Washington State Department of Social and Health Services

Transforming Lives

REPORT TO THE LEGISLATURE

Workplace Safety in the State Hospitals

House Bill 1160, Section 1
(Chapter 187, Laws of 2005)
Codified as RCW 72.23.451

September 1, 2016

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Background

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 (DSHS) 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.

The three state psychiatric hospitals included in this report are Eastern State Hospital (ESH), Western State Hospital (WSH), and the Child Study and Treatment Center (CSTC). CSTC is the only state-operated and funded psychiatric hospital for children and youth (ages 5 to 18). ESH and WSH serve two distinct populations:

- An adult civil population who are committed based on danger to themselves or others as a result of a mental illness, or who are gravely disabled, under RCW chapter 71.05; and

- An adult forensic population who are committed by criminal courts as either Not Guilty by Reason of Insanity (NGRI) or those who are undergoing a competency evaluation or restoration, under RCW chapter 10.77.

This 2016 annual report includes the following:

- Workplace Data: data is included from DSHS's Enterprise Risk Management Office, along with strategic objectives from the Behavioral Health Administration's (BHA) 2015-2017 Strategic Plan, which are designed to improve safety at the state hospitals and reduce and prevent workplace violence.

- L&I Update: discusses DSHS implementation and compliance with the initiatives in the 2015 Sidebar Agreement between WSH and the Washington State Department of Labor and Industries (L&I).

- Ongoing Efforts: describes the steps that the hospitals are already taking to reduce violence.

- Safety Updates: discusses new initiatives developed since the September 2015 Report to the Legislature on Workplace Safety in State Hospitals, particularly as they relate to efforts to reduce violence in each state hospital, and describes how each hospital addressed safety-related items funded in the operating and capital budgets.

Workplace Safety Plan/Accident Prevention Program (WSP/APP). Each State Hospital is required to develop a WSP 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" and include specified security considerations. Subsection (4) provides that the plan "must be evaluated, reviewed, and amended as necessary, at least annually." The WSPs for each hospital are now merged with the hospitals' Accident Prevention Programs required under WAC 296-800-140, and are entitled "Workplace Safety Plan/Accident Prevention Program." These documents can be found at:

- Eastern State Hospital (ESH):
https://www.dshs.wa.gov/sites/default/files/BHSIA/ESH/ESH%20Workplace%20Safety%20PlanAccident%20Prevention%20Program.pdf

- Western State Hospital (WSH):
https://www.dshs.wa.gov/sites/default/files/BHSIA/WSH/WSH%20Workplace%20Safety%20PlanAccident%20Prevention%20Program.pdf

- Child Study and Treatment Center (CSTC):
https://www.dshs.wa.gov/sites/default/files/BHSIA/CSTC/CSTC%20Workplace%20Safety%20Plan%20Accident%20Prevention%20Program.pdf

Workplace Safety Data

DSHS's Enterprise Risk Management Office (ERMO) reported data for the last two fiscal years relating to the following:

- The number of injured workers at the State Hospitals who reported or filed claims for assaults;
- The number of approved assault claims; and
- The number of work loss days on approved assault claims.

Note: The data below is a "snapshot" look at the assaults reported, approved assault claims, and work loss days associated with assault claims, for both fiscal year 2015 and fiscal year 2016 for comparison purposes. The data can be fluid and changing. For instance, since employees have up to a year to file a claim, they may not even report an incident event (assault or otherwise) until next May/June 2017, and it can still be registered for fiscal year 2016. Data is considered mature at three years, which is within DSHS's experience rating period. After three years, DSHS is outside of the agency's experience rating and no longer track claim costs and work-loss days. So it is certain that the data of reported incidents, approved assault claims, and time loss days will continue to accrue, but these are the numbers for this moment in time.

July 1, 2014 through June 30, 2015 (FY2015)

	Reported Assaults	Number of Approved Assault Claims	Work Loss Days (to date) on approved assault claims with date of injury between July 1, 2014 and June 30, 2015
CSTC	66	25	256
ESH	84	33	2508
WSH	325	131	5978

July 1, 2015 through June 30, 2016 (FY2016)

	Reported Assaults	Number of Approved Assault Claims	Work Loss Days (to date) on approved assault claims with date of injury between July 1, 2015 and June 30, 2016
CSTC	63	30	243
ESH	85	48	1377
WSH	367	143	3210

*data ran 8/30/2016

- Events where the injured worker reported the incident as being an assault: CSTC shows a 4.6% decrease; ESH shows a 1.2% increase; and WSH shows an 11.5% increase.

