REPORT TO THE TWENTY EIGHTH LEGISLATURE
STATE OF HAWAI`I
2016

PURSUANT TO HAWAI`I REVISED STATUTE §334-16

Requiring the Department of Health to Submit an Annual Report to the Legislature
Summarizing Yearly Data on Forensic Patients at
Hawaii State Hospital

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Executive Summary

This report discusses these findings:

- The use of DOH inpatient facilities continue to increase and approach the total available physical capacity of locked inpatient psychiatry beds on the island of Oahu.
- Since FY 2011, there has been a 23% increase in utilization of DOH custody as measured by total inpatient days.
- Court orders for mental health evaluations, HSH admissions especially for 406 Unfit to Proceed and total HSH inpatient days have increased at similar rates since FY 2011 and show no signs of slowing.
- This rate of increase is unsustainable and will require the addition of more locked inpatient psychiatric beds by contract or building in the very near future.
- FY 2015 shows a trend toward increasing severity of criminal charges associated with HSH admissions.
- For the first time, felonies account for 50% of HSH admissions and circuit courts account for 55% of admissions.
- HSH admissions associated with Class A felonies increased by 133% for FY 2015.
- This trend highlights the need for DOH facilities that are specifically designed to safely manage forensic psychiatric populations.
- The Senate Special Committee Report No. 1, 2014 recommended that HSH submit a written report on data regarding staff assaults and injuries to the 2015 and 2016 legislative sessions.
- The appendix of this report completes HSH’s report on staff assaults and injuries for 2015.
- The HSH assault and staff injury rates compare very favorably to other western U.S. psychiatric hospitals.
- Over the time span recommended by the Senate report, HSH total assaults decreased by 30%, assaults when physical contact was made decreased by 32.7% and HSH staff injuries from assaults requiring medical assistance decreased by 80%.

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Key Terms and Definitions

Legal Status	Definition
HRS §334-60.2	Involuntary Hospital Criteria, also known as Civil Commitment and MH-6
HRS §334-74	Transfer of Residents of Correctional Facilities, also known as MH9
HRS §704-404	Evaluation of Fitness to Proceed
HRS §704-405	Fit to Proceed
HRS §704-406 HRS §704-406(1) HRS §704-406(1)(a) HRS §704-406(1)(b) HRS §704-406(3) HRS §704-406(4)	Unfit to Proceed Unfit to Proceed, Released on Conditions Unfit to Proceed, Charge is a Petty Misdemeanor not Involving Violence, Charge Dismissed after 60 days Unfit to Proceed, Charge is a Misdemeanor not Involving Violence, Charge Dismissed after 120 days Found Fit to Proceed and Civilly Committed Found Un-restorable and Civilly Committed
HRS §704-411(1)(a) HRS §704-411(1)(b) HRS §704-411(1)(c) HRS §704-411(3)	Acquitted (on the Ground of Physical or Mental Disease, Disorder or Defect Excluding Responsibility) and Committed to the Director of the Department of Health Acquitted and Conditionally Released Acquitted and Discharged Post-Acquittal Hearing on Dangerousness
HRS §704-413(1) HRS §704-413(4)	Temporary Hospitalization for Violating Terms of Conditional Release Revocation of Conditional Release
HRS §704-415	Conditional Release
HRS §706-607	Civil Commitment in Lieu of Prosecution or of Sentence

Key Term	Definition
Admission	Individuals who are committed to the custody of the Director of the Department of Health (DOH) and have entered the Hawai`i State Hospital (HSH).
Civil Commitment	An individual who is found by the court to be dangerous to self and/or others or is gravely disabled and there is no less restrictive alternative than hospitalization.
Columbia Regional Care Center (CRCC)	An Out-of-state private, secure forensic facility.

