

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, 2024

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TABLE OF CONTENTS

| | |
|--|----|
| EXECUTIVE SUMMARY | 3 |
| BEHAVIORAL HEALTH ADMINISTRATION | 3 |
| DEPARTMENT EFFORTS TO REDUCE VIOLENCE IN STATE HOSPITALS | 4 |
| STATE HOSPITAL ONGOING EFFORTS TO REDUCE VIOLENCE | 4 |
| CHILD STUDY AND TREATMENT CENTER..... | 7 |
| EASTERN STATE HOSPITAL | 11 |
| WESTERN STATE HOSPITAL | 15 |
| STATE HOSPITAL STAFF ASSAULT DATA | 20 |
| ANNUAL REPORT SUMMARY | 27 |

EXECUTIVE SUMMARY

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

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

This report describes the Department's efforts to reduce violence in the state hospitals, with updated details on the efforts put forth by each hospital during the reporting period FY 2024.

This report also includes patient-on-staff assault data. Each hospital in the Department tracks and trends this data frequently to mitigate future violence in their facilities.

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

BEHAVIORAL HEALTH ADMINISTRATION

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

Child Study and Treatment Center (CSTC): Located in Lakewood, CSTC is Washington’s only state-operated psychiatric hospital for children (ages 5 to 18). CSTC has a total capacity of 65 beds and employs approximately 269 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 375 beds; with approximately 213 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 802 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 745 beds; 458 beds for the Gage Center of Excellence and 287 beds for the Civil Center of Excellence. WSH employs approximately 2,274 staff members.

DEPARTMENT EFFORTS TO REDUCE VIOLENCE IN STATE HOSPITALS

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

The Department monitors outcomes of efforts to reduce violence in the state hospitals through Results Washington with violence-related strategic objectives, action plans, and performance scorecards included in the 2023/2025 BHA Strategic Plan.

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

STATE HOSPITAL ONGOING EFFORTS TO REDUCE VIOLENCE

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

Eastern State Hospital and the Child Study and Treatment Center also maintain accreditation from The Joint Commission 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 hospital's Accident Prevention Program, required under WAC 296-800-140. Links for each hospital's Workplace Safety Plans are included within this report.

The three state hospitals all maintain ongoing practices to reduce violence, including: Safety Committees, Environment of Care Committees, and Employee Safety Information

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

Safety Committees are maintained by each hospital by WAC 296-800-130 for employees and management to mutually address workplace safety and violence prevention and reduction. Safety Committees review patient-to-staff assault data, develop recommendations for safety improvements, and monitor the effectiveness of action plans.

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 and prevention and recent hospital performance indicator data.

Environmental Safety and Hazard Inspections

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

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

Emergency Response, Environmental Controls, Employee Safety Equipment

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

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

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

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

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

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

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

Injury Reporting, Incident Review, Workplace Violence Data

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

Each hospital reports incident information to the DSHS Enterprise Risk Management Office (ERMO). The ERMO claims unit inputs and tracks injury and illness reports through the Risk Master database system and determines whether the incident meets the 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 Environment of Care Committees. Behavioral Health Administration Investigators complete a secondary review of patient-on-staff assaults at WSH that result in serious injuries. These reviews are provided to hospital Safety Managers and Leadership and provide suggestions for future best practices.

Patient Risk Assessment and Treatment Planning

Patients determined to be at risk of violence have safety protocols or “Safety Plans” incorporated into the patient’s Individualized Treatment Plan. As applicable, risk considerations for specific patient populations (e.g. Geriatric and Developmentally Disabled) are noted in the patient admissions psychological evaluation and Psycho-social assessment, social work history, nursing assessment and individualized treatment plan. Fall Risk assessment plans and physician recommendations, treatment strategies and safety concerns, including review of patient aggression events, are reviewed at interdisciplinary team meetings and during daily shift change meetings.

Workplace Safety and Violence Prevention Training

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

Employee Support

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

Critical Incident Stress Management (CISM) support is available at all three state hospitals to aid individuals or groups of staff members who have been impacted by workplace violence. Critical Incident Stress Management is an adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. It can also include pre-incident preparedness to acute crisis management to post-crisis follow-up. Its purpose is to enable employees to return to work earlier and with less likelihood of experiencing post-traumatic stress disorders (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 2024 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 protective equipment, behavior-safe furniture, and specially designed rooms for patient de-escalation, seclusion, or restraint as needed. These controls and safety focused equipment contribute to making CSTC safer for staff and patients.

A 2021 risk reduction survey provided guidance regarding ligature-resistant fixture retrofitting, product recommendations, safe design, and recommendations regarding safety and ligature risk mitigation at CSTC. This survey continues to inform prioritization of capital expenditures and environment of care improvements. CSTC Phase 2 of the Patient Safety Risk Reduction Review Project (Capital Project No: 20-461) began in FY21 and is currently ongoing. The scope of the project is to update potential patient safety risks in all patient-accessible areas. CSTC does not use mechanical restraints but does employ a variety of products designed to assist our staff and patients in times of crisis. For example, safety smocks and safety mattresses that cannot be torn to hide contraband or fashioned into ligature devices are used. In addition, CSTC uses leg

wraps designed to prevent kicking or tripping staff while a physical hold is being applied, and that can be removed by the patient once secured. CSTC staff also found that providing weighted blankets can be an effective means of helping certain patients feel calm and secure, reducing tension, and contributing to a safer workplace for patients and staff. CSTC will require additional annual expenditures in FY24 – 25 to maintain an adequate inventory of these safety devices.

Capital Safety Projects

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

- **CSTC Administration and Oak Grove School Building Fire Alarm System (2022-435):** This project replaced the aging fire alarm panel and associated fire alarm equipment in CSTC's Administrative & Oak Grove School building. The project started in April of 2023 and concluded in the first quarter of 2024.
- **CSTC Berm and Drywell Project (Capital Project 2016-440):** This project included the construction of a new filtration berm on the east side of San Juan Cottage, which was completed in February of 2023. Additionally, a new drywell on the west side of the San Juan cottage was completed in the second Quarter of 2024.
- **Ketron Cottage Expansion (Capitol Project 2022-432):** The design phase of this project began in April of 2022 and included a 1,600-square-foot exterior expansion on the East side of Ketron Cottage. This expansion will contain a new Low Stimulation Area (LSA) suite with two seclusion rooms and one toilet room with a lavatory and shower. Seclusion rooms are equipped with ligature-resistant fixtures, epoxy wall finish, high security doors, and a camera system. Construction work is expected to begin in late summer 2024.
- **Orcas Cottage LSA Improvements Project (2022-434):** Orcas Cottage Low Stimulation Addition has degraded over several years of use and requires renovation. The improvement project in progress will focus primarily on door replacement and functional redesign to increase the utilization capabilities of the space. The project scope has expanded to include some refurbishment of the Close Attention Program area at Orcas. The project started in August of 2023 and is expected to be completed sometime in the third quarter of 2024.
- **The Conduit Verification Project:** This project began in February 2023. The project was initiated to verify desired conduit pathway routing and availability to be utilized for future fiber optic cable installation at CSTC. This project remains in progress.
- **Elementary School Seclusion Room Improvement Project (20-464):** This project improved an existing seclusion room by bringing the seclusion room into conformity with contemporary Department of Health (DOH) guidelines for seclusion suites. A seclusion room vestibule and bathroom with ligature-resistant fixtures were added, as were improvements to the existing seclusion room door, floor, and walls. Construction began in the third quarter of 2022 and ended in the fourth quarter of 2023.