  The larger numbers of reported assaults are the possible result of a number of factors, including: increased reporting of events as a result of increased attention and scrutiny by ERMO reviewers, outside surveyors, and the site itself; significant numbers of on-call/overtime staff present on the wards; presence of several high-frequency assaulting patients; considerable management and program changes through 2016; external influences causing pressure on staff.

- Number of approved assault claims: CSTC shows a 16.7% increase; ESH shows a 32.5% increase; and WSH shows an 8.4% increase.

- Work loss days associated with assault claims: CSTC shows a 5.1% decrease; ESH shows a 45.1% decrease; and WSH shows a 46.4% decrease.

  While the numbers of work loss days associated with assaults are showing considerable decrease, the 2016 data is still early and the figures will most likely increase significantly over the next 8-10 months, particularly in light of the increased numbers of approved assaults. The facilities and ERMO have been making significant strides in Return to Work programs which should be reflected in a reduction in the number of work loss days for this fiscal year.

BHA 2015-2017 Strategic Plan

The Behavioral Health Administration's (BHA) 2015-2017 Strategic Plan[1] includes strategic objectives and success measures designed to improve safety at the state hospitals and to reduce and prevent workplace violence. The following success measures are tracked by BHA and reported to the Secretary of DSHS in support of the goal of providing safe, successful mental health services in the state psychiatric hospitals:

Strategic Objective 1.1: State psychiatric hospitals will be safer for staff and patients.

Importance: Reducing patient-to-staff and patient-to-patient assaults indicates increased staff and patient safety and well-being, reduces expenditures for workplace related injury claims, and increases the quality of care for patients.

Success Measure 1.1: Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center from .54 assaults per 1,000 patient days in the first quarter of 2015 to .50 assaults per 1,000 patient days by the third quarter of 2017.

Action Plan:

- Continue to implement each hospital's workplace safety plan.
- Analyze assault-related data at the ward/cottage level by days of the week and times of day within a safety committee structure to identify ways to decrease assault, and develop subsequent action plans.
- Continue to identify and reduce unsafe practices in the hospitals.
- Expand the use of the Psychiatric Emergency Response Team (PERT) in Western State Hospital Center for Forensic Services to Eastern State Hospital and the civil wards at Western State Hospital.
- Implement a Psychiatric Intensive Care Unit to serve patients from Eastern and Western State Hospitals
- Implement training on treatment interventions that can help patients resolve situations that might otherwise lead to assaults.

Success Measure 1.2: Decrease the number of patient-to-patient assaults at Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center per 1,000 patient days.

Action Plan: Develop an Action Plan specific to reducing patient-to-patient assaults. The plan will include development of consistent definitions across all three institutions, baseline data, specific targets and target dates.

Key Process Indicator: Rates of psychiatric hospital use of seclusion and restraint

Importance: The use of seclusion and restraint should be rigorously avoided when it is safe to do so, applied at the least restrictive level determined clinically appropriate and reduced and/or removed at the earliest point clinically appropriate to do so. Appropriate use of seclusion and restraints results in fewer

[1] BHA's 2015-2017 Strategic Plan can be found online at:
https://www.dshs.wa.gov/sites/default/files/SESA/spmrw/documents/current/Strategic%20Plans/BHA.pdf
BHA strategic objectives are monitored, updated and reported quarterly at:
http://www.dshs.wa.gov/ppa/strategic.shtml.

assaults for staff and patients and lessens the need for physical interaction between staff and patients that might result in injury.

Key Process Indicator 1.1: Monitor the rate of seclusion used at the state psychiatric hospitals and implement root cause analysis and appropriate action plans when the rate exceeds a 3% increase over

- Eastern State Hospital: 1.13 per 1,000 patient hours
- Western State Hospital: 0.32 hours per 1,000 patient hours
- Child Study and Treatment Center: 2.87 per 1,000 patient hours

Key Process Indicator 1.2: Monitor the rate of restraint used at the state psychiatric hospitals and implement root cause analysis with corresponding action plans when the rate exceeds a 3% increase over:

- Eastern State Hospital: 0.26 hours per 1,000 patient hours
- Western State Hospital: 0.95 in the first quarter of 2015
- Child Study and Treatment Center: 0.19 per 1,000 patient hours

Eastern State Hospital and Western State Hospital Action Plan:

- 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.
- Continue clinical leadership's daily review of patients who have been in seclusion during the past 24 hours. As a result of the review, any or all of the following actions may be taken:
  - On-site conferencing with the registered nurse or medical doctor to review the patient's status.
  - Revise the patient's treatment plan.
  - Provide clinical guidance and support.
- Continue to review data to determine if patterns exist in using seclusion. Use the National Association of State Mental Health Program Directors (NASMHPD) Six Core Strategies to target interventions to the needs and challenges of specific areas of the hospitals.