Key Term	Definition
Conditional Release	An individual who has been acquitted of a crime and who is found by the court not to be a danger to themselves, others, or the property of others and is released into the community with conditions.
Department of Health Commitment/ Department of Public Safety Custody	Individuals who are dually committed under the care and custody of DOH and Department of Public Safety (DPS). Individuals who are administratively discharged to DPS custody while being arraigned on charges that were incurred while hospitalized at HSH.
Department of Health Commitment/ out-of-state private, secure facility custody	Individuals who are committed to DOH and are in the custody of an out-of-state private, secure facility.
Discharge	Individuals released from custody of the Director of the DOH.
Forensic	individuals at HSH that have a status generated by a criminal court; for example a court ordered admission
Forensic Mental Health Hospital	A hospital that provides specialized mental health treatment for mentally ill individuals who have been involved with the criminal justice system and high risk civilly committed patients.
Length of Stay	Total days spent in DOH custody assessed at time of discharge.
Patient Day	A unit in a system of accounting used by health care facilities and health care planners. Each day represents a unit of time during which the services of the institution or facility are used by a patient; thus 50 patients in a hospital for 1 day would represent 50 patient days.
Re-Admission	Individuals with a previous admission who are committed to the custody of the Director of DOH.
Transfer to Kāhi Mōhala Behavioral Health from Hawai'i State Hospital	Individuals identified as being appropriate for transfer from HSH to the contracted supplementary inpatient psychiatric beds at Kahi Mohala Behavioral Health (KMBH).
Transfer back to Hawai`i State Hospital from Kāhi Mōhala Behavioral Health	Individuals transferred back to the HSH from the contracted supplementary inpatient psychiatric bed.at KMBH
Unfit to Proceed	A defendant lacks the capacity to understand the proceedings against him or her and to assist in their defense, as determined by the court.
Voluntary	An individual admitted to HSH without legal restriction.
Waived Beds	Beds in addition to those included in the HSH's licensed bed capacity (Not standard with respect to area, or access to toileting facilities).

Introduction and Overview

The Hawai`i State Hospital (HSH) is the only publicly funded state psychiatric hospital in Hawai`i. HSH provides adult inpatient psychiatric services and is part of the Department of Health (DOH) Adult Mental Health Division (AMHD). HSH is accredited by The Joint Commission (TJC). TJC re-accredited HSH for up to 36 months following the most recent accreditation survey that was conducted from November 5-7, 2014.

HSH is licensed by the DOH, through the Office of Health Care Assurance (OHCA). Current licensure is through November 30, 2015. OHCA has licensed HSH up to a maximum capacity of 202 patient beds. A patient census over 202 beds requires the use of patient rooms referred to as waived beds. For example, these waived beds are constructed differently with respect to total square footage available, direct access to a bathroom, or a room with no exterior window. For these beds, OHCA waives the standard licensure requirements for a hospital patient room.

In addition to the beds at HSH, there is a DOH contract for supplementary adult inpatient psychiatric beds at Kāhi Mōhala Behavioral Health (KMBH). KMBH is a private psychiatric hospital owned by the not-for-profit corporation, Sutter Health. During fiscal year (FY) 2015, the state contracted for forty-two (42) beds at KMBH. This contract is funded through the AMHD and is supported entirely by state general fund appropriations. For the purposes of this report, data on individuals transferred from HSH to these KMBH contracted beds (and vice versa), are included in the data reporting and analyses, unless explicitly noted otherwise. The total number of individuals transferred to KMBH from HSH is eighty-two (82) in FY 2015.

In addition, the DOH has a contract with Correct Care in which three (3) individuals are currently committed to the custody of the Director of the Department of Health and they are hospitalized out of state at Columbia Regional Care Center (CRCC). In FY 2015, one (1) individual was transferred to Correct Care. In FY 2015, HSH had six (6) individuals who were administratively discharged to Department of Public Safety (DPS) custody while being arraigned on Felony 2 assault charges that were incurred while an inpatient at HSH. These individuals are dually committed under the care and custody of both DOH and DPS.

Reporting Requirements of Hawai`i Revised Statutes (HRS) §334-16

Part I. Gross Number of Admissions to and Discharges from the Hawai`i State Hospital

Table 1 illustrates the total of admissions to and discharges from HSH for fiscal years 2014 and 2015.

Table 1: Admissions and Discharges

	Admissions	Discharges
FY 2015	304	302
FY 2014	299	289

During FY 2015, HSH admissions increased by 1.7% and discharges increased by 4.5%.

Table 2 illustrates the total of transfers within DOH custody for fiscal year 2015.

Table 2: Transfers Within DOH Custody

	Kahi Mohala	CDCC
FY 2015	82	1

Transfers to Kahi Mohala increased by 26% from FY 2014.

Table 3 illustrates the total of DPS/DOH dual custody for fiscal year 2015. A total of five individuals were transferred during FY 2015.

Table 3: Dually-Committed

	DPS
FY 2015	7

During FY 2015, dually committed individuals increased by 350%.

