



## **Report to the Legislature**

# **Workplace Safety in State Hospitals**

Chapter 187, Laws of 2005, Section 1

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**REPORT TO THE LEGISLATURE  
WORKPLACE SAFETY IN STATE HOSPITALS**

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## 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 1<sup>st</sup> 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 as follows:

Western State Hospital: located in Lakewood Washington, and has a capacity of 1,017 beds, including the Program for Adaptive Living Skills;

Eastern State Hospital: located in Medical Lake Washington, and has a capacity of 317 beds;

Child Study and Treatment Center: located on the grounds of Western State Hospital in Lakewood and has a capacity of 47 beds.

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 also identify further plans of action. These plans are available for your review upon request.

## **OVERVIEW**

Creating a safe work environment in state hospitals is 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), state hospital managers and local unions.

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. This consultation, along with other operational reviews initiated by the DSHS, HRSA and MHD formed the basis of a continuous quality improvement plan that is currently under development for Western State Hospital. This plan of improvement is a top priority for DSHS leadership and includes implementation of a strategic plan to improve risk management outcomes related to the hospitals as part of the highly focused continuous quality improvement plan. Over the next two to three years strategies will be implemented to improve patient care, quality management, data management, and workplace safety. This Continuous Quality Improvement (CQI) plan includes increased individualized treatment planning, active psychosocial rehabilitation treatment and training, monitoring and adequate staffing.

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 continued progress is needed.

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 year 2000 through May, 2006. The data shows there is a great amount of progress that must be accomplished. All three hospitals share the goal of improved workplace safety and all three hospitals will be engaged in the continuous quality improvement plan.

## **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 concerted effort to address workplace safety. One of the areas examined was employee leave and overtime usage at the state hospitals. A consultation initiated by the Director, Mental Health Division revealed significant issues related to workplace safety including staff vacancies, staff morale and other understaffing problems. A comprehensive continuous quality improvement plan as mentioned above is in process and will be monitored closely by DSHS, HRSA and MHD management.
- Physical security and safety assessments are conducted on an ongoing basis at the three state psychiatric hospitals and recommendations from these assessments are included in each hospital's safety plan update and are reviewed during quarterly meetings.
- Safety Committees that include line staff and executive management staff of each state hospital monitors the progress of work place safety plans. Each state hospital governing body reviews and reports quarterly on safety and claims data.
- Behavioral management and violence prevention training for staff is mandated prior to a ward-based assignment in all three hospitals. Training includes the elements addressed in RCW 72.23.400(1). The goal of the training is to prevent incidents of violence and reduce injuries to employees. WSH is in process of reactivating the Behavioral Management Intervention Training program which has been used successfully in the past to improve staff safety outcomes.
- As part of the overall strategy for workplace safety improvement, the state hospitals work continuously to reduce seclusion and restraint of individuals entrusted in their care. In 2004 Washington State received funding from Substance Abuse and Mental Health Services Administration (SAMHSA) to improve state hospital efforts to reduce seclusion and restraint. Each state hospital was required to develop an advisory board consisting of front line staff, medical staff, administrative leadership and consumers. Each hospital was also required to implement nationally recognized strategies for reducing and eliminating the use of seclusion and restraint.
  - ❖ Western State Hospital's accomplishments include:
    - Significant revisions to the mission, vision and values statements so as to reflect an increased emphasis on mental health consumer hope and recovery with a primary focus on prevention of aggression rather than aggression management.

