

REPORT TO THE LEGISLATURE

Department Efforts to Reduce Violence in the State Hospitals

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

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EXECUTIVE SUMMARY

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

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

This report describes Department efforts to reduce violence in the state hospitals, with updated details on the efforts put forth from each hospital during the report period FY 2019.

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

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

BEHAVIORAL HEALTH ADMINISTRATION

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

Child Study and Treatment Center (CSTC): Located in Lakewood, CSTC is Washington’s only state-operated psychiatric hospital for children (ages 5 to 18). CSTC has a total capacity of 47 beds and employs approximately 161 staff members.

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

342 beds; with approximately 150 beds allocated for forensic patients and the remainder dedicated to civil patients, including specialized services for older adults and intellectually disabled populations. ESH employs approximately 888 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 857 beds; with approximately 330 beds allocated for forensic patients, and the remainder dedicated to civil patients, including specialized services for older adults and intellectually disabled populations. WSH employs approximately 2605 staff members.

DEPARTMENT EFFORTS TO REDUCE VIOLENCE IN STATE HOSPITALS

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

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 2017/2019 BHA Strategic Plan.

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

STATE HOSPITAL ONGOING EFFORTS TO REDUCE VIOLENCE

The state hospitals comply with all federal and state laws and rules related to workplace safety to include those from the Occupational Safety and Health Administration, Washington State Department of Occupational Safety and Health, Washington State Department of Labor & Industries, Department of Health and the Centers for Medicare & Medicaid Services.

Eastern State Hospital and the Child Study and Treatment Center also maintain accreditation from The Joint Commission and comply with Environment of Care, Provision of Care, Life Safety and Emergency

Management, Patient Rights and other workplace safety related standards.

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

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

Safety Committees, Environment of Care Committees, Employee Safety Information

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

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

Environmental Safety and Hazard Inspections

Safety and Security considerations are evaluated annually as part of the hospitals annual review of their required Workplace Safety Plans (RCW 72.23.400). This evaluation identifies existing or potential hazards that may increase the likelihood of injury to patients and staff. Evaluation results are provided to hospital Leadership and Safety for review and development of corrective actions to mitigate or eliminate identified risks.

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

Emergency Response, Environmental Controls, Employee Safety Equipment

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

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

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

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

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

All CSTC staff receive Crisis Prevention Institute (CPI) training. Which incorporates philosophy, de-escalation, safe physical holds and self-protection training. CSTC does not use mechanical or chemical modes of restraint. CSTC utilizes Western State Hospital Security personnel for back up support. As needed, the hospitals contact local police authorities for heightened security situations or containment of an off grounds patient elopement or violent incident occurring internally.

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

Injury Reporting, Incident Review, Workplace Violence Data

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

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

Workplace Safety and Violence Prevention Training

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

Employee Support

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

Each hospital conducts team post-incident debriefings after assault incidents, then follows up with inter shift meetings or safety huddles to support staff as well as identify effective interventions and opportunities for improved awareness or skill development.

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

ANNUAL UPDATE ON STATE HOSPITAL EFFORTS TO REDUCE VIOLENCE

This annual update summarizes efforts by each state hospital during FY 2020 to reduce violence.

CHILD STUDY AND TREATMENT CENTER

Environment of Care

Environment of Care controls and safety equipment at CSTC include camera monitoring systems, visibility mirrors, personal protection equipment, behavior- safe furniture and specially designed rooms for patient de-escalation or seclusion and restraint as needed.

CSTC continually improves preparedness for emergency due to natural disaster or other major safety events maintaining an inventory of emergency supplies, augmenting cottage capacity for response and effective communication; and prepares for scenarios ranging from active shooter to earthquake disaster through training, drills and table-top exercises.

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

- CSTC began Phase II of the Patient Safety Risk Reduction Review Project on 1/22/2020. The scope of the project is to review of potential patient safety risks in CSTC housing units. This project will update previous survey work which included unsupervised patient areas such as restrooms, shower rooms and tub rooms. The complete survey will include all areas accessible to patients (Capital Project No: 20-461).
- CSTC Safe School Environment Project began work on improving safety within campus schools early in FY2020. The scope of this project was to encompass the purchase and replacement of older unsecured furnishings primarily at Firwood Secondary School and replace those furnishings with school desks, chairs and computer stations that can either be weighted or secured to the floor.
- The Oak Grove Elementary School and CSTC Cottages will also receive new weighted chairs and desks. Built in metal desk stools were previously removed during Phase I Ligature Risk Reduction Efforts. In total, CSTC purchased 40 new desks for the classrooms at Firwood Secondary School, 115 campus chairs that can be weighted, and tables for secure computer stations with hex washer screw anchor hardware.

- Ongoing reduction of ligature-risks include the elimination of items such as standard shoe strings, belts and drawstrings. CSTC vetted a number of products with which to replace shoestrings settling on a small bungee-like device with a solid “knot” that operates as a safety feature at a cost of \$1018.46. CSTC does not need to restock this item at this time but there will be an ongoing cost to keep these in stock for all CSTC patients.
- CSTC does not use mechanical restraints, but employs a variety of products designed to assist our staff and patients in times of crisis. For example, safety smocks and safety mattresses cannot be torn to hide contraband or fashioned into a ligature device. Leg wraps that can be removed by the patient once secured, prevent kicking or tripping staff while a physical hold is being applied. CSTC staff also found that providing weighted blankets for certain patients is an effective means of helping the patient feel calm and secure, reducing tension and contributing to a safer workplace for patients and staff. These aids amounted to an expenditure of \$1775.00 during FY20, and though found to be extremely durable will require additional annual expenditures to maintain.
- Child Study and Treatment Center utilizes the Crisis Prevention Institute (CPI) out of Milwaukee, WI. - Model of non-violent crisis intervention. CSTC trains all direct care staff in CPI which includes philosophy, de-escalation, safe physical holds and self-protection training. CSTC invested \$2,220.00 on CPI Training Workbooks in FY20, and will require additional annual expenditures to maintain.
- To remain in compliance with CMS Emergency Preparedness Rules, CSTC purchased Emergency food specifically manufactured to meet or exceed health care requirements for an Emergency Meal Plan that is suitable for shelter-in-place and emergency operations. The price of this purchase was \$5,875.00.
- CSTC purchased many Emergency Preparedness items in FY19 to increase the likelihood of maintaining essential operations after a significant disaster. In FY20 purchased 10 folding cots for staff to utilize in the event that they are not able to travel home due to inclement weather or other natural disaster. The price of this purchase was \$1,252,00.
- CSTC replaced its malfunctioning staff ID Badge printer in FY20 with a new ID Badge printer and printing supplies at a cost of \$3,402.00.

Future Investments in Safety

CSTC Expansion Project 2016-440 which funded pre-design studies for an additional 18-bed secure Children's Long-Term Inpatient Program (CLIP) treatment cottage was completed in 2017 and was funded for construction. This new cottage will feature state-of-the-art safety design and construction that will significantly increase the state's ability to safely care for older youth who are seriously emotionally disturbed. Construction on this project began in February of 2020 with completion scheduled in May of 2021.

CSTC's Camano Cottage which houses and treats our youngest patients is currently in design phase for constructing a calming room or suite to the cottage. The Camano Calming Room Construction Capital Project 2018-419 will provide a Low Stimulation Area (LSA) area for patient calming. Providing LSA space on a cottage is intended to reduce occurrences of seclusion and restraint and increase patient safety. This project is scheduled for completion in March of 2021.

Multiple buildings on the CSTC Campus or in design phase for New Access Controls (Capital Project No: 2020-426). This project will increase security and patient security across campus with the installation of electronic Key Card access controls. This project is scheduled for completion in January of 2022.

Ketron Cottage's New Recreation Fence (Capital Project No: 2020-448). This fencing project will provide Ketron with a much needed secure outdoor area for patients who may not otherwise have the opportunity to enjoy the health benefits of being outdoors when under specific restrictions. This project is scheduled for completion in October of 2020.

Multiple Cottages on the CSTC Campus are in design for a Resident Door Alarm Upgrade (Capital Project No: 2020-463). Resident door alarms are utilized by staff to monitor when patient doors are opened and closed. These systems are an important tool in maintaining patient safety especially during night shift when staffing levels are reduced. This system upgrade is scheduled for completion in February of 2021.

Security Response

Child Study and Treatment Center responds without delay to patient violence and unauthorized leaves (elopements) utilizing a campus-wide "show of support" when immediate staff resources are not able to contain the situation.

In highly escalated situations CSTC calls upon Western State Hospital Security to provide assistance. CSTC meets regularly with WSH Security to reinforce effective and timely communication and to debrief after incidents. As needed, the hospital contacts local police authorities for heightened security situations or containment of an off grounds violent incident or elopement. If

required, handcuffs may only be utilized by local law enforcement.

CSTC utilizes two way radios throughout to enhance safety at the hospital with rapid response capability and instant push-to-talk communication with WSH Security. The Clover Park school district which operates two schools on the CSTC campus also utilizes the same type of radio, furthering the ability to communicate effectively between all entities.