Table 4 summarizes the number of admissions by legal status categories for FY 2015.

Table 4: FY 2015 Legal Status at Admission

Legal Status	Number of Admissions
HRS §704-404	45
HRS §704-406	150
HRS §704-411(1)(a)	16
HRS §704-413(1)	86
Civil Commits[1]	5
Court Ordered Involuntary	1
None	1
Total	**304**

Table 5 summarizes the number of discharges by legal status categories for FY 2015.

Table 5: FY 2015 Legal Status at Discharge

Legal Status	Number of Discharges
HRS §704-404	1
HRS §704-405	71
HRS §704-406(1)	32
HRS §704-411(1)(b)	8
HRS §704-411(1)(c)	2
HRS §704-415	111
Expired	1
None	76
Total	**302**

Part II. Number of Admissions to and Discharges from the Hawai`i State Hospital, Broken Down by the Following Commitment Categories

A. HRS §704-411(1)(a): Acquitted on the Grounds of Physical or Mental Disease, Disorder, or Defect and Committed to the Custody of the Director of Health (Acquit and Commit)--Also Commonly Referred to as “Not Guilty by Reason of Insanity” or NGRI.[2]

[1] HRS §334-60.2 (MH-6), §706-607, and §704-406(4).

[2] Methodological Note on Reporting of Commitment Status: Frequently it is the case that the commitment status of a patient changes during the course of the hospitalization. For instance, a patient committed pursuant to HRS §704-406 (Unfit to Proceed) can become HRS §704-411(1)(a) (Acquit and Commit) during their inpatient treatment, after they have become HRS §704-405 (Fit

Table 6 identifies the number of admissions and discharges with a legal status of acquit and commit.

Table 6: Admissions and Discharges with a Legal Status of Acquit and Commit

Fiscal Year	Admissions	Discharges
FY 2015	16	0
FY 2014	23	1

During FY 2015, admissions with a legal status of acquit and commit declined by 30%.

B. HRS §704-411(3): Post-Acquittal Hearing: There were no admissions or discharges with this legal status during fiscal year 2015.

C. HRS §704-413(1): Temporary Hospitalization for Violating Terms of Conditional Release

Table 7 identifies the number of admissions and discharges with a legal status of temporary hospitalization for violating terms of conditional release by fiscal year 2014 and 2015.

Table 7: Admissions and Discharges with a Legal Status of Temporary Hospitalization for Violating Terms of Conditional Release

Fiscal Year	Admissions	Discharges
FY 2015	86	0
FY 2014	75	0

During FY 2015, admissions with a legal status of temporary hospitalization increased by 14.7%.

to Proceed). For the purposes of this report, Commitment Section of status is assessed at the point in time of interest; that is, for information requested regarding admissions, the commitment status or section at the time of **admission** will be used; for discharge, the convention for this report is to use the commitment status at the time of **discharge**.

D. HRS §704-404: Evaluation of Fitness to Proceed

Table 8 identifies the number of admissions and discharges with a legal status of evaluation of fitness to proceed by fiscal year 2014 and 2015.

Table 8: Admissions and Discharges with a Legal Status of Evaluation of Fitness to Proceed

Fiscal Year	Admissions	Discharges
FY 2015	45	1
FY 2014	42	5

During FY 2015, admissions with a legal status of evaluation of fitness to proceed increased by 7%.

E. HRS §704-406: Unfit to Proceed

Table 9 identifies the number of admissions and discharges with a legal status of Unfit to Proceed by fiscal year 2014 and 2015.

Table 9: Admissions and Discharges with a Legal Status of Unfit to Proceed by Fiscal Year 2014 and 2015

Fiscal Year	Admissions	Discharges
FY 2015	150	0
FY 2014	142	1

During FY 2015, admissions with a legal status of unfit to proceed increased by 5.6%.

F. HRS §704-413(4): Revocation of Conditional Release

There were no admissions or discharges with the legal status of revocation of conditional release during FY 2015.

Table 10 identifies the number of admissions and discharges with a legal status of revocation of conditional release by fiscal year 2014 and 2015.

Table 10: Admissions and Discharges with a Legal Status of Revocation of Conditional Release

Fiscal Year	Admissions	Discharges
FY 2015	0	0
FY 2014	3	0

G. Civil Commitment[3]

Table 11 identifies the number of admissions and discharges with a legal status of civil commitment by fiscal year 2014 and 2015.