Child Study and Treatment Center Action Plan:

- Continue to improve communication about patient behavior and safety planning, particularly across shifts using treatment team planning to assess ongoing improvement.
- Continue training in Motivational Interviewing (MI) to build on the foundation laid in 2014, to train all levels of staff on improving patient engagement and motivating behavior change.
- Coach staff and clinical teams in MI skills.

Strategic Objective 1.2: Provide high-quality, evidence-based inpatient therapeutic interventions to patients in state psychiatric hospitals.

Importance: Active treatment includes cognitive behavioral therapy, daily living skills, recreational activities and other programs and interactions that assist patients in achieving recovery. Active treatment increases cognitive functioning, promotes well-being and increases safety for staff and patients.

Success Measure 1.3: Increase the average number of active treatment hours received per patient per week to an average of 20.05 hours with interim targets as follows:

- Increase the average number of active treatment hours at Eastern State Hospital from the average of 11.74 in January 2015 to 15 hours by July 2017.

- Increase the number of active treatment hours at Western State Hospital from the average of 17.25 hours in January 2015 to 20.05 by July 2017.

Action Plan:

- Continue to assess current treatment programming and revise it as necessary to enhance participation and meet the needs of patients.
- Improve the documentation of treatment provided outside of the Treatment Malls to account for all treatment activities.
- Identify patients who are not engaged in active treatment. Work with treatment teams to engage patients in active treatment that meets their individual needs.
- Continue Management Team (both civil and forensic) and supervisor review of weekly active treatment data. Units that fall below goal (20 hrs./week/pt) for more than two consecutive weeks will be required to provide a written plan of improvement.
- Follow up individually with patients when more than five consecutive groups are missed to determine the nature of the absence and encourage the patients to attend.
- Expand active treatment on evenings and weekends.
- Implement Cerner Electronic Health Records to accurately capture treatment provided.

Strategic Objective 1.3: Increase staff competency in principles of safe, high-quality patient care.

Importance: Every state hospital team mate must have the knowledge and experience to provide safe, high-quality care. Demonstration of competence in these care principles is necessary to operate a hospital that is safe for staff and patients.

Success Measure 1.1: 97% of staff complete required Labor and Industries safety training by December 31, 2016.

Success Measure 1.2: 100% of staff complete mandatory trainings in Infection Prevention and Controls by December 31, 2016.

Action Plan: A cross-hospital workgroup will be convened to identify appropriate measurements of competency in each core competency, a plan for implementing competency measures with achievement targets, and milestones for achievement.

Labor and Industries Update

The following information is included as required by Section 5.1 of the Sidebar Agreement between WSH and the Washington State Department of Labor and Industries (L&I), dated April 30, 2015. The hospitals are on track with satisfying the Sidebar Agreement, but there is still work to be done in several areas. Below is an update on DSHS's implementation and compliance with the training and assault reduction initiatives in that Agreement:

Training:

- On July 1, 2016, a Safety Training curriculum for staff was approved based upon guidance of the Ad Hoc Safety Sub-Committee.
    - Mandatory Enhanced Safety Training (EST) was funded in the 2015-17 Omnibus Operating Budget of 2016, which funds FTEs to backfill staffing on the wards while staff complete the additional annual safety training. In addition, this funding covered 1 FTE at each hospital for a "Peer trainer" to develop and conduct training in a specified safety curriculum.
    - An ongoing presentation of the Enhanced Safety Training (EST) will be completed in FY 2017. A complete integration of EST has been placed into New Employee Orientation with a complete revision of TEAM training. All patient care staff are required to attend the training and overtime is authorized for ward staff to complete the training.
    - The curriculum of the training includes Active Engagement, Situational Awareness, De-Escalation and Pre-assaultive Indicators, Suicide Awareness, Trauma and Resiliency, and Trauma Informed Care/Behavioral Assessment. In October, 2015 the hospital began training staff in Active Engagement, Situational Awareness, De-Escalation, Pre-assaultive Indicators, and Suicide awareness. This training has been completed and presented to all staff. Starting in July 2016, a revised version of EST is being presented and to date, 358 staff have been trained.

