations in CFS and the secured Quadrangle is in progress, to ensure those areas are centrally monitored and appropriate emergency response can be activated in a timely manner.
- The Ward F1 and F2 patient door vision panel replacement project was completed, in order for staff to safely conduct census and 1:1 patient monitoring. Other patient door vision panel replacements are in progress.

- A Quadrangle fence pedestrian door enhancement project and a fencing addition to building 16 are currently in the design phase. These enhancements will further support and promote a safer environment for both patients and staff.

### Hospital Staffing

In FY17 Western State Hospital recruited and hired a substantial amount of additional staff in order to improve the provision of patient care and improve workplace safety and security. New positions hired in FY17 includes ward-based patient care staff, facilities staff and security and safety staff.

Patient care and ward based staff hired in FY17 include additional Registered Nurses in order to schedule at least 2 RNs on every ward every shift, additional Psychiatric Emergency Response Team staff, Ward Administrators to provide centralized ward leadership and additional Institutional Counselors to provide active treatment and leisure activities 7 days a week.

Facilities, security and safety staff hired in FY17 include Facility Planners to conduct environment of care inspections for identification of safety issues and to ensure work orders are completed, additional Food Aids, additional Environment of Care staff, a new Chief of Safety and Security and a Violence Reduction Administrator to assist staff with violence reduction best practices and to conduct investigations after serious assaults and analyzing data on violent episodes. Recruitment of additional Security Guard positions is underway.

### Staff Training and Development

WSH developed and implemented Enhanced Safety Training as part of the 2015 Labor and Industries Sidebar Agreement and over the last two years direct care staff have received an additional 8 hours of training for the purpose of reducing violence and improving safety (Attachment B, Step 2.1.1.a). The training includes active engagement of patients, transitional time between scheduled activities, patient crisis management, trauma informed care, therapeutic and non-therapeutic patient interactions and personal safety techniques.

The Staff Development Department hired a new Instructional Effectiveness Administrator and hiring of new Nurse Educators are in progress to provide ward based education and training across shifts.

### Performance Improvement Project - Seclusion and Restraint:

WSH initiated a Seclusion & Restraint Performance Improvement Project in FY 16 to reduce the use of seclusion and restraint and staff injuries during seclusion and restraint use. This project is continuing and accomplishments in FY17 include revised nursing standards, revised documentation requirements, updated policies and procedures, revised restraint order practices, development of a new seclusion restraint checklist and renewed efforts to communicate requirements for updating patient treatment plans after an episode of seclusion or restraint.

## **Department of Labor and Industries 2015 Sidebar Agreement**

This information is included as required by Section 5.1 of the 2015 Sidebar Agreement (Agreement) between Western State Hospital and the Washington State Department of Labor and Industries (L & I), dated April 30, 2015 (Attachment A). The Agreement was in response to an L & I inspection of WSH and subsequent Citation and Notice of Assessment (No. 31739911), issued

on January 16, 2015, that identified deficiencies in methods to prevent and abate patient-to-staff assaults. The term of the Agreement is April 30, 2015 until June 30, 2017.

The Agreement recognized BHA has taken substantial steps to reduce workplace violence and is achieving a meaningful reduction in assaults. The Agreement includes additional steps to further improve employee safety and the parties agreed that completion of those steps would constitute abatement of Citation and Notice of Assessment No. 317399111 (see Attachment B for status of agreed steps).

### **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

Over the last 5 years the staff assault measures at all three state hospitals are holding steady or showing declines (Attachment C). Of particular note is the significant decline in the rates of time loss at WSH and CSTC. This is attributable to the decline in L & I claims filed and the hospitals commitment to return to work programs. Although the rate of time loss at ESH has not kept pace with CSTC and WSH over the last 5 years, the rate does show a moderate decline since 2015.

### **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, make environment of care improvements, maintain safety committees, deliver effective and safe patient care and review workplace safety data for identification of needed performance improvement plans.

**Attachment A. Department of Labor and Industries 2015 Sidebar Agreement**

**DO NOT FORWARD THIS SIDEBAR AGREEMENT  
TO THE BOARD OF INDUSTRIAL INSURANCE APPEALS**

**RETURN SIGNED SIDEBAR AGREEMENT TO THE  
ATTORNEY GENERAL'S OFFICE**

**SIDEBAR AGREEMENT OF PARTIES**

**BETWEEN**

**WESTERN STATE HOSPITAL**

**AND**

**THE WASHINGTON STATE DEPARTMENT OF LABOR & INDUSTRIES**

The WASHINGTON STATE DEPARTMENT OF LABOR AND INDUSTRIES (Department), by and through its attorneys, ROBERT W. FERGUSON, Attorney General, and ELLIOTT FURST, Senior Counsel, and the DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS), BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION (BHSIA), WESTERN STATE HOSPITAL (WSH) (Employer), by and through its attorneys ROBERT W. FERGUSON, Attorney General, and ERIC NELSON and CRAIG B. MINGAY, Assistant Attorneys General (collectively, the Parties), enter into the following Sidebar Agreement:

**FACTS**

On July 21, 2014, the Department initiated an inspection at the Employer's worksite located at 9601 Steilacoom Blvd. SW, Lakewood, WA 98498. As a result of that inspection, the Department issued Citation and Notice of Assessment No. 317399111 (Citation) to the Employer, received on January 21, 2015 alleging one serious violation of the Washington State Industrial Safety and Health Act (WISHA) and assessing a monetary penalty of \$5,600. The Citation alleges deficiencies in Employer's methods to prevent and abate patient-to-staff assaults, and alleges deficiencies in communications systems used by staff members to communicate safety issues and request assistance with patients who may present a risk of harm to staff members. The basis of the Citation is WAC 296-800-11010, which generally requires employers to "Provide and use means to make your workplace safe."

The Employer timely filed an appeal and request for a stay of abatement on February 5, 2015. The Department reassumed jurisdiction on February 19, 2015. A Corrective Notice of Redetermination was not issued within the time allowed by RCW 49.17.140 and WAC 296-900-17005. Therefore, the appeal was transferred to the Board of Industrial Insurance Appeals (Board).

### AGREEMENT

The Parties are each aware of the facts and proceedings stated above and have considered these facts in entering into this Agreement. The Parties agree as follows:

1. BHSIA has taken substantial steps to reduce workplace violence and is continuing to achieve a meaningful reduction in assaults. The Employer recognizes that further reduction requires additional resources as well as a culture change to occur within the hospitals. BHSIA Management has demonstrated this commitment by completing the following items:

#### 1.1 Administrative

- a. Established an Ad Hoc Safety Committee made up of staff, management and union partners who worked together to create a list of recommendations to decrease violence at the hospitals based on independent evaluations of safety done since 2000. The committee's recommendations from a May 2014 meeting with the Secretary of DSHS have been used to guide the legislative decision packages currently moving forward to include the creation of a Psychiatric Intensive Care Unit (PICU) and Psychiatric Emergency Response Team (PERT);
- b. A Psychiatric Emergency Response Team (PERT) was implemented at the WSH Center for Forensic Services (CFS) in 2014;
- c. WSH established and implemented a full week of specialty training, the CFS Basics course, which all CFS staff are required to complete.
- d. The WSH Safety Office added a safety officer assistant and emergency management; and
- e. The employee injury report form used to gather additional information after an incident has been revised and is currently in use.