Table 11: Admissions and Discharges with a Legal Status of Civil Commitment

Fiscal Year	Admissions	Discharges
FY 2015	5	0
FY 2014	12	0

During FY 2015, admissions with a legal status of civil commitment decreased by 58%.

H. Voluntary Patients

No voluntary patients were admitted in FY 2015.

I. Other Admission Legal Status

One consumer was admitted during FY 2015 with a Family Court order for involuntary treatment. One consumer was admitted with no legal status.

J. Other Commitment Legal Status on Discharge and per cent change from FY 2014.

1) 704-405 Fit to Proceed = 71

2) 704-406(1) Unfit to Proceed, Released on Conditions = 32

3) 704-411(1)(b) = 8

4) 704-411(1)(c) = 2

5) 704-415 Conditional Release = 111

6) Expired = 1

7) No legal status = 76.

During FY 2015, discharges as 405 increased by 20%. Discharges as 406(1) increased by 50%. Discharges as 411(1)b increased by 100%. Discharges

[3] HRS §334-60.2 (MH-6), §706-607, and §704-406(4).

as 415 conditional release decreased by 6% and discharges with no legal status decreased by 2.5%. Nearly half (n=35) of patients discharged without any legal status were originally admitted as a result of non-violent petty misdemeanor or misdemeanor charges. Under Act 53, passed in 2011, the maximum time of mental health commitment for such patients is 60 days for petty misdemeanors (HRS §704-406(1)(a)) and 120 days for misdemeanors (HRS §704-406(1)(b)). Patients who are not found fit to proceed prior to the expiration of commitment are dismissed of their charges and released from HSH with no further legal encumbrance.

Part III. Number of Individuals Committed to the Hawai`i State Hospital by Each Court and County

A. Court

Table 12 presents the admissions for FY 2015, further analyzed by Circuit (generally felony charges), District (generally misdemeanor or charges of lower grade), and Family Courts, as well as for East Hawai‘i and West Hawai‘i separately.

Table 12: HSH Admissions by Committing Court and County for FY 2015[4]

County	Circuit Court	District Court	Family Court	Total	Percent
Honolulu	129	64	15	**208**	69%
Hawai‘i	20	33	6	**59**	19%
Hilo	13	21	4	**38**	13%
Kona	7	12	2	**21**	7%
Maui	12	6	4	**22**	7%
Kaua‘i	7	7	0	**14**	5%
Total	**168**	**110**	**25**	**303**	**100%**
Percent	**55%**	**36%**	**8%**	**100%**	

During FY 2015, the largest amount of admissions was from circuit courts (55%) secondary to a 30% increase from FY 2014 driven by a 38.8% increase in admissions from Honolulu circuit court. During FY 2015, district courts accounted for 36% of the admissions.

B. County

[4] One patient was admitted without criminal charges or legal status.

Please refer to Table 13 below for admissions by County.

Table 13: HSH Admissions by County for FY 2015[5]

County	Number of Admissions	Percent of Admissions	Percent of State Population*
Honolulu	208	69%	70%
Hawai'i	59	19%	14%
Maui	22	7%	11%
Kaua'i	14	5%	5%
TOTAL	**303**	**100%**	**100%**

*Based on 2014 U.S. Census Bureau estimate.

During FY 2015, all counties increased their admissions to HSH, however, as a percentage, both Kaua'i and Maui decreased while Honolulu had the largest per cent increase.

Part IV. Lengths of Stay in the Hawai`i State Hospital

A. Individuals Discharged During the Fiscal Year 2015

Table 14 reports the length of stay at discharge for individuals discharged during FY 2015.

Table 14: Lengths of Stay (LOS) for Individuals Discharged in FY 2015

Legal Status at Discharge	Total LOS	Average LOS	No. of Discharged Patients
HRS §704-415	32,033	289	111
None	27,436	361	76
HRS §704-405	11,976	169	71
HRS §704-406(1)	10,683	334	32
Expired	5,373	5,373	1
HRS §704-411(1)(b)	2,237	280	8
HRS §704-411(1)(c)	395	198	2
HRS §704-404	35	35	1

[5] One patient was admitted without criminal charges or legal status.

B. Patient Days by Legal Status Assessed at the End of the Fiscal Year

Please note that some patients have more than one legal status and some will likely have a change of legal status, sometimes changing legal status multiple times during admission. Table 15 presents the number of inpatient days by admission legal status and location for patients remaining at the end of FY 2015.

