



Report to the Legislature

Workplace Safety in State Hospitals

Chapter 187, Laws of 2005, Section 1

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**Department of Social & Health Services
Health and Recovery Services Administration
Mental Health Division
PO Box 45320
Olympia, WA 98504-5320
(360) 902-8070
Fax: (360) 902-0809**

TABLE OF CONTENTS

BACKGROUND.....	1
OVERVIEW.....	2
WORKPLACE SAFETY: SUMMARY OF IMPROVEMENT ACTIONS.....	3
DATA SUMMARY.....	6
APPENDICES.....	8

APPENDIX A:
Assault Information Per 10,000 Patient Days

APPENDIX B:
Assault Claims Per 10,000 Patient Days by Compensable vs. Non-Compensable

APPENDIX C:
Time Loss Days Due to Assault Per 10,000 Patient Days

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WORKPLACE SAFETY IN STATE HOSPITALS

BACKGROUND

Chapter 72.23 RCW requires each state hospital to develop a plan to reasonably prevent and protect their employees from violence at those hospitals, and directs the Department of Social and Health Services (DSHS) to provide an annual report to the legislature on efforts to reduce violence in the hospitals.

Specific statutory language states:

RCW 72.23.400(1) (4) – Workplace safety plan

- (1) By November 1, 2000, each state hospital shall develop a plan for implementation by January 1, 2001 to reasonably prevent and protect employees from violence at the state hospital. The plan shall be developed with input from the state hospital's safety committee, which includes representation from management, unions, nursing, psychiatry and key function staff as appropriate. The plan shall address security considerations related to the following items:
 - (a) the physical attributes of the state hospital;
 - (b) staffing, including security staffing;
 - (c) personnel policies;
 - (d) first aid and emergency procedures;
 - (e) reporting violent acts, taking appropriate action in response to violent acts, and follow-up procedures after violent acts;
 - (f) Development of criteria for determining and reporting verbal threats;
 - (g) Employee education and training; and
 - (h) Clinical and patient policies and procedures.
- (4) The plan must be evaluated, reviewed and amended as necessary, at least annually.

Chapter 187, Laws of 2005, Section 1 – Annual report to the Legislature.

By September 1st 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 state hospitals.

This report includes activities related to all three state psychiatric hospitals:

Western State Hospital: located in Lakewood, Washington, has a current capacity of 1,017 beds, including the Program for Adaptive Living Skills. This is 30 below its funded capacity of 1,047, due to staffing shortages. The hospital has a funded level of 2,085 FTEs and is currently operating at 2,035.

Eastern State Hospital: located in Medical Lake, Washington, has a capacity of 317 beds. The hospital has a funded level of 741 FTEs and is currently operating at 686.

Child Study and Treatment Center: located on the grounds of Western State Hospital in Lakewood, has a capacity of 47 beds. The hospital has a funded level of 142 FTEs and is currently operating at that amount.

Initial workplace safety plans from the three state hospitals were submitted to the legislature in November 2000 and have been evaluated, revised and updated at least annually. These plans provide a safety assessment, detailed security activities undertaken, and identify further plans of action. These plans are available upon request.

OVERVIEW

Creating a safe working environment in state hospitals remains a top priority for the Governor's office, the Department of Social and Health Services (DSHS), the Health and Recovery Services Administration (HRSA), the Mental Health Division (MHD), the Department of Labor and Industries (L&I), leadership of all three state hospitals, Western State Hospital (WSH), Eastern State Hospital (ESH) and Child Study & Treatment Center (CSTC), and local labor unions.

During 2006 and 2007 enhanced attention to the issue of creating a safer working environment was invested in through:

1. Workplace Safety and Health Consultation and follow-up review by the Washington State Department of Labor and Industries;
2. External quality assurance review and recommendations by a nationally recognized psychiatrist;
3. DSHS study of Leave Usage at Mental Health Division Hospitals; and
4. DSHS Safety & Risk Officer prioritizing a safe work environment.

Implementing a Continuous Quality Improvement Plan is a top priority for DSHS leadership and includes implementation of a strategic plan to improve risk management outcomes related to state hospitals. Strategies are being implemented to improve patient care, quality management, data management and workplace safety, as well as increased individualized treatment planning, active psychosocial rehabilitation treatment and training, monitoring and adequate staffing. Under the leadership of the Mental Health Division, each hospital is adopting strategies to improve care and services, and ultimately safety, as part of their individual Continuous Quality Improvement Plans.