- Increased use of workplace safety data to demonstrate trends, patterns and monitoring of practices at Western State Hospital. Patient and staff injury rates and seclusion/restraint trends are carefully reviewed to determine possible correlates of violence. Data is discussed at ward staff meetings and is presented as part of monthly performance indicators meeting.
  - Development of a Champion Award program where staff and patients who make special efforts to promote non-violence are recognized in monthly award ceremonies.
  - Staff receives special training on effective violence prevention techniques that can be used in the treatment and management of acute clients on the forensic unit.
  - Comfort rooms have been and continue to be developed on certain wards to allow patients to voluntarily use to “de-stress”.
  - All new Western State Hospital employees receive training in de-escalation techniques and skills and de-emphasizing the use of seclusion/restraint as a safety intervention. Selected staff and consumers receive training based upon the recovery model of care, emphasizing therapeutic interventions which focus on promoting personal choice, and hope.
  - Re-emphasis on developing a culture of safety through reinvestment in behavior management training and the role of the safety committee.
- ❖ Eastern State Hospital continues its work on seclusion/restraint reduction under the Substance Abuse and Mental Health Services Administration grant initiative. Their activities include:
- Recognition awards are presented to individual staff members and treatment teams for successful efforts in managing assaultive patients without the use of coercive measures and without injury to staff or patient.
  - Executive staff members individually interview staff involved in selected seclusion/restraint episodes after the event to help develop strategies for violence reduction.
  - Comfort rooms are being developed for each ward/unit.
  - Trauma informed care is a major focus of training as it offers significant advances in developing coercion-free milieu.
- ❖ Child Study and Treatment Center continues to work on an initiative to reduce seclusion and restraint and have implemented the following activities and initiatives:
- Introduced Positive Behavior Support concepts center-wide to support a positive social culture that is proven to minimize the use of seclusion and restraint.
  - Identified four behavioral expectations across the center and are teaching patients how to successfully achieve these expectations.
  - Developed a process for analyzing data on seclusion, restraint, patient injury and staff injury in more venues to improve practice.
  - Integrated the use of Comfort Rooms to decrease incidents of physical altercations with patients.

- Updated seclusion and restraint policies to outline a positive behavior support philosophy of use.
  - Implemented a new process for debriefing that provides feedback to the Patient Safety Plans.
- All three hospitals have decreased unstructured time and increased active treatment for patients. For example, therapeutic skill-building groups as well as leisure activity programs have been increased to include weekend and evening shifts. This focus on increased structure and supervision has greatly contributed to the decrease in use of seclusion interventions in the adult hospitals.
  - ❖ At Western State Hospital a Treatment Coordinator for the Center for Adult Services (CAS) was hired and a new CAS active treatment program was implemented, based on the Recovery model. Patient satisfaction and improvement efforts in the reduction of violent incidents will be tracked.
- Injury/illness and claims data are reviewed in each of the three state hospitals. This includes the number of injury/illness reports filed each month, the number of assaults filed, and the ratio of compensable/non-compensable claims. At Western State Hospital, data is reviewed by the Safety Committee, Environment of Care Committee and Executive Management Team members. Child Study and Treatment Center's data is reviewed by the Safety Committee and at the Quarterly Quality Improvement Meeting attended by Executive Management Team and clinical leadership. At Eastern State Hospital, data is reviewed by the Safety Committee and the Executive Management Team. The hospitals monitor the data for trends that are used to guide decision-making.
- All hospitals have obtained communication and/or violence prevention equipment such as personal alarm devices, radios, padded shields, and paging devices.
  - ❖ Western State Hospital is currently developing a monitoring plan to ensure that these devices are in good operational working order.
  - ❖ At Eastern State Hospital, patients are escorted to dining areas during meal times by staff that is equipped with portable radios for communication.
  - ❖ At Western State Hospital the Personal Alarm System installation was completed in the Center for Adult Services in 2005. As of May 2006, all CAS ward staff has received pendants and training. In addition to ward staff, those who regularly visit CAS units and reside in Building 18 have pendants. This staff includes RN3s, physicians, psychologists, rehab staff, social workers, RN4s, MHT5s and medical nurse consultants. Several non direct care staff in Building 18 also has pendants. Clover Park teachers, compliance staff and other staff that visit CAS units on a regular basis are scheduled to soon receive pendants.
  - ❖ Child Study and Treatment Center reviewed use of available communication tools in an effort to improve workplace safety. CSTC management reinforced the expectation that all direct care staff have hand-held radio with them at all times and all radios

were inventoried to insure that old models were replaced with new models that are all compatible