Table 15: Inpatient Days of Active Patients, by Admission Legal Status and Location in FY 2015

	Location of Inpatient Days		
Admission Legal Status	**HSH**	**Kahi Mohala**	**CRCC**
HRS §334-74 (MH-9)	365	–	–
HRS §704-404	8,345	1,826	–
HRS §704-406	28,675	8,562	–
HRS §704-411(1)(a)	12,735	1,320	850
HRS §704-413(1)	20,270	3,452	–
HRS §704-413(4)	1,848	138	–
Civil Commits	1,565	–	–
Court Ordered Involuntary	251	–	–
Voluntary	350	–	–
None	4	–	–
TOTAL	**74,408**	**15,298**	**850**

Part V. Number of Hawai'i State Hospital Patients on Forensic Status, Broken Down by Categories of Underlying Crimes, Such as Crimes Against a Person, Sex Offenses, and Property Crimes, Sorted by the Grade of the Offense

Table 16 includes a summary of admissions during FY 2015 with the underlying offense, the grade of the offense, and whether the offense was against a person or not.

Table 16: Admissions by Legal Status and Grade of Offense in FY 2015

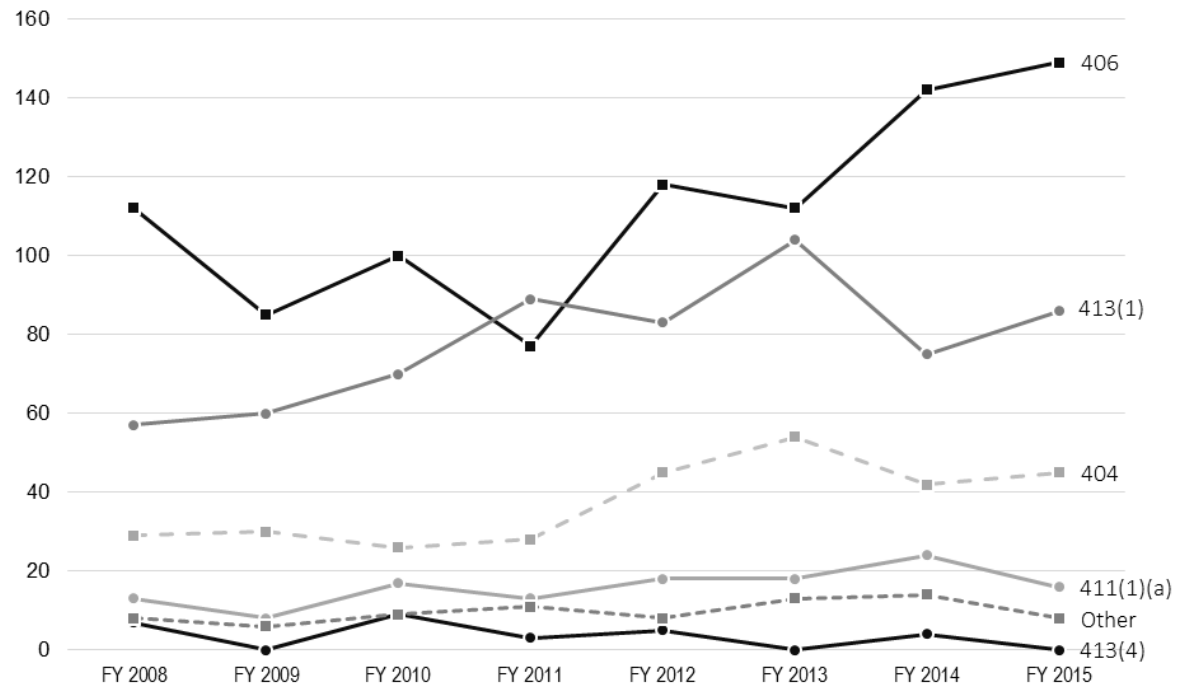
	Evaluation of Fitness to Proceed	Unfit to Proceed	Acquit and Commit	Temporary Hospitalization for Violating CR	Civil Commitments	Court Ordered Involuntary	No Criminal Charge	Total	Percent
Total Admits with Felony Charges	**15**	**66**	**16**	**54**	**1**	**–**	**–**	**152**	**50%**
Felony A	1	16	2	9	–	–	–	28	9%
Offense against another	*1*	*15*	*2*	*7*	*–*	*–*	*–*	*25*	*8%*