CSTC also incorporates the use of hand held metal detection devices to screen patients for contraband – for cause, and routinely – e.g. when returning from school or an off- campus pass. CSTC purchased four new hand held metal detectors in FY2020 at a cost of \$739.00.

CSTC and WSH worked collaboratively in a radio reprogramming project in 2019. This project updated programming for all radios and ensured continued compatibility with WSH Security. CSTC intends to purchase 24 new two-way radios during FY21 as many of the existing radios are near their end of life cycle, and communication equipment is vital to the safety and wellbeing of our staff and patients.

Hospital Staffing

CSTC hired 14 direct care staff to fill vacancies in FY2020. Vacancies were filled in order to improve the provision of patient care, active treatment and workplace safety and security. The new employees hired primarily consisted of Psychiatric Child Care Counselors and Registered Nurses.

Staff Training

Staff development is crucial for incumbent and in-coming personnel. Establishing, maintaining and advancing intervention skills and techniques is paramount for successful daily operations for employees assigned to patient units. The Child Study and Treatment Center has a full-time Training Coordinator who manages all training activities for the hospital.

In FY20, New Employee Orientation (NEO) was expanded to a two-week curriculum (previously 3 days and OJT). The Training Coordinator developed a matrix of mandatory trainings (initial and on-going) which is tracked by monthly compliance reports. Additionally, following Secretary Murphy's directive, CSTC developed a three day Crisis Prevention Institution (CPI) – Nonviolent Crisis Intervention (CPI/NCI) curriculum which took effect in January 2020. CSTC is seeking to incorporate Advanced Crisis Intervention Training (ACIT) for all employees in FY21.

Child Study and Treatment Center continues to emphasize the practice of Dialectical Behavioral Therapy as its primary evidence-based practice for treatment throughout the hospital. Staff receive training in Dialectical Behavior Therapy principles by licensed clinical psychologists at NEO. Additionally, Dialectical Behavior Therapy is

incorporated into all aspects of treatment including individual therapy, family therapy and school. The goal being to improve patient engagement, as they boost staff intervention skills, confidence and a cohesive teamwork/shared language.

Performance Improvement

The Workplace Safety Workgroup is currently developing enhancements to the Crisis Prevention Institute – Nonviolent Crisis Intervention (CPI/NCI) curriculum. The enhanced curriculum focuses on evasion, de-escalation and physical intervention by incorporating realistic scenarios and role-plays. This enhanced curriculum spans over two consecutive full days of training and incorporates a continual process for evaluation and assessment of participant performance and a process to provide immediate feedback. Additionally, new employees are brought back to the class for a third day of hands-on training in order to reinforce muscle memory on the physical aspects of CPI along with giving them an opportunity to ask instructors questions after completion of their on the job shadowing experience. The Workplace Safety Workgroup meets bi-weekly to review participant’s assessments of the course along with identifying consultation opportunities to the cottages.

The Training Coordinator conducted a comprehensive restructuring of the New Employee Orientation (NEO) program. The project encompassed the development of a two-week curriculum, amended competency assessments, established specific CSTC job standards and expectations, and enhanced onboarding documentation. All of which was needed in order to ensure employees have adequate training prior to working with patients. Additionally, the new program now incorporates blended teaching styles and an overview of different departments within the hospital.

The Nursing Department and the Health Information Management Services (HIMS) Department collaborated on a project to standardize nursing services. Medication rooms across the campus were standardized to the degree possible, so RN’s working in any area could perform their duties more efficiently. This effort also included updating medical record forms from DSM IV to DSM V.

Child Study and Treatment Center worked closely with Western State Hospital Information Technology to modify and incorporate the AROI (Administrative Reporting of Incident) system used at WSH at CSTC. The system was modified in order to meet the legal requirements for reporting incidents for children/youth population. Implementation of this system will improve both accuracy and timely reporting.

During FY20 the CSTC Executive Leadership Team developed “Fundamental Maps” as part of the Person-Centered Culture Project. The Fundamental Maps are processes that will be reviewed and evaluated for performance improvement opportunities during FY21 and beyond. These processes include Medical Record Review, Employee Development, Patient Wellness, Communication and Employee Satisfaction.

[Child Study and Treatment Center 2020 Workplace Safety Plan](#)

EASTERN STATE HOSPITAL

Environment of Care

Environment of Care (EOC) plans (Safety, Fire/Safety, Medical Equipment, Utility Systems, Security and Hazardous Waste Management) are in place and assessed annually for objective, scope, performance and effectiveness. Data is reviewed by the EOC, Employee Safety Committee and Quality Council to identify negative trends and develop plans for improvement to correct deficiencies and mitigate risk.

The comprehensive Environmental Proactive Risk assessment was reviewed and updated June, 2020. This is in addition to any individual assessments initiated as a result of Sentinel Events, drill evaluations, hazard reports, environmental safety surveys, unusual occurrence and injury reporting, and individual building evaluations. Acton plans are developed based on assessment and monitored by the Emergency Operations Center, Employee Safety Committee and Quality Council.

An assessment was conducting by the Safety Office in September, 2019 on the risks associated with patients being allowed to use Earbud's. The intent of this assessment was to identify the item that provided the lowest risk for both patients and staff. The assessment concluded, that allowing earbuds for patient use was a low ligature risk, and eliminates the risk of alternative items being used as a weapon.

Approximately \$800,000 dollars of operational funding was allocated to replacing flooring on Eastlake wards and center core office spaces and was completed August, 2019. A previous Capital Programs project replaced the Geriatric Psychiatric Unit (GPU) carpets and was completed March, 2020. The outdated carpets posed to be a sanitation obstacle in many areas.

ESH IT project (Phase 1) funded nine additional cameras for the Forensic Services Unit (FSU) to mitigate blind spots. Additional cameras have been requested through Capital Programs for the Adult Psychiatric Unit (APU) and 2S1 (Phase 2 and 3) but will require Legislative approval and funding.

A Failure Mode Effectiveness Analysis (FMEA) was conducted for FSU wards, which evaluated processes in place for patient and visitor contraband screening. An additional FMEA is being conducted for APU visitor and patient screening processes. Mitigation measures have been planned and developed to include the placement of a metal detector in a location that can be shared by all APU and north FSU wards for screening visitors prior to entering the wards. Hand-held metal detector wands are currently in place.

ESH implemented a new badge identification system in February, 2020. This system provides the ability for all staff to quickly determine appropriate visitor access based on badge color, decreasing the risk of contraband introduction, and other safety and security concerns.

An assessment was completed on all hospital fire doors. A Capital Programs project funded replacement in some locations. This included re-certification and rating tags on FSU sally port door locations which was completed September, 2019. Additional Capital Program funding for Smoke and Fire Retro-Commissioning project includes additional fire door replacements, including exterior and interior entrances to ensure proper function and compliance with Life Safety code requirements and TJC/CMS standards compliance. Completion scheduled for June, 2021.

A risk assessment of both the Eastlake and Westlake Private Branch Exchange (PBX) has identified that staff are vulnerable to workplace violence (e.g. armed assailant, agitated visitor, etc.) Vulnerabilities include, but are not limited to; limited visibility of in-coming visitors and staff, physical location is either unsecured or non-hardened (zero barriers between visitor and operator and/or barrier easily broken to access location, etc.). Preliminary design for relocating the Westlake PBX reception desk, installing cameras at entrance doors and relocating and enclosing the desk area to increase visibility of the parking lot and in-coming visitors has been completed. Recommendations for added security at the Eastlake Administration building, including the PBX and center core offices, have also been identified. Both locations contain critical alarm systems and equipment for fire, two-way radio communications, camera and overhead annunciation equipment utilized for alerting and notification of hospital staff in an emergency. A 2019-2021 Capital Programs project request was submitted to address identified security and safety risks at these locations. The Westlake PBX security project was funded and anticipated to go out to bid fall, 2020. Addition of visitor screening equipment to the project is dependent upon funding. Eastlake security project is not funded to date. This will also require approval of additional Security to staff visitor screening locations during visitation hours.

A Capital Programs project has been funded to replace the Eastlake boiler plant which is scheduled to start October, 2020 with a target completion date of October, 2022. The steam plant provides heating to the Eastlake campus and is vital for Continuity of Operations.

Patient rooms on all APU wards are undergoing systematic renovations for increased patient/staff safety. Installation of molded cubicles and bed frames for safe patient storage to prevent patients from utilizing metal frame pieces as a weapon or self-harm. This furniture is specifically manufactured for Behavioral Healthcare and Correctional facilities. The molded vinyl furniture is bolted to the wall or floor to prevent being thrown, used as a weapon or as a barricade to their room. The civil commitment wards and FSU patient bedrooms are also being equipped with vinyl molded beds and cubicles for patient storage. Completion scheduled for December, 2020.

Capital Program request has been submitted for installation of fencing around the baseball field adjacent to the Activity Therapy building to provide an additional secured space for patient group activities. Installation would require legislative approval and funding.

Capital Programs request has been made to replace the existing and antiquated staff duress system on the all wards and replace with a “personal duress alarm”. A new system in all on and off ward locations would provide wider coverage, ease of activation and electronic location tracking for quicker emergency response. Scope and design are currently under review by Capital Programs for a request to the Legislature for 2021-2023 biennium. Staff currently utilize two-way radio communications until a new system is in place. Radios are utilized if the existing duress alarms fail or staff are unable to access activation mechanisms to report requests for staff assistance during emergency situations. Implementation would require legislative approval and funding.