Assault Reduction:

- In 2016, DSHS hired two staff to provide an additional review of patient-to-staff assaults which require the victim of the assault to receive medical attention outside of the facility at ESH, WSH, and CSTC.
    - The Seclusion and Restraint Performance Improvement Project is revamping the Debriefing process for all Seclusion and Restraint episodes to include staff debriefing. A Pilot of the new process will begin soon.
    - In addition, the Patient-to-Staff Assault Performance Improvement Project has identified the need to revise the staff post incident debriefing process for serious incidents. A workgroup will be established to develop the process.
    - The Critical Incident Stress Management process is being revitalized and the Patient-to-Staff Assault Performance Improvement Project is working on improving the referral process.
    - A Near Miss Performance Improvement Project has been started to improve the hospital current data collection and analysis structure of patient/staff safety events (including pre-assaultive events).
    - The Psychiatric Intensive Care Unit (PICU) is complete and policies are developed. The PICU is housed at ESH and will house patients from both ESH and WSH.
    - As of July 1, 2016, Psychiatric Emergency Response Team (PERT) was expanded to the WSH civil wards. PERT on the WSH CFS wards and at ESH have already been implemented.
    - The Enhanced Safety Training recommended from the Ad Hoc Safety Committee to support staff training as a means to reduce workplace violence is underway and a number of trainings are completed.

Western and Eastern State Hospitals Summary of Ongoing Efforts

At Western State Hospital (WSH) and Eastern State Hospital (ESH), Environment of Care assessments are regularly conducted to identify physical plant deficiencies or needed repairs determined to present a risk of physical injury to persons or damage to property. A comprehensive Environmental Proactive Risk Assessment is completed annually and assessments are initiated as a result of any Sentinel Events or other reviews of incidents. Assessments are completed utilizing data from hazard reports, environmental safety surveys, unusual occurrence and injury reporting and individual building evaluations. A Plan of Action and/or interim measures are identified and implemented.

Access to the hospital campus is controlled primarily through the use of identification badges, personal identification, and advance notification of authorized visitors. Campus-wide key control is maintained by the Security Department at ESH and by a Key Control Office at WSH.

Forensic services are provided through the Forensic Services Unit (FSU) at ESH and the Center for Forensic Services (CFS) at WSH. Access to the FSU is controlled through the use of proximity cards approved and issued by FSU Administration, ward access control panels which are manned by staff on the wards, and cameras. One of the primary differences between the forensic services at ESH and WSH is the enhanced role of security staff and the physical plant at WSH, which provides for a Sally Port at the entrance of the CFS. The Sally Port is staffed by security guards and controls all entrances and egresses from the center. The CFS security staffs monitor all of the wards from a central camera system and can quickly deploy additional security teams where they are needed.

Systems for identifying variances in Nursing staffing and responding to variances in a timely manner are in place. Additional tools/systems used in nursing include a policy/procedure on how to acquire staff, an acuity based staffing plan, guidelines for safe staffing levels, and use of contracted Nursing services. A contract for utilizing agency registered nurses is in place and used as needed due to vacancies or absences to ensure staffing levels are suitable for the provision of patient care and to avoid mandatory overtime.

Emergency procedures are in place based on a Hazard Vulnerability Assessment (HVA) and include, but are not limited to, All Hospital Lockdown, Hostage Situation, Armed Assault, Bomb/Telephone Threat, and Crisis Debriefing. A minimum of two emergency drills are conducted annually. A Plan for Improvement is developed for all identified deficiencies in emergency response activities (staged and actual) related to internal/external communication, availability of and access to equipment and materials, safety & security of patients and staff, staff roles and responsibilities, management of critical utilities, management of clinical and support activities, transportation, and personal protective equipment.

Safety Huddles are conducted prior to morning reports on each ward to share safety concerns and provide information regarding potential safety issues. Executive Leadership reviews data from previous evenings during morning rounds. Actions are taken as indicated.

All employees injured at work have access to first aid measures. In the event an employee sustains a more serious injury, emergency medical response is initiated or the supervisor assists the employee to obtain additional medical attention. Critical Stress Management Team members are notified to initiate contact with employee(s) per leadership, supervisor, or other staff referral. Staff is made aware of the services of the DSHS Employee Assistance Program.

All direct care staff are trained at hire and annually in prevention practices that range from constant awareness of the environment and milieu dynamics, ongoing risk assessment, effective documentation, individual patient and group psycho-education to a formal non-violent crisis intervention training program.

Workplace violence of any kind is tracked and reported utilizing incident databases enabling compilation of data for analysis of frequency, severity, and circumstances. All incidents are investigated by the immediate supervisor, Security, Safety and/or other department(s) as indicated. The hospital Safety Committees meet monthly to initiate in-depth reviews of patient-to-staff assault occurrences and develop prevention strategies to mitigate future occurrences. A narrative summary with recommended action plans is provided to the Safety and EOC Committees, Quality Council, and Governing Body for review and monitoring. All incidents of patient to staff assaults that require a staff member to receive medical care outside of the facility are referred to the DSHS Enterprise Risk Management Office for additional review.