DSHS is committed to improving state hospital worker safety and is aware that this will require solving several complex and challenging problems, including maintaining efficient census levels and ensuring the appropriate clinical mix of patients with complex diagnostic presentations on a limited number of hospital units. Another challenging and important issue related to workplace safety is the response capabilities from local law enforcement when patients commit felony level acts of violence. State hospital executive

management staff is actively engaged in discussions with local law enforcement officials, and some significant progress has recently been made.

DSHS appreciates the support of the Washington State Legislature in approving additional safety related funding for the 2007-2009 biennium. Funds granted will be utilized as follows:

- Western State Hospital:
 - Re-instituting a Return-to-Work Program including the addition of seventeen new staff.
 - Adding 12 new food service aids to provide additional staffing support during meal times for several wards.
 - Installation of a personal alarm system in the Center for Older Adult Services. This will provide further implementation of the personal alarm system that had already been installed in the Center for Forensic Services and the Center for Adult Services.
 - Re-instituting a new and improved version of the Behavior Management Intervention Team – which is now known as the SAFE (Safe Alternatives For Everyone) Team. This team provides ward level training and mentoring.
 - Funding increases for salaries, which are expected to assist in recruitment for filling vacant positions, thereby providing some relief to staffing shortages.
 - Establishing a partnership with the Lakewood Police Department, in which the LPD will provide training and consultation to WSH security staff in handling of crime scenes, crime prevention, and notification of police department. A Steering committee is to be formed with members from WSH, Prosecuting office, police department.
 - Funding increases for salaries, which are expected to assist in recruitment for filling vacant positions, thereby providing some relief to staffing shortages.

- Eastern State Hospital
 - Improvements in exterior lighting of parking lots and buildings to provide additional safety.
 - Door key management systems have been redesigned with an improved tracking system and accountability.
 - Funding increases for salaries, which are expected to assist in recruitment for filling vacant positions, thereby providing some relief to staffing shortages.

- Child Study & Treatment Center:
 - Adding a Safety Officer position.

In addition, as a result of WSH implementing a "No-Lift" policy in December 2006 – a year before it was required - WSH received \$100,000.00 for an independent review and enough L&I cost savings to purchase additional lifting equipment.

Success in the arena of worker safety is not only good for our workers but indicative that we are more successful in our efforts to facilitate recovery for our patients. Staff and

patient injuries can lead to vicarious or mutual trauma for both individuals. The impact of vicarious trauma is felt at multiple levels throughout the organization, as well as affects personal, professional and organizational health and well-being. Patient assaults of staff impede consumer recovery, community placement and options for individuals once ready for discharge.

DSHS continues to work closely with employees, unions, other key governmental agencies, such as Labor & Industries, as well as other stakeholders to find long term solutions to these complex and difficult workplace safety issues.



The following section of this report describes ongoing safety improvement efforts at the state hospitals and includes data with safety related information covering the years 2000 through March 2007. The data shows that although some progress has been made, a great amount of work is still required to meet DSHS goals. All three hospitals share the goal of improved workplace safety and continue to be engaged in safety related continuous quality improvement plans.

WORKPLACE SAFETY: SUMMARY OF IMPROVEMENT EFFORTS

The following information summarizes efforts to continually improve workplace safety in the three state hospitals:

- In 2006, the Mental Health Division began a newly energized effort to address workplace safety. A consultation initiated by the Director of the Mental Health Division and completed the 4th quarter of 2006, revealed significant issues relating to workplace safety, including staff vacancies, staff morale and other under staffing problems. A comprehensive continuous quality improvement plan has been implemented and will continue to be monitored closely by DSHS, HRSA, and MHD management.
- Beginning the 1st quarter of 2007, and continuing through the remainder of 2007, The Mental Health Division is facilitating meetings with each of the three hospitals to review current staffing ratios and will continue to meet to compare current staffing patterns with nationally recognized standards. A gap analysis will be conducted, and an action plan developed in upcoming meetings.
- Physical security and safety assessments continue to be conducted on an ongoing basis at all three hospitals and recommendations from these assessments are included in each hospital's safety plan and are reviewed during regularly held meetings.
- Safety Committees are in place at each of the hospitals, and include representation from line staff, management and organized labor. These committees continue to monitor the progress of workplace safety and make recommendations for improvements and actions. Each state hospital Governing Body reviews safety and

claims data quarterly. Western State Hospital's Safety Committee has been reconfigured to provide additional involvement of ward-level and support personnel. The first meeting of the re-designed Safety Committee met in June 2007, and will be held monthly on an on-going basis.

- Behavioral management and violence prevention training is mandatory for all staff prior to ward based assignment at each of the three hospitals. Training includes the elements addressed in statute [RCW 72.23.400 (1)] and is aimed at preventing incidents of violence and reducing on the job injuries. ESH, WSH and CSTC are all participating in the Non-Violence Initiative, a nation-wide initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) aimed at reducing violence and the need for seclusion and/or restraint. As a result of this initiative, the hospitals are implementing nationally recognized strategies for reducing and eliminating the need for the use of seclusion and restraint. Since its initiation in 2004, wards have been aesthetically enhanced, patient safety plans, trauma informed care and debriefing techniques have been developed and implemented, and staff have received additional training and resources for de-escalating potentially violent situations.
- ESH, WSH and CSTC now measure time-loss data using the same methodology thus permitting direct comparison of improvement activity outcomes.

In addition to the above, the following information summarizes efforts to continually improve workplace safety at each of the three hospitals.

WESTERN STATE HOSPITAL FOCUS ON QUALITY IMPROVEMENT

Following a review of workplace injury data in Governor Gregoire's Government Management Accountability and Performance (GMAP) program, the governor initiated a Department of Labor and Industries (L&I) comprehensive workplace safety consultation at Western State Hospital, which was completed October 2006. This consultation, along with other operational reviews initiated by the DSHS, HRSA, MHD and WSH, have formed the basis of Western State Hospital's Workplace Safety plan, and the Hospital Improvement Plan. Together, these make up WSH's Continuous Quality Improvement Plan.

Western State Hospital's expanded Workplace Safety Plan includes the recommendations of various safety assessments and recommendations conducted by both internal and external entities since 1993. The plan identifies resources needed for implementation, as well as detailed action plans and target dates to implement, and the persons responsible for implementation. The format has recently been used as a model for other institutions within DSHS to track recommendations and implementation. The Workplace Safety Plan currently consists of 194 recommendations, in ten subject categories detailed below, in various stages of implementation.

A Workplace Safety Steering Committee was created in December 2006 to oversee the comprehensive Workplace Safety Plan, and its implementation. The Steering Committee includes Western State Hospital's CEO, the Assistant Director of the Mental Health Division, three local Union presidents, the DSHS Chief Risk Officer, the L&I Workplace Safety Consultant, and WSH executive managers. The committee meets regularly to review and comment on the progress made in implementing the Workplace Safety Plan.

The CEO at Western State Hospital has made Workplace Safety Plan updates and actions standing agenda items for Executive Management meetings and mandatory all-supervisory meetings held for each shift. The CEO also solicits input and recommendations from staff during monthly ward rounds on all shifts, and all-staff meetings. Safety is now a regular agenda item for discussion at weekly patient advisory council meetings, and input from the patients relating to safety is provided to the Safety Steering Committee.

In addition to the Workplace Safety Plan, WSH has adopted a Hospital Improvement Plan that leads the hospital's efforts to improve patient treatment and to move the hospital towards achieving excellence in service delivery. The Hospital Improvement plan works in partnership with the Workplace Safety Plan.

WSH is now participating in a world-wide Medication Alliance initiative to employ methods to increase patient partnership and voluntary compliance with prescribed medication. Recognized leaders from Australia will be at WSH to conduct training in the summer of 2007.

Efforts are underway to identify and improve the utilization of data to identify and respond to trends, provide focused education, and to monitor the effectiveness of the Workplace Safety Plan in ensuring a safer work environment. The Workplace Safety Steering Committee, as well as the WSH Safety Committee, are reviewing available data, and will continue to monitor how the efforts being employed are impacting the numbers of staff reported injuries as trend lines are established.

WSH 2006 - 2007 ACCOMPLISHMENTS TO DATE

STAFFING:

- The nursing and rehabilitation departments are piloting alternative work schedules to increase coverage of weekends, evenings and otherwise high-risk times.
- The nursing department is working with the Computer Services department to develop a database to track the occurrence of pulling staff from one ward to another.
- Twelve (12) Food Service Aids were funded in the 2007-2009 biennium budget.

RECRUITMENT AND RETENTION

- Vacant positions have been identified and prioritized related to safety issues for filling.
- Salary increases effective 7/07 are expected to alleviate some recruitment problems.
- WSH continues to work with HRD to iron out difficulties associated with the new e-recruiting system.

STAFF SUPPORT

- The Critical Incident Stress Management Peer Support Team is expanding to provide increased support to employees experiencing on the job injuries due to assault. Training was offered in May and June.
- All employees injured on the job, and who miss work as a result of the injury, are being called by their immediate supervisor for support.
- Employee recognition is held throughout the hospital in a variety of ways, including: “Going the Extra Mile” Awards, “Non-Violence Champions” Awards, Outstanding Employee awards, and Safe Team Awards to recognize and reinforce safe actions, among other behaviors.

MANAGEMENT-STAFF COMMUNICATION

- The CEO is now holding all-staff meetings and mandatory all-supervisor meetings for all three shifts. Topics include safety plan updates, and requests for staff input.
- The CEO is publishing a weekly all-staff bulletin to increase communication.
- The CEO monthly ward rounds on all three shifts.
- A leadership retreat was conducted in April to review and make recommendations regarding the organizational structure.
- Clarification has been provided via email regarding the roles of the Ward Program Manager and Psychiatrist in treatment planning.
- WSH has achieved 100% completion of staff performance evaluations.
- A Support the Safety Hotline has been implemented for staff/patients to call with safety recommendations/concerns.

TRAINING

- WSH participates in cross-agency conferences to clarify and improve the accident communication and investigation process. As a result of these meetings, the 3-133 forms have been revised to include step-by-step instructions and to include an employee representative signature.

PATIENT CARE

- Critical Incident Stress Management Training was provided May and June 2007.
- A SAFE (Safe Alternatives for Everyone) team has been developed and implemented, which consists of employees throughout the hospital who will mentor and train other employees in effective treatment methods, including using restrictive techniques in a safe manner. Emphasis is on de-escalation of patient behaviors. Seventy (70) members have been identified thus far, with the goal of 1 employee per ward per shift
- WSH is participating in the Non-Violence Initiative
- Treatment and Recovery Malls are in operation in the forensic unit. A treatment and recovery mall has now opened in the south building of the Adult Psychiatric Unit and offers 50 course offerings for patients. The Central Mall is slated to open in June. Improvements are being made to the Center of Older Adult Services Mall.
- Recovery Model education is provided monthly through the Non-Violence Initiative.
- Trauma Recovery Group training has been offered, and Trauma Recovery Groups are now offered to patients through the Treatment and Recovery Mall.

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- Safety Plans are being developed and implemented for individual patients, and debriefings occurring.
 - Physician Evaluation of Treatment policy and procedure has been developed and implemented.

PATIENT MIX/PATIENT MOVEMENT

- The Medical Director chairs the patient transfer committee
- Some patients are now being charged with crimes, when appropriate, if they engage in misdemeanor or felony level crimes while hospitalized at WSH.

ENVIRONMENT OF CARE

- WSH has contracted with the Department of Corrections to repair/refurbish/replace existing furniture as needed.
- Cell phones are being used by ward staff when transporting patients or working with patients off wards.

SAFETY COMMITTEE

- The Safety Committee is being reconfigured. Subcommittees will be implemented with ward and area representatives from all areas throughout the hospital and all shifts. This will increase involvement and communication throughout the organization.

SAFETY AND CLAIMS MANAGEMENT

- Seventeen (17) new positions have been funded by the 2007-2009 biennium to implement a Return to Work Program (RTW). Currently, 109 persons who are out on leave due to on the job injuries. A method of prioritizing who will be offered RTW options will need to be developed as the Return to Work Program is implemented in 2007.
- Risk Master Database has been implemented and data is being entered to enable better reporting, tracking and trending of claims data. Information is now being presented to the Safety Committee and Steering Committee.
- The Safety Manager and Organizational Performance Director are now conducting ward rounds to increase communication. Safety Bulletin Boards are being provided in each ward break room area.

ESH 2006 - 2007 ACCOMPLISHMENTS TO DATE

- ESH continues to work with seclusion/restraint reduction under the SAMHSA initiative.
 - Staff training proceeds at a slower pace than planned due to staff shortages. This is particularly evident in the delayed introduction of Trauma Informed Care.
 - Hospital leadership reviews Seclusion and Restraint events directly with involved staff. This follow-up activity, which enhances understanding of the care environment, now occurs on all shifts, 7 days per week.
 - Comfort rooms are now in place on all units.

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- Staff skill levels in the use of alternative interventions have improved.

Security cameras are scheduled to be installed to the exterior of buildings in high-risk areas June 18, 2007.

- Improvements in exterior lighting of parking lots and buildings are planned for installation in the spring of 2008.
- An inventory of all campus doors and locks is nearing completion. Key management systems have been redesigned with an improved tracking system and accountability. A database will be in place by the end of 2007.
- Funding has been approved to replace the existing nurse call system in the Geriatric Psychiatric Unit. This aging system is still operational and a testing schedule has been developed as an interim measure to ensure ongoing functionality.
- Portable radio management was assigned to Security in 2006. This has resulted in a marked improvement in the reliability of the radios used.

CSTC 2006 - 2007 ACCOMPLISHMENTS TO DATE

- The new Chief Executive Officer has identified Workplace Safety as a top priority and has demonstrated the center's commitment through increased Executive Leadership presence and holding everyone at the center accountable to procedures developed to enhance safety.
 - Hospital rounds occur weekly with executive leadership to increase communication at all levels, identify and respond to concerns of staff and demonstrate the importance of everyone being accountable to safety.
 - Executive leadership participates in debriefing of incidents where a patient either presented as a risk to safety or actually engaged in unsafe behavior.
 - Safety committee reviews all incidents of staff injury and receives reports on safety on all patients care areas.
 - The CEO personally phones each employee off work due to an injury to provide support and an opportunity for the staff person to share any important information.
- CSTC continues implementation of Center-wide Positive Behavioral Support, an evidenced based intervention aimed to enhance a positive social culture that supports safety and responsibility.
 - Identified four Center-wide Behavioral Expectations that provide consistency for patients, a platform for patient education and skills training in the areas of Safety, Responsibility, Respect and Commitment.
 - Increased consistency in the development of Individual Behavior Support Plans for patients that presenting with and increased risk to the safety of themselves or others.

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- CSTC continues to work on the State-wide initiative to decrease the use of seclusion and restraint at state hospitals.
 - CSTC has integrating the use of comfort rooms and comfort items to decrease incidents of patient physical altercations.
 - Continued improvement of debriefing processes that analyze incidents and ensures information is used to enhance patient care plans and decrease incidents of violence.
 - Improved used of data within the quality management structure to monitor effective and ineffective initiatives to improve care and safety of the hospital.
 - CSTC has reviewed the use of communication tools employed to improve workplace safety
 - Mandating that all direct care staff have hand-held radios with them at all times.
 - Improved processes related to the assignment of radios and monitoring of utilization of radios to increased accountability to safety practices.

WORKPLACE SAFETY: DATA SUMMARY

Staff reported assault information (See Appendix A for Data Tables)

At **WSH**, the early 2007 data indicates a continued upward trend in reported assaults on staff. Assaults increased from 2000 through 2002 remained steady from 2002 through 2004, decreased in 2005, and increased in 2006 and 2007. DSHS believes that most if not all of the increase is due to increased emphasis by Management & Labor at WSH to have staff report all injuries.

It should be noted, however, that while reported assaults (employee generated reports of incidents indicating assault was involved) are up at WSH, assault claims (those approved by L&I as qualifying for benefits) have remained steady since 2003. In other words, assault injuries that required medical treatment have not increased in recent years.

Specific injury data continues to be analyzed to identify injury cause, type, body part injured and when and where injury occurred. The data is provided to management and safety committee to review and to assist with making recommendations/improvements for a more pro-active, comprehensive safety prevention program.

At **ESH**, patient-to-staff assault rates have decreased 13% over the three years of the SAMHSA seclusion-restraint reduction grant.

CSTC data shows an increasing trend in the number of reported assaults on staff since 2004. While the number of reported assaults has increased, the increase in the number of reported assaults that turned into an L&I claim is less significant.

Ratio of compensable and non-compensable claims (See Appendix B for Data Tables)

Measuring the ratio between compensable and non-compensable claims is important as more non-compensable claims is an indicator of injured employees returning to work and results in lower industrial insurance premiums. The most direct way to increase non-compensable claims is by having effective Return-to-Work (RTW) and Claims Management Programs. However, safety promotion efforts by an organization can also decrease compensable claims as less serious injuries allow employees to return to work more quickly.

At **WSH**, early 2007 data indicates the ratio between the compensable and non-compensable claims is greatly improved (44% vs. 56%) and in fact, is the best it has ever been. Considering that the RTW program has not been re-instated at WSH yet, it appears that this favorable ratio is due to increased efforts by WSH this past year with regard to preventing assaults. This statement should be noted with caution as three months of data is not enough to determine if this trend will continue. When the RTW Program is implemented at WSH in July 2007, the number of non-compensable claims should continue to be higher than compensable claims.

At **ESH**, the ratio of compensable to non-compensable claims in 2006 reversed the 2005 balance of 33% vs. 66% to 60% vs. 40% in 2006. It should be noted, however that the claims filed rate in 2006 was down 33% from 2005. Early 2007 data shows a continued increase in the ratio of compensable to non-compensable claims.

At **CSTC**, the ratio of compensable to non-compensable claims in 2006 was less than 50%, a consistently maintained ratio.

Time Loss Days due to assault (See Appendix C for Data Tables)

Time loss days are directly related to compensable and non-compensable claims in that a compensable claim leads to time loss.

At **WSH** early 2007 data indicates that the time loss days have decreased. Time loss days have steadily risen at WSH since 2000 with the exception of 2005 when a RTW program was in place, and now again in 2007 without a RTW program in place. The recent decrease may be due to increased efforts by WSH this past year with regard to preventing assaults. We'll see if this trend continues throughout the year. When the RTW program is implemented at WSH in July 2007, the number of time loss days should continue to decrease.

ESH time loss days' rate for 2006 was down from 2005 by 36%. It should be noted, however, that the process used for extracting this data was modified in 2006 to ensure that all hospitals are using the same metric. ESH continues to manage a robust RTW program for employees. Early data for 2007 indicates a slight increase in the rate.

CSTC had a significant increase in the number of time loss days due to assault in 2006. Two employees (one injured in 2001 and one injured in 2005) were both out for the entire calendar year. Time loss days associated with these two employees made up 88% of the total time loss days for CSTC in 2006. During the first quarter of 2007, one of the two employees returned to work and the other individual was left on disability separation.

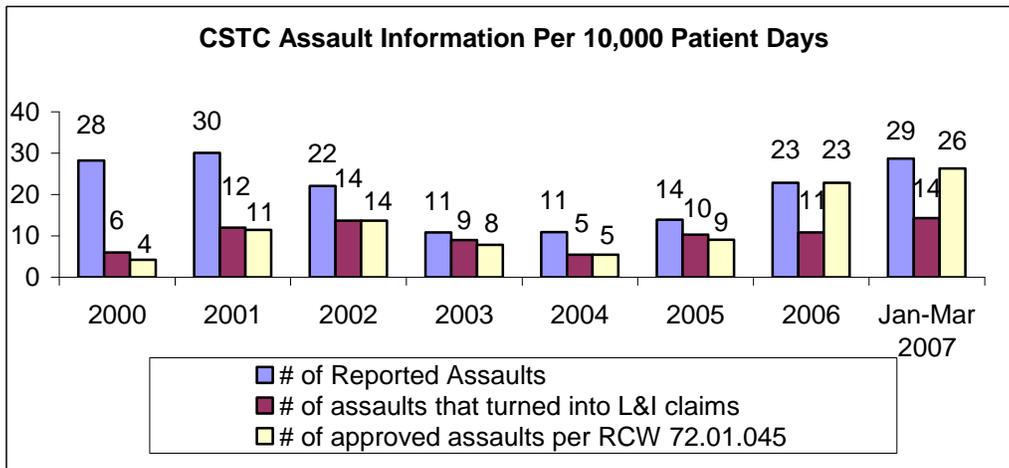
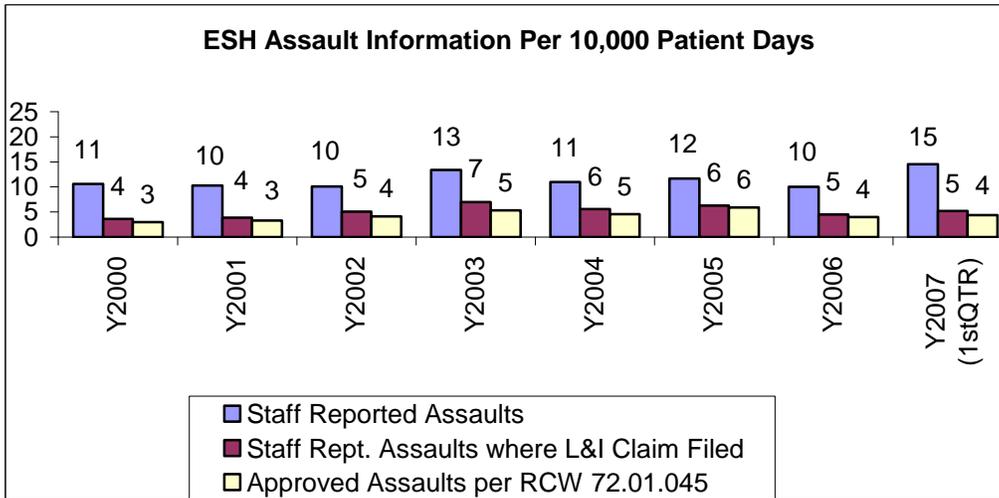
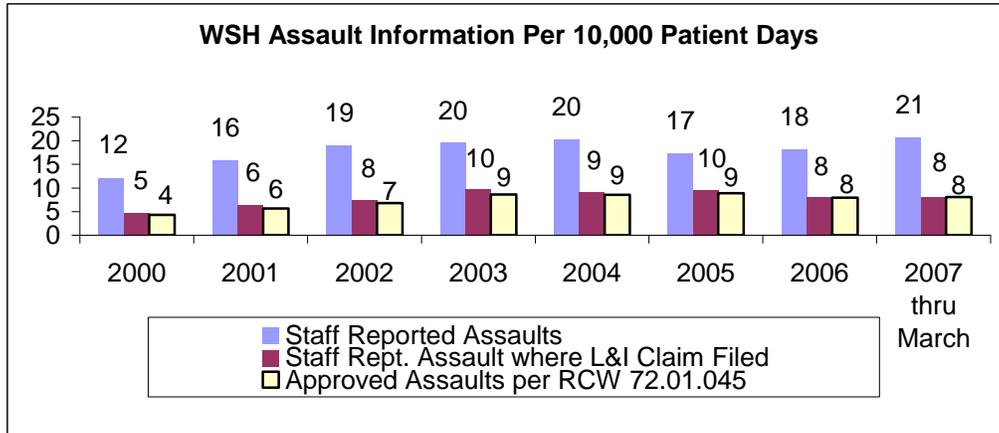
APPENDICES

APPENDIX A:
Assault Information per 10,000 Patient Days

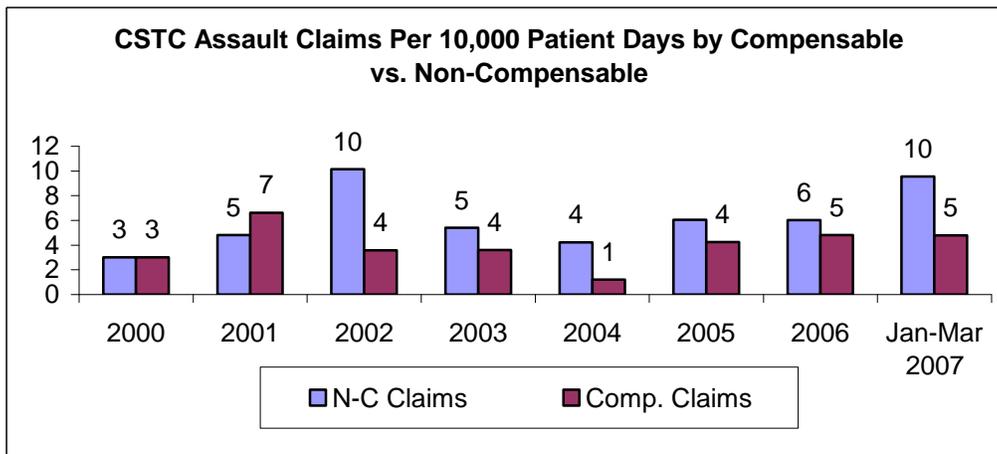
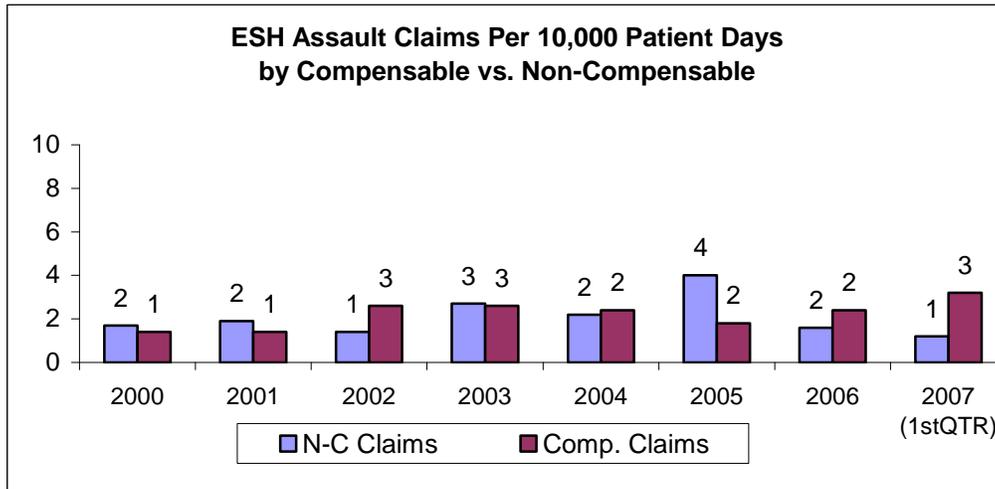
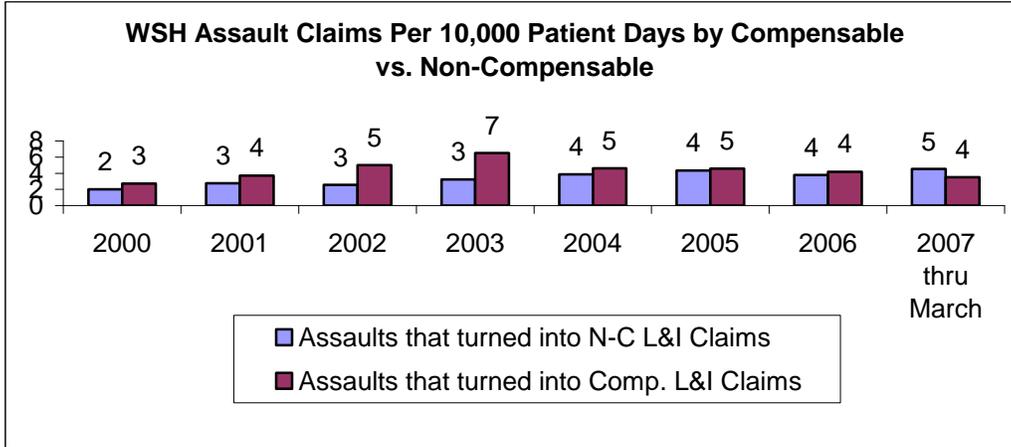
APPENDIX B:
Assault Claims Per 10,000 Patient Days by Compensable vs. Non-Compensable

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Time loss Days Due to Assault per 10,000 Patient Days

**APPENDIX A:
Assault Information Per 10,000 Patient Days**



**APPENDIX B:
Assault Claims Per 10,000 Patient Days by Compensable vs. Non-Compensable**



**APPENDIX C:
Time loss Days Due to Assault Per 10,000 Patient Days**