1.2 Communications Systems:

- a. A Pendant Alarm System ("Firepower" system) was installed in 2001. Since installation of this system, coverage has expanded to nearly all patient care areas within the hospital;
- b. The campus two-way radio system has been upgraded and additional radios have been provided;
- c. A training session on communications systems at WSH has been developed for the Nursing Competency Mall. The training was implemented on February 3, 2015 and will occur on a monthly basis; and
- d. Cellular phones are available to ward staff and are programmed for quick dial to the Communications Office.

1.3 Facilities and Equipment:

- a. \$1.2 million in specifically designed behavioral healthcare safe furniture has been deployed;
- b. Additional camera systems in the Center for Forensic Services have been installed;
- c. Security mirrors have been installed campus-wide to improve line of sight in all areas; and
- d. A "Key Watcher" system has been installed at Center for Forensic Services and the Communications Office to maintain structured control of keys.

2. DSHS and L&I agree that continued implementation of Sections 1.1 through 1.3 and completion of the following steps (Sections 2.1 and 2.2), and a DSHS process of assessment of effectiveness, constitute abatement of Citation and Notice No. 317399111. Further, continued implementation of Sections 1.1 through 1.3 and completion of the following steps constitutes compliance with WAC 296-800-11010. The parties agree that DSHS has an ongoing duty under WAC 296-800-11010 to assess the success of abatement measures set forth herein in lowering both the rate and severity of injuries resulting from assaults upon DSHS

employees. This will be an ongoing process of continuous evaluation of its safety efforts, and continual efforts to improve safety and reduce patient-on-employee assaults.

No safeplace standard/general duty clause violations under ch. 296-800 WAC, involving workplace violence and/or communications systems at Western State Hospital, Eastern State Hospital or Child Study and Treatment Center, will be issued by the Department so long as there is continued implementation of Sections 1.1 through 1.3 and the following abatement measures in Sections 2.1 and 2.2 are being implemented or installed.

2.1 Initiatives in Process. The Parties agree that the following steps are in the process of implementation or installation:

2.1.1 Administrative

- a. A safety training curriculum for staff, based upon the settlement agreement in Citation No. 316455559, will be approved and purchased through the guidance of the Ad Hoc Safety Sub-Committee by July 1, 2015.
- b. A Pendant Alarm System Failure reporting requirement has been established and communicated to all staff. In addition, an investigative team has been formed to examine any failure to determine the cause and follow-up with any findings. All Pendant Alarm System Failure investigations are tracked in the WSH Safety Office. A policy has been developed and is anticipated to be implemented by March 31, 2015.

2.1.2 Communications Systems

- a. Expansion of the Pendant Alarm System is underway and completion is anticipated by April 30, 2015. Expansion will cover Buildings 6, 8, and 27, and outside courtyards of Buildings 9, 20, 21, and 29.
- b. An upgrade of the public announcement speaker system is underway for all occupied buildings and completion is anticipated by April 30, 2015.

2.1.3 Facilities and Equipment

- a. WSH has purchased additional behavioral health safe furniture at a cost of \$470,000. The furniture will be received and distributed by July 31, 2015.
- b. Funding is in place for expansion of the Viacom Camera System, and completion of the expansion is anticipated by September 30, 2015.
- c. Funding is in place for installation of secure outdoor fencing in the campus "Quadrangle area", and completion is anticipated by October 31, 2015.
- d. Additional "Key Watcher" boxes will be installed in Building 29 and some buildings in Central Campus. Once installed, staff reporting to work in those areas will use the "Key Watcher" system; and
- e. A campus-wide safety project to upgrade fixtures, doors, and plumbing to improve patient and staff safety at a cost of \$2.7 million is nearing completion.

2.2 Future Initiatives. Employer agrees that it will take the following additional steps to further improve safety and health for the Employer's employees as follows:

2.2.1 Administrative

- a. By January 1, 2016, DSHS will employ two full time employees to provide for the investigation of any assault on a DSHS employee which results in that employee's hospitalization or medical treatment beyond first aid. This investigation will use Root Cause Analysis to determine whether existing processes are effective or require modification. Data derived from the Root Cause Analysis will be used, as appropriate, to develop an action plan for process improvement. This process will include, but is not limited to:
  - 1) Improving the Debriefing Process for Patient to Staff Assault incidents;
  - 2) Improving the Critical Incident Stress Management process;
  - 3) Improving the data review process and content of current data regarding staff injury; and
  - 4) Implementing a policy to review data related to assaults annually and modify the above plan as indicated.

- b. The Employer will mitigate safety issues posed by highly aggressive assaultive patients through the establishment of a Psychiatric Intensive Care Unit, as provided in the attached Decision Package, Appendix A.
  - c. The Employer will expand the deployment of Psychiatric Emergency Response Teams, and communication equipment needed to support the team, as provided in the attached Decision Package for WSH and ESH hospitals, Appendix B.
  - d. The Employer will fully implement the staff training recommendations from the Ad Hoc Safety Committee to support staff training as a means to reduce workplace violence, as provided in the attached Decision Package for Enhanced Training for Hospital Staff, Appendix C.
- 2.3 The Parties agree and recognize that all of the initiatives described in Section 2.2 will require legislative appropriation. The Departments of Labor and Industries and Social and Health Services will work cooperatively and in good faith to request funding for the Section 2.2 initiatives through the Office of Financial Management and appropriate committees of the legislature in the 2015-2017 biennial legislative session.
- 2.4 The Parties agree that this agreement fully settles and resolves Citation and Notice No. 317399111, and that no further appeal will be taken by either Party.
3. Contact names for exchange of information shall be as follows:

The Department Contact Person will be:

JOHN KORZENKO  
Regional Compliance Manager  
950 Broadway Ste. 200  
Tacoma, WA 98402  
Phone: (253) 596-3888  
Fax: (253) 596-3876

The Employer Contact Person will be:

VICTORIA ROBERTS  
Deputy Assistant Secretary  
Behavioral Health and Service Integration Administration  
Department of Social and Health Services  
PO Box 45330  
Olympia, WA 98504-5330  
Phone: (360) 725-3715  
Fax: (360) 725-2279

4. Disposition of the Citation. The Department of Social and Health Services agrees that the Citation shall be affirmed, but that abatement shall be satisfied by compliance with the initiatives identified in Sections 2.1 and 2.2 above.
5. Reports.
  - 5.1 DSHS will provide information on implementation and compliance with the initiatives described in this Agreement in its annual report to the legislature on Workplace Safety in State Hospitals, as required under RCW 72.23.451 and submitted by September 1 of each year.
    - a. Consistent with Department policies regarding monitoring of abatement, DSHS will provide the Department with additional reports every September 1 and March 1 for the duration of the Agreement, to include any extensions if requested and granted. In order to allow effective monitoring of abatement, DSHS will send the Department the following information:
      - i. Assault data (both normalized per 10,000 patient days, and actual or "raw" numbers) relating to number of reported patient-to-employee assaults for the preceding six months, as presented to the WSH Central Safety Committee;
      - ii. WSH Assault Data per Year (with an additional chart normalized to assaults per 2,000 employee hours worked.)
      - iii. Days missed due to assault as presented to the WSH Central Safety Committee;