Western State Hospital Safety Update

Environment:

Patient Safety Anti-ligature Improvements: Patient locker doors in patient rooms have been re-positioned to the bottom of every patient locker to reduce the risk of self-harm and safer door hinges have been installed throughout the hospital. Plumbing fixtures in patient care areas have been replaced with anti-ligature type fixtures to include faucets, bathtubs, showers, and valves, as well as shrouding of exposed pipes and plumbing. The hospital has completed the design phase of replacing bathroom partitions with anti-ligature partitions. Door top alarms to alert staff when pressure is placed on them is in the design phase; these alarms will be placed on all bathroom doors that cannot be observed by staff.

Safety/Security Improvements: The Key Watcher system has continued to be upgraded and will be expanded to Buildings 29, 18, and 17 once access control to access doors in these buildings are installed. Currently, these systems are operational in CFS and Building 9. This system ensures staff keys are secured in the Key Watcher System at the end of shifts. In addition, key rings are being replaced hospital-wide with locking key hubs, safeguarding keys from being lost.

The hospital has completed the installation of emergency broadcast speakers to all on-campus WSH buildings, including exterior speakers in the Central Campus quadrangle location. This system ensures that emergency information can be disseminated quickly throughout campus. Installation of a new Fire Alarm System in Building 29 is complete.

Installation of a Secure Outdoor "Quadrangle" fence in Central Campus was installed for patients to enjoy grounds privileges in a secured setting. All windows facing the outside of the hospital have been secured shut with tamper resistant fasteners to ensure a more secure environment. The hospital has completed a remodel of Ward E-4 to house high acuity patients with upgraded security of doors, windows and the Nurses Station. Expansion of the Personal Alarm System to Buildings 10, 15, 16 and 5 is under development. Expansion and installation of the Viacom Camera System in CFS is in progress and the vendor selection process is currently underway.

Ward E-4 was remodeled in order to safely house high acuity patients. The remodel upgraded security of doors, windows and the Nurses Station to ensure a safe and secure environment.

Staffing:

Direct Care Staffing: In FY 2016, approximately 100 additional on-call staff and 30 additional non-permanent Institutional Counselors were hired to provide active treatment for patients unable to go to the Treatment Mall and to provide more ward-based leisure activities in the evenings. The 30 Institutional Counselors will provide coverage 7 days a week across both day and swing shifts. Recruitment is also underway for 51 additional non-permanent Registered Nurses (three per ward) to provide coverage on the wards and improve patient care.

PERT Expansion: A Psychiatric Emergency Response Team (PERT) was expanded to the Civil wards of the hospital to support staff and respond to units in crises. In the Spring of 2016, interviews were conducted and PERT members hired (11 FTEs plus 1 Supervisor) for the expansion to the civil side. This full-time team was initiated on July 1, 2016.

Non Direct Care Staffing: The Scheduling office was established to provide greater oversite in the scheduling of staff and operates with 5 non-permanent FTEs. In addition, 14 additional non-permanent Security Officers were hired to cover the increased duties and posts that must be staffed.

Performance Improvements:

A Training Structure and Programming Hospital Improvement Project was formed to evaluate the current structure of training, staff development and resource deployment, and to obtain feedback from staff who deliver and coordinate training as well as those who receive training. This project will develop recommendations that will result in more effective training and development of staff, leading to a safer hospital and improved quality of care.

A Near Miss Performance Improvement Project will improve the hospital data collection and analysis structure of patient/staff safety events including pre-assaultive events.

A Seclusion/Restraint Performance Improvement Project was established to address seclusion and restraint use. The committee used the "Six Core Strategies for Reducing Seclusion/Restraint" (a nationally recognized model) and has set the goals to reduce seclusion/restraint episodes and duration, reduce patient and staff injuries, and improve the accuracy and completeness of documentation.

Support Our Safety (SOS) Hotline: The SOS Hotline procedures were revised to ensure staff can easily follow results of actions taken in response to their reported safety concerns. The Safety Manager is responsible for monitoring the SOS Hot line Monday through Friday from 8:00 am to 4:30 pm. All safety concerns reported on this hotline and any actions taken are logged in an Excel spreadsheet and followed up by the Safety Manager. The log is posted on the Quality Assessment and Performance Improvement (QAPI) SharePoint site for staff to review. All safety concerns reported on the hotline are reported to the Quality Council and Central Safety Committee.