A Capital Programs project was funded to address restroom ligature risks in the Activity Therapy Building (Treatment Mall). The restrooms were remodeled and configured to reduce ligature risks. The project created 12 new individual/gender neutral/ handicap accessible bathrooms (two per floor). This project was completed in November, 2019 and was in response to a TJC citation.

Radio policy and procedures were revised to move the new FSU Competency Restoration wards (1N3 and 3N3) and NGRI ward (2N3), to the existing APU channel for radio communications. This expedited emergency response capabilities. Implemented June 8, 2020.

Capital Programs project was funded to remodel the APU ward med rooms to address fire/smoke control and egress compliance. Installation of a roll-up doors and Lexan at the medication administration window are being installed to meet compliance and mitigate staff assaults. Project started March, 2020 and scheduled to be completed September, 2020.

Capital Programs project was funded to replace handrails, install ceiling clips and replace cabinet hardware for ligature risk mitigation. This was in response to a TJC citation from May, 2018. Project was completed November, 2019.

Funding has been procured to replace of the Nortel PBX (telephone system) with an Avaya PBX. The existing PBX (telephone system) has had multiple failures in the last two years. Scheduled start time for this project is in early FY21.

ESH Security Department took oversight of the FSU badging process on June 17, 2020 to improve control and accountability.

Capital Program request has been made for funding an electronic “Key Watcher” issuance and tracking system for internal building keys and to install an electronic card reader for a building access system throughout the hospital. This would provide additional safety and security control measures for patients and staff and would require legislative approval and funding.

Active Treatment

A performance improvement plan is ongoing and focused upon increasing the quality of active treatment offered to patients, to include better interface with treatment teams and improved data collection and documentation. An Active Treatment Planning Council is in place and develops/implements additional methods to improve active treatment data collection and increasing average hours of active treatment per patient. The strategic active treatment goal is 20 hours per week. The average number of hours is approaching that goal, and staff are focused on achieving it. (2017 average 15.78 hours; 2018 average 17.71 hours; 2019 average 18.94 hours).

Substance Use Disorder (SUD) staff complete assessments for patients to be placed in SUD treatment upon discharge from ESH. The SUD counselors work in conjunction with the treatment teams and patients to provide SUD assessments, individualized treatment planning and individual counseling. SUD counselors have expanded services to provide groups to the competency restoration patients in an attempt to decrease recidivism rates due to substance use.

Development of curriculum to address needs of patients who cannot leave the ward to attend mall treatment is occurring on both civil units. Ultimate goal is to correct problems that keep patients on the ward, which delays discharge.

Active Treatment is a key element to reducing violence for various reasons. Treatment is needed to achieve recovery, and recovering patients are less violent in nature. Also, many assaults occur during idle times of the day.

Staff Training

A training plan is in place to ensure all staff are trained upon hire and training is continued throughout employment. As part of this plan, ESH has adopted the LMS learning system, which provides better access to and recordkeeping of participation in training. The LMS system also enables improved post-testing and timely feedback to participants. Educational Services has developed a matrix of mandatory training, at orientation and ongoing, which is utilized to compile monthly compliance reports.

ESH has implemented Crisis Prevention Institute (CPI) training which is evidence based and incorporates philosophy, de-escalation, safe physical holds and self-protection training. Staff are trained on approved procedures for physical intervention should a patient become assaultive or engage in self-harm when less restrictive interventions have been unsuccessful. This training includes; evasion techniques, hierarchy of physical intervention, physical containment and application of mechanical restraints. All physical skills require demonstration and documentation of the employee's competency to perform.

A preceptor (peer) training class was designed in 2019 to provide practical actions that a front-line preceptor (peer trainer) can do to optimize a new employee's learning and

enable them to achieve early success in demonstrating core job competencies. This class helps peer trainers understand what is needed to optimize on the job training/learning for new employees to create a supportive, safe work environment. Participants learn the importance of using consistent techniques to develop rapport with patients. Tools and techniques are practiced in the classroom to effectively assess knowledge and skills transfer to the learner. Skill building exercises include how to apply adult learning principles, interactive feedback and coaching skills with a new employee.

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

Nursing skills training events are held two times a year for review of required nursing skill competencies. Education Services, in conjunction with nursing leadership reviews and determines content of training.

A Controlled/Illicit Substance policy related to the handling of patient mail and property was developed in March, 2020. Staff training was completed prior the end of FY20.

Performance Improvement

ESH conducted three back-to-back surveys over a four month period; the Equity, Diversity, Inclusion (EDI) Survey, Culture of Safety Survey and the DSHS Employee Satisfaction Survey. Eastern State Hospital values input from employees related to ideas toward becoming a culture of safety, and an employer of choice that supports an equitable, diverse, and inclusive work environment.

The Strategic direction and pillars of focus for Eastern State Hospital include defining a Culture of Safety as a just culture where employees are not fearful to report adverse events, close calls, unsafe practices or conditions. A just culture is non-punitive, addresses the adverse event, close call, unsafe practice or condition by looking at the system not the person. ESH Goals Include:

- Implementing a consistent rounding program for Executive leaders and supporting employees exposed to secondary violence.
- Creating consistency between shifts and wards with consistent communication across the facility.
- Empowering employees by providing training and education opportunities.
- Utilization of collected data to support future decisions and practices throughout

the organization.

- Creating an environment where Culture of Safety behaviors are mirrored by supervisors (Walk the Walk).
- Involving front-line staff in problem resolution.
- Creating and implementing an organizational wide communication process/plan so the entire hospital, departments/wards and employees hear the same message.
- Post reports and goals throughout the hospital for transparency, awareness and discussion.
- Updating specific measurements that support BHA/ESH strategic plans and culture of safety measurements and post in all departments/wards.
- Unusual Occurrence Reports have been transformed from paper to electronic copies, which increases the efficiency of workplace violence reporting and corrective actions.
- During the past legislative session, the state budget for hospital staffing was specifically tied to a requirement that a staffing tool must be designed and implemented to identify, on a daily basis, the clinical acuity on each patient and determine the minimum level of direct care staff by profession to be deployed to meet the needs of the patients on each ward. All future funding for staffing will be tied to this acuity tool and the data it generates over time. The Hospital Acuity Resource Tool (HART) evolved from the Johnson Behavioral Model by using a description of supervision and nursing interventions needed to safely and effectively provide quality care for patients. A team of ESH and WSH clinical, education and IT staff have further refined the acuity model to reflect activities that drive staffing levels.

Emergency Response

The Psychiatric Emergency Response Team (PERT) responded to 2,354 calls; May, 2019 through May, 2020. The PERT provides a safe, effective and immediate plan of response for patients during a psychiatric crisis or anticipated crisis.

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

The ESH Continuity of Operations Plan (COOP) annual review was completed June, 2020.

Safety Improvement Purchases

Expenditures for safety improvement purchases in FY20 include:

- Molded Behavioral Health furniture for ward and patient dining room.
- Size-wise Behavioral Health electric beds for reducing ligature risks.
- Satellite phone for use by Incident Command in an emergency event.
- License for use of I-Auditor software for conducting Environment of Care rounds hospital-wide.
- Emergency medical equipment (defibrillators).
- Security monitoring mirrors.
- Two replacement Security vehicles were purchased for monitoring the campus and responding to emergency events.
- Metal detectors.
- Hazardous waste bins for compliance with USP 800 Hazardous Drugs.
- Eyewash stations and replacement cartridges.
- Ergonomic equipment including sit-to-stand work surfaces, fatigue matting and adjustable task chairs.
- Additional radio equipment.
- Replacement of flooring on Eastlake wards and center core office spaces and GPU carpets throughout the off-ward locations were completed to address Infection Control concerns and slip/trip hazards.

Staffing

Eastern State Hospital's Staffing and Performance Operations team partnered with DSHS Human Resources Talent Acquisitions and collaborated with ESH Organizational Development and Communications to develop marketing strategies and materials, to include advertisements in the Journal of Business, position handouts, and posting available positions on DSHS Facebook and Twitter accounts.

The results of these efforts were an overall 56.25% increase in hires than the previous calendar year, and a significant reduction in overtime required to provide patient care.

[Eastern State Hospital 2020 Workplace Safety Plan](#)

WESTERN STATE HOSPITAL

Environment of Care

In FY 2020, Western State Hospital (WSH) completed or are in the process of completing several patient and staff safety initiatives to create a safer environment throughout. Some of these safety initiatives include but are not limited to a Master Key Access plan; on-going projects to enclose Nursing Stations; sprinkler head replacement project; additional lighting and paving projects; fire door replacement in various areas across the campus; and ward renovation projects.

Nurse Station Enclosure

After several incidents in which patients climbed over open nurses' stations on the civil wards and assaulted staff in recent years, Senior Leadership made the decision to enclose all nurses' stations that are currently open throughout the WSH campus. Nurse stations have been enclosed on wards C3, C5, C7 and S7. After enduring COVID-19 associated delays, construction will begin on additional enclosures early in FY21.