- iv. A copy of the root cause analysis and proposed prevention action plan regarding any patient assault on a DSHS employee which results in that employee's hospitalization or medical treatment beyond first aid.
  - v. Data on the number of "Code Green" alerts called by WSH staff. WSH staff are encouraged to call "Code Green" alerts; therefore, the Parties agree that changes in the frequency of "Code Green" alerts are not a factor in determining WSH compliance with this Agreement.
  - vi. Data on any reported failures of communication systems for the preceding six months.
  - vii. A completed copy of the OSHA 300 and 300A for the preceding year with each March 1 report.
6. The Department reserves the right to conduct one abatement monitoring inspection to determine compliance with this Agreement, if it is deemed necessary to do so, in accordance with WAC 296-900-12005.
7. The Parties agree that the total penalty will be \$2,800.00. The Employer agrees to pay the amount of penalties assessed within 15 days after execution of this Agreement. Payment check shall reference Citation and Notice of Assessment No. 317399111 and payment shall be sent to:

Department of Labor and Industries  
ATTN: CASHIER  
P O Box 44835  
Olympia, WA 98504-4835

8. By entering into this Agreement, the Department of Labor and Industries does not admit that it could not have established the Citation and Notice of Assessment as originally written and the Employer does not admit that its conduct was illegal/in violation of WISHA regulations. Rather, the Parties believe that settlement of the Citation and Notice of Assessment is in the interest of all in order to avoid the costs and uncertainties of litigation.

9. The term of this Agreement shall be from the date of signature by the Parties until June 30, 2017. At that time, the obligations and commitments of the Parties shall cease under this Agreement, and nothing shall limit the Department of Labor and Industries from imposing Violations of WISHA concerning the subject matter of this Agreement. DSHS understands that its duty to comply with WAC 296-800-11010 is an ongoing duty, and that it must continually attempt to improve the safety and health of its employees.
10. This Agreement does not render the Employer immune from future compliance efforts generated by complaints, accident investigations, follow-up inspection protocol, and/or by Division of Occupational Safety and Health's inspection targeting system, except as provided above in Section 2.
11. If a dispute arises between Parties involving the subject matter of this Agreement, the Parties will work in good faith to resolve the dispute through best efforts and involvement of respective agency leadership and the Office of Financial Management.
12. This Agreement contains all the terms and conditions agreed upon by the Parties. No other understandings regarding the subject matter of this Agreement shall be deemed to exist to bind any of the Parties hereto.
13. This Agreement may be amended by mutual agreement of the Parties. In order to have binding effect, such amendments must be in writing and signed by persons authorized to bind each of the Parties.

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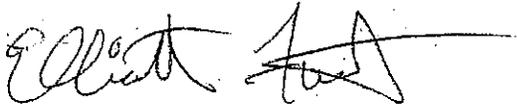
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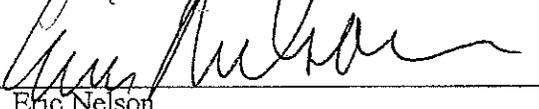
14. The Parties agree that if the final 2015-2017 biennial state budget does not provide DSHS with funding, in whole or part, to accomplish any of the initiatives set forth in this Agreement and attached Decision Packages, the Parties shall meet in good faith to amend the portions of this Agreement discussing abatement so that abatement initiatives can be modified to accomplish necessary improvements of workplace safety within the limitations of legislative appropriation.



Elliott Furst  
Senior Counsel, Attorney General's Office,  
For the Department of Labor and Industries

4-30-15

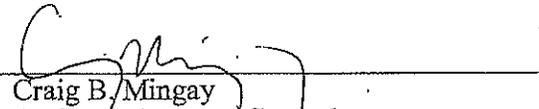
Date:



Eric Nelson  
Assistant Attorney General  
For the Department of Social and Health  
Services

4-30-15

Date:



Craig B. Mingay  
Assistant Attorney General  
For the Department of Social and Health  
Services

4/30/15

Date:

**Attachment B. - Sidebar Agreement of Parties**  
**Between**  
**Western State Hospital**  
**And**  
**Washington State Department of Labor & Industries**

This report addresses the status of the April 30, 2015 Sidebar Agreement (Agreement) between Western State Hospital (WSH) and the Washington State Department of Labor and Industries (L & I). The Agreement was in response to an L & I inspection of WSH and subsequent Citation and Notice of Assessment (No. 317399111) issued on January 16, 2015. The Citation identified deficiencies in methods to prevent and abate patient-to-staff assaults. The term of the Agreement is April 30, 2015 until June 30, 2017. This report addresses the status of the Agreement as of May, 2017.

Although the Agreement applies principally to Western State Hospital, Step 2.1.1(a) of the agreement, addressing Enhanced Safety Training for staff, and Step 2.2.1, addressing investigation of assaults resulting in employee's hospitalization or medical treatment beyond first aid, are also applicable to Eastern State Hospital and the Child Study and Treatment Center.

**June, 2017 Agreement Status**

**Step 2.1.1(a):** A **safety training** curriculum for staff, based upon the settlement agreement in Citation No. 316455559 will be approved and purchased through the guidance of the Ad-Hoc Safety Sub-Committee by July 1, 2015.

Note: Step 2.1.1(a) is applicable to all three state hospitals.

Status: A sub-committee of the Ad-hoc Workplace Safety Committee recommended a curriculum for Enhanced Safety Training (EST) in April, 2015. BHA received funding for EST in the 2015-2017 Biennial Budget and the hospitals developed EST curriculum based on the sub-committees recommendations. The curriculums include situational awareness, patient de-escalation, pre-assaultive recognition, use of seclusion and restraint, trauma informed care, behavioral assessment and other curriculum addressing workplace safety and prevention of violence.

Funding was also provided for overtime or to schedule fill behind staff in order for staff to receive annual EST. Additional funding was provided for each hospital to hire a Peer Trainer to develop and conduct the training. CSTC hired a Peer Trainer in December, 2015, SH hired a Peer Trainer in July, 2015 and WSH hired a Peer Trainer in October, 2015.

## **June, 2017 Sidebar Agreement Status Report (cont.)**

The hospitals have made substantial progress in providing the Enhanced Safety Training to ward based patient care staff:

- In 2016, 90% of ward based patient care staff received the training at the Child Study and Treatment Center, 98% received the training at Eastern State Hospital and 858-1,673 staff, depending on the curriculum module, received the training at Western State Hospital.
- In 2017 (through May), 81% of ward based patient care staff received the training at the Child Study and Treatment Center, 92% received the training at Eastern State Hospital and 812-1,287 staff, depending on the curriculum module, received the training at Western State Hospital.

**Step 2.1.1(b): A Pendant Alarm System Failure policy** has been developed and is anticipated to be implemented by March 31, 2015.

Status: WSH Policy No. 12.09 Personal Alarm Duress System was implemented in April 2016 and the Pendant Alarm System Failure report requirement was communicated to all staff.

**Step 2.1.2(a): Expansion of the Pendant Alarm System** is underway and completion is anticipated by April 30, 2015.

Status: The expansion of the Pendant Alarm System was completed for Buildings 6, 8, and 27 and the outside courtyards of Buildings 9, 20, 21 and 29, by April 30, 2015. The expansion of the Pendant Alarm System to Buildings 10, 15, 16, 24, and 25, as well as high priority parking lots, is currently underway and is expected to be completed by June 30, 2017.

**Step 2.1.2(b): An upgrade of the public announcement speaker system** is underway for all occupied buildings and completion is anticipated by April 30, 2015.