Eastern State Hospital Safety Update

Environment:

Patient Safety Hardware improvements include the following: installation of continuous door hinges, faucet and shower handle replacement, shower diverter valve replacement, covering of exposed sink and toilet plumbing, removal of loopable restroom shelves, and toilet paper holder replacement on all remaining wards hospital-wide. Additional improvements include: replacement of electrical outlets with GFCI "tamper-resistant" or coverage of outlets to prevent tampering in all patient accessible areas, replacement of overhead reading lights on Adult Psychiatric Unit (APU) wards to prevent use for concealment of contraband, remodeling the 1N1 "safe room" to provide improved patient monitoring and ease for staff in executing seclusion/restraint activities, replacement of cross corridor smoke doors on all APU wards, and installation of tamper-proof soap dispensers.

ESH installed cameras for patient monitoring and incident investigation on all APU wards.

ESH purchased additional Norix furniture for the newly renovated Forensic Services Unit (FSU) competency restoration ward and Psychiatric Intensive Care Unit (PICU). This furniture consists of molded vinyl chairs, molded cubicles for patient storage, one-piece dining room tables and chairs specifically manufactured for Behavioral Health and Correctional facilities. The molded vinyl furniture is sand-ballasted (weighted) or bolted to the floor to prevent being thrown as a weapon.

Lighting for patient monitoring in the north patient yard was increased and existing fixtures in the north yard and Westlake parking lot replaced with LED lighting to improve visibility.

Psychiatric Intensive Care Unit (PICU) renovation was completed in March 2016.

ESH migrated to new digital radios in May of 2015. As noted earlier, these radios replaced antiquated communication equipment and ensure continuity with local emergency response agencies. This best practice approach improves signal quality, coverage, staff safety and security of patient healthcare information (PHI). The radios are equipped with an emergency alarm button that once activated alerts all radio carriers on that radio channel and Switchboard to a staff emergency. Once the alarm is activated it initiates a 30 second "open mic" for staff to report emergency type/location. Alarm reports radio number and can be associated with permanent assignment or daily tracking of staff assigned to radio. Some of this equipment was purchased in 2014 and the remainder of equipment purchased in 2015.

Staffing:

Twenty Psychiatric Security Attendants (PSA) and Mental Health Technicians (MHT) float positions and ten Registered Nurse (RN) positions were established to maintain safe, quality care as workload is impacted during the implementation of multiple initiatives currently in progress at ESH. These include Electronic Medical Records (EMR) implementation and resulting training requirements, Ad Hoc Safety training mandates, establishment of a Psychiatric Intensive Care Unit (PICU), opening of a new Forensic ward, and expansion of competency restoration beds.

A Psychiatric Emergency Response Team (PERT) was established and implemented in December 2015, consisting of one supervisor, three RNs, and six Institutional Counselor Three (IC3) positions. This team was established to provide a safe, effective, and immediate plan of response for patients during a psychiatric crisis or anticipated crisis. This is accomplished through verbal de-escalation tactics while promoting and maintaining patient and staff safety within a plan of recovery.

Performance Improvements:

Performance Improvement Projects related to staffing were initiated in 2015. Projects included decreasing the use of overtime, decreasing the occurrence of unscheduled leave, decreasing staff vacancy and turnover rate, and implementing innovative recruitment strategies to decrease vacancies.

The Unusual Occurrence Report (UOR) Performance Improvement Project was completed in January 2016. This resulted in increased accuracy of coding and data entry, consistent and documented distribution and posting, and placing the UOR form on-line for better access. Data is analyzed and trended monthly by the Safety Assault Prevention Workgroup and reviewed monthly by Employee Safety committee and quarterly by Quality Council**.**

ESH transitioned to the use of national emergency response code names. The Medical Emergency Response committee (MERC) has developed and implemented "Mock Codes" to improve medical emergency response preparedness. Emergency medical supplies, including an AED, are now obtained from "jump bags" maintained in the security vehicles in the event of an outdoor (campus) medical emergency in lieu of wheeling ward carts to outside locations or placement of additional emergency equipment near the entry of ESH buildings. Security staff has been trained as first responders. Disaster kits are maintained for multiple casualty emergency response situations and are stored in identified Westlake and Eastlake locations.

An active treatment planning council has been formed to develop/implement additional methods to increase average hours of active treatment per patient and improve active treatment data capture. An active treatment dashboard has been implemented to analyze active treatment data. This data is monitored monthly with quarterly reports provided to the Quality Council. A feedback system has been developed to report data to unit management teams and includes increasing weekend/evening activity provision. A treatment group facilitation competency assessment has been developed and implemented February, 2016. An introduction to group facilitation training has been added to the New Employee Orientation.