Elevator Refurbishment

Two of the oldest and least reliable elevators at WSH were refurbished in FY20. These elevators were 29-5 and 29-6 located on East Campus. East Campus houses many of WSH's geriatric and most physically vulnerable patients. Operational elevators provide much safer means of transportation for both patients and staff.

Master Key Access Plan

A Master Key Access Plan was submitted for use by the West Pierce Fire Department. WSH is an expansive campus and response delays may occur if Ambulance/Fire enter the wrong access point. This plan will expedite future Ambulance/Fire response.

Patient Safety Projects

Building 21 (South Hall) requires removal of ligature risks in the shower and tub rooms. Phase 1 of this project was completed in FY20. Phase 2 is currently underway, and once finished will complete the project. In addition, a new ligature risk assessment process and procedure was developed.

New/Replaced Fire Systems

An on-going project to replace Fire Doors that do not meet current code has expanded over time. (25) doors were replaced in FY19 and additional doors have continued to be identified as the project has progressed. New criteria and requirements have been added to the annual Fire Door Survey, which has led to additional doors being

identified as being required to be replaced. A Sprinkler Head replacement project started in FY19 and continued through FY20. This project replaces all sprinkler heads that are not tamper resistant.

Ward Remodels and Renovations

Construction to improve overall therapeutic environment and security safeguards was completed to East Campus/Ward E6, in July, 2019.

East Campus wards E3 and E4 are currently in construction phase for renovations, hardening and repurposing of a forensic population. Construction is anticipated to be substantially complete in October 2020. Construction completion is anticipated for late FY2020. (COVID-19 did have unanticipated impacts in these projects, but they are moving forward).

Hospital Staffing

In FY20, changes to Nursing, Physicians, Psychiatric Emergency Response Team, (PERT) and Violence Reduction Team (VRT) staff were completed to provide increased coverage on all wards and stability throughout the hospital. Also, Organizational Development, (OD) hired additional staff in order to provide Annual In-Service (AIS), training on swing and night shifts for direct care staff.

Nurse leveling occurred in July and August of 2019 to ensure adequate coverage occurs on all wards and shifts. This allowed WSH to create Center based float pools and deploy float staff to wards based on higher acuity each day/shift. Additionally, this helped in leveling RN 2 coverage over weekends and backshifts. WSH continues to modify this staff plan to ensure coverage for all wards on all shifts.

Both the VRT and PERT teams bargained with Western State Hospital to change their schedules in order to expand sufficient coverage across day and swing shifts throughout the hospital. Leveling of these positions became final in early 2020.

In order to compete with the private sector and assist in making WSH a more attractive place to work, WSH implemented creative ways to fill difficult Nursing/Medical positions. Flexible hours were established for RN's with a combination of 8 and 12 hour shifts. Four ARNP's were hired to fill psychiatrist and medical physician vacancies. Traveling Nurse Contractors have been hired to supplement RN vacancies that have been difficult to hire.

WSH also created a Recruiting Center in 2019 and expanded Human Resource and recruiting staff in 2020 in order to increase the ability to hire nursing staff into vacant positions more quickly. As of March 2020, WSH filled a majority of Mental Health Technician vacancies throughout the hospital. The Recruitment team continues to work towards filling all vacant nursing positions.

In addition, 8 Safety Trainers and 2 WMS Safety Trainer Supervisors have been hired in Organizational Development to resource the Annual In-Service training for evening and night shift staff.

Reducing Violence

Safety Committee Restructure

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

STAR Ward

The Mission and Goals of the STAR ward is to reduce violence by providing individualized, evidence based treatment to empower patients to safely manage their lives. The STAR ward is developed with comprehensive programming to address violence and antisocial behavior by staff with specialized training. Individuals with the highest violence are treated on this ward. STAR ward opened in February, 2020.

Town Halls

In late 2019, BHA and WSH Leadership began conducting Town Hall meetings across all three shifts in order to improve communication with all staff working at WSH. The Town Hall Meetings allow leadership to quickly communicate changes in process and answer questions staff may have. During COVID-19, the Town Hall Meetings were scheduled in weekly rotating shift fashion to give all staff the opportunity to hear the latest information in an efficient and timely manner.

Tableau Reports

Tableau Dashboards have been created to assist the hospital with focusing its efforts on increasing the availability and transparency of data at the hospital and ensure it is making data-driven decisions to improve patient and staff safety outcomes.

All ward administrators and center directors have been granted licenses for Tableau, which is a data visualization tool that allows them to track data for their wards and centers, and drill down data to identify patterns and trends. When negative patterns and trends are identified, they can be addressed in order to prevent similar incidents from occurring in the future. Additional key staff have been granted licenses as well, to ensure data is easily accessed and readily available for analysis.

Data reports are also created on a monthly basis and posted to the Research, Evaluation, & Data Analysis (REDA) Office's SharePoint page, which is available to all

WSH employees. The REDA Office focuses its efforts on increasing the availability and transparency of data at the hospital to ensure it is making data-driven decisions to improve patient and staff outcomes. Hospital-wide data trends for assaults and injuries are presented monthly at the Safety Committee meeting, including a performance scorecard that was developed specifically for the committee to track whether or not we are meeting our targets across key outcome measures relating to violence.

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

Violence Reduction Team (VRT)

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

Psychiatric Emergency Response Team (PERT)

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

Physicians' Safety Summit

The first Physicians' Safety Summit was held on October 28, 2019, and was a full-day off-site event designed to facilitate the discussion and sharing of ideas from our physicians and ARNPs on reducing patient violence at WSH. These ideas were subsequently grouped into categories under headings of:

- Legislation
- Staffing
- Expanded Treatment
- Consequences

Follow-up focus groups were later held with teams of providers to create SMART goals related to each of the top priorities with the four categories.

Staff Training and Development

In FY20, education and training provided to employees expanded to close identified learning gaps. New Employee Orientation (NEO) expanded from 1week to 2weeks, to include Personal Safety and Advanced Crisis Intervention Training (ACIT) to all staff. The department also partnered with Human Resources Department (HRD) to offer on-site Leadership training to WSH employees on a monthly basis.

Annual In-Service (AIS) launched in January 2020 to provide ongoing safety/violence prevention training to all direct-care employees. Training was initially offered to dayshift personnel, with swing shift and night shift scheduled directly after. COVID-19 delayed swing shift and night shift training. Training for swing shift and night shift will resume when WSH returns to normal operations. AIS includes courses on personal safety, small team tactics, CPI, and ACIT.

The Behavioral Health Administration (BHA) funded updated NEO curriculum to include innovative modern concepts, such as Virtual Reality training to enhance the person-centered experience of patient care.

Since July 2019, Organizational Development (OD) has provided training plans and certified in-house Safety Trainers in ACIT, CPI, and CPR as well as ACIT training to all of evening shift for a year. OD also incorporated an additional dose of Physical Intervention and Restraint Application training for Clinical NEO.

In addition, OD began conducting 30-day follow-ups with NEO grads to continue support of their transition and learning needs, conducted staff surveys of recent NEO grads and AIS participants to identify areas of strength and improvement and trained approximately 500 employees in ACIT total and 1550 in CPI total to-date. (Note: this does not include trained employees who have left WSH. Totals are higher when including them).

OD also completed train-the-trainers in Instructional Design and Instructional Delivery for OD employees to enhance their knowledge, skills, and abilities and coordinated and hosted a train-the-trainer with multiple facilities to have certified CPI instructors.

In FY20, six nurse educators provided competency-based training that evaluated staff knowledge and skills needed for safe patient care on all shifts. Nursing implemented annual competency training for licensed and non-licensed staff that provides ongoing training and assessment of foundational patient care practice.

[Western State Hospital 2020 Workplace Safety Plan](#)

STATE HOSPITAL STAFF ASSAULT DATA

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

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

ANNUAL REPORT SUMMARY

Reducing violence in the state hospitals requires comprehensive, integrated and sustained efforts by the Department and state hospitals in partnership with hospital employees, labor organizations, the Department of Labor & industries, the legislature and other stakeholders.

The Department and state hospitals are committed to working with stakeholders to further reduce violence in the state hospitals. The Department will continue efforts to provide sufficient staffing, provide effective safety training, implement environment of care improvements, maintain safety committees, deliver effective and safe patient care and review workplace safety data for identification of needed performance improvement plans.

Attachment A: State Hospital Staff Assault Data

2020 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.