- The Eastern State Hospital partnership with Spokane County Domestic Violence Consortium continues to assist in reducing on-campus assaults. Staff reports to supervisors related to domestic violence have increased and successful safety measures have been implemented.
- Western State Hospitals Staff Development Department is providing three classes designed to reduce the incidence of violence. Following are brief descriptions of each of those classes.
  - **Safety Plan** - Working with the patient, staff members can devise Safety Plans as needed. Part of the Safety Plan is a Personal Safety Tool, which is a patient's own plan for handling stress. Another part is a document developed with the patient that describes what can be done to help the patient stay in control under stress. The class discusses how to develop these plans and how to use them to prevent violent episodes.
  - **Trauma Informed Care** - The great majority of Western State Hospital patients have experienced trauma in their lives. Because of this, their views of the world, including the care they receive at the hospital, may be shaped by these experiences. This training informs staff members of the effects of trauma, and how understanding an individual's trauma background can be used to reduce the incidence of violence on the ward.
  - **Debriefing** - This class teaches staff how to do a root cause analysis of the incident with the goal of improving the system of care to reduce the frequency of these events. Staff is then able to use this information to plan preventative measures for avoidance of future episodes of violence.

## **DATA SUMMARY**

### **Staff Reported Assault Information:**

Early 2006 data indicates a slight upward trend in staff reported assaults at WSH and ESH, contrasted by downward trend at CSTC.

At WSH, reported assaults increased from 2000 through 2002, remained steady from 2002 through 2004 and decreased in 2005. Early 2006 data indicates a slight increase in reported assaults at WSH, which corresponds directly to an influx of highly acute patients following the closure of Puget Sound Behavioral Health Hospital. This increase is projected to level off and continue its downward trend as targeted training, monitoring and support is emphasized.

At ESH, reported assaults remained steady from 2000 through 2005 with the exception of a moderate increase in 2003. Early 2006 data indicates a slight increase in reported assaults. This increase was reviewed and found to be primarily the result of a few patients on the Gero-

psychiatric unit. It is expected that assaults will decrease following the implementation of patient care strategies which focus on assault prevention.

At CSTC, assaults were steady from 2000 through 2001, showed a significant downward trend from 2001 through 2003 and then held steady in 2004. In 2005, there was a slight upward trend, and early data from 2006 indicates a decrease to pre-2005 levels. Consistent use of proactive treatment strategies, teaching skills to children and youth to assist them to manage emotional dysregulation and structuring the environment have all contributed to a safer treatment milieu.

Specific injury data continues to be analyzed by all three facilities to identify injury cause, injury type, body part injured and when and where injury occurred. The data is provided to management and the Safety Committee of each hospital for review and to assist with making recommendations/improvements for a more pro-active, comprehensive safety prevention program.

### **Ratio of compensable and non compensable claims:**

Measuring the ratio between compensable and non-compensable claims is an important measure point as more non-compensable claims result in lower industrial insurance premiums and is an indicator of injured employees returning to work. It is typical that non-compensable claims should account for at least 50% of the claims. The most direct way to increase non-compensable claims is by having effective Return-to-Work (RTW) and Claims Management Programs.

At WSH, the ratio between the compensable and non-compensable claims was improved to 50/50 in 2005 as compared to the 66/33 ratio in 2001 through 2004. The WSH RTW Program was instrumental in increasing the percentage of non-compensable claims in 2005. Due to limitations placed on the RTW program beginning late 2005, this trend is reverting to an increased number of compensable claims. DSHS, HRSA and MHD are working to remove barriers to reinstitute the RTW program.

At ESH, the ratio between the compensable and non-compensable claims was improved from 50/50 in 2000 through 2004 to 33/66 in 2005. Early 2006 data indicates that this trend is reverting back to a 50/50 ratio in 2006.

At CSTC, the ratio between the compensable and non-compensable claims has remained at the 33/66 ratio since 2003. CSTC provides opportunities for staff to return to work in a light duty capacity when possible.

### **Time Loss Days due to assault:**

The most direct way to reduce time loss days is through effective Return To Work (RTW) and Claims Management Programs. Time loss payments directly impact the amount an organization pays in industrial insurance premiums.

Time loss days have steadily risen at WSH since 2000 with the exception of 2005, when there was a small decrease. This decrease is attributable to the implementation of a RTW program at

WSH in 2005. In May 2005 the RTW program was curtailed due to budget constraints. The projected time loss days at WSH would have been reduced to 399.9 per 10,000 patient days, (the lowest since 2002), if the RTW Program was fully in place in 2005. In 2006, the RTW program continues to be limited due to budget constraints and it is anticipated that time loss days will significantly increase as is evidenced in early 2006 data.