Status: Installation of emergency broadcast speakers in every WSH building on campus to include exterior speakers for the Central Campus quadrangle location was completed in May, 2015.

**Step 2.1.3(a): WSH has purchased additional behavioral health safe furniture.** The furniture will be received and distributed by July 31, 2015.

Status: Behavioral health safe patient beds and chairs were received in June, 2015 and distributed in July, 2015.

## June, 2017 Sidebar Agreement Status Report (cont.)

**Step 2.1.3(b):** Funding is in place for **expansion of the Viacom Camera System** and completion of the expansion is anticipated by September 30, 2015.

Status: Expansion and installation of the Viacom Camera System in the Center for Forensic Services (CFS) and the central secure Quadrangle is in progress. A vendor has been selected and installation will begin soon. Anticipated completion date is June, 30, 2017.

**Step 2.1.3(c):** Funding is in place for installation of **secure outdoor fencing** in the campus quadrangle area and completion is anticipated by October 31, 2015.

Status: Installation of a secure outdoor Quadrangle fence in Central Campus was installed in January, 2016.

**Step 2.1.3(d):** Additional **Key Watcher boxes** will be installed in Building 29 and selected buildings in Central campus. Once installed, staff reporting to work in those areas will use the Key Watcher system.

Status: Continued upgrade and expansion of the Key Watcher system is underway to ensure keys are secured at the facility. In 2016 the Key Watcher system was installed in building 29 (3 locations), building 17 (1 location), building 18 (2 locations) and building 9 (1 location). Additional Key Watcher systems were purchased in 2016 and installation is underway in buildings 1, 8, 10, 11, 13, 15-21 and 23-25 with an expected completion date of June, 2017.

**Step 2.1.3(e):** A campus-wide safety project to **upgrade fixtures, doors and plumbing** to improve patient and staff safety is nearing completion.

Status: The campus-wide safety project is underway and is expected to be complete by December 2017. The patient locker door replacement and reconfiguration project was completed in June, 2015. Plumbing fixtures are being replaced with anti-ligature fixtures including faucets, bathtubs, showers, and valves in all patient care areas as well as shrouding of exposed pipes and plumbing. The construction phase has begun for removing ligature points from toilet partitions by building floor to ceiling walls. Installation of Door Top Alarms is in the design phase.

**Step 2.2.1(a):** By January 1, 2016, DSHS will employ two full time employees to provide for the **investigation of any assault on a DSHS employee which results in that employee's hospitalization or medical treatment beyond first aid**. This investigation will use Root Cause Analysis to determine whether existing processes are effective or require modification. Data derived from the Root Cause Analysis will be used, as appropriate, to develop an action plan for process improvement. This process will include, but is not limited to (1) improving the Debriefing Process for Patient to Staff Assault incidents, (2) improving the Critical Incident

## June, 2017 Sidebar Agreement Status Report (cont.)

Stress Management process, (3) improving the data review process and content of current data regarding staff injury, and (4) implementing a policy to review data related to assaults annually

Note: Step 2.2.1(a) is applicable to all three state hospitals.

Status: DSHS Enterprise Risk Management Office (ERMO) created and filled two permanent full-time positions to provide the patient to staff investigations; hiring occurred by July, 2015. Information and recommendations from the reviews are distributed to designated hospital committees, including employee safety committees, and considered when developing action plans for prevention of staff assaults.

- (1) The debriefing form was revised to enhance information received from both patients and staff about assault incidents. A Patient-to-Staff Assault Performance Improvement Project, led by the new Violence Reduction Manager, is currently reviewing the debriefing process.
- (2) WSH expanding the CISM team from 6 members to 35 members across all three shifts. A contract for a CISM instructor was signed in March, 2017 and training of new CISM members occurred in April, 2017, with an additional training scheduled for September, 2017.
- (3) A Near Miss Performance Improvement Project improved the hospital's data collection and analysis of patient to staff safety events, including pre-assaultive events. This project revised the Administrative Report of Incident (AROI) incident form to better capture patient-level and environmental factors related to staff safety incidents. In addition, a Violence Reduction Workgroup has been formed to review all assault data and make recommendations for prevention.
- (4) Effective June, 2017, the Violence Reduction Workgroup will review all staff assaults, including ERMO investigation reports. Findings will be reported to appropriate committees, including the Safety Committee. WSH is currently in the process of adding annual assault data review to WSH Policy 12.01 Culture of Safety.

**Step 2.2.1(b):** The Employer will mitigate safety issues posed by highly aggressive assaultive patients through the establishment of a **Psychiatric Intensive Care Unit** at WSH.

Status: A location for the WSH PICU unit has been determined and a PICU Director and PICU staff have been hired.

## **June, 2017 Sidebar Agreement Status Report (cont.)**

**Step 2.2.1(c):** The Employer will expand the deployment of **Psychiatric Emergency Response Teams**, and communication equipment needed to support the team.

Status: As of July 1, 2016, Psychiatric Emergency Response Team (PERT) was implemented on WSH civil wards, with communication equipment provided to support the team. After initial implementation, it was determined that three additional staff were needed to ensure coverage for PTRC East Campus and in January 2017, the additional staff were hired. PERT teams were previously implemented at the WSH Center for Forensic Services and Eastern State Hospital.

**Step 2.2.1(d):** The Employer will fully implement the **staff training recommendations** from the Ad Hoc Safety Committee to support staff training as a means to reduce workplace violence.

Status: See Step 2.1.1(a) above.

**Attachment C. State Hospital Staff Assault Data**  
**2017 Report to the Legislature**  
**Department Efforts to Reduce Violence in the State Hospitals**

**Data Definitions**

**Staff Reported Assaults** is a measurement of the number of assaults where there was an unauthorized touching of an employee by a patient that resulted in a physical injury to the employee (RCW 72.01.045).

**Staff Reported Assaults where an L&I Claim is filed** is a measurement of the number of Staff Reported Assaults where medical treatment from a physician was pursued by the injured employee and a Workers Compensation claim filed with the Department of Labor and Industries.

**Staff Reported Assaults that turned into a Compensable L&I Claim** is a measurement of the number of Staff Reported Assaults where an L&I claim was filed and the employee missed more than 3 days of work due to the injury.