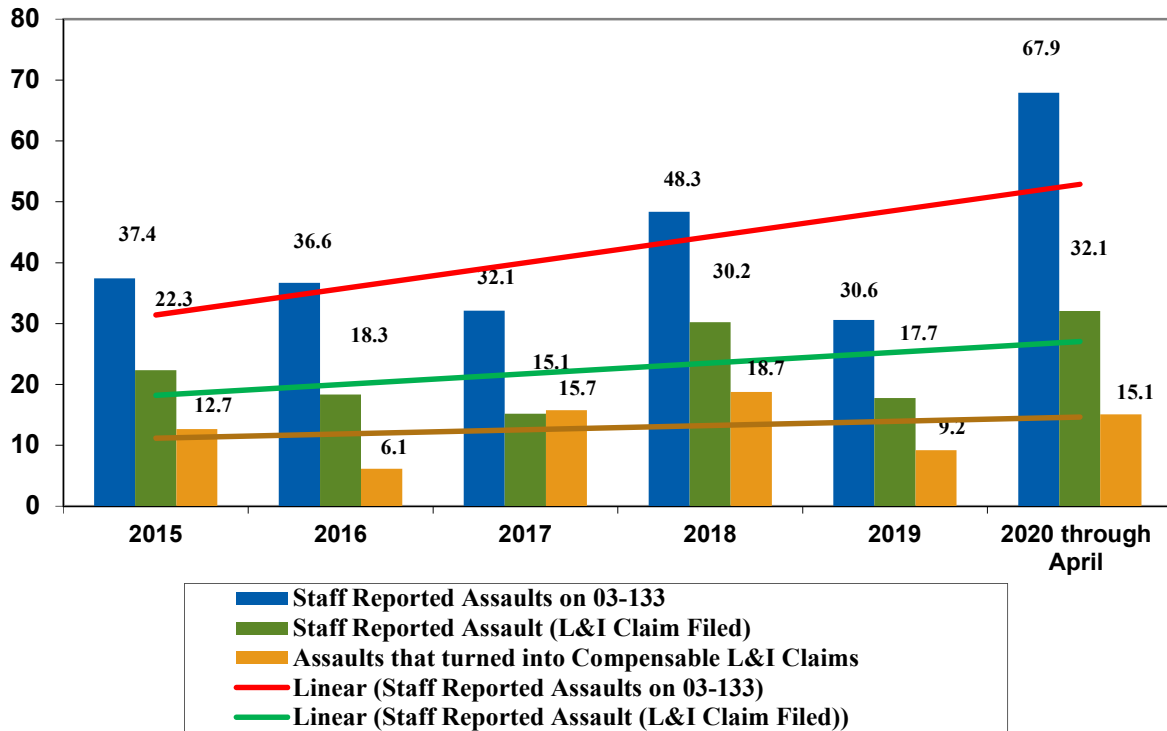
Non-Compensable Claim is when a claim is filed and the injured worker returns to work within three days of the filed claim. Non-Compensable Claims result in lower DSHS industrial insurance premiums.

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 Risk Master Database system. The following data was compiled and provided by ERMO.

CSTC Assault Information Per 10,000 Patient Days



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

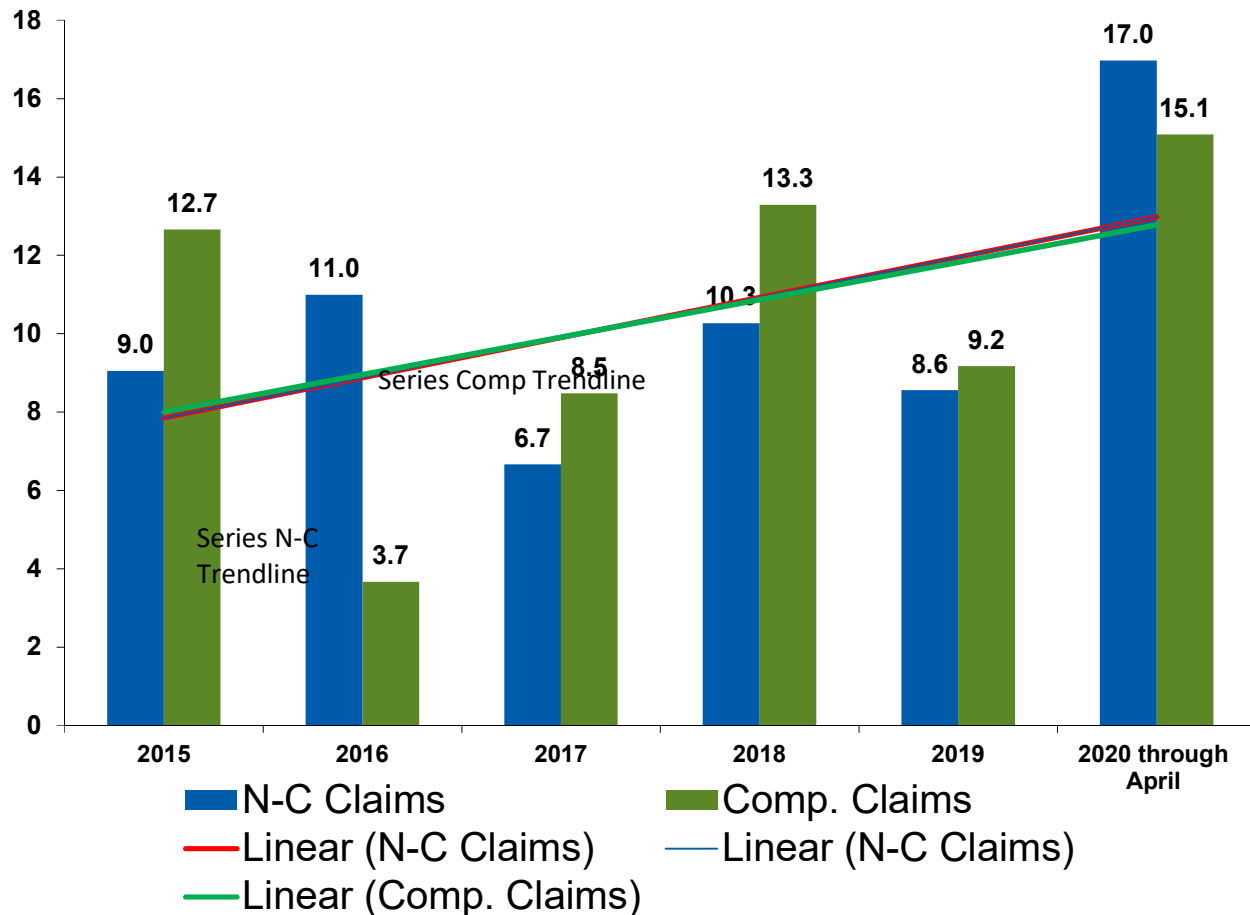
This data shows the **ratio of Staff Reported Assaults vs. L&I Claims filed vs. Compensable L&I Claims**. Although the data for 2020 is not mature at the time of this report, early 2020 data shows a significant increase in the number of staff who have reported assaults, which previously declined in 2019, along with the number of assaults and those that turned into compensable claims.

Child Study and Treatment Center (CSTC) contributes this spike to a particular population of patient identified as DDA eligible, who routinely require specific continuous therapeutic interventions along with one-to-one staffing. This along with the recent COVID-19 pandemic, which resulted in the suspension of all therapeutic passes and outings, have contributed to the significant increase in injuries.

From January through April 2020 a majority of the injuries occurred on Ketron Cottage (60%), and by one particular youth accounting for 30%. The remaining injuries were sustained on Orcas Cottage, which experienced a significant increase in assaults starting in March and April. Overall the number of injuries in 2020, correlate with the significant increase in episodes of seclusions and restraints.

Child Study and Treatment Center's patient population continues to be among the most severely psychiatrically impaired youth in the state, i.e. youth with complex histories of problems across one or more of several domains (e.g. serious emotional/behavioral mental illness, state dependency, criminality, medical and developmental disabilities) along with prior psychiatric hospital admissions, outpatient treatment and juvenile justice incarcerations. These youth are admitted to CSTC when programs in the community are not able to safely maintain them.

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

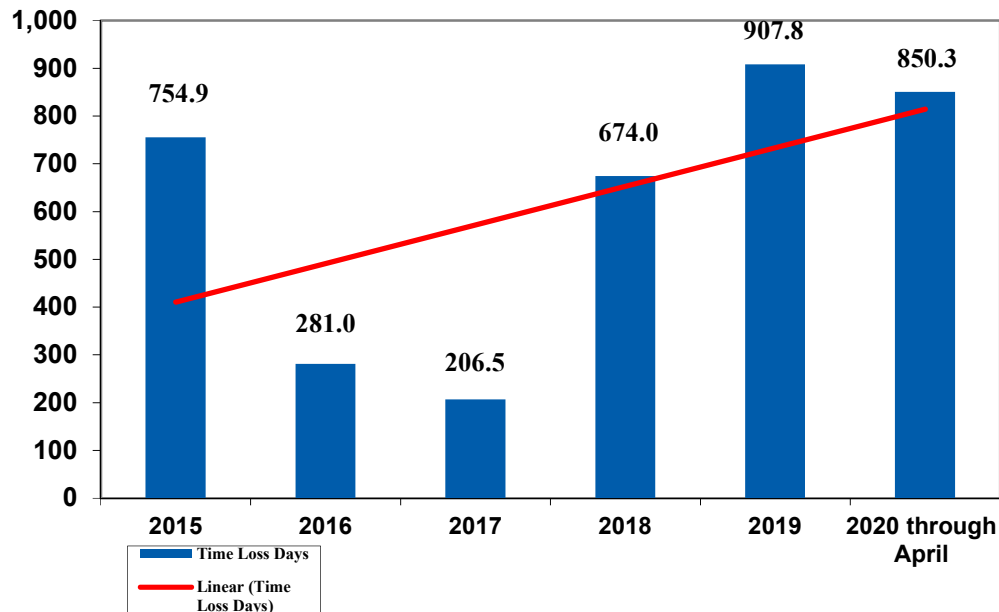


This data shows the **ratio of Compensable vs. Non-Compensable Claims**. The ratio of Compensable to Non-Compensable claims, although showing yearly variations, indicate an overall upward trend in relation to Compensable and Non-Compensable claims. Although assault claims data for 2020 is not mature at the time of this report, early 2020 data shows a significant increase in claims with seventeen (17) employees seeking medical attention and eight (8) meeting compensable status.