ESH experienced a downward trend in time loss days from 2002 to 2004, but showed a slight increase in 2005. Early data from 2006 indicates a return to 2004 levels. ESH has consistently provided RTW opportunities for their injured employees, which allows them to keep their time loss days at a minimum.

The data from CSTC indicates that they have seen an upward trend in time loss days since 2002. This is attributable in part to limitations in the budget for a RTW program.

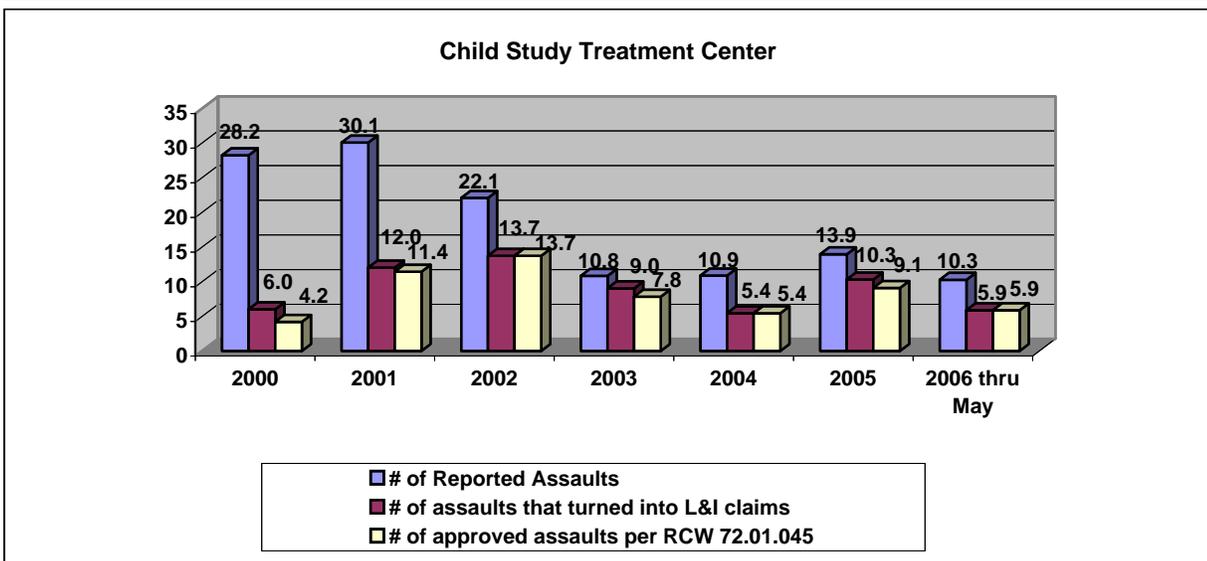
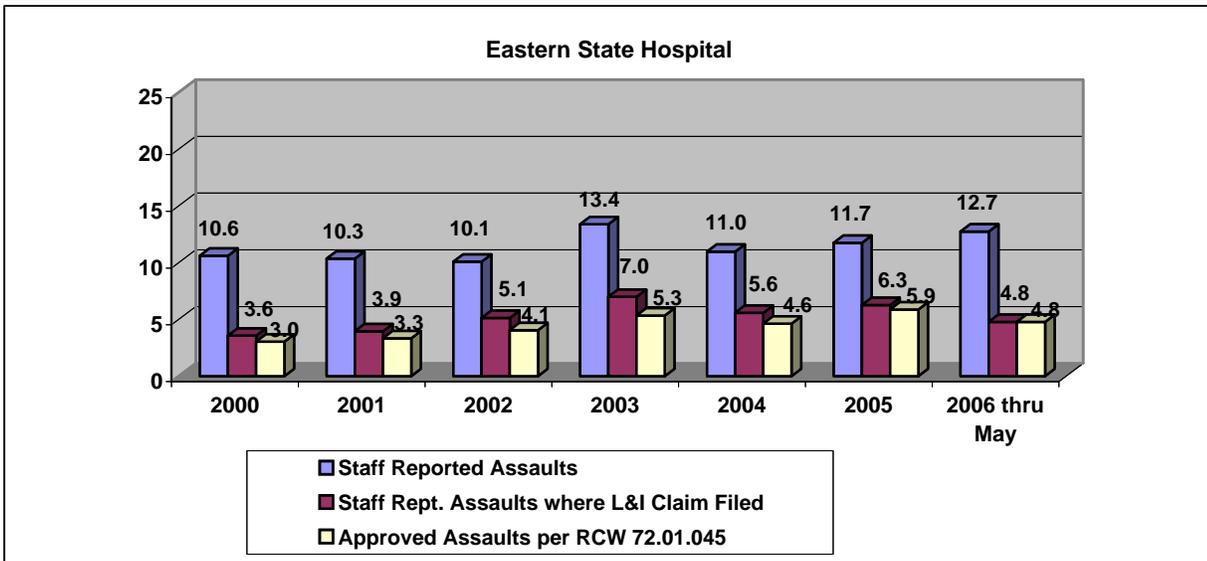
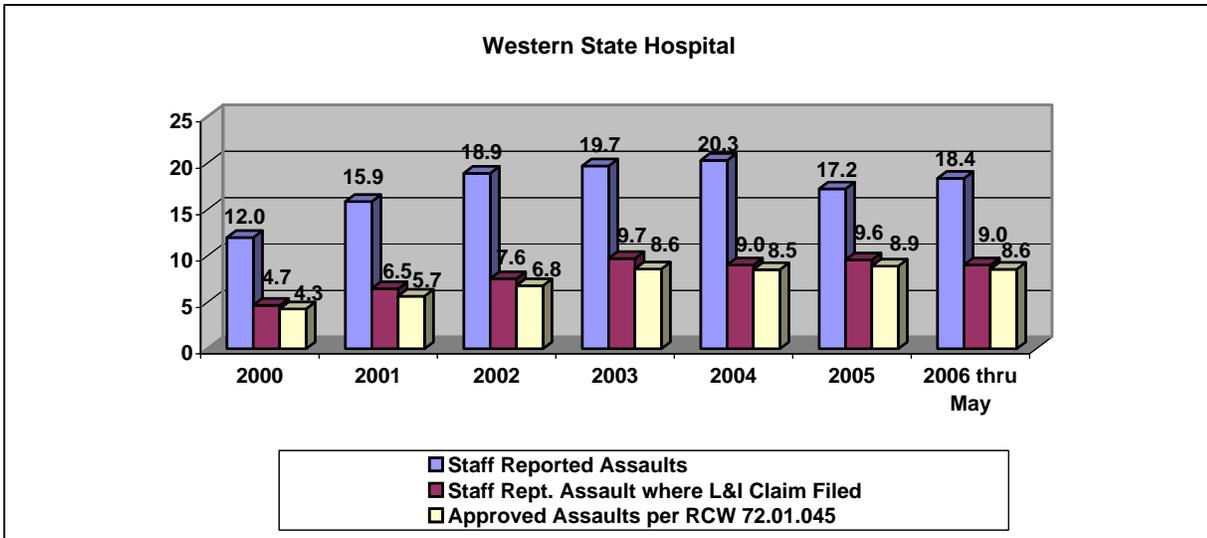
## APPENDICES