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

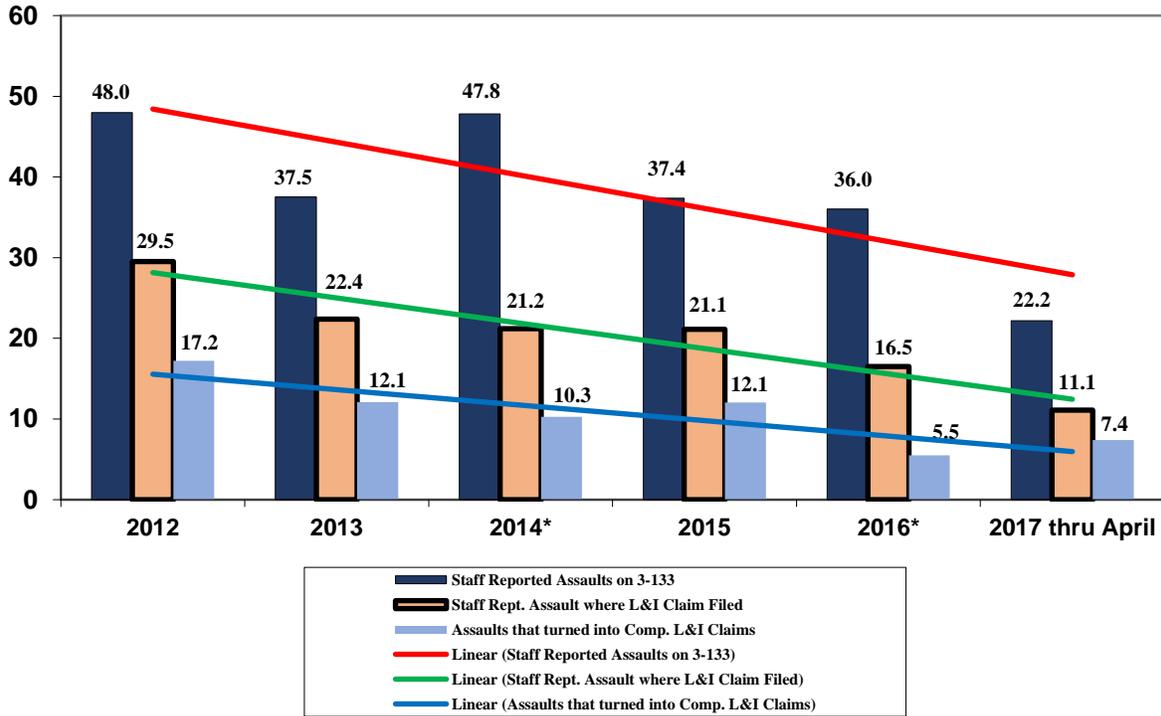
**Time-loss days** are a measurement of the number of work days employees have missed (over 3 days) from work due to their assault injury.

**Data and Analysis**

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

# Child Study and Treatment Center

## CSTC Assault Information Per 10,000 Patient Days

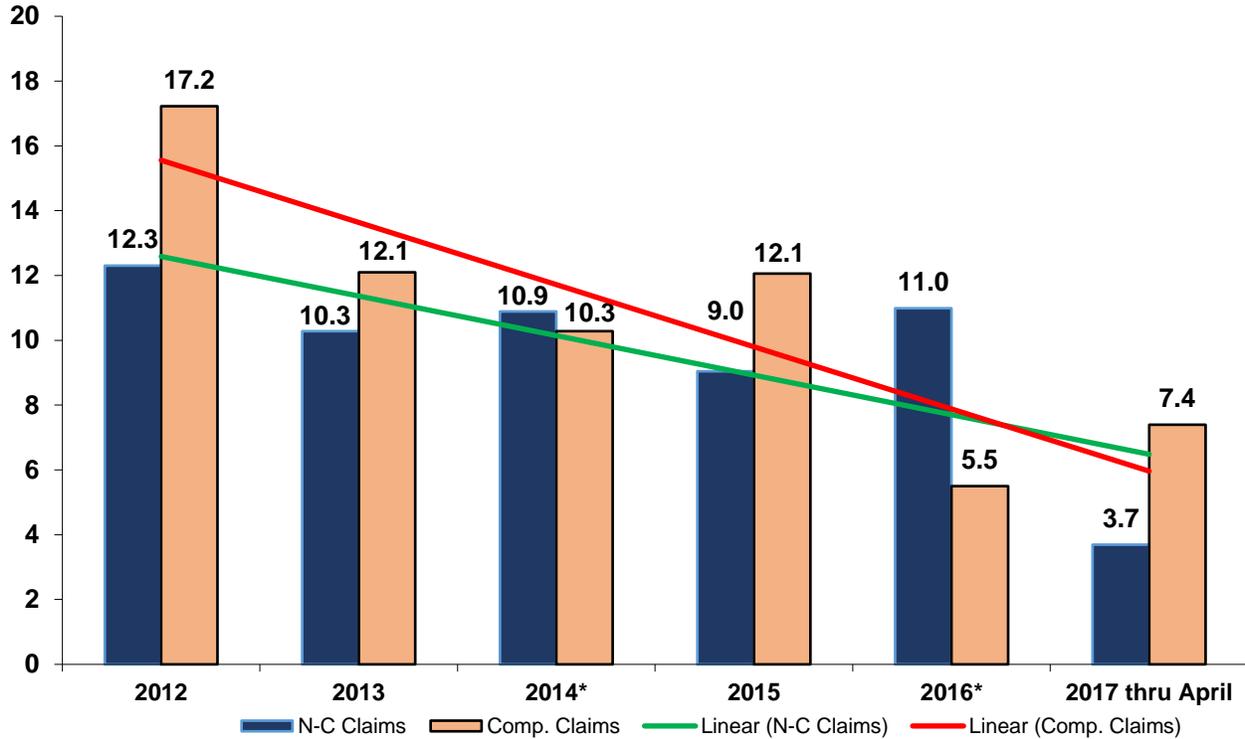


**Staff Reported Assaults** at the Child Study and Treatment Center (CSTC) have steadily declined over the past 5 years including into early 2017. In previous Annual Reports, CSTC has addressed the two peak years of Reported Assaults (2012 and 2014), attributing the high numbers to a single or a few individual patients committing a disproportionate number of the total staff assaults. CSTC staff have developed numerous strategies to address violence-prone patients, including a Close Attention Program for active safety risk patients and other targeted strategies. In addition, CSTC is adding a low-stimulation area to the Orcas Cottage Housing Unit to provide an area for de-escalation of high-risk patients and defusing potential violence. Construction began January 30, 2017 and is expected to be completed by year end.

**Staff Reported Assaults where an L&I Claim** is filed and assaults that turned into a **Compensable L&I Claim** both show steady and significant downward trends over the past 5 years.

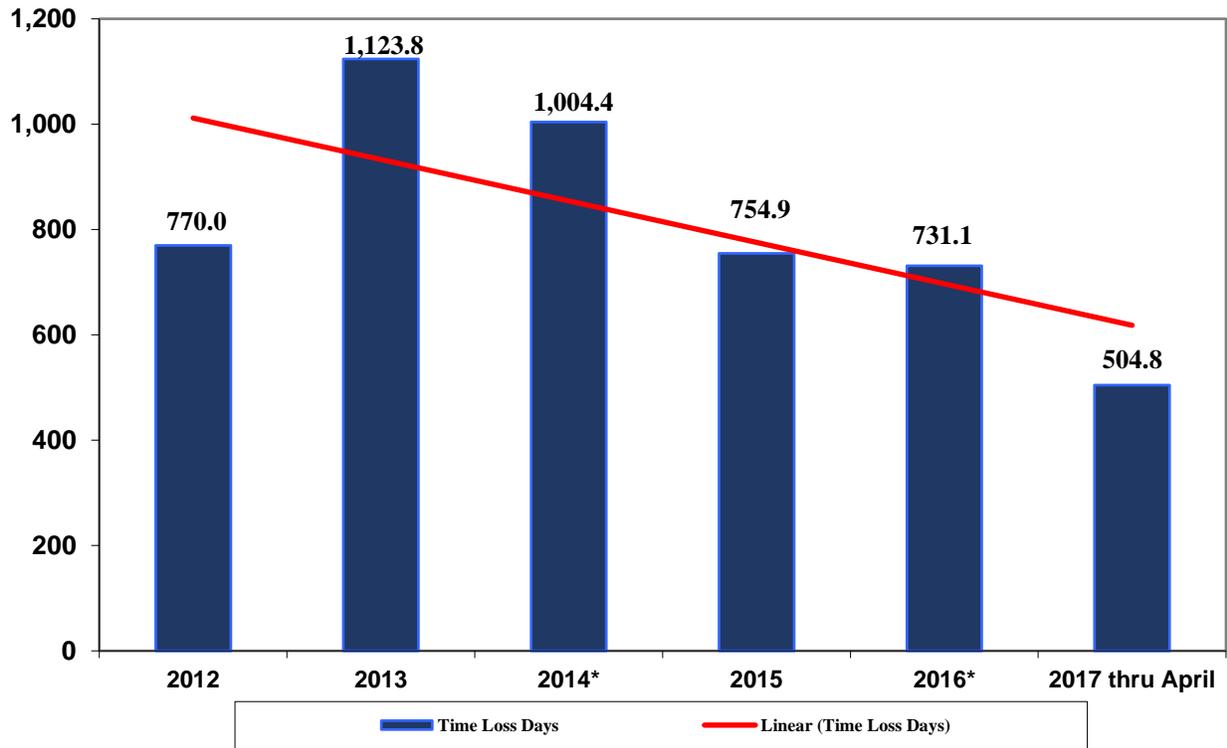
This data indicates CSTC is steadily improving workplace safety and reducing staff assaults. The numerous ongoing efforts and new FY 2017 efforts to reduce violence that are described in this report have all contributed to improved workplace safety and decreased serious assaults.