Child Study and Treatment Center (CSTC) injury reports continue to be reviewed carefully by both the supervisor and the Safety Officer. In more extreme situations, CSTC seeks risk consultants from the Enterprise Risk Management Office (ERMO). Historically, staff injuries have tended to reduce in the summer months and often there is a tick upwards when school starts, but due to COVID-19 and patients attendance in school via telecommunication devices CSTC may not experience this trend. This along with the suspension of therapeutic leaves and outings to the community, have created a spike in injuries as patients struggled with the lack of off-site opportunities along with staffing.

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

CSTC Assault Time Loss Days Per 10,000 Patient days

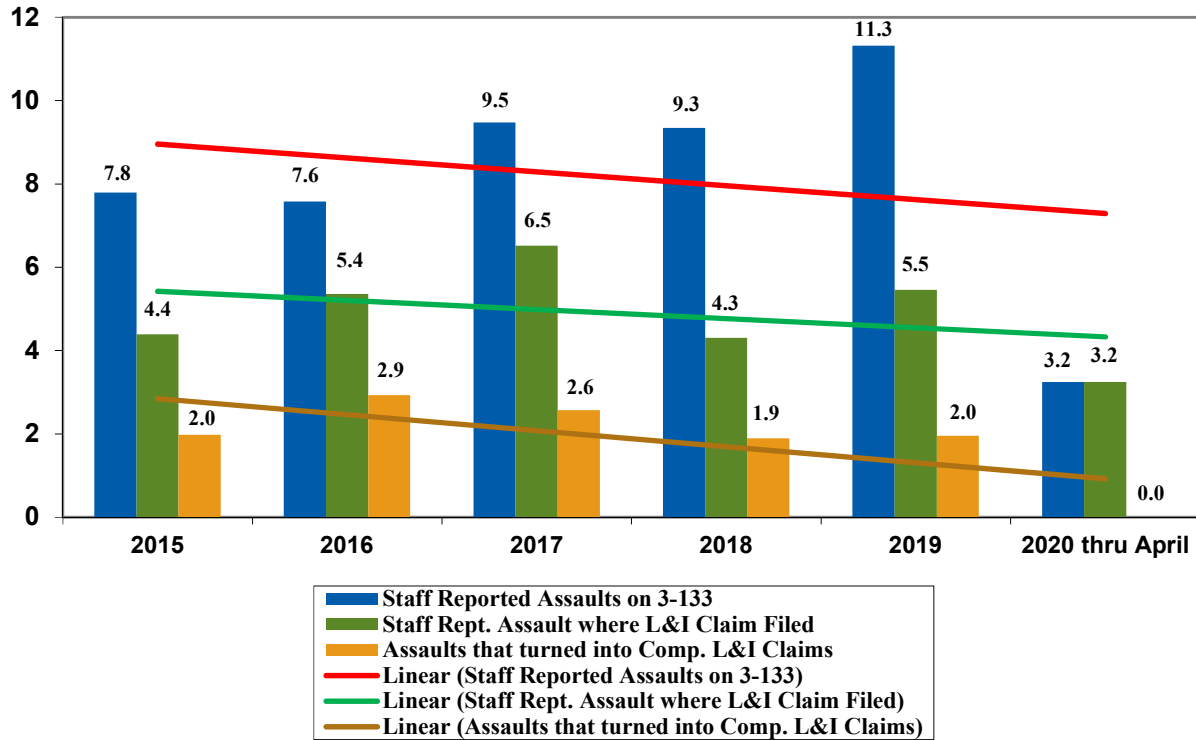


This data shows the overall trend in **time loss days due to assault**. Although the data for 2020 is not mature at the time of this report, early 2020 data shows a significant increase in time loss due to assault. Overall, Child Study and Treatment Center (CSTC) has five employees who account for a minimum of 150+ days of time loss, and one with 500+ days. Of these employees, three sustained their injuries in 2018 while the other two were in July of 2019. Current injuries that are trending longer yields of time loss were sustained due to kicks and falls during restraints.

Both CSTC's Workplace Safety Workgroup and Safety Committee underwent a reorganization at the start of 2020 in an effort to reaffirm and improve CSTC's commitment to the Culture of Safety with a renewed emphasis on decreasing violence and staff injury. CSTC's Safety Committee's goal is to identify common themes and provide direction and recommendation to the Workplace Safety Workgroup and Training Department. CSTC's Workplace Safety Workgroup, is workgroup which encompasses the hospital's CPI instructors, Safety Office and QI Director. The group focuses on efforts to reduce employee injuries related to hands-on intervention and verbal de-escalation, but conducting concurrent review of employee injuries and CPI curriculum. The mission of both committees is to continually improve and sustain a safe environment for staff and patients.

Exact cause and effect of changes in the direction of trends in staff injuries due to patient assault is elusive. We know that well-designed concurrent efforts are called for. Such remediation efforts are grounded in repeated refinement of staff vigilance, early intervention, verbal de-escalation, physical approaches to behavior management as well as principles of human behavior, motivation and trauma-informed care that ground clinical approaches and best practices. The underlying belief that children and youth do well when they can is a positive framework that guides us toward meeting our patients where they are. This philosophy is paired with providing consistent boundaries and skill development opportunities through "in the moment milieu", individual, family and group therapy. This comprises a therapeutic environment that makes the hospital a safe place to make mistakes and confront personal change. When the pillars of treatment are applied consistently we see remarkable changes and resiliency in youth. When individual strengths rather than problems are the focus in a multidisciplinary environment, youth have the opportunity to strengthen in self-esteem, challenge themselves and turn their attention towards their futures.

ESH Assault Information Per 10,000 Patient Days

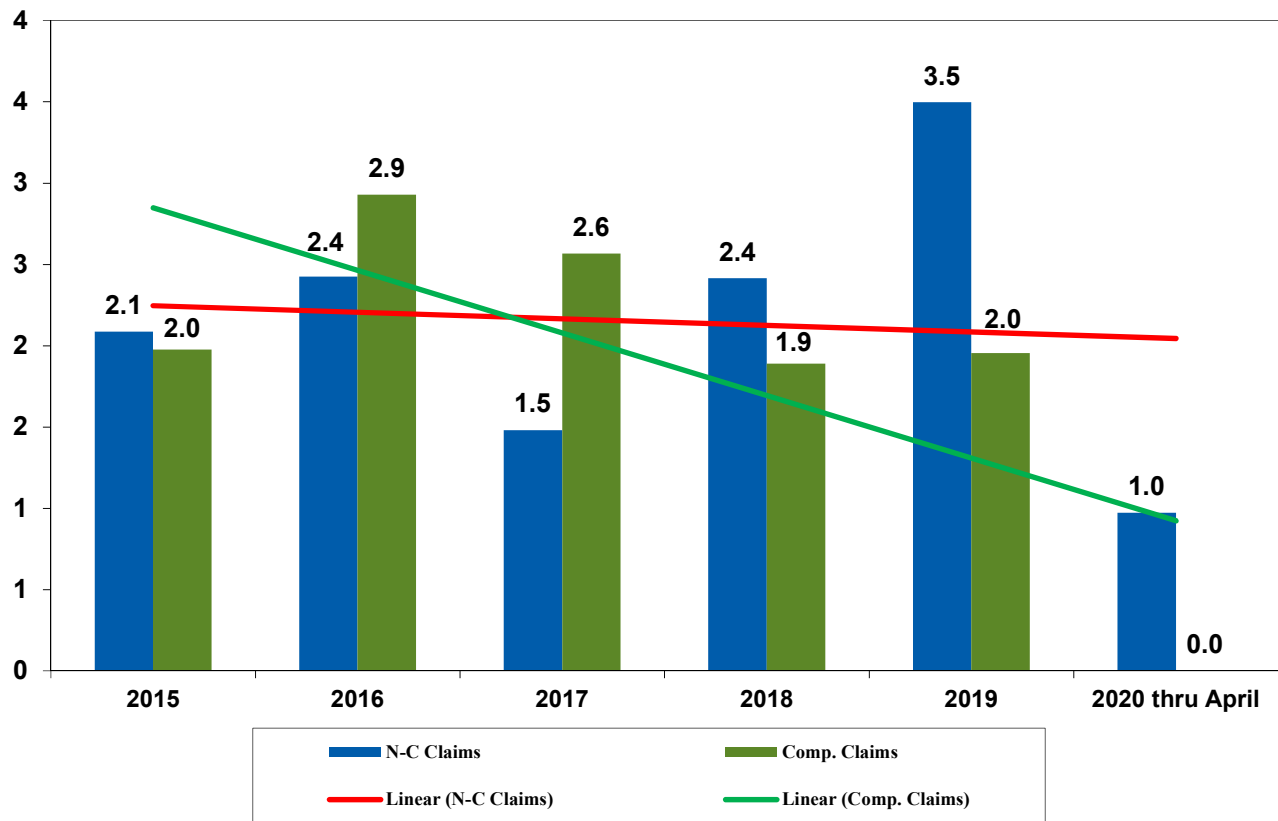


Assault data at Eastern State Hospital (ESH) indicates that 2019 had a slight increase in staff reported assault rates in comparison to 2018 from 96 to 110. In 2019, 59% of all assault events occurred on civil APU wards; 2N1 (20), IN1, Habilitative Mental Health (HMH) ward (15) and one Competency Restoration ward; 3S1 (11). Inconsistency in provision of client ID numbers does not allow for trending of multiple assault events related to specific patients for this report.