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

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

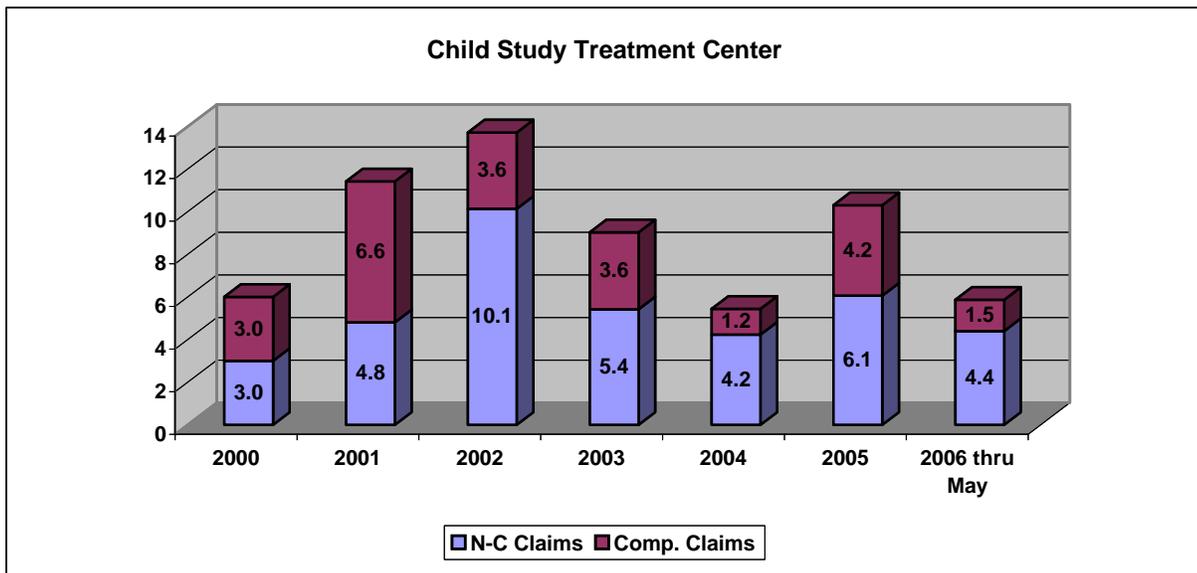
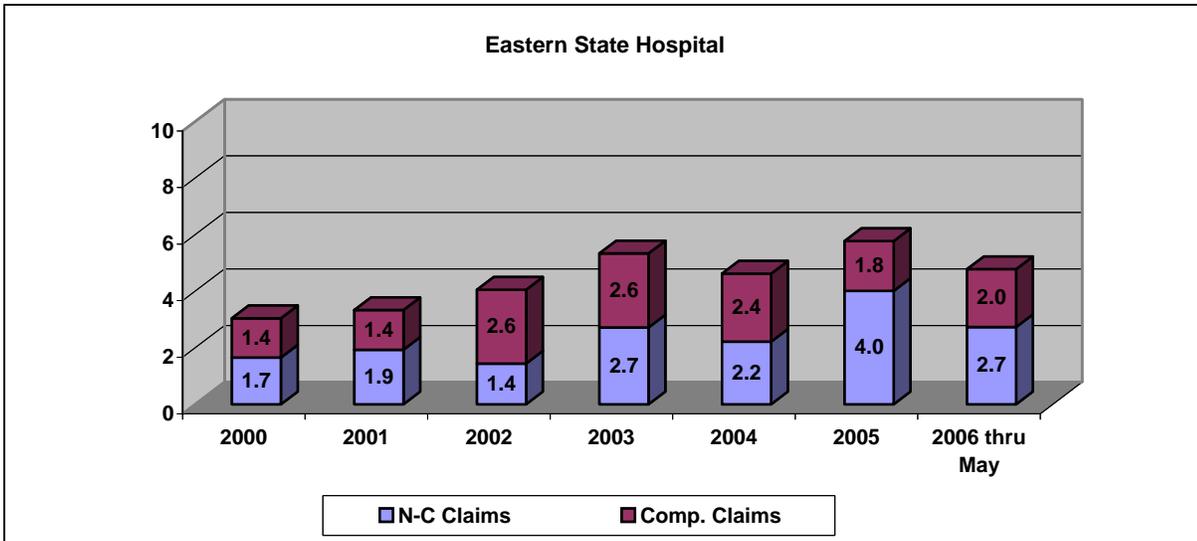
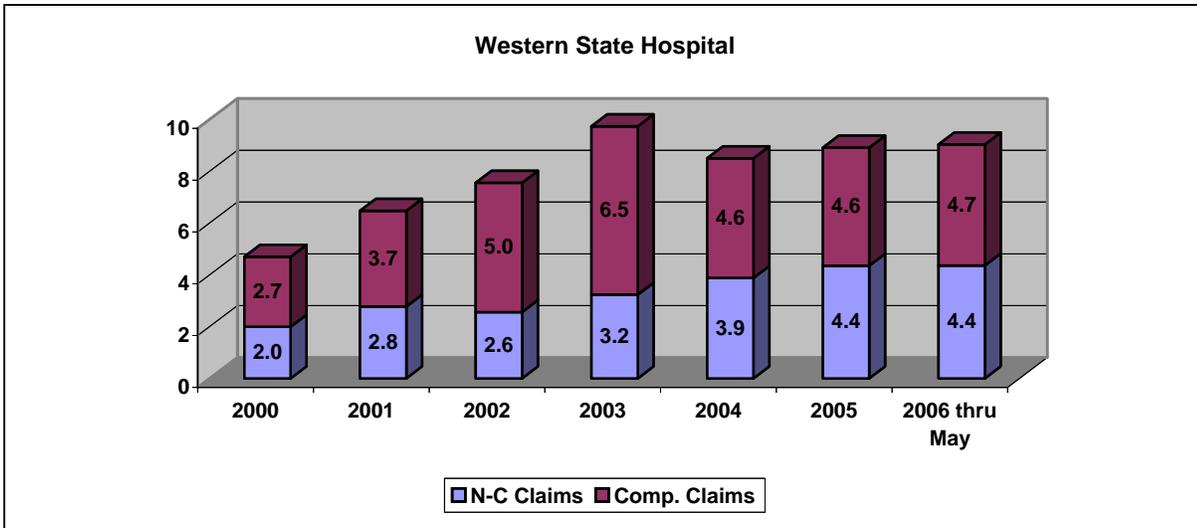
### **APPENDIX C: Time loss Days Due to Assault Per 10,000 Patient Days**