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



This data shows the **ratio of Compensable and Non-Compensable claims**. 2017 claims data is not fully mature and the trend over the 5 year period is more instructive and reliable. Both Compensable and Non-Compensable claims are trending down over the last 5 years, with Compensable Claims more sharply trending down compared to Non-Compensable Claims. This improving trend of the ratio between Compensable and Non-Compensable claims shows that employees are returning to work sooner after an assault event and also suggests that staff assault injuries may be trending down in severity.

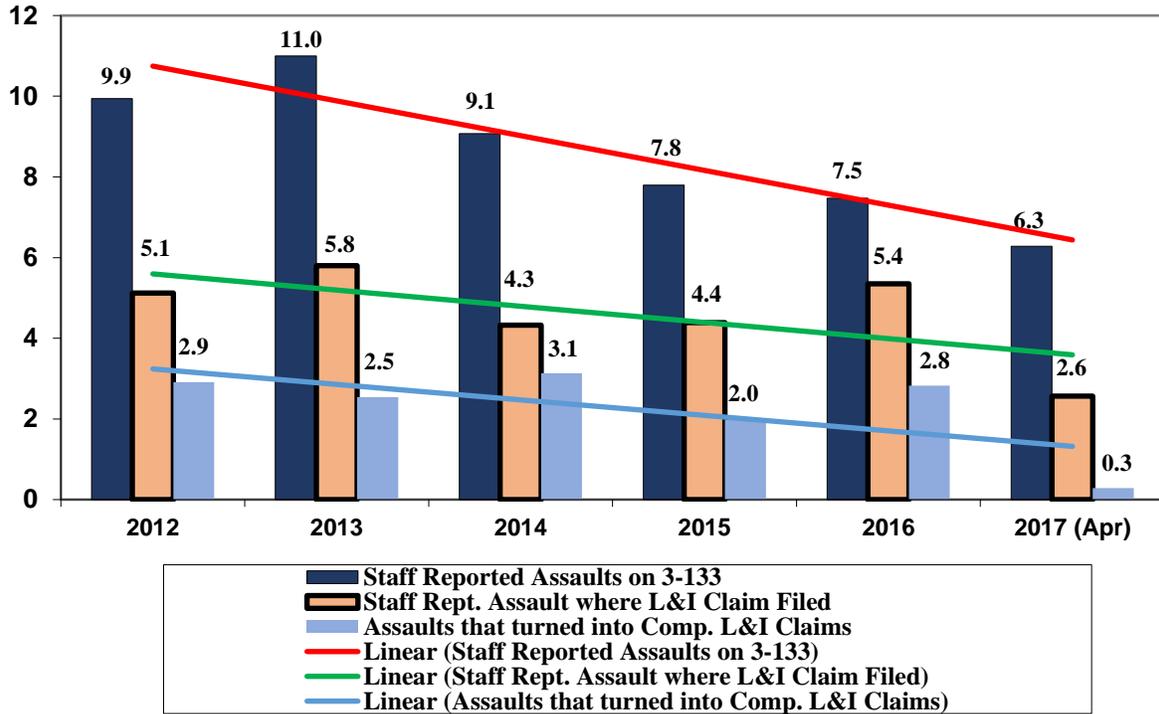
**CSTC Time Loss Days Per 10,000 Patient Days**



When comparing **Time Loss Days** associated with assault claims over the past 5 years, there has been a steady decrease at CSTC that is continuing into 2017. This is due to the hospital efforts at improving workplace safety as described in the Annual Report, leading to decreasing numbers of Reported Assaults with an L&I claim is filed.