Offense not against another	*–*	*1*	*–*	*2*	*–*	*–*	*–*	*3*	*1%*
Felony B	2	9	6	11	–	–	–	28	9%
Offense against another	*–*	*3*	*2*	*6*	*–*	*–*	*–*	*11*	*4%*
Offense not against another	*2*	*6*	*4*	*5*	*–*	*–*	*–*	*17*	*6%*
Felony C	12	41	8	34	1	–	–	96	32%
Offense against another	*8*	*18*	*6*	*16*	*1*	*–*	*–*	*49*	*16%*
Offense not against another	*4*	*23*	*2*	*18*	*–*	*–*	*–*	*47*	*15%*
Total Admits: Misdemeanor Charges	**20**	**75**	**–**	**30**	**4**	**–**	**–**	**129**	**42%**
Misdemeanors	12	33	–	19	–	–	–	64	21%
Offense against another	*9*	*27*	*–*	*17*	*–*	*–*	*–*	*53*	*17%*
Offense not against another	*3*	*6*	*–*	*2*	*–*	*–*	*–*	*11*	*4%*
Petty Misdemeanors	8	42	–	11	4	–	–	65	21%
Offense against another	*2*	*10*	*–*	*5*	*2*	*–*	*–*	*19*	*6%*
Offense not against another	*6*	*32*	*–*	*6*	*2*	*–*	*–*	*46*	*15%*
Violation – *Offense not against another*	**2**	**3**	**–**	**2**	**–**	**–**	**–**	**7**	**2%**
Unrecognized – *Offense not against another*	**8**	**6**	**–**	**–**	**–**	**–**	**–**	**14**	**5%**
Offense against another	*1*	*1*	*–*	*–*	*–*	*–*	*–*	*2*	*1%*
Offense not against another	*7*	*5*	*–*	*–*	*–*	*–*	*–*	*12*	*4%*
No Criminal Charge	–	–	–	–	–	**1**	**1**	**2**	**1%**
TOTAL	**45**	**150**	**16**	**86**	**5**	**1**	**1**	**304**	100%
Percent	15%	49%	5%	28%	2%	0%	0%	100%	