Appendix A  
 Assault Information Per 10,000 Patient Days



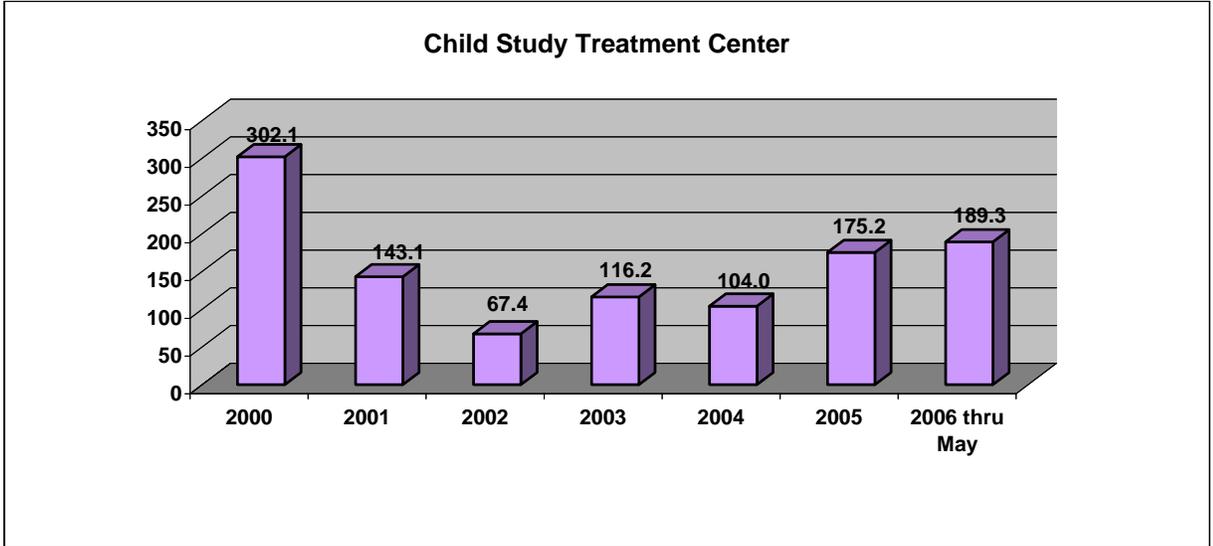
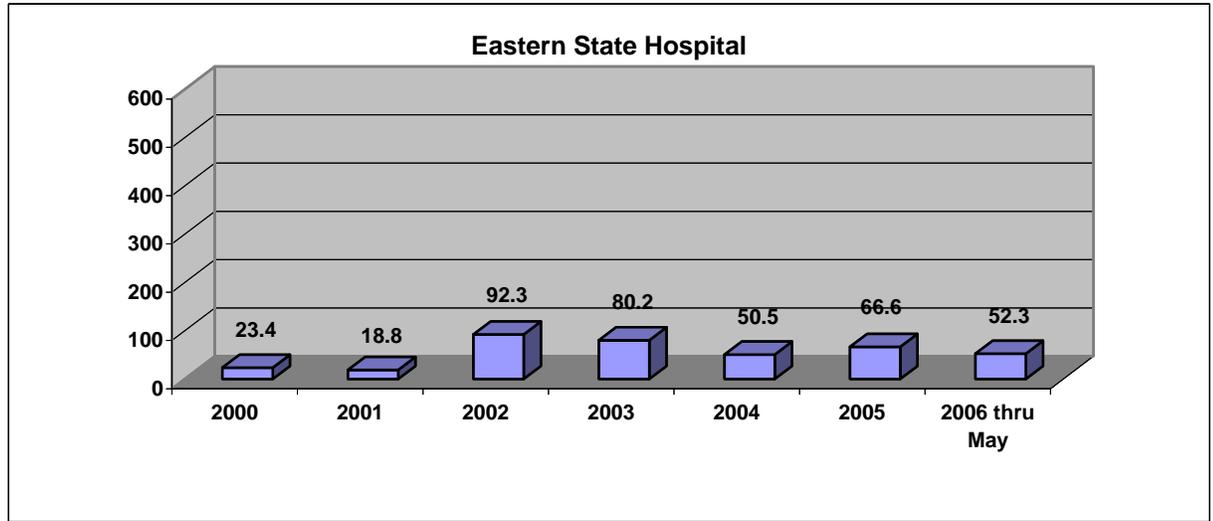
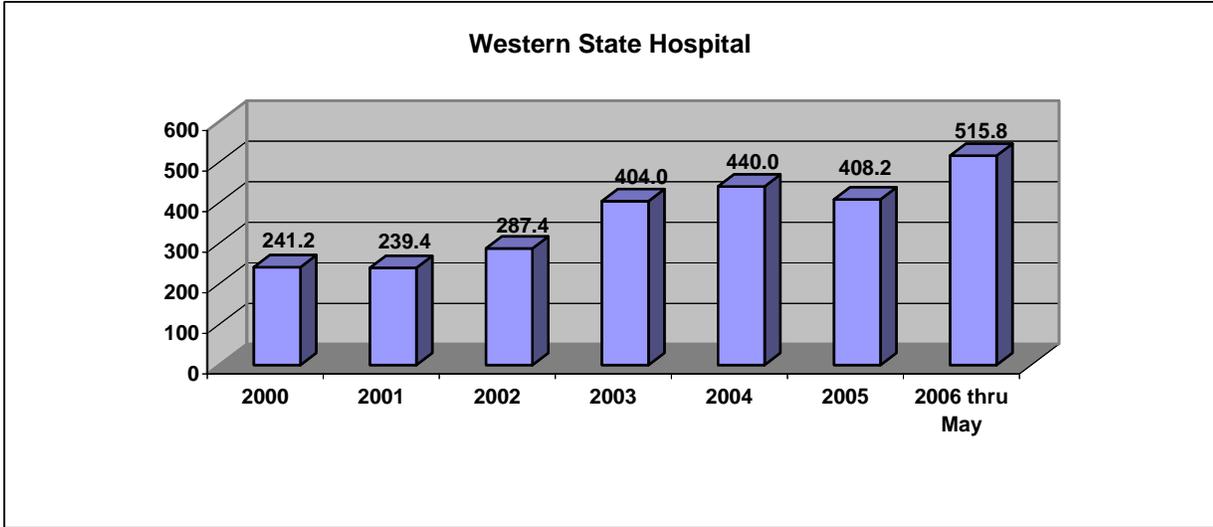
The assault data is based upon the definition of assault per RCW 72.01.045:  
 "Unauthorized touching of an employee by a resident, patient, or juvenile offender resulting in a physical injury."

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



The assault data is based upon the definition of assault per RCW 72.01.045:  
 "Unauthorized touching of an employee by a resident, patient, or juvenile offender resulting in a physical injury."

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



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