

Behavioral Health Administration

Department of Social and Health
Services

Strategic Plan Metrics
2019-2021

Behavioral Health Administration

Success Measure #

Support People In Our Care And Custody

AB3.2	Rate of L&I patient-to-staff assault claims filed at the state psychiatric hospitals	5.1.1
ABX.7	Patient-to-patient aggression incidents resulting in severe patient injury, at the state psychiatric hospitals	5.1.2
ABX3.2	Quarterly rates of seclusion hours at the State Psychiatric Hospitals	5.2.1
ABX4.2	Quarterly rates of restraint hours at the State Psychiatric Hospitals	5.2.2

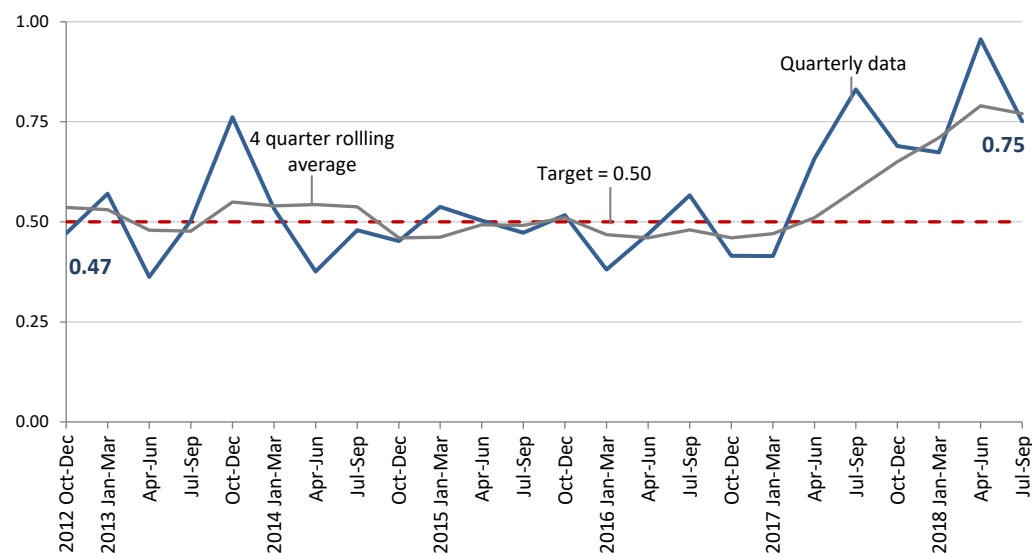
Behavioral Health Administration



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Rate of L&I patient-to-staff assault claims filed at the state psychiatric hospitals

Rate per 1,000 patient days



DATA SOURCE: Monthly Assault Benefit (AB) Report, Enterprise Risk Management Office, DSHS; supplied by Tana Niemann.

MEASURE DEFINITION: L&I assault-related claims filed per 1,000 patient bed days during the reporting quarter, at the state psychiatric hospitals.

DATA NOTES: *Click on link below for detailed data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AB3.2.xlsx>

SUMMARY

- The rate of L&I patient-to-staff assault claims filed decreased to .75 per 1,000 patient days in SFQ 2019/1, above the target of 0.50 for the sixth consecutive quarter.