Reported assaults where L&I claims were filed increased from (41) to (53) in 2019. The increase in claims correlates with an increase in non-compensable claims (first aid only). Trends in occurrences by time of day with the highest claims/assaults were 0900, 1200, and 1400. These times correlate with the start time for Treatment Mall, lunch, and the end of Treatment Mall activities. Reported Assaults in 2019 and early 2020 data is partially the result of the ongoing efforts to decrease wait times associated with the Trueblood court mandates and civil “flips” being transferred to the civil APU wards.

Comparison of first quarter 2019 and first quarter 2020 data indicates a significant increase (41%) in reported assault but without increases in claims; compensable or non-compensable. Thirty percent of the total reported assaults first quarter 2020 occurred on two Competency Restoration wards and the Habilitative Mental Health (HMH) ward.

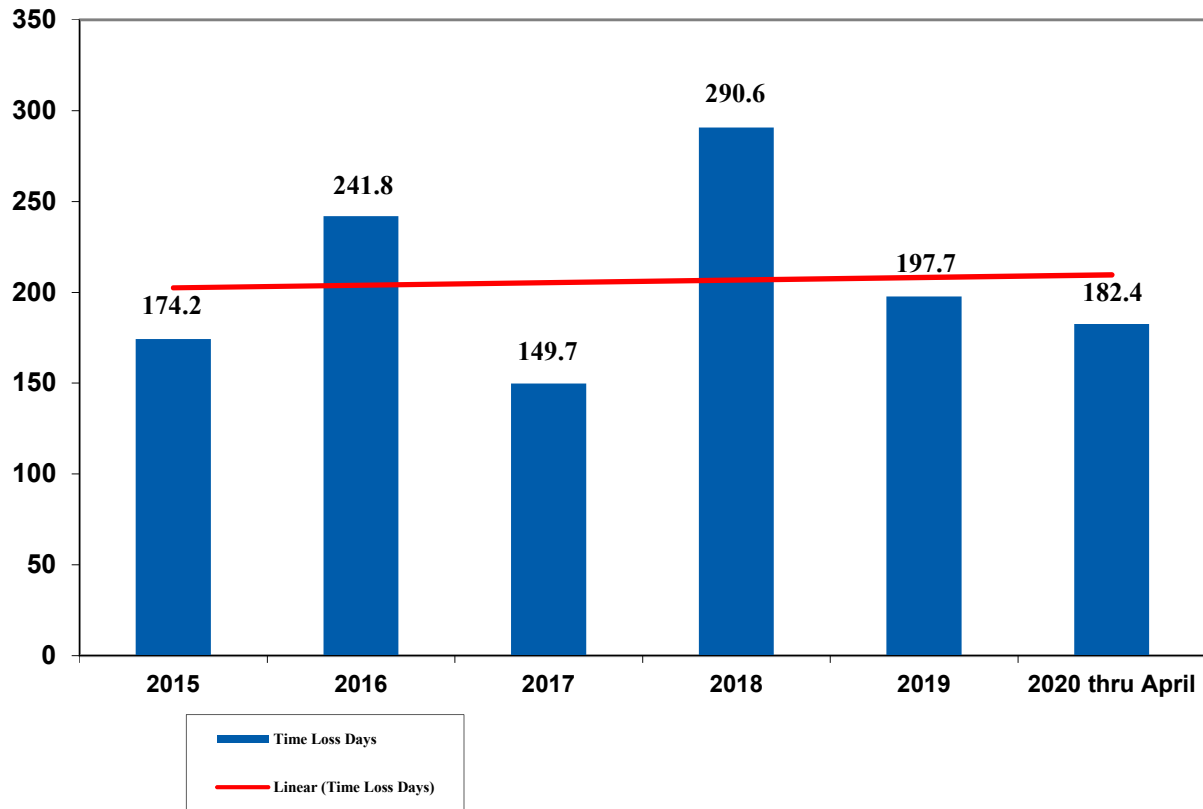
ESH Assault Claims Per 10,000 Patient Days by Compensable vs. Non-Compensable



This data shows the **ratio of Compensable and Non-Compensable claims**. Eastern State Hospital compensable claims with associated time loss remained consistent with the previous year but non-compensable claims, medical treatment only, have increased from the previous year; 23 to 34 which reflects a decrease in injury severity. 2018 and 2019 data indicates that overall claims are up, but severity of injury and compensatory claims are down from 2016 and 2017 data.

Comparison of first quarter 2019 and first quarter 2020 compensable and non-compensable claims data shows no significant changes.

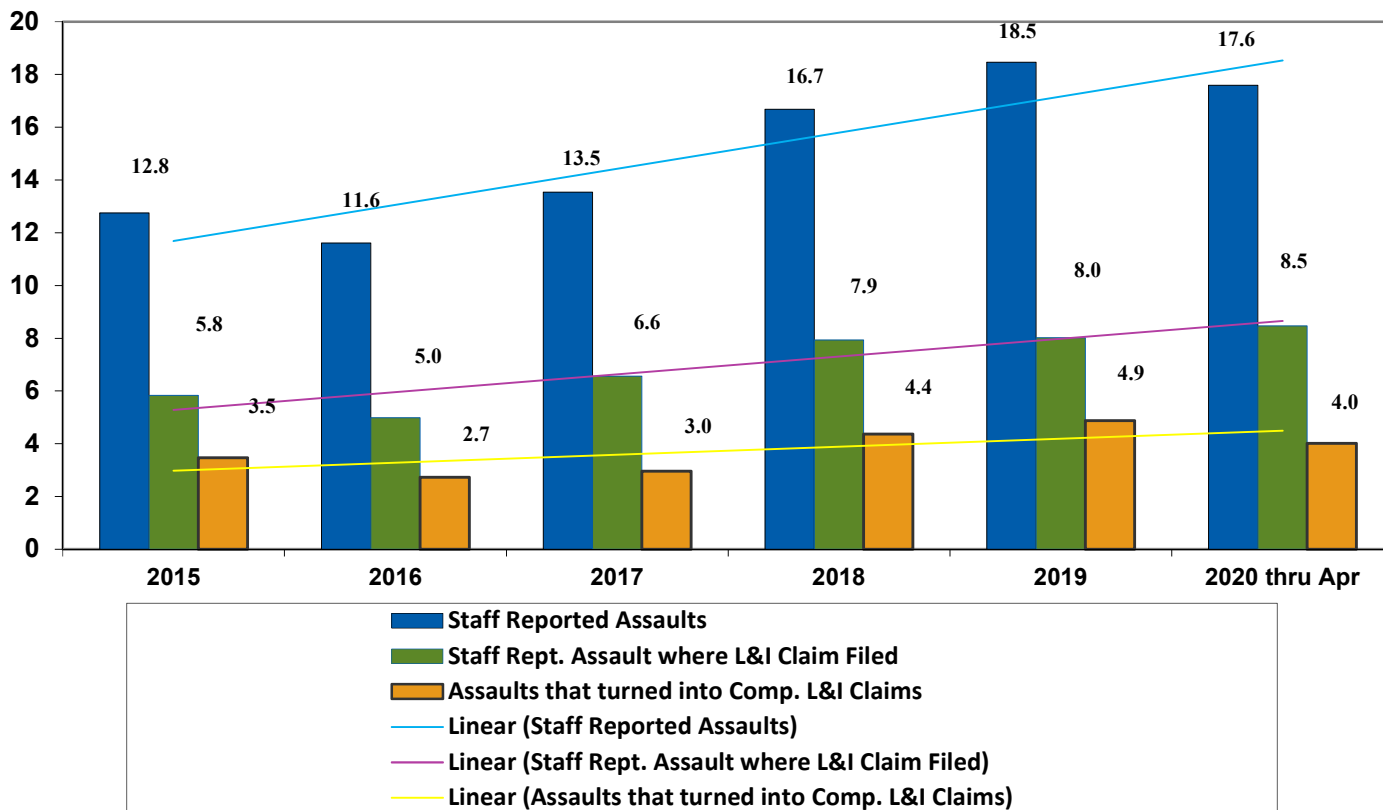
ESH Time Loss Days Per 10,000 Patient Days



Time Loss Days associated with assault claims decreased from 2768 days in 2018 to 1922 days in 2019; a 31% decrease. While time loss significantly decreased in 2019, data reflects a moderately increasing trend over the past five years. Comparisons for first quarter of 2019 and first quarter of 2020 indicate a small decrease in time loss; 523 to 464.