# Eastern State Hospital

## ESH Assault Information Per 10,000 Patient Days

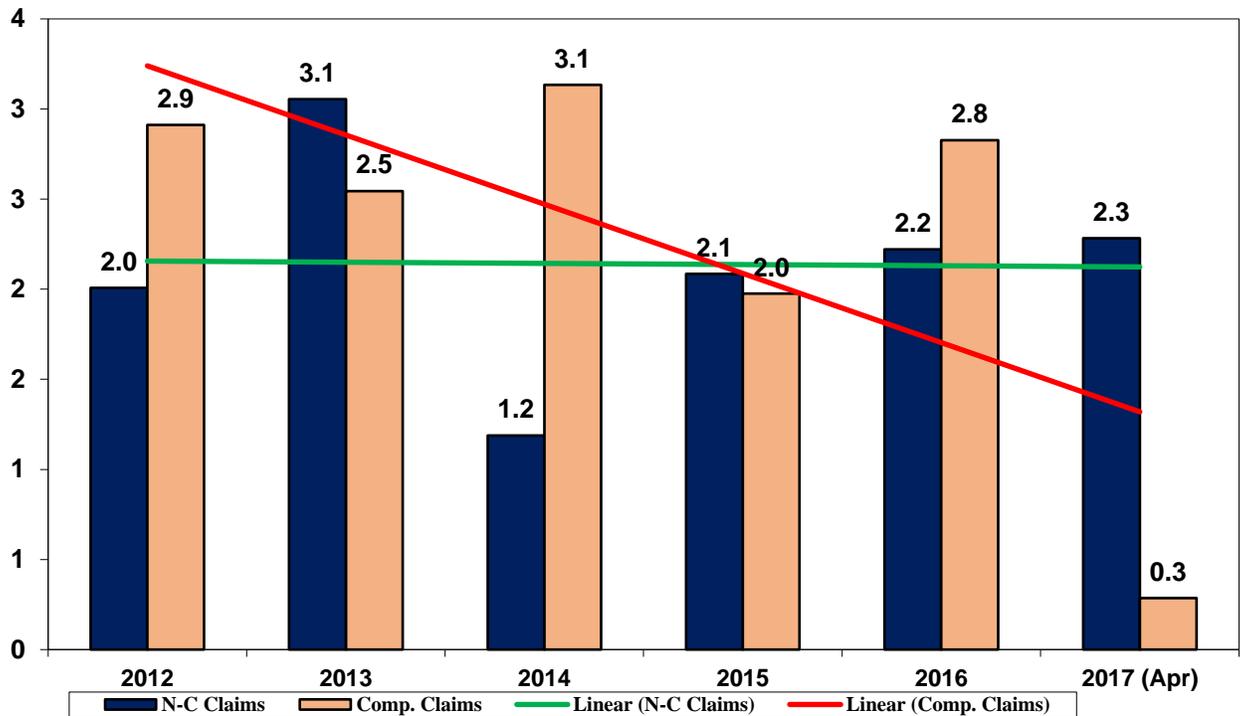


**Staff Reported Assaults** at Eastern State Hospital (ESH) have steadily declined over the past 5 years, including into early 2017. The decreasing rate of Staff Reported Assaults is the result of the ongoing efforts and new FY 2017 efforts to reduce violence that are described in this Annual Report. For example, data (drill down data, not included in this report) shows assault incidents between the hours of 1500 and 1800 have decreased in 2017. This may be attributable to the implementation of scheduled quiet time for patients during day/evening shift change on all wards. This strategy encourages patients to spend time in their bedroom during shift change, allowing staff to focus on critical patient updates, including potential patient behavioral risks.

**Staff Reported Assaults where an L&I Claim is filed and assaults that turned into a Compensable L&I Claim** both show steady and significant downward trends over the past 5 years.

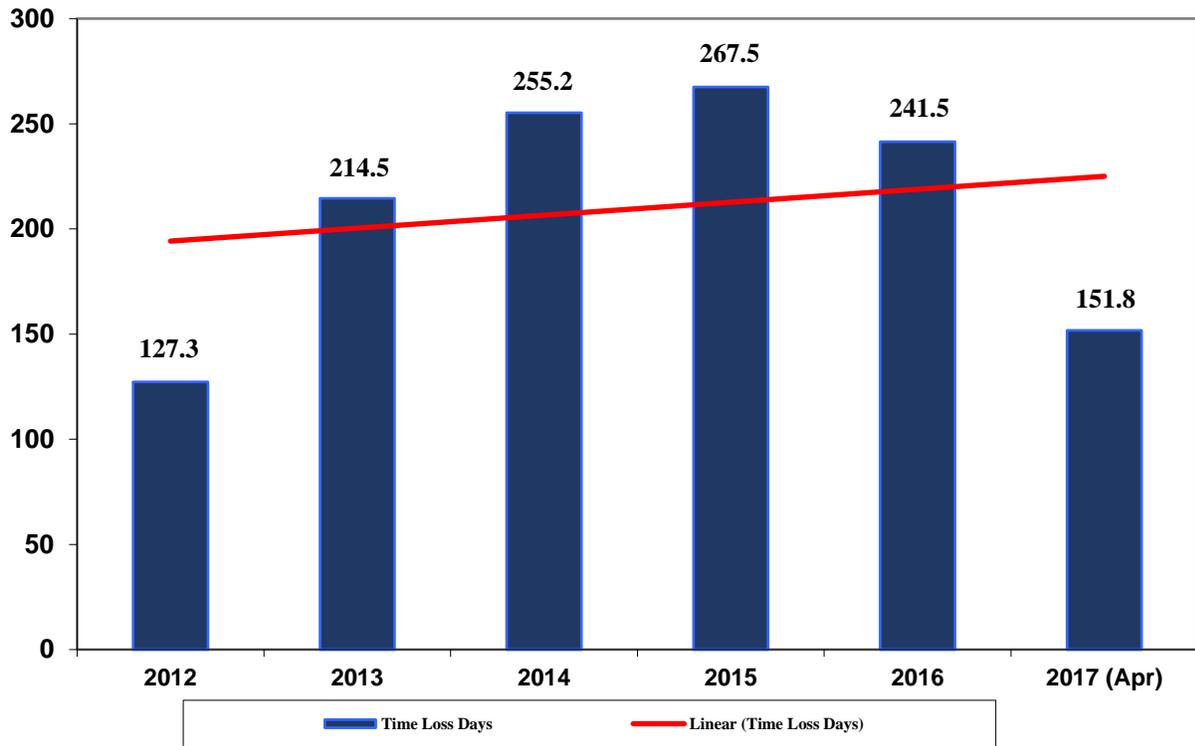
This data indicates ESH is achieving steady progress in preventing and reducing serious staff assaults. The ongoing efforts and new FY 2017 efforts to reduce violence that are described in this Annual Report have all contributed to improved workplace safety and reduced serious assaults.

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



This data shows the **ratio of Compensable and Non-Compensable claims**. Non-compensable claims have been steady over the 5 year period and compensable claims show a declining trend. The ratio of Compensable to Non-Compensable claims, although showing yearly variations, shows an overall trend of less compensable claims compared to non-compensable claims. Although assault claims data for 2017 is not mature at the time of this report, early 2017 data shows non-compensable claims (8 of 9 total claims) significantly exceeding compensable claims (1 of 9 total claims).

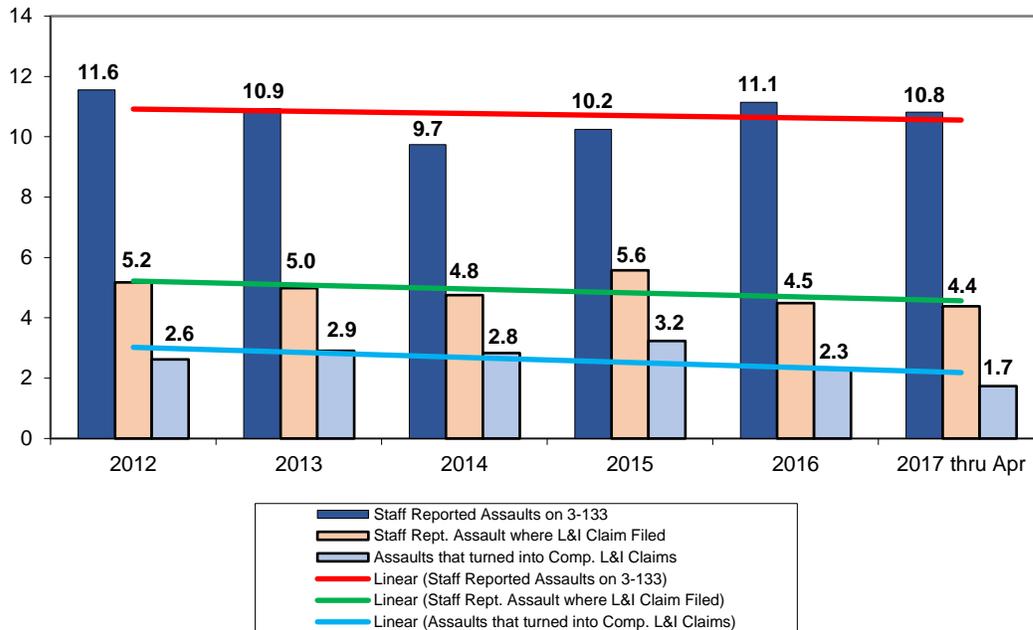
### ESH Time Loss Days Per 10,000 Patient Days



**Time Loss Days** associated with assault claims shows a moderately increasing trend over the past 5 years, with a decline in 2016 compared to 2015 and an early indication of 2017 continuing that decline. Factors that impact the amount of time loss associated with a claim include the severity of injury, timeliness of worker healthcare appointments and the ability of the hospital to accommodate a light duty worker through a Return to Work program.