Child Study and Treatment Center Summary of Ongoing Efforts

At the Child Study and Treatment Center (CSTC), Environment of Care assessments are regularly conducted to identify physical plant hazards or needed repairs that are determined to present a risk of physical injury to persons or damage to property. Ongoing assessments include routine and ad-hoc facility inspections, quarterly Safety Committee internal audits, twice monthly Fire Department surveys, an annual Fire Marshall audit, and the DSHS Enterprise Risk Management Office's Annual Loss Control Evaluation (ALCE). Timely follow up on repairs or hazards is addressed in CSTC Policy 229 (Work Orders / Repair Requests). Protocols for conducting contraband searches are addressed in CSTC Policy 439 (Medical/ Professional Services).

CSTC maintains an active Safety Committee along with a Workplace Safety Workgroup, a sub-group of the Safety Committee. The workgroup meets twice monthly and is sponsored and attended by the CEO along with direct care staff and shift leads representing each of the three patient cottages. The Director of Quality Management and Safety Officer co-facilitate the workgroup utilizing Lean principles and practices. In addition to discussion of current issues carried over from the Safety Committee, this workgroup conducts a Staff Culture of Safety Survey every two years and follows up on survey results.

The Emergency Preparedness Committee meets twice monthly to plan and conduct a minimum of two safety drills annually in coordination with community responders. These drills are a key in determining ways to keep staff and patients safe in the event of a major disaster and to anticipate needs and how to meet them in a real event. The Safety Officer chairs this meeting and in consultation with the DSHS Office of Emergency Services, maintains the Continuity of Operations Plan. The Safety Officer also maintains relationships with the community emergency support planning network, attending quarterly meetings of the City of Lakewood Emergency Management Committee that includes representatives from the City of Lakewood Police and Fire and Rescue, local hospitals, City and county managers for utilities and transportation, the Clover Park Independent School District (CPSD), Pierce County Health Department, and the Washington National Guard.

In addition to providing safety orientation to new employees, the CSTC Safety Officer is responsible for facility security and access control, maintaining a key inventory, issuing identification to new employees and ensuring that all keys and identification badges are returned when an employee separates from employment. The Safety Officer also monitors the completion of work requests of the CMO, ensuring that any safety problems are prioritized and rectified promptly.

Employee education and training in workplace safety is ongoing. In addition to training models noted above, mandatory online and in-person training is required that includes both DSHS and CSTC modules for all staff and modules specific to job classes. The CSTC Training Plan describes the course requirements and is updated annually.

Active situational awareness and effective coordination on the part of all staff are central to maintaining a safe environment at school by preventing or managing patient disruptions and avoiding patient or staff injuries. CSTC direct care staff work side by side with school teachers in the classroom and include school personnel in safety trainings such as Crisis Prevention Institute (CPI) and CSTC enhanced safety training. CSTC has purchased, distributed, and trained teachers in the use of hand-held radios to alert fellow staff or Security Officers of the need for immediate help.

CSTC coordinates regularly with the Western State Hospital Security Force. The WSH Security Director and Security Officers are oriented to the CSTC patient population and coordinate security efforts with CSTC staff. The WSH Security Officers frequently assist CSTC staff with high risk situations (e.g. assaultive patient or

elopements), and debrief with administration and staff. WSH security response is timely and their presence frequently avoids a physical event merely by their appearance on the scene.

Data is maintained on patient-to-staff assaults and staff injuries through the analysis of routine patient incident reporting. Performance measures based on this data are tracked and reported in monthly Safety Committee meetings, quarterly Quality Council meetings, and quarterly Governing Body meetings and through the Behavioral Health Administration Strategic Plan.

Child Study and Treatment Center Safety Update

Environment:

Orcas Cottage Door Replacement project (Capital Funding): This project was completed in June 2015. Safety, security, visibility and functionality of the patient areas were enhanced by removing four double doors in strategic places and replacing them with sturdier and more secure single doors. This reduces the risk of staff injury due to visual obstruction and hiding areas of patients intending assaults. A partition was also added to create a space that functions as a low stimulation area as needed for patient de-escalation, or that allows time alone without having to go to seclusion. This reduces the risk of staff injury due to restraint, which is often required to move a patient to the seclusion room and is an incentive for patients to be able to choose the more desirable option.