Western State Hospital

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

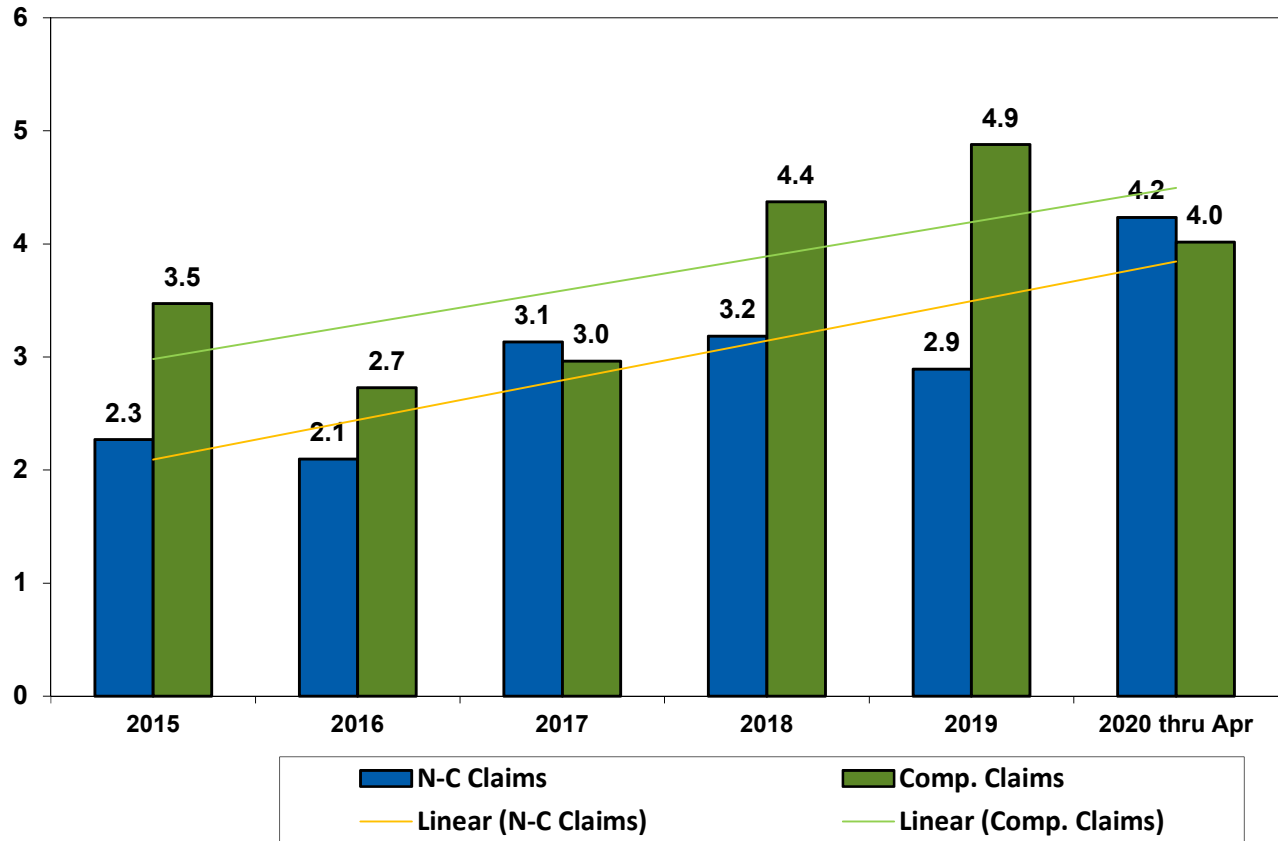


Staff Reported Assaults at Western State Hospital (WSH) have increased over the past 5 years, however, in early 2020 indicates a slight decrease from 2019. The rate of Staff Reported Assaults is continually monitored and as indicated, is evaluated for determination of contributing factors and needed corrective action plans. WSH continues to emphasize the importance of reporting “all” incidents to improve the culture of safety. This is also reflected in the presented data, as reports have risen substantially over the last three year, but assaults resulting in claims has remained relatively stable.

While data indicates an increase in assault claims filed overall, early 2020 data looks promising considering the circumstances. The hospital has hired many new employees, has experienced leadership changes, managed the COVID-19 virus and has made numerous programmatic and policy changes and are still showing slight signs of improvement.

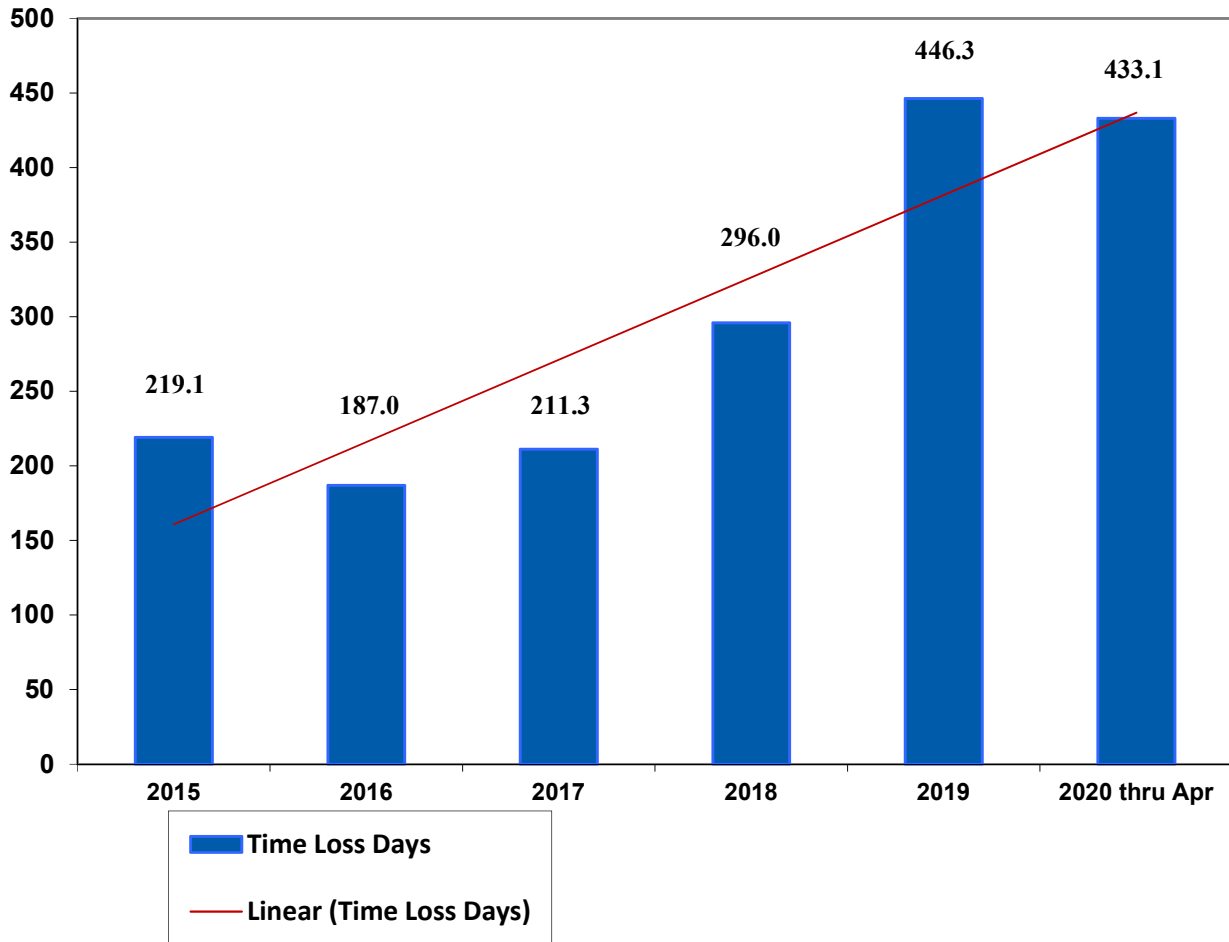
When these patterns and trends are identified, they can be addressed in order to prevent similar incidences from occurring in the future. Additional key staff, such as VRT members, has been granted licenses as well, ensuring that data is easily accessed and readily available for analysis.

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



This data shows the **ratio of Compensable and Non-Compensable claims**. Early 2020 data looks promising, as measures have been taken to return hospital employees back to work through a transitional return to work program. Continued efforts to reduce Violence throughout the hospital and increasing a Return to Work program will contribute in reducing compensable assault claims in the future.

WSH Time Loss Days Per 10,000 Patient Days:



WSH Time Loss ratio vs 10,000 patient days has steadily increased over the last 5 years, as have the number of staff working at the hospital during that timeframe. Patient census however has remained relatively static. Additionally, there have been some serious assaults that have resulted in employees being out of work extended periods of time. Efforts to reduce violence in the hospital are ongoing as is the transitional Return to Work program to assist in improving these statistics.