# Western State Hospital

## WSH Assault Information Per 10,000 Patient Days

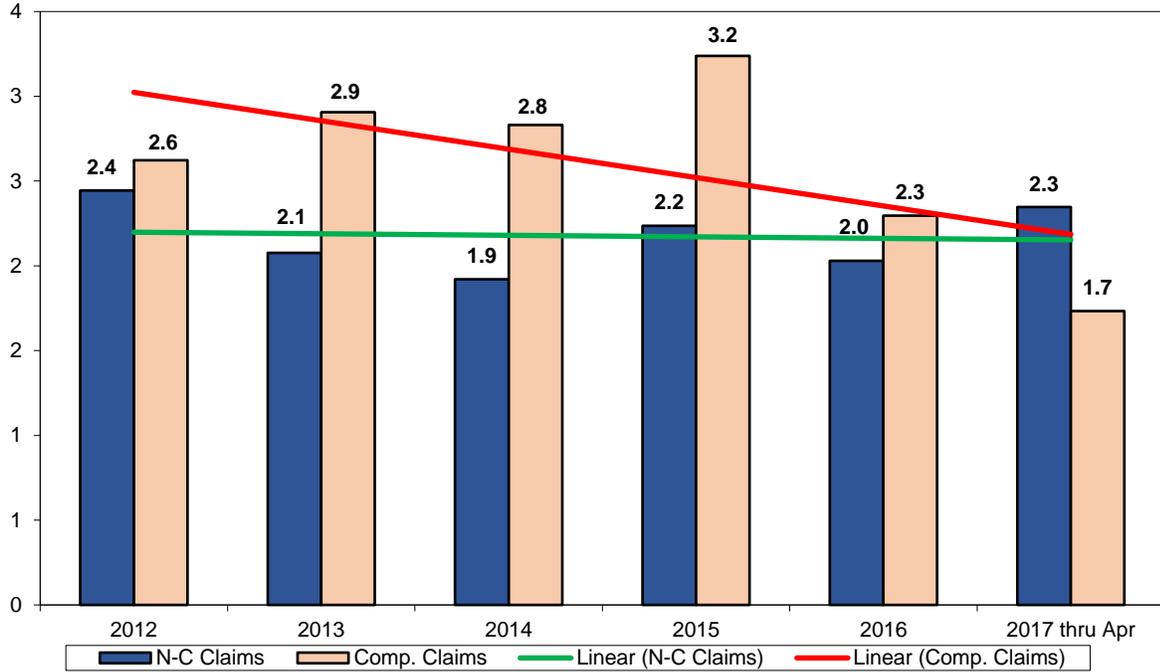


**Staff Reported Assaults** at Western State Hospital (WSH) have remained steady with a slight downward trend over the past 5 years. The rate of Staff Reported Assaults is continually monitored and, as indicated, is evaluated for determination of contributing factors and needed action plans. WSH emphasizes the importance of reporting all incidents to improve the culture of safety.

**Staff Reported Assaults where an L&I Claim is filed and assaults that turned into a Compensable L&I Claim** both show steady downward trends over the past 5 years. In calendar year 2016 and early 2017 both measurements are at the lowest level in the past 5 years.

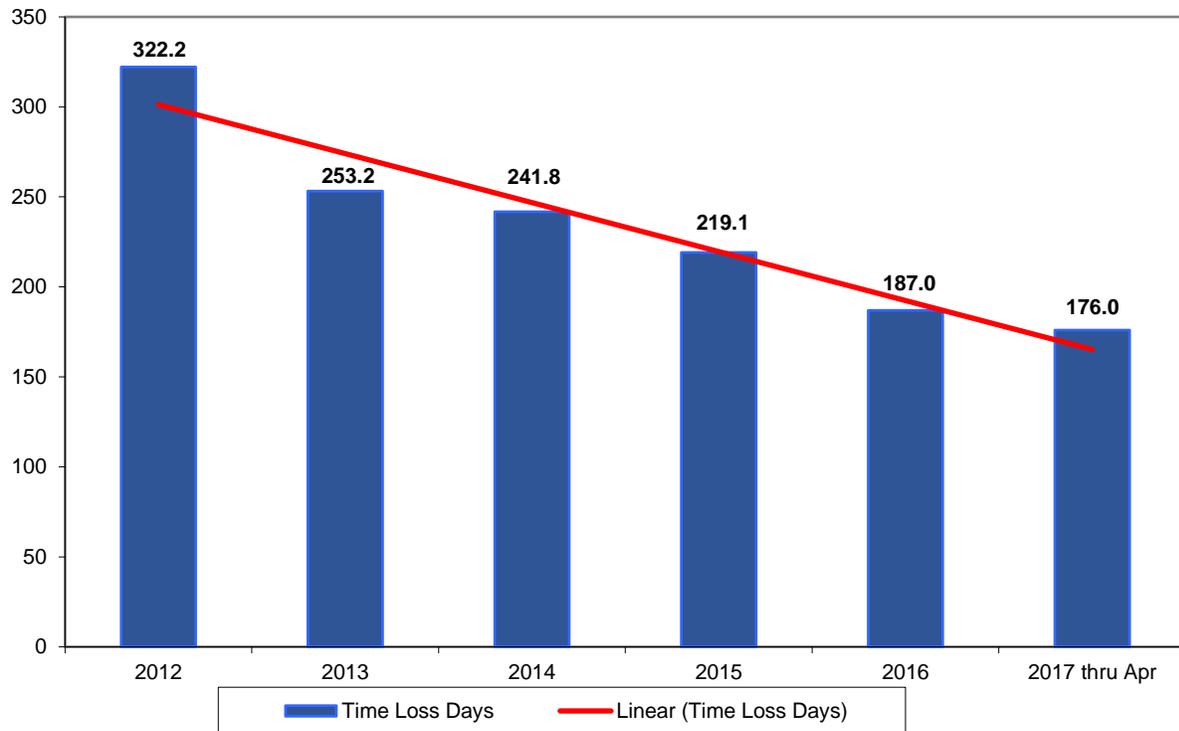
This data indicates WSH is achieving steady progress in preventing and reducing serious staff assaults. The ongoing efforts and new FY 2017 efforts to reduce violence that are described in this Annual Report have all contributed to improved workplace safety and reduced serious assaults. The improving data trends have continued through FY17 when during this time period WSH has hired more than 300 additional new employees, has experienced leadership changes and has made numerous programmatic and policy changes.

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



This data shows the **ratio of Compensable and Non-Compensable claims**. Early 2017 data shows, for the first time in the last 5 years, that Compensable Claims are lower than Non-Compensable Claims. Calendar year 2016 also showed improvement in the ratio compared to Calendar years 2012 - 2015. The improving trend of this ratio shows that employees are returning to work sooner after an assault event and also suggests that staff assault injuries may be trending down in severity. The hospitals consistent use of its Return to Work program over the past several years has been a direct and significant contributor in reducing compensable assault claims.

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



When comparing **Time Loss Days** associated with assault claims over the past 5 years, there has been a significant steady decrease that is continuing into 2017. This is due to the hospital efforts at improving workplace safety, leading to decreasing numbers of Reported Assaults with an L&I claim filed. This is also due to the hospital sustaining its Return to Work program.