Emergency Response

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

The Emergency Response Manual and Hazard Vulnerability Analysis (HVA) were revised in October 2023 and updates included significant changes due to infectious diseases (e.g., COVID-19, Influenza). CSTC's Continuity of Operations Plan (COOP) was revised in June 2023.

Hospital Staffing

Recruitment efforts at CSTC include partnership with the DSHS Human Resources Talent Acquisition team and WSH's Recruiting Center. Also, CSTC hired a Hospital Operations Manager to lead recruitment efforts for the Psychiatric Care Counselor position, among other responsibilities. This multifaceted approach has increased recruitment percentages for direct care staff in FY24. CSTC employs 119 Psychiatric Child Counselors and 29 Registered Nurses as direct care staff for all four cottages combined. As of May 2024, 14 staff are out due to employee injury and there are 27 full-time vacancies for those respective job classes. The hospital also currently employs 25 Psychiatric Child Counselor (on-call) and 3 Nurse (on-call) staff to supplement its direct care staffing ratios. The current vacancy rate is 25.2% for Psychiatric Care Counselors, and 23.1% for Registered Nurses.

Staff Training

CSTC hired a Director of Training and Employee Development position charged with developing and implementing a skill-based learning program. During the year, the vacancy rate goal for key positions was achieved and the former continuous rapid New Employee Orientation (NEO) training was adjusted to a monthly rotation rather than a bi-weekly rotation. This change allows for more efficient and effective training for newly hired staff. CSTC is developing a comprehensive training system grounded in the latest adult-learning theory and linked to outcome-based learning objectives. This approach to curriculum design and delivery promotes the transfer of learning in which participants can apply knowledge and skills directly to their work with patients and families. Through a variety of training modalities – self-directed eLearning, classroom group instruction, field activities and simulations – participants hone skills through practice opportunities and feedback while under direct observation.

During this fiscal year, 75 participants completed the CSTC NEO program. The feedback was positive, with most comments highlighting satisfaction with the training provided by Crisis Prevention Institute (CPI) on seclusion and restraint. The CPI training is an interactive skill-based training and is an integral part of NEO. Recertification frequency for CPI training was increased from every three years to every two years to support skill retention. This change was based on employee feedback, CPI recommendations, and current training standards on learning retention for skill-based training.

CSTC now offers two CPI programs depending on job requirements. For positions that have direct care responsibilities, CPI with Advanced Physical Skills including simulations on de-escalation, restraint, and seclusion is required. Additional skills in CSTC specific tools and processes are added so staff are ready to apply their new skills once they have completed the training. For non-direct care staff, CSTC has added the basic CPI 12-hour training with a focus on de-escalation and evasion techniques. All employees and contracted nursing staff are required to complete one of the CSTC CPI programs.

In addition to the CPI expansion, CSTC increased the requirement for all CSTC employees to complete the First Aid and CPR certification with a suicide rescue and ligature removal component during the NEO training. Staff must recertify on First Aid and CPR every two years. Additional mannequins and equipment were purchased to facilitate the training, including a suicide rescue mannequin. Wall and floor pads were added to help facilitate simulations in the training room for a variety of real-life exercises including medical emergencies, restraints, searches, and seclusions.

Training has been added to NEO including documentation of all required forms, skill-based learning on Administrative Reporting of Incidents and the seclusion and restraint forms. Specific courses on contraband searches and situational awareness have been expanded to include scenarios where new staff are able to experience and participate in exercises that simulate real environments. For example, a mock patient's room has been created in the training room with similar furniture and belongings as a real patient's room. Participants can observe how a search is conducted and how a search is documented. They are then able to perform a search themselves and receive coaching and feedback in real time.

Finally, CSTC continues to utilize the DSHS Learning Center as a form of training delivery. All online courses are being reviewed and a plan has been developed to update all courses to state and national accessibility standards. Learning objectives are being created by the CSTC Training Committee to identify knowledge, skills, and values for NEO and staff development courses. Tracking and documentation of all CSTC courses will be conducted through the Learning Center to include course descriptions, learning objectives, and requirements. All Instructor led courses will have a standard curriculum branded template that will be retained in a SharePoint library with a timeline for review and revision.

Performance Improvement

CSTC supports the use of Dialectical Behavior Therapy (DBT), which is an evidence-based therapy intended to provide patients with practical skills to help manage difficult emotions effectively. DBT has been implemented into all aspects of treatment including individual, group, and family therapy. To improve milieu management and patient support, CSTC has expanded DBT skills training to include the supervisors and Institutional Counselor 3s as a pilot program. The expanded training is scheduled to begin in NEO on June 13, 2024.

CSTC supports data-informed decision making by tracking key metrics including assault and injury data for all hospital cottages. Data reports are developed that display Hospital-wide data trends for assaults and injuries and are presented regularly at our Quality Council, Governing Body Committee, and monthly Safety Committee meetings. Additionally, CSTC has added a Quality Analyst position to support performance improvement efforts.

Moreover, CSTC has developed an electronic administrative report of incident (eAROI) system

to transition from a paper-based incident report process to an electronic incident report system. The eAROI is scheduled for implementation in August of 2024 and will provide a platform for more efficient data extraction and analysis to allow for data-informed decision making.

Facility wide, CSTC has been actively participating in the DSHS BHA headquarters effort to develop and implement an electronic health record (EHR) system. The EHR system will improve the accuracy and quality of patient records, reduce errors, and improve communication among physicians and clinicians who provide direct care services.

[CSTC 2024 Workplace Safety Plan](#)

EASTERN STATE HOSPITAL

Environment of Care

To prevent high-risk items and contraband from getting into the milieu, the Visitor policy and ward guidelines were updated no longer allowing personal belongings to be brought in for patients to include but not limited to gifts, items of clothing, food, electronics, personal hygiene, etc. Personal belongings are only allowed to be mailed in directly from a vendor (Amazon or the like). Family or friends may order items approved by the treatment team and in line with ESH Policy 4.15 Patient Personal Property, only if ordered and delivered from a vendor.

A Capital Programs project has been funded to install approximately 13 “Emergency Call Boxes” at various locations throughout the campus, primarily parking lots. The call boxes are directly connected to the Eastlake PBX emergency number for reporting emergencies and initiating response as indicated. Anticipated start August 1, 2024, and completion August 31, 2024.

A Capital Programs project has been funded to remodel the APU and FSU south Nurse stations for increased staff safety with an estimated date of completion of October 2024.

A Physical Security Survey and Vulnerability Assessment was completed for 2024. Results identified ESH’s security risk, based on historical data, is within the “Green Zone”. The assessment recommends “continuing with the current physical security program, being mindful of changes to the frequency of criminal activity in ESH vicinity and vigilance of possible staff complacency with security measures”.