Felonies accounted for 50% of the HSH admissions during FY 2015, led by a 133% increase in Felony A admissions. Misdemeanor admissions decreased by 16.8% including the three most frequent legal status: evaluation of fitness, unfit to proceed and temporary hospitalization.

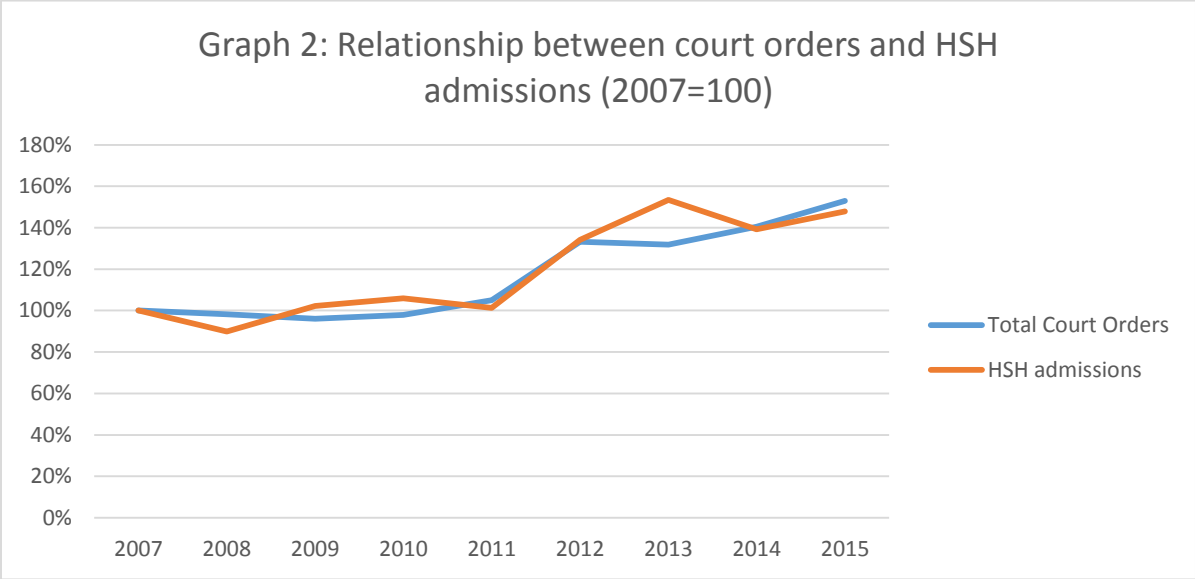
Discussion

HSH total admissions and discharges for fiscal year 2015 increased modestly. The legal status of 406 Unit to Proceed continues to be the most frequent admission legal status and continues to increase at the rate of the previous three fiscal years. Graph 1 illustrates the admissions by legal status over the previous eight fiscal years.

Graph 1: Admissions by Legal Status, FY 2008 to FY 2015



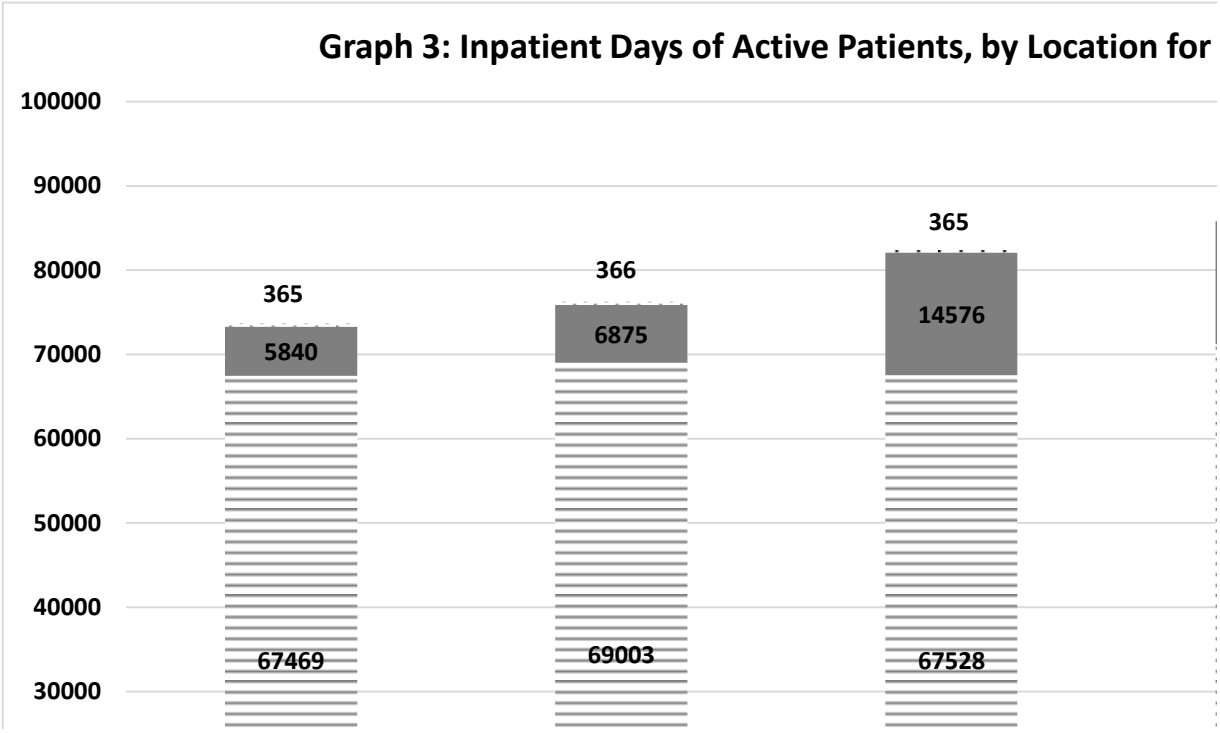
The increase in HSH admissions is directly related to the total volume of court orders for evaluation received by the Courts and Corrections Branch. Graph 2 illustrates the relationship between the total amount of court orders for mental health evaluation and HSH admissions using 2007 as a baseline.



Admissions are only part of the total picture. Inpatient days measure utilization and expenditure more accurately for a hospital system. Table 17 and Graph 3 present total inpatient days by fiscal year for each of the three locations of DOH sole custody. The total has increased each year from FY 2011 through the present. FY 2015 represents a 22% increase over FY 2011.

Table 17: Inpatient Days of Active Patients, by Location for FY 2011 to FY 2015

	Location of Inpatient Days		
Year	**HSH**	**Kahi Mohala**	**CRCC**
FY 2015	74,408	15,298	850
FY 2014	71,214	14,600	512
FY 2013	67,528	14,576	365
FY 2012	69,003	6,875	366
FY 2011	67,469	5,840	365



The other significant trend for FY 2015 is an increase in the severity of the charges that result in admission to HSH. For FY 2015, felonies accounted for 50% of the admissions (highest percentage to date) and circuit courts accounted for 55% of admission. The increase in felony admissions was primarily Class A felonies which increased by 133% during FY 2015.

Conclusion

The use of DOH inpatient facilities continue to increase and approach the total available physical capacity of locked inpatient psychiatry beds on the island of Oahu. Since FY 2011, there has been a 23% increase in utilization of DOH custody as measured by total inpatient days. Court orders for mental health evaluations, HSH admissions especially for 406 Unfit to Proceed and total HSH inpatient days have increased at similar rates since FY 2011 and show no signs of slowing. This rate of increase is unsustainable and will require the addition of more locked inpatient psychiatric beds by contract or building in the very near future.

In addition, FY 2015 shows a trend toward increasing severity of criminal charges associated with HSH admissions. For the first time, felonies account for 50% of HSH admissions and circuit courts account for 55% of admissions. HSH admissions associated with Class A felonies increased by 133% for FY 2015. This trend highlights the need for DOH facilities that are specifically designed to safely manage forensic psychiatric populations.

APPENDIX A

HSH Staff Injuries and Assaults on Staff

During the 2014 Legislative Session, the Hawai`i Senate conducted informational and investigational hearings on assaults and staff injuries at HSH. The Senate Investigational Committee issued a report on October 23, 2014 *(Senate Spec Com. Rep. No. 1, Senate – 2014, State of Hawaii)* after the hearings were completed. The report recommended that HSH submit a written report on data regarding staff assaults and injuries to the 2015 and 2016 legislative sessions. This appendix will complete HSH's responsibilities on reporting staff assaults and injuries as recommended by that report.

The U.S. Department of Labor, Occupational Safety and Health Administration document called Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers states "healthcare and social service workers face a significant risk of job-related violence. The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. A workplace violence prevention program is an effective organizational approach to mitigate the risk of violence in the hospital workplace. OSHA outlined several key elements of an effective program that includes: leadership support, staff involvement, worksite hazard analysis, reporting assault and injury incidents, analysis and tracking, record keeping using the OSHA 300 log and program evaluation.

HSH, as a component of its quality management program, has maintained records of patient assaults since 2006 and records of staff injury OSHA log reports since 1990. In addition to maintaining an OSHA 300 log on staff injuries for record keeping purposes, HSH collects data on staff assaults and injuries, conducts an analysis of the incidents and reports any trends using quality report cards that are evaluated by the HSH Performance Improvement Committee and shared with all staff.

HSH is an active member of the Western Psychiatric State Hospital Association (WPSHA). HSH compares our assault and staff injury data with other psychiatric hospitals for benchmarking purposes. WPHSA compares performance measures among member hospitals and encourages participation in joint research and surveys to continuously improve services provided to the citizens served by publicly operated hospitals. The WPSHA consists of state psychiatric hospitals from fifteen western states (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming).

During 2013, WPSHA performed a benchmarking study on staff injuries. In 2014, WPHSA performed a benchmarking study on incidents of aggression. In 2015, WPSHA conducted a benchmarking study comparing member hospitals that reported staff, patient, and visitor incidents of aggression which included reports of assaults and reports of attempted assaults. A total of twenty WPSHA hospitals that treat adults

participated in the study, including HSH. The hospitals also provided their definitions of incidents of aggression per 1000 patient days so benchmarking comparisons can be conducted. Data was also provided on an overall total of staff injuries that included reports of OSHA reportable injuries/illnesses.

HSH defines an assault as any overt act (physical contact) upon the person of another that may or does result in physical injury and/or emotional distress. Examples include, but are not limited to, hits, spits, kicks, sexual assaults, or any physical injury intentionally inflicted upon another person. In the WPSHA report for FY 2014, HSH included assault attempts or events where contact was not made. The data is reported as rates of aggression per 1000 patient days so that the rates are comparable across hospitals with differing numbers of beds.