CSTC Orcas Housing Unit Addition (State Project No. 2016-409 G(1-1)): Orcas Cottage has been identified as associated with risk of injury to staff from patient assault, and was assessed as having architectural issues that increase risk to staff. An architectural firm has been contracted by DSHS to propose the design of safety improvements to Orcas Cottage; this is scheduled for completion on or about June 2017. The new configuration will allow for earlier intervention and de-escalation and allows greater physical space to mitigate risk-prone close quarters. This capital improvement was passed by the 2015 legislature with work slated to begin in August 2016.

CLIP Capacity Design effort (State Project 2016-440 - 2016 Supplemental Capital Budget): This funded a design effort including a detailed functional program and life cycle cost analysis for a new 18-bed secure Children's Long-Term Inpatient Program (CLIP) facility to address the treatment needs of highly aggressive youth. The proposed facility would include 18 sleeping rooms and areas for group and individual treatment activities, as well as support spaces and offices for onsite staff.

CSTC Campus-Wide Patient Safety Risk Reduction Project: DSHS obtained capital funding in 2015, and a contractor was procured and work initiated in March of 2016, to eliminate patient risk of self-harm, focusing primarily on plumbing fixtures or other objects in the patient cottages, particularly the shower/tub rooms and toilet/sink areas wherever ligature risk exists.

The Orcas Camera project began in March of 2016 to address visibility issues by improving the placement of a monitor in a strategic location for patient observation. The scope of the project upon completion will provide staff with improved observation capability with cameras and enhanced image clarity through HD equipment. Infrastructure upgrades necessary to support the system will be implemented. The project was completed on August 20, 2016.

Staffing:

A selected focus for emergency preparedness this year was "Active Shooter Training" for all staff, facilitated by the WSH Director of Security. Leadership, facility staff, administration, and cottage staff all attended trainings. In addition, each patient cottage is receiving consultation on the cottage layout and a plan tailored to each environment should there be an intruder.

A New Employee Mentoring Protocol was also developed as part of the introduction of psychiatric child care counselors (PCCCs) to work on the patient cottage. This expands the support available to new staff as well as providing more time to assess competencies and needs. It also offers a growth experience to those direct care staff who want to be a mentor.

Performance Improvements:

In response to last year's Culture of Safety Staff Survey (2015), a Lean process narrowed staff safety concerns to the following target areas of improvement: 1) debriefing, 2) communication, and 3) team work. In addition to ongoing problem solving at the cottage team level, debriefing was identified for a performance improvement project including development of a policy and the process for increasing how often staff debrief patient incidents that result in patient restraint or seclusion. If an incident is complex, or if any injuries occurred, the debriefing explores what was helpful (e.g. team communication, use of technique), what was not helpful (e.g. no lead, insufficient communication) and whether follow up is indicated. The debriefing is documented and referred for follow up as appropriate for broader analysis, performance improvement, and addressing system concerns or other issues.

Conclusion

Creating a safe working environment in the State Hospitals is a top priority for DSHS, BHA, and the three State Hospitals.

There have been many changes designed to improve safety at the State Hospitals. An aggressive recruitment plan is underway to fill critical staff vacancies by the end of the year. Collaboration with community partners is underway to add supports and additional capacity outside the State Hospitals. Hard work is underway to ensure there is a full continuum of care from hospital admission to hospital discharge because recovery is possible and people should be able to move back to their home communities. There is a new leadership team at Western State Hospital which includes a new position responsible for improving security and a position responsible for expansion of emergency management coordination and operations. Unauthorized patient walkaways at WSH have dropped dramatically, from 181 in 2014 to 81 in 2015. March 2016 was the first month in several years with no reported "unauthorized leave" incidents. DSHS entered into a Systems Improvement Agreement with the Centers for Medicaid and Medicare Services (CMS) to provide additional time, oversight and consultation to meet Conditions of Participation that supports safety for staff and patients.

Since 2012, funding for the State Hospitals has increased 33%. DSHS is grateful for these significant investments which are critical to support the improvements in safety for patients and staff. While much has been accomplished, there is more to be done. There are still urgent needs to address and planning is underway to build a long-term, big-picture plan. Several teams of experts are currently looking at how best to structure the State Hospitals, community facilities and financing so that Washington's Behavioral Health system ensures patients receive the care they need when they need it in a safe environment. Consultants are looking at national best practices and how to improve patient and staff safety at the State Hospitals with up-to-date staffing models.

DSHS, BHA, and the State Hospitals are committed to continuously improving workplace safety and achieving targeted safety outcomes in collaboration with stakeholders, including labor unions and the Department of Labor & Industries, and will continue efforts to prevent and reduce workplace violence and protect employees.