Camera installation on both civil and forensic ward locations is ongoing with dayroom and dining room locations being a priority. Additional Security camera installations are targeted for building entrance locations not currently being monitored.

A Capital Programs project for Administration building security improvements including replacement of entrance doors and access controls, PBX office security improvements, and installation of additional cameras and intercom systems at main entrances to improve overall safety and security for PBX, Administration building, and Eastlake center core office staff and visitors. Completion date is April 2024.

Further, a Capital Programs project for Westlake lobby security enhancement provides a new security office and area for a more detailed security screening as necessary. This includes updating and hardening the office with bulletproof glass and walls. Completion date is February 2024.

Patient rooms on all APU, GPU and FSU wards continue to be systematically renovated for patient and staff safety and include purchase and installation of additional molded furniture. This furniture is specifically manufactured for Behavioral Healthcare and Correctional Facilities and is designed to prevent it from being thrown or broken apart and used as a weapon. In response to a TJC citation, additional Behavioral Health furniture, ligature resistant TV enclosures and door hardware were installed in April 2024.

Active Treatment

A decision package has been prepared to fund additional staff to provide meaningful programming on evenings and weekends to help reduce the probability of assaults resulting in risk of seclusion/restraint episodes. Patient programs, treatment, and care are provided by clinical staff focusing on anxiety and stress management, recovery, negotiating needs versus wants, processing loss and change, using methods including but not limited to exercise, relaxation, music and mood, socialization activities such as table games and activities, exercise, expressive arts, and creativity.

The ESH Not Guilty by Reasons of Insanity (NGRI) Community Transition Team partners with the Department of Corrections to supervise NGRI patients residing in the community with a court order for Conditional Release to Reside in the Community (CRCOMM). As of May 2024, ESH supervises approximately 22 NGRI patients residing in the community via CRRCOMM.

Effective March 2024, ESH hired one (1) FTE Program Specialist 3 to support and assist patient access to the community for the purpose of reintegration, socialization, and development of skills to succeed in the community.

A performance improvement plan is ongoing focusing on increasing the quality of active treatment offered, with better interface with the treatment teams and improved data capture and documentation.

Staff Training

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

To meet regulatory and statutory requirements for annual violence prevention training, ESH requires all employees to complete an annual e-learning course focused on workplace violence prevention. In addition, all clinical staff, security, and EVS staff complete a two (2)-day crisis intervention training every two years with a four (4)-hour physical skills/application of restraint refresher 12 months after the completion of the full crisis intervention course.

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

Following the classroom portion of New Employee Orientation, nursing staff are assigned to precept on the wards. This is designed to intermix classroom content with coached on the job training and skill practice for different levels of nursing practice.

Performance Improvement

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

An Unusual Occurrence Reporting (UOR) system is in place utilizing electronic means, increasing timeliness of reporting. There are plans to adopt a more modern electronic reporting system that would further increase the timeliness of staff reporting.

A workgroup including the Safety Office, Security and Director of Facilities have evaluated existing walk-through metal detectors for age, life expectancy, maintenance capabilities and policy/procedures in place. Recommendations were developed for Leadership review and decision-making as required. This project completion is targeted for July 31, 2024.

A multi-disciplinary, “Zero Harm” workgroup has been formed and a Charter created. The workgroup will review random samples of high risk for injury events: patient violent behavior leading to injury, seclusion, or restraint, to identify and provide recommendations for improvement of current practices, education, and systems at ESH. Quarterly reports of findings and associated recommendations are provided to Quality Council for approval and implementation as indicated.

A plan was developed and implemented to decrease the number of employee entrances to reduce the risk of unauthorized building access and the potential for associated workplace violence; completed September 2023.

Further evaluation from BHA/ESH emergency management and security revealed a need to limit the Administration main entrance and exit to only visitors, individuals with mobility issues, and patients with grounds privileges. This change helps mitigate the risk of tailgating/piggybacking at this entrance as staff enter and leave the building; completed June 2024.

Emergency Response

The Psychiatric Emergency Response Team (PERT) responded to 2,588 calls: April 2023 through April 2024. The PERT provides a safe, effective, and immediate plan of response for patients during a psychiatric crisis or anticipated crisis.

Continuity activities for FY24 include but are not limited to implementation of contingency plans for Food Service, Single Bed Certifications, Fax capabilities and the renewal of the Memorandum of Understanding with DOC for alternate care for forensic patients in an evacuation event.

Satellite phones were purchased and are in place in the CEO office and ESH Incident Command for emergency communications as needed.

The Hazard Vulnerability Analysis was last revised November 2023 and changes

include, but are not limited to, increase of “Water Failure Possibility and associated Human and Physical Loss Impacts” to “moderate” based on the increased frequency of drought conditions impacting ESH wells and reservoir levels. This was experienced during the Gray Wildfire event August 2023 that also impacted the surrounding community.

ESH radio fleet replacement was completed Spring/Summer 2023. This project upgrades the equipment to be Wi-Fi compliant for future expansion and replaces equipment that is no longer under warranty. New models are being field tested for the next radio fleet refresh and expansion with a target of FY26/27.

DSHS Administrative Policy No. 18.67 Workplace and Domestic Violence/Reasonable Safety Accommodation provides guidance regarding workplace violence and domestic violence affecting the workplace. The department director or supervisor works with the employee to develop and document a safety plan to support the employee’s safety at work, determining if further actions are necessary.

Stop The Bleed kits have been placed on all emergency carts on the wards and in the Security vehicle “jump bags”. All clinical and Security staff are trained in the use of these kits. The plan is to expand locations and access to Eastlake and Westlake PBX locations and the Activity Therapy building Summer 2024. “Stop The Bleed” is a national awareness campaign that encourages bystanders to become trained, equipped and empowered to help in a bleeding emergency before professional help arrives.

Safety Improvement Purchases

Expenditures for safety improvement purchases in FY24 include, but not limited to:

- Fit testing supplies
- Emergency drinking water supplies (replaced and increased after Gray Fire)
- Psychological Safety training materials
- Satellite phones for emergency communications
- Patient yard fencing upgrades for increased security
- Hazardous waste sheds
- Two-way radio equipment for fleet maintenance
- Stop-the-bleed Training Simulator
- Traffic safety equipment
- Molded Behavioral Health furniture and tamper-proof and ligature resistant furniture and television enclosures for wards.
- Administration entrance improvements (stairs and ramps) to staff and visitor safety and ADA compliance

Staffing

In FY24 ESH continues to utilize travel agency contracts to respond to staffing shortages. ESH contracted with five direct placement agencies to assist with-sourcing applicants to fill vacancies. In addition, ESH has expanded the advertising plateau to post job openings on various employment platforms, which resulted in an increased number of applicants and hires. In FY24 ESH hired 81 direct patient care staff and 19 non-clinical staff. Eastern State Hospital’s overtime average for FY23 was 6.3%. As of April 2024, ESH’s overtime average is 7.6% due to ongoing staffing shortages.

For patients whose behavioral presentation requires additional resources, a Behavior Management Team (BMT) has been identified and positions established as a support mechanism to provide consultation to ward treatment teams. This team meets with the patient's treatment team to obtain background information on the patient and then conducts a comprehensive patient assessment, offers detailed treatment recommendations, and provides on-site ward staff training for the purpose of improving clinical outcomes, including a reduction in highly disruptive or assaultive behavior. The BMT team reports to the Chief Clinical Officer. The team consists of one psychiatrist, one psychologist, three Institution Counselor 3 positions and one Therapies Supervisor. Education regarding this resource has taken place across the hospital and the team is informally taking referrals.

[ESH 2024 Workplace Safety Plan](#)

WESTERN STATE HOSPITAL

In FY 2023, Western State Hospital began completing several safety initiatives to create a safer environment for both patients and staff. Some initiatives include but are not limited to ongoing projects to replace sprinkler heads that are ligature resistant; fire door replacement in various areas across the campus; A larger project of constructing two new wards (F9 and F10) was also completed. These two new wards were opened in February of 2023.

WSH Gage Center initiated the establishment of a joint Environment of Care Committee with membership from both Gage and Civil Centers. The purpose of the committee is to establish a multidisciplinary group focused on maintaining a hospital environment that is functionally safe for all patients, staff, and visitors and compliant with The Joint Commission (TJC) Environment of Care Standards.

Medication Room Doors

Nine WSH Civil wards upgraded medication room doors in early 2024. These doors have made work locations safer for staff by:

- Replacing old, less secure Dutch doors with new single leaf, heavy gauge metal doors with heavy duty tray-ports and vision panels.
- Installing additional security measures on the doors, port, and locking mechanisms preventing patient entry to medication room.

Speaker Boxes for Medication Room Doors

A Speaker Box System will be installed to all nine (9) WSH Civil ward that will allow clearer communication from the hallway with staff members in the Med Room without having to open the door thus alleviating potential intrusions.

Civil Visitation Center

Following the shutdown of Building 16, the existing Civil Visitation Center was abandoned and a new, modern Civil Visitation Center was created on the Ground Floor of Building 17, Rooms 009 and 011. This space has been completely renovated, upgraded, and hardened for patient use. Furthermore, the Civil Visitation Center can be used after-hours to facilitate other patient treatment activities, creating a dual-purpose room in a single space.

New Civil Court Area

Across the hall from the new Civil Visitation Center, a new Civil courtroom area has been created with the Tele-Court style of patient hearings in mind. This new area has upgraded communication systems, larger displays for patients, and has been hardened to ensure patient and staff safety.

New Civil Overhang in Quadrangle

On the other side of the basketball court in the quadrangle, a new outdoor overhang area for patients will be erected. This will provide a new place for patients to practice social skills, aid in staff-run patient events, provide shelter from the weather, etc.

Outside Lighting Activities

In coordination with the new Civil overhang in the quadrangle enterprise, a new outside lighting project has been initiated that will put more lighting in and around the quadrangle. Working with WSH Security, spaces with less than adequate lighting were identified, and overall, more lighting will be added throughout the quadrangle.

Vision Panel Addition on Doors

To increase staff's ability to observe patients, vision panels have been added on multiple doors on multiple wards to remedy this safety issue. Additionally, more vision panels have been ordered to continue this project as necessary throughout the Civil Center.

Camera Installation on All Civil Wards

Beginning in mid-2024, a new camera system will be installed by an outside vendor on all Civil wards. This upgrade will also provide Wi-Fi capabilities, install reader boards for patients and staff, and quicker access to Security needs. These upgrades will provide better protection for our staff, as well as a multitude of other positive benefits for Western State Hospital Civil Center of Excellence.

Civil Treatment and Recovery Center (TRC)

A project began in mid-2023 to create a new Civil Treatment and Recovery Center. The need was due to Treatment Mall being converted to an active ward. Renovation and reconstruction of the identified space is scheduled to start in the middle of 2024.

Medication Room Doors – Gage Center of Forensic Excellence

- In Building 28 of the Gage Center, ward patient service doors have been replaced by new single leaf, heavy gauge metal doors with heavy-duty tray-ports and vision panels.

Elevator Refurbishment

Operational elevators provide a much safer means of transportation for both patients and staff. The following Elevator Modernization projects began in 2023:

- Building 29/Elevators 29-1, 29-2, 29-3, and 29-4 have been completed.

New/Replaced Fire System

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

Fire Door Replacement

Several fire doors were replaced in both Gage and Civil centers, and locking arrangements were altered to provide a more secure environment in FY 2021. FY 2021 through FY 2023, a second fire door replacement project was completed along with its design phase addressing an additional 250 fire doors. Within this scope of work, ward entry doors on F1 through F8 have also recently been completed and replaced. Construction is anticipated to be completed in July of 2024.

Building 29 Roof Replacement

Design began to replace the roof covering eight patient wards to address failing infrastructure in late FY 2021. Construction has completed as of March 2024.

Fire Damper Access

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

New Wards F9/F10

Construction began in FY2021 to build two new Gage Center wards. Construction efforts carried on throughout FY 2022 and were completed in FY 2023. At this point, F9 and F10 reached Substantial Completion on April 17, 2023, and F9 received its first patients on May 1, 2023. F10 has received patients and opened in May 2023.

East Campus TRC

The design of a new Gage Center Treatment and Recovery Center began in early 2021. This project adds treatment space for East Campus wards, a gymnasium, and a remodeled section on the second floor of the E wing to provide support staff workstations. Construction is underway currently with an anticipated completion date of December 2024.

Shower Renovations Wards E5 & E6

Shower room renovations for two East campus wards (E5/E6) began in FY 2022. Construction started in March 2023 and this project is now complete.

Parking Lot Upgrades

Staff parking has been an ongoing challenge on the Western State Hospital campus. Design for a new Gage Center North parking lot began in September 2022. Construction has begun with

an anticipated completion date of July 2024. The new parking lot will provide improved pedestrian circulation and access to and from the Gage Center. Approximately 167 new parking stalls, including eight electric vehicle charging stations, will be included.

Clinic Dental X-Ray

Work to replace the East Campus Clinic Dental X-Ray machine began in FY 2022. This converts the equipment over to digital, removing the need to have hazardous chemicals on site to develop film, and affords the opportunity to electronically retain documentation. Construction efforts are anticipated to begin in June 2023 and be completed by July of 2024.

Anti-Ligature/Vandal Resistant Upgrades

Design efforts began in FY 2021 to replace patient furnishings that were identified as being a higher risk for self-harm opportunities. In FY 2022, non-shatterproof clocks in patient common day rooms were replaced with models providing both anti-ligature and vandal-resistant properties. This project includes door revisions to East Campus wards containing bathrooms with dual patient room entry points and the replacement of some bedroom furnishings. This work has begun, with an anticipated completion date of July 2024 for the Gage Center.

Communication Methods

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

- All Staff messages from one or both CEOs
- Daily electronic emails to All Staff from each center
- Monthly town hall meetings for each center
- Civil Center quarterly leadership 'meet and greet' events for all Civil/Shared staff
- Quarterly all Supervisors meetings for each center
- Monthly and quarterly newsletters
- Daily huddles

Patient Information

All wards have a 24-hour client information sheet that is updated by the night shift. This sheet contains pertinent information to help the staff recognize the patients' triggers and coping skills when they are agitated or have a medical issue. The sheet was updated to include court information and forced medication order (FMO) information to ensure the patients did not miss a court date or have the FMO expire.

Patient Leisure Time

- The Civil Center implemented longer hours in the quad for increased time off the wards.
- There is a variable curfew for longer and shorter daylight times.
- Having more patients off the ward helps the patients utilize their levels and free time, plus helps bring a calmer milieu having less patients left on the ward.
- New visitor center in Civil with tables and vending machines. This will help the patients have more visits from family and friends.

Increased Staffing

- Four Central Civil wards had their base nursing staff numbers increased by one to bring base numbers up for safety and nursing support.
- A new admission ward was opened in Central with a 12-hour staffing model that includes all nursing positions. This model will allow for continuity of care and attract staff who want to work twelve-hour shifts. This ward has a higher base staffing to address the needs of the newly admitted patients.

Nursing Training

- The new admission ward (C4) was opened in 2023 and to help meet the requirements of the Trueblood Settlement, all staff on this ward were trained on the admissions process. This training was extended to all civil ward staff.
- Nursing staff competency fair was implemented last summer in May of 2023 for Nurses Week. It was a hit during and is continuing with multiple subjects and return demonstrations. We have a designated training area and multiple educational subjects that will help reduce violence and ensure the staff are adequately trained in de-escalation.
- New Pyxis and electronic medications administration system was implemented in March 2024 to help decrease medication errors. The Wellsky Medication Administration System was implemented in August 2023.
- Narcan training was provided to civil RNs in February and March 2024 to help staff know what to do in an overdose situation.
- Six nurses were trained as CPI-APS instructors in May 2024 to assist in renewal of staff certifications.

Nursing Quality – Civil Center

- The civil nursing services now has a Director of Nurse Practice, Compliance and Quality and 2 RN3 Nursing Quality Coordinators. This team led by the Director Plans, innovates, coordinates, directs, and evaluates nursing practices to ensure quality and safe care is provided hospital-wide and that nursing care standards are maintained across the continuum.
- The Civil Clinical Nurse Specialist team has been auditing seclusion and restraints documentation. The audits focus on (1) justification for S/R (2) earliest release and (3) order renewals. When deficiencies are found, just-in-time training occurs. This ensures that S/R is implemented safely. It is also hoped that the just-in-time training will result in a decrease in seclusion and restraint episodes.
- The RN quality coordinators do routine audits on all aspects of nursing that affect the care and overall well-being of the patients. Audits include immediate follow-up with the person

responsible for the deficiencies. This will improve quality patient care and achieve a better experience on the ward, which will lead to less agitated patients.

2024 Survey

In March of 2024, WSH underwent a compliance survey by the Clinical Service Management (CSM) consultants utilizing the Joint Commission platform. This survey was a significant milestone for our hospital. The consultants recognized a shift in the organizational culture, most especially our efforts and commitment to building a culture of safety that is focused on the development of reliable and safe quality care delivery. The surveyors were impressed with staff professionalism and commitment to our patients. The opportunity was afforded to them to interview our front-line staff and observed that were knowledgeable, competent, and have strong engagement with our patients. The hospital was commended for the collaborative work of the multidisciplinary care teams in the Civil Center. Additionally, the surveyors were very pleased to see a clear orientation to safety, quality, and continuous improvement.

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.

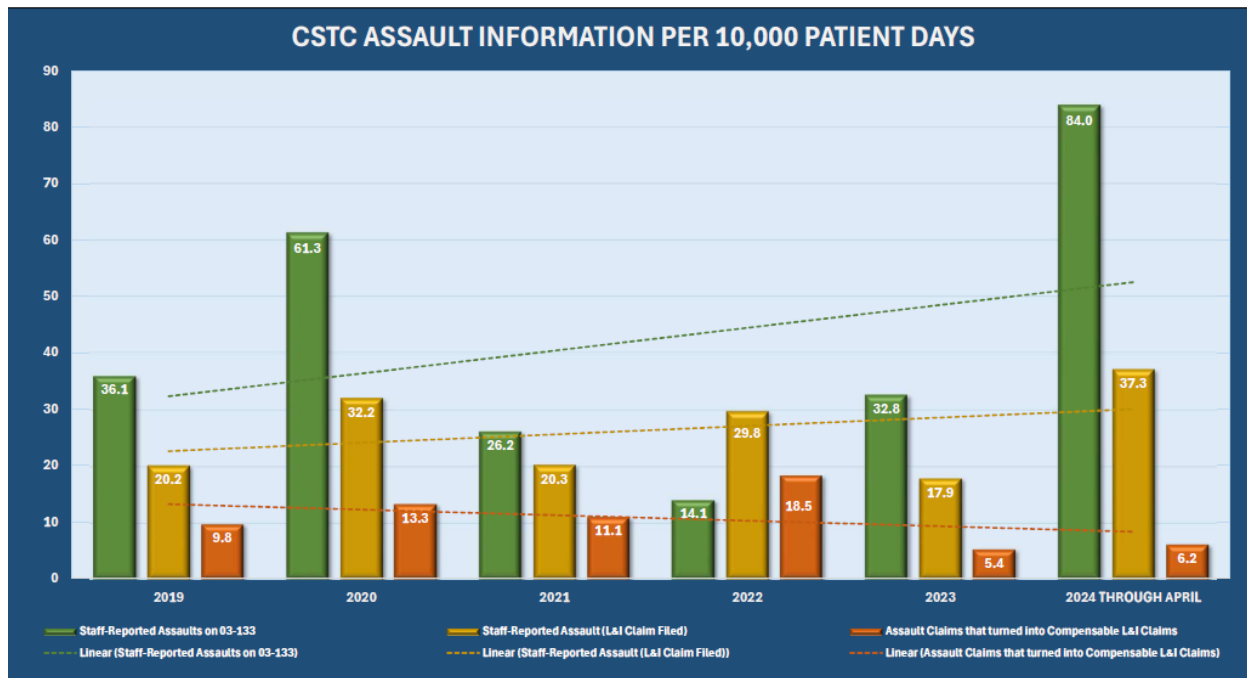
Data and Analysis

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

CSTC Data

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

CSTC Assault Information per 10,000 Patient Days



This data shows the **ratio of Staff Reported Assaults vs. L&I Claims filed vs. Compensable L&I Claims**. Early 2024 data shows an increase in the number of staff who have reported assaults compared to 2023. The data also shows an increase in staff reported assaults that turned resulted in L&I claims and those that were deemed compensable.

Historically, upward trends in staff reported assaults have been attributed to small clusters of patients that have disproportionately affected staff assault data. This remains the case for FY2024. CSTC attributes the increase of reported injuries and claims to a small number of patients that were admitted at various times in calendar year 2023 and continued to reside at CSTC into calendar year 2024. For example, one patient has been reported for some form of aggression on nearly a daily occurrence.

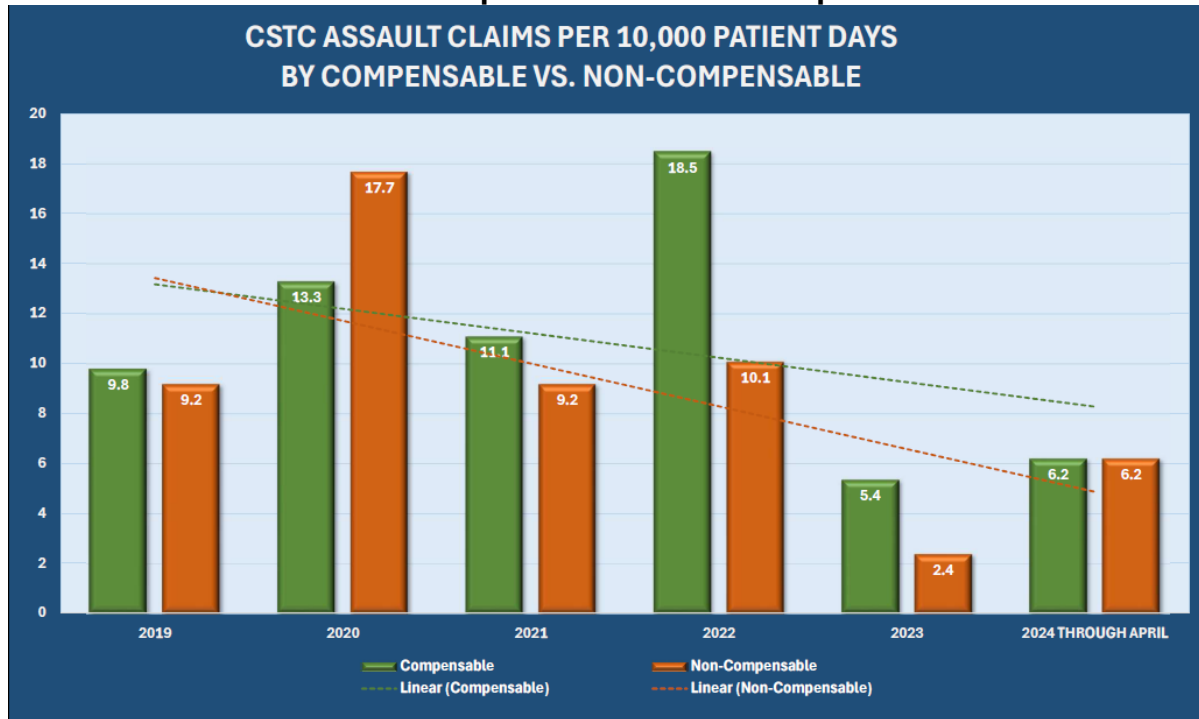
Additionally, a growing population of patients diagnosed with Intellectual and/or Developmental Disabilities (IDD) may also contribute to increased staff assault reports. This population routinely requires more restrictive interventions to maintain safety in the treatment milieu. As a result, clinicians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

CSTC has collaborated with the Developmental Disabilities Administration (DDA) to develop programming specific to patients diagnosed with IDD. Recently, the WA State Legislature has allocated funding and resources to DDA to establish a transitional care facility that will increase bed capacity in the State of Washington.

The IDD specific programming and the establishment of a transitional care facility should help to reduce the number of patients admitted to CSTC that have been IDD diagnoses. CSTC patient population continues to be among the most severely psychiatrically impaired youth in the state. These patients have complex histories of problems across one or more domain (e.g., serious emotional/behavioral mental illness, state dependency, criminality, medical and developmental disabilities) along with prior psychiatric hospital admissions, outpatient treatment episodes, and juvenile justice involvement. These youth are admitted to CSTC when programs in the community, including other CLIP facilities are not

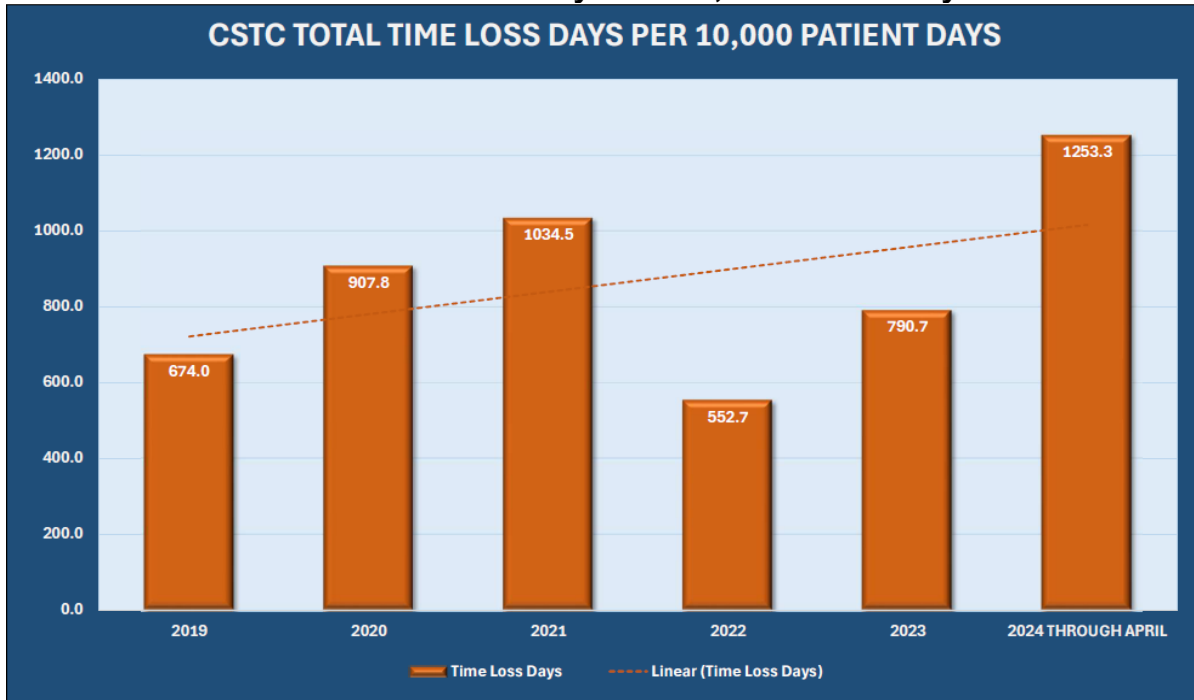
able to safely maintain them.

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



This data shows the **ratio of Compensable vs. Non-Compensable Claims**. The ratio of Compensable to Non-Compensable claims, although showing yearly variations, have continued a downward trend over approximately the last five years. Although assault claims data for CY 2024 is not mature at the time, early data shows an increase in compensable claims compared to last year. CSTC injury reports continue to be reviewed carefully by both the supervisors and the Safety Officer. In more extreme situations, CSTC may seek risk consultation from the Enterprise Risk Management Office (ERMO). It is worthwhile to note that CSTC does not use any form of chemical or mechanical restraints. Recognizing that injury is more likely when needing to manually restrain a patient, less intrusive de-escalation strategies are exhausted before resorting to the use of seclusion or restraint.

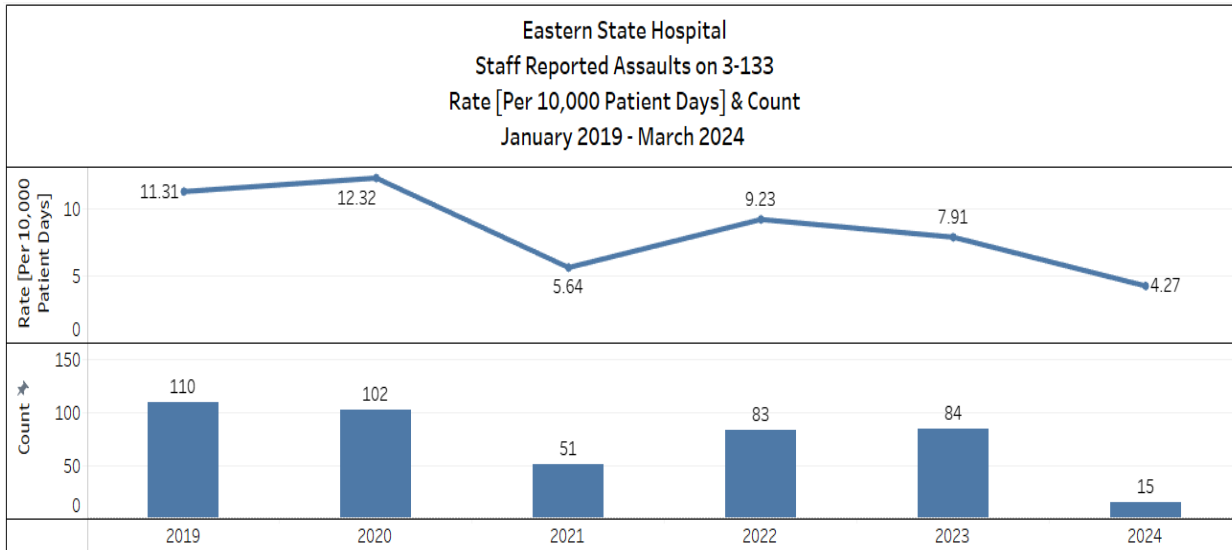
CSTC Total Time Loss Days Per 10,000 Patient Days



This data shows the overall trend in **time loss days due to assault**. Although the data for 2024 is not mature at the time of this report, early data shows an increase in time loss due to assault. CSTC average time loss has increased compared to previous years. CSTC Leadership continues to meet every other week with Enterprise Risk Management Office (ERMO) and Human Resources (HRD) to discuss each individual case of time loss and pursue Transitional Return to Work (TRTW) or Reasonable Accommodations when applicable. Additionally, CSTC remains committed to the Culture of Safety. The Workplace Safety Workgroup and Safety Committee both review employee injuries and trends monthly.

CSTC has several training initiatives underway intended to provide staff with skills to prevent injury. The time for recertification in CPI skills was decreased from three years to two years, which should allow for better skill development and retention. DBT skills training has been expanded to include the supervisors and Institutional Counselor 3s as a pilot program. The expanded training is scheduled to begin in NEO on June 13, 2024. A new training called Crisis Mitigation and Response Strategies is under development with the intention of supplementing CPI training in 2024 and should provide staff with additional de-escalation skills as well as improved crisis response strategies.

ESH Data



Assault data indicates that the total number of staff reported assaults “IW Reported As” for 2023 (84) showed no significant change from 2022; 83.

In 2023, 69% of all assault events occurred on two civil Adult Psychiatric admission wards 1N1 (29), 2N1 (16) and the Habilitative Mental Health (HMH) ward (12). Overall assaults occurring on 1N1 increased by 53% from 19 to 29. Eight of the 29 1N1 assaults were the result of one patient. Fifty percent of all 2N1 occurrences were the result of one patient. Overall assault injuries occurring on HMH decreased from 20 to 12 with nine of the 12 assaults the result of two patients.

Sixty percent (50) of all events occurred between 0630 and 1500 and were evenly dispersed throughout the shift. Thirty percent of all reported assaults (25) occurred on the evening shift and were evenly dispersed throughout the shift. The remainder of events occurred on the evening shift between 0100 and 0400.

Compensable VS Non-Compensable Assault Claims:

Reported assaults where L&I claims were filed for 2023 remained relatively equal to 2022 data for a total of 45. Twenty-three of the 45 claims filed resulted in time loss and have slightly increased from 20 to 23. Non-compensable claims, medical treatment only, have slightly decreased from the previous year: 24 to 21.

Time Loss Days Due to Assault:

Time loss days associated with assault claims significantly decreased from 1756 days in 2022 to 1006 days in 2023: a 43% decrease. Fifty-seven percent of the total time loss was associated with eight of the 27 claims: 572 days.

First quarter 2024 staff reported assaults “IW Reported As” is lower than First Quarter 2023 reporting: 14 versus 18: a 22% decrease.

In the First Quarter of 2024, eighty-five percent of all assault events occurred on four wards: 1N1 (4), 2N1 (8), 1S1 (4) and the Habilitative Mental Health (HMH) ward (5). One hundred percent of all 2N1 occurrences were the result of one patient. Seventy-five percent of all 1S1 occurrences (3) were the result of one patient. Eighty percent of all HMH occurrences (4) were the result of one patient.

WSH Data

Since 2020, WSH has experienced a statistically significant decrease in Staff Reported Assaults and L&I Assault Claims Filed rates.

Staff Reported Assaults Claims

From 2022 to 2023 there was a 5.7% increase in the Staff Reported Assaults Claim Rate as our patient population became more acute due to the needs of patients under the Trueblood settlement. See Figure 1. 43.4% of these Staff Reported Assaults Claims occurred in four wards (F3, C1, C3 & F6). 31.1% of the Staff Reported Assaults Claims were perpetrated by the top ten patient assaulters. 46.9% of Staff Reported Assaults Claims occurred on the evening shift and 19.4% occurred on a Sunday.

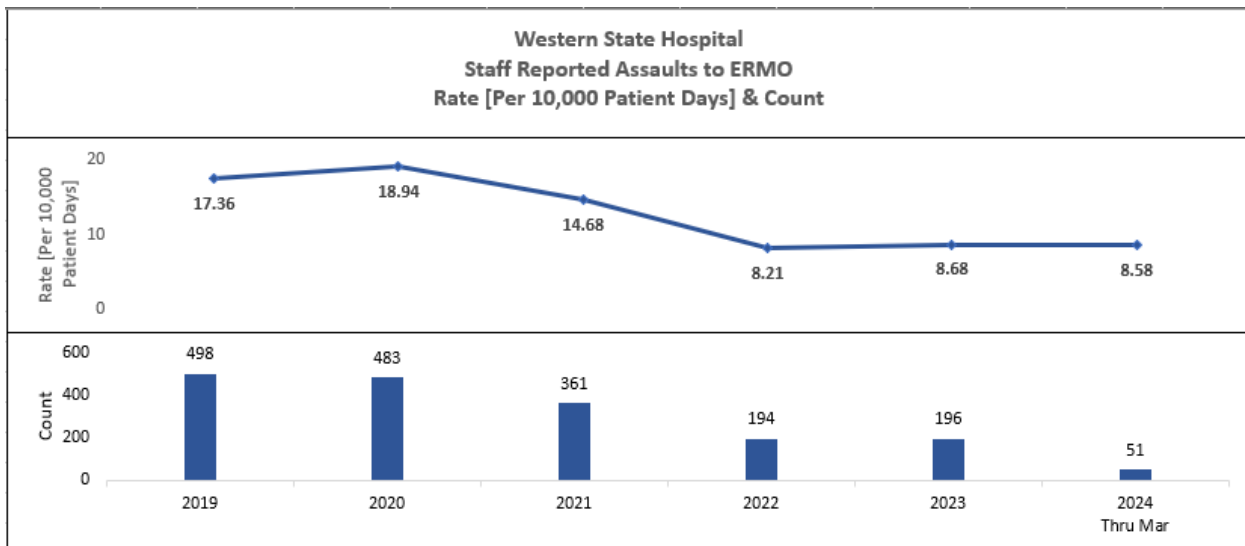


Figure 1. Staff Reported Assaults

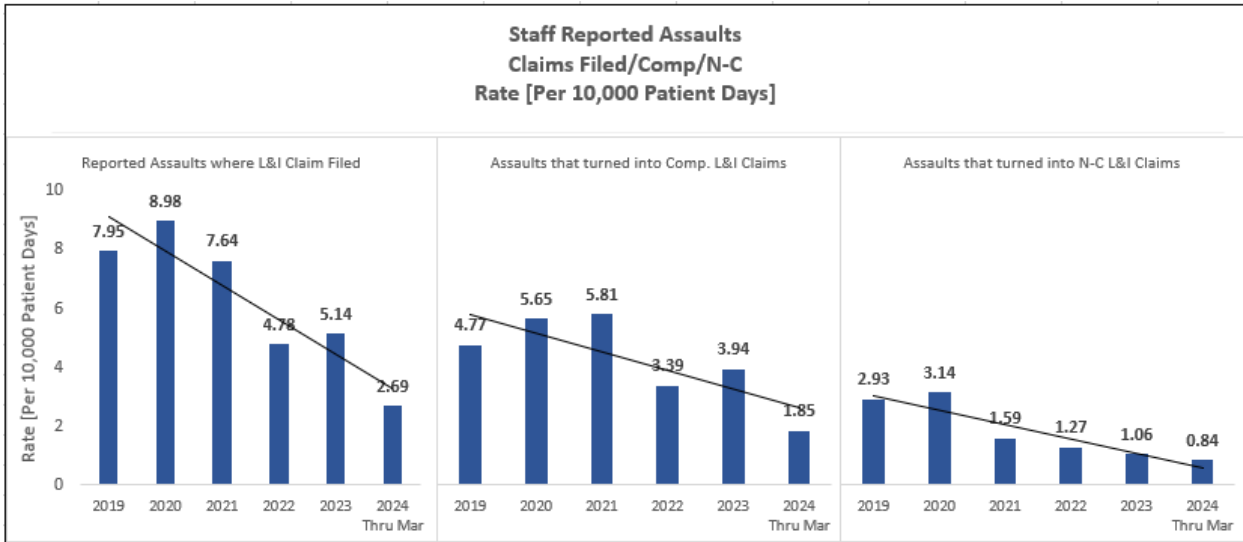
Staff Reported Assaults Claims Filed, Compensable, and Non-Compensable Rates

The WSH Staff reported Assaults Claims Filed, Compensable, and Non-Compensable Rates have decreased with statistical significance since 2020. Continued efforts to reduce violence throughout the hospital have contributed to reducing compensable assault claims over the years. See Figure 2.

Reported assaults where L&I claims were filed rates increased from 4.8 in 2022 to 5.1 in 2023, A 6.25% increase%. Of the 196 staff reports assaults, 113 claims were filed, 89 were compensable, 59 experienced time loss. The compensable claims rate has increased from the previous year; from 3.39 to 3.94 (16.2%).

These rates are continually monitored and evaluated for determination of contributing factors and needed corrective action plans.

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



Time Loss of Staff Reported Assaults Rate

The WSH Time Loss ratio per 10,000 patient days has decreased without significance since 2020. See Figure 3.

Time loss days associated with assault claims rate decreased from 519.64 in 2022 to 508.98 days in 2023: a 2% decrease. 82% of time loss days from 2023 claims are associated with an assault. 41% percent of the assault time loss days in 2023 are associated with the top 14 employee injuries with over 200 days lost for each event. 70% percent of the assault time loss days in 2023 are associated with the top 30 employee injuries with over 100 days lost for each event. The average assault time loss days in 2023 per event was 86.

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

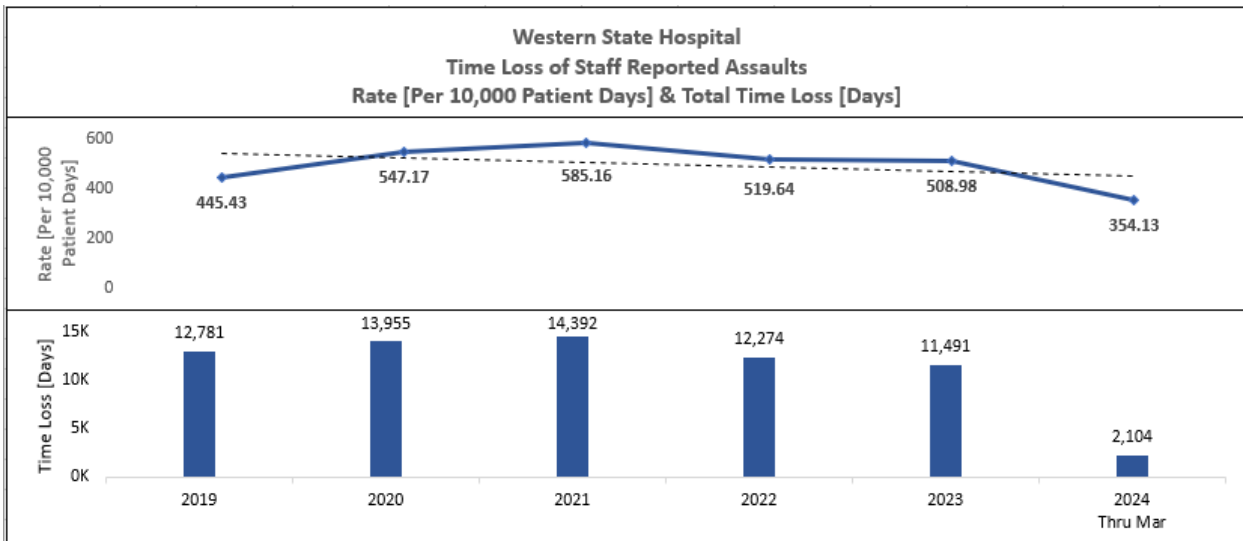


Figure 2. Time Loss Ratio

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.