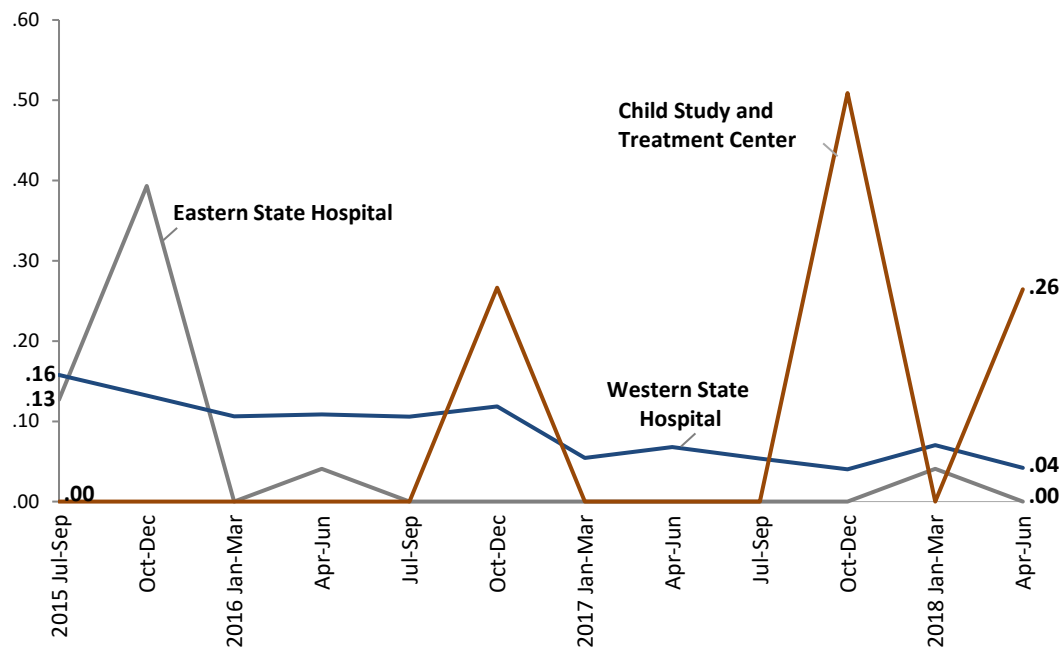
ACTION PLAN

- Continue to implement each hospital's workplace safety plan.
- Expand the use of the Psychiatric Emergency Response Team (PERT) at ESH. Implement a Psychiatric Intensive Care Unit to serve patients from ESH and WSH.
- At WSH, the Violence Reduction Work Group continues to develop interventions aimed at reducing assaults. The Psychiatric Emergency Response Team and the Violence Reduction Team are also involved in these efforts to reduce violence, align resources effectively, and to regularly analyze data.
- Continue training on treatment interventions (e.g., CPI, ACIT) to help patients resolve situations that otherwise might potentially lead to assaults.
- Reinvigorate a Transitional Return to Work (TRTW) program.
- CSTC is implementing a Staff Debriefing Pilot to include seclusions entailing minor issues; incidents involving patient to staff aggression/staff injury/other situations as indicated; and elevate system issues to the Clinical Leadership Meeting. A Workplace Safety Workgroup examines trends in staff injuries. A collaborative problem-solving approach in tandem with motivational interviewing is being explored for adoption. The Aggression Replacement group is run on Ketron, along with DBT groups on Orcas. Add a third day to the crisis behavioral intervention program training, to support de-escalation efforts.
- At ESH, develop and implement best practice nursing de-escalation training; and provide an additional 8 hours of enhanced training to designated clinical staff. Evaluate the geographic configuration of ESH wards and recommend capital improvements to optimize safe care with regard to acuity and census capacity.

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Patient-to-patient aggression incidents resulting in severe patient injury, at the state psychiatric hospitals

Rate per 1,000 patient days



SUMMARY

- Western State Hospital reported 3 patient-to-patient aggression incidents resulting in severe patient injury during SFQ 2018/4, a rate of 0.04 incidents per 1,000 patient days.
- The Child Study and Treatment Center had 1 patient-to-patient aggression incident resulting in severe patient injury in SFQ 2018/4. While such incidents are rare occurrences, these are understood in the context of severe behavioral disorders among the youth admitted to the hospital.
- The incident rate of patient-to-patient aggression resulting in severe patient injury at Eastern State Hospital returned to 0 during SFQ 2018/4.

ACTION PLAN

- ESH recently modified coding to better align the definition of injury severity level 3 with NRI definitions. ESH will continue to conduct environmental proactive risk assessments annually, and conduct monthly environmental safety rounds. Proactive Risk Assessments are completed following a sentinel event. ESH will also continue to implement 15-minute checks in all patient care areas to mitigate patient injuries.
- The WSH Violence Reduction Work Group continues to develop interventions aimed at reducing assaults. The Psychiatric Emergency Response and Violence Reduction Teams are also involved in these efforts to reduce violence, align resources effectively, and to regularly analyze data.
- CSTC implements common protocols across 3 patient cottages related to patient to patient aggression including separating youth, transferring to another unit if plausible, instituting incentives and implementing Aggression Replacement Therapy at Ketron Cottage.

DATA SOURCE: Reports from Eastern State Hospital, Western State Hospital; and the Child Study and Treatment Center; supplied by Yaroslav Trusevich, Julie Klingbeil, and Robin McIlvaine.

MEASURE DEFINITION: Rate of patient-to-patient aggression incidents (reported during the reporting quarter) per 1,000 patient days, at each of the state psychiatric hospitals.

DATA NOTES: 1 Incidents are distinctly tracked for each of the state hospitals, for purposes of calculating rates by facility.
2 An injury occurs when a patient suffers physical harm or damage, excluding the result of a disease process. Severe patient injuries include all patient injuries with a severity level of "3" or higher (3 = medical intervention; 4 = hospitalization; 5 = death).

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.7.xlsx>

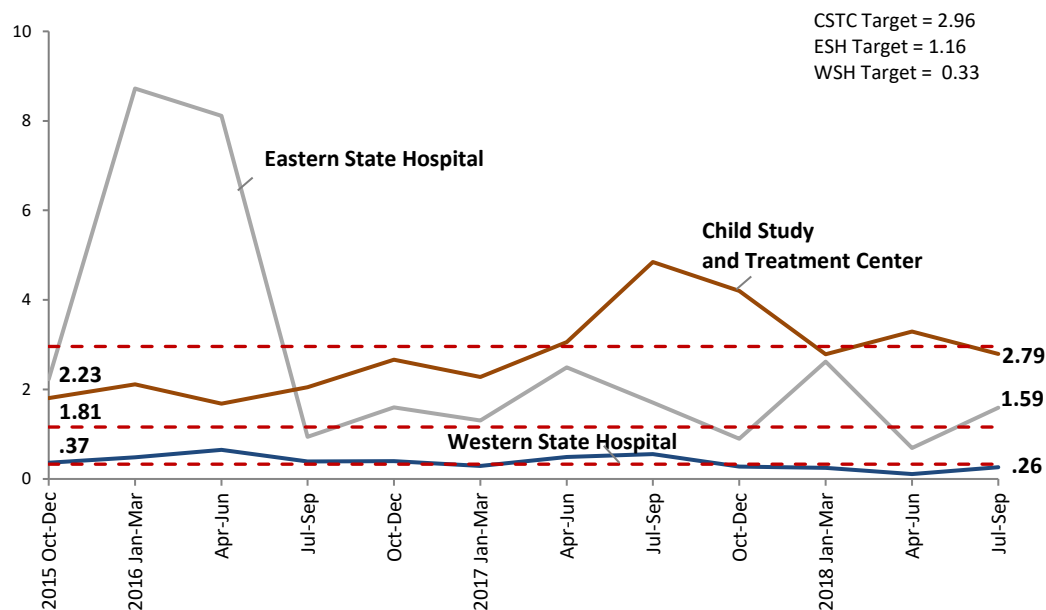
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Quarterly rates of seclusion hours at the State Psychiatric Hospitals

Rate per 1,000 patient hours



DATA SOURCE: Reports from Eastern State Hospital, Western State Hospital, and the Child Study and Treatment Center; supplied by Yaroslav Trusevich, Julie Klingbeil, and Robin McIlvaine.

MEASURE DEFINITION: Seclusion hours accrued (per 1,000 patient hours) during the reporting quarter, at ESH, WSH, and CSTC.

DATA NOTES: Click on link below for detailed data notes.

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX3.2.xlsx>

SUMMARY

• Rates of seclusion across the state hospitals were mixed during SFQ 2019/1: Western State Hospital (WSH) was at 0.26, up from .11 in SFQ 2018/4, but below the 0.33 threshold. The seclusion rate for Eastern State Hospital (ESH) was at 1.59, a marked increase from the previous quarter, and above the 1.16 threshold. The rate at the Child Study and Treatment Center (CSTC) decreased to 2.79, below the 2.96 threshold.

ACTION PLAN

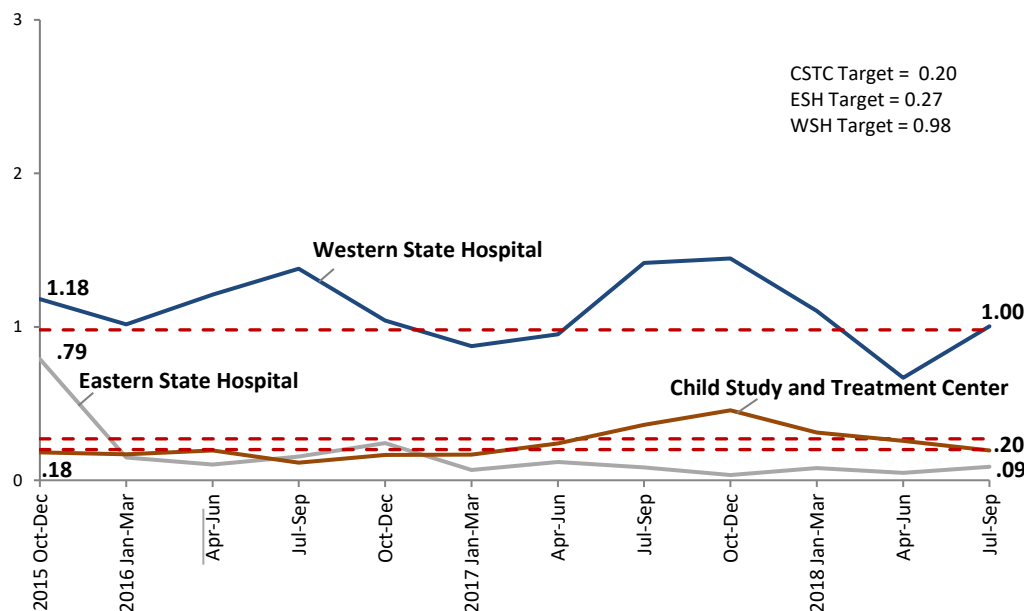
- Continue training in therapeutic options to assist staff in using clinical interventions (e.g., CPI) that reduce the need for seclusion.
- Continue to identify treatment options that are consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Provide Techniques for Effective Aggression Management (TEAM) training at ESH.
- Continue clinical leadership's daily review of patients who have been in restraint during the past 24 hours.
- Continue to review data to determine if patterns exist in using seclusion. Expand, at WSH, the pilot program using the National Association of State Mental Health Program Directors Six Core Strategies. Continue to utilize the WSH Psychiatric Emergency Response Team in response to potential crises to prevent the use of seclusion and/or restraint. Continue to monitor the implementation of, and compliance with the WSH Seclusion and Restraint Policy, which became effective in April 2018.
- Continue to improve communication at CSTC about patient behavior and safety planning. Continue training of CSTC staff and clinical teams in Motivational Interviewing (MI) to improve patient engagement and motivating behavior change. Provide training in "Collaborative and Proactive Solutions Approach with Behaviorally Challenging Children," as part of an ongoing effort to employ clinical interventions at CSTC that reduce the need for seclusion or restraint.

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Quarterly rates of restraint hours at the State Psychiatric Hospitals

Rate per 1,000 patient hours



CSTC Target = 0.20
ESH Target = 0.27
WSH Target = 0.98

DATA SOURCE: Reports from Western State Hospital and Eastern State Hospital; supplied by Julie Klingbeil and Yaroslav Trusevich. Report from Child Study and Treatment Center; supplied by Robin McIlvaine.

MEASURE DEFINITION: Restraint hours accrued (per 1,000 patient hours) during the reporting quarter, at ESH, WSH, and CSTC.

DATA NOTES: *Click on link below for detailed data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX4.2.xlsx>

SUMMARY

• The rates (per 1,000 patient hours) of quarterly restraint hours at the state hospitals were mixed during SFQ 2019/1. The rate at Western State Hospital (WSH) increased to 1.00, above the 0.98 threshold; Eastern State Hospital (ESH) increased to 0.09, below the 0.27 threshold; and the Child Study and Treatment Center (CSTC) decreased to 0.20, meeting the 0.20 threshold.

ACTION PLAN

- Continue training in therapeutic options (e.g., CPI) to assist staff in using clinical interventions that reduce the need for restraint use.
- Continue to identify treatment options that are consistent with the patient's safety plan, developed by the patient and his/her treatment team. Implement a seclusion/restraint audit conducted by the Hospital Quality Manager.
- Provide Techniques for Effective Aggression Management (TEAM) training at ESH.
- Continue clinical leadership's daily review of patients who have been in restraint during the past 24 hours.
- Continue to review data to determine if patterns exist in using restraint. Expand, at WSH, the pilot program using the National Association of State Mental Health Program Directors Six Core Strategies. Continue to utilize the WSH Psychiatric Emergency Response Team in response to potential crises to prevent the use of seclusion and/or restraint. Continue to monitor the implementation of the WSH Seclusion and Restraint Policy, which became effective in April 2018.
- Continue to improve communication at CSTC about patient behavior and safety planning. Continue training of CSTC staff and clinical teams in Motivational Interviewing (MI) to improve patient engagement and motivating behavior change.
- Provide training in "Collaborative and Proactive Solutions Approach with Behaviorally Challenging Children," as part of an ongoing effort to employ clinical interventions at CSTC that reduce the need for seclusion or restraint.