

REPORT TO THE LEGISLATURE

**Improving Patient and Staff Safety in
State Hospitals – Status Report**

Engrossed Substitute House Bill 1109 (Law of 2019)
Section 202(1)(l)(i)

December 1, 2019

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Table of Contents

EXECUTIVE SUMMARY	3
BACKGROUND	3
IMPLEMENTATION PROGRESS.....	4
Project Oversight	4
Staffing Model	5
Hiring Staff	6
Program Leadership	7
Clinical Programming and Training	8
Patient Profiles	8
Physical Environment	9
Project Outcomes	9
Transitioning to the Community/Continuity of Care.....	10

EXECUTIVE SUMMARY

The 2018 Washington State Legislature enacted Engrossed Substitute House Bill 1109 – the 2019 Operating Budget. Section 202 (1) of the bill, provides \$11.2M in fiscal year 2020 and \$10.5M in 2021 for the Department of Social and Health Services to implement strategies to improve patient and staff safety at Eastern and Western State Hospitals. The reporting requirement of the bill states:

A report must be submitted by December 1, 2019, which includes a description of the intensive care model being implemented, a profile of the types of patients being served at the program, the staffing model being used for the program, and preliminary information on outcomes associated with the program. The outcomes section should include tracking data on facility wide metrics related to patient and staff safety as well as individual outcomes related to the patients served on the unit.

This report outlines the steps necessary to implement the creation of the Specialized Treatment Assessment and Recovery (STAR) Ward and Step-Up Unit, progress towards implementation, and projected opening date of the program. A second status report is due in December 2020 to provide further updates as implementation occurs.

BACKGROUND

The Specialized Treatment Assessment and Recovery (STAR) Program is composed of the STAR Ward, and the Step-Up Unit. Clinical programming within the STAR Program is designed to address the underlying causes of violence and aggression for patients who have not responded to the standard care model at Western State Hospital (WSH).

The STAR Ward is projected to open February 1, 2020 with the Step-Up Unit opening within 3-months after.

The STAR Ward will provide intensive treatment in a highly structured setting. The goal is to reduce aggressive behaviors and engage patients in evidence-based treatments that treat the underlying causes of aggression/violence. The following guidelines will be used to determine when the patient is ready to transition from the STAR Ward and what level of service they should transition to:

- No violent acts for at least 30-days
- The treatment team determines that the patient is:
 - stabilized on medications; and either
 - ready for evidence-based practices on the Step-Up Ward;
 - ready to return their original ward for treatment as usual (if they are not benefitting from evidence-based practices); or

- if they are committing criminal acts of assault that are not due mental illness symptoms, patients will be considered for discharge to the community or referred to the police.

The intensive care model being implemented within the program includes the following treatments/services:

Services:
Full Psych Testing/Assessment
Advanced Diagnosis
Incentive Program
Trauma Informed Care Program
1:1 Trauma Therapy
12 hours of programming/7 days a week
Selected Evidence Based Practices
Advanced Crisis Intervention Training
Med Stabilization
Lower Census
Extra Staff to Engage More
On-Ward Training Mentor/Coach/Assessor
Nursing Primary Care Model (1:4, 1:5 ratio)
Step-Up Unit for Ongoing Treatment
Goal:
Treat Until Discharged to the Community
Long-term Recovery
Reduce Recidivism/Re-incarceration

IMPLEMENTATION PROGRESS

Project Oversight

WSH has formed a STAR Program Steering Committee that provides support, removes barriers and ensures the project remains on track. In addition to this, the Deputy of Hospital Operations is the executive sponsor of the project.

The STAR Program Steering Committee and the executive sponsor selected a project manager (who developed the STAR Program) who has been assigned to lead the implementation process for the program. The project manager is

partnering with the Director of Psychological Services to help assist program leadership in implementation through the program's opening.

Staffing Model

The staffing model for the STAR Program is more robust than on a standard ward due to the higher acuity of the patients. Some of the differences from the standard wards include:

- Rehabilitation staff are included in the model to provide treatment on the ward, as patients will not be utilizing the treatment malls.
- Programming is 12-hours per day and the ward includes enough staffing (rehab, nursing, psychology, and social work) to facilitate this programming.
- All patients will be encouraged to have individual therapy
- Security staff will be physically present on the ward.
- All staff will receive expanded training in mental health topics, with a focus on trauma and its impact on behavior
- All staff who work on the ward will receive all evidence-based practice training.

The model below shows the number of staff on each shift as well as the total FTEs to be hired. Five positions (Security Guard 2, Institutional Counselor 3 (IC3), Registered Nurse 2 and 3 (RN2, RN3), and Recreational Therapists have a relief factor included due to 7-day a week and/or 24-hour care.

STAR Ward (10 patients)	FTE	Day	Evening	Night
Program Administrator B2	0.50	0.5		
Training Manager B2	0.50	0.5		
RN4	0.50	0.5		
Medical Doctor	0.25	0.25		
Pharmacist	0.25	0.25		
Mental Health Tech. 3	0.50	0.5		
Security Guard	5.50	1	1	1
Office Assistant	0.25	0.25		
Custodian	2.00	1		
Psychiatrist	0.50	0.5		
Psychologist	0.50	0.5		
Psych Associate	1.00	1		
Recreation Therapists	2.00		1	
IC3	9.00	2	1	2
Social Worker	0.50	0.5		
RN3	3.00	0.5	0.5	0.5
RN2	12.60	2.5	2.5	2
MHT	9.00	2	2	1
	48.35	14.25	8	6.5

Step Up (20 patients)	FTE	Day	Evening	Night
Program Administrator B2	0.50	0.5		
Training Manager B2	0.50	0.5		
RN4	0.50	0.5		
Medical Doctor	0.25	0.25		
Pharmacist	0.25	0.25		
Mental Health Tech. 3	0.50	0.5		
Security Guard	3.60	1	1	
Custodian	2.00	1		
Office Assistant	0.75	0.75		
Psychiatrist	0.50	0.5		
Psychologist	0.50	0.5		
Psych Associate	2.00	1	1	
Recreation Therapist	2.00		1	
Peer Support Specialist	1.00	1		
IC3	12.50	3	3	1
Social Worker	1.50	1.5		
RN3	3.00	0.5	0.5	0.5
RN2	14.50	3	3	2
Mental Health Tech.	10.80	2	2	2
	57.15	18.25	11.5	5.5

Total FTEs 105.50

Hiring Staff

The initial stage of hiring involved identifying the leadership team for the STAR Program. The Program Director, Training Administrator and RN4 were the first hires. These leaders will be crucial in the program implementation, including hiring the remainder of the program staff.

Given the acuity of the STAR Program, hiring appropriately-qualified staff is a critical step of the implementation process. Due to this, position descriptions were modified to include special skills – including exceptional communication and teamwork and demonstrated exceptional ability to de-escalate agitated patients.

Notification of the impending opening of the program was made to the unions, with a request to utilize an internal transfer process with an interview to select for the special skills. WFSE requested to bargain prior to hiring for their job classifications. Bargaining began on October 2, 2019. WFSE agreed to an internal transfer process, but requested to continue to bargain the transition of an existing civil ward to the STAR Program.

WSFE position recruitment began on October 3, 2019. The leadership team continues to recruit, screen and interview for all positions.

Nursing RN2 and RN3 positions also have an ongoing recruitment. Given the shortage of nursing staff, hiring enough nurses to staff the program is one of the key objectives of the implementation program as we are unable to open until we have hired a sufficient number of nursing staff. As of November 1, 2019 there are 6 key nursing positions to fill prior to opening.

The other two critical positions are the ward psychiatrist and psychologist. With shortages in both of those job classes, filling the positions is expected to be challenging. The Chief Medical Officer has been recruiting for the psychiatrist position as she works to fill the other vacancies in psychiatry.

As of November 1, 2019 we have hired or made tentative offers to 27 staff who have accepted those offers. There are 13 more in HR verification processes (references, background checks, and HR file reviews). In total there are 50 positions to hire by December 1, 2019 to open by February 1, 2020.

Clinical Programming and Training

The STAR Program utilizes evidence-based practices that will require ward staff have 3 weeks of additional training. Training is scheduled for the first three weeks of December, 2019.

The training will include expanded mental health training; Acceptance and Commitment Therapy; Seeking Safety; and Moral Reconciliation Therapy. All staff will be required to demonstrate competency in utilizing these evidence-based practices within 30 days of training.

Program Leadership Roles

The leadership of the program will be the Program Director, RN4 and the Training Administrator. Oversight of the STAR Program is under the Director of Psychological Services, who will partner with the Chief Nursing Officer.

PROGRAM DIRECTOR

The Program Director co-manages all ward staff with their discipline head staff. They are responsible to ensure that all staff meet competency standards for ward programming, demonstrate teamwork, treat patients with respect and kindness, and set boundaries as appropriate to their treatment. They will ensure collaboration between disciplines, community partners and supporting state agencies; collect data related to ward outcomes, request data to look at violence rates across civil wards, and prepare reports. They will ensure the ward is holding to fidelity to evidence-based practices and

that all staff on ward are demonstrating competency and will refer them to the Training Manager as needed for retraining.

TRAINING ADMINISTRATOR

The Training Administrator will be the STAR Ward's evidence-based practice trainer, who ensures all staff are trained and oriented to the ward; observes, coaches and mentors ward staff on interventions; and assesses staff competency. They will work across all three shifts to ensure programming is occurring and is consistent and holds to fidelity across shifts. They receive and track names of eligible on-call pool specific to these wards from nursing and security and ensures they receive the mandatory evidenced based practices training as outlined in program standards and that they meet competency requirements in order to work on the ward. At least 75% of their time is spent on the ward.

REGISTERED NURSE 4

This position reports to the Chief Nursing Officer and collaborates with the Program Director and is accountable for 24 hour management, supervision and leadership on the STAR Ward and Step-Up Unit. They plan and direct all nursing functions in assigned area; and will be the STAR Ward's expert in the nursing primary care model.

This position will also provide direct care to patients utilizing Evidence-Based Practices specific to this ward. This position will need to develop competency in each model of treatment and will be trained as a trainer.

Patient Profiles

The STAR Program will be treating patients who are exhibiting violence. There will be 10 patients on the STAR Ward and 20 on the Step-Up Unit.

The matrix on the next page has the criteria basis for referral and/or admission to the STAR Ward:

Note 1: Violence is categorized by frequency and severity.

Note 2: Severity is based on Enterprise Risk Management injury severity categories.

Injury Severity: Levels 3-5 are considered "severe."

- 1. No Treatment: The injury received does not require first aid, medical intervention, or hospitalization.
- 2. First Aid Only: The injury received is of minor severity and requires the administration of minor first aid.
- 3. Medical Intervention: The injury received is severe enough to require the treatment of the client/staff by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or nurse practitioner, but the

treatment required is not severe enough to warrant or require hospitalization.

- 4. Hospitalization: The injury received is so severe that it requires medical intervention and treatment as well as care of the injured client/staff at a general acute care medical ward within the facility or at a general acute care hospital outside the facility.
- 5. Death: The injury received was so severe that it resulted in, or complications from the injury lead to, the termination of the life of the injured client/staff.

Note 3: Patients ineligible for admission/referral include geriatric, Habilitative Mental Health and Center for Forensic Services patients.

		Severity Level		
		1-2	3	4-5
Frequency (per month)	10+	?	X	X
	5-9	?	X	X
	1-4		?	X

Exclusions:

- Physical fragility
- Intellectual capacity (less than 70 IQ)
- Traumatic Brain Injury
- Dementia / Alzheimer

X Qualifies for a STAR Ward Referral
 ? Case by case

Physical Environment

Safety upgrades will be needed for the wards prior to opening. WSH Facilities and DSHS Maintenance and Operations Division are working on the upgrades which include:

- Replacing HVAC diffusers with ligature resistant hardware.
- Assessing unsupervised areas and identify all inward opening doors.
- Bolting all furniture to the floor.
- Adding DVR recoding capability to the STAR Ward security system (DVR lock box).
- Inspecting all door hardware and tighten handles, door locking hardware and strike plates as needed.

Project Outcomes

There are no outcomes to report, as the STAR Ward is not open as of the date of this report. However, moving patients to the STAR Program is expected to result in an outcome of reducing the acuity for the remaining wards that are housing highly-violent civil patients. The objectives that have been established for the STAR Program include:

Violence Reduction Goals:

- a. Decrease the rate of assaults for the hospital, centers, wards and individual patients.
- b. Reduce the rate of violence for STAR ward patients by 75% during their stay.

Individualized Treatment Goals:

- a. Use a 3rd party to review patient records for individualized treatment plans with at least 80% compliance for 3 months, and 95% thereafter.
- b. Develop a patient survey to measure patient feedback on treatment individualization.

Evidence-based Practice Goals:

- a. Verify the literature basis for evidenced based practices for 100% of evidence based practices used in the STAR Program
- b. Amount of STAR Program staff trained in the three evidenced based practices at 100%.
- c. Evaluate fidelity of staff implementation of evidenced based practices (e.g., with a third-party fidelity checklist), based upon the expectation of necessary variances in approach due to patient behavior and unusual occurrences.
- d. Evaluate staff competence in evidenced based practices achieving at least 75% competence within three months of initial training.

Patient Empowerment Goals:

- a. Patients will achieve transfer from the STAR Ward to the Step-up unit within 90 days of admission to the STAR Ward
- b. Decrease seclusion and/or restraint use per patient by 50%.

Transitioning to the Community/Continuity of Care

Success of this model is reliant on discharging patients from the Step-Up Unit to the community. The BHA Director of Community Transitions will work closely with the treatment team, the Directory of Psychology and the Director of Social Work developing robust discharge plans with community partners. Discharge planning will include early engagement case staffing, encouraging and inviting community partners to involvement in treatment conferences in an effort to determine the appropriate services the patient will need to be successful in the community, and working with community partners to ensure that patients will have access to evidence-based programming to maintain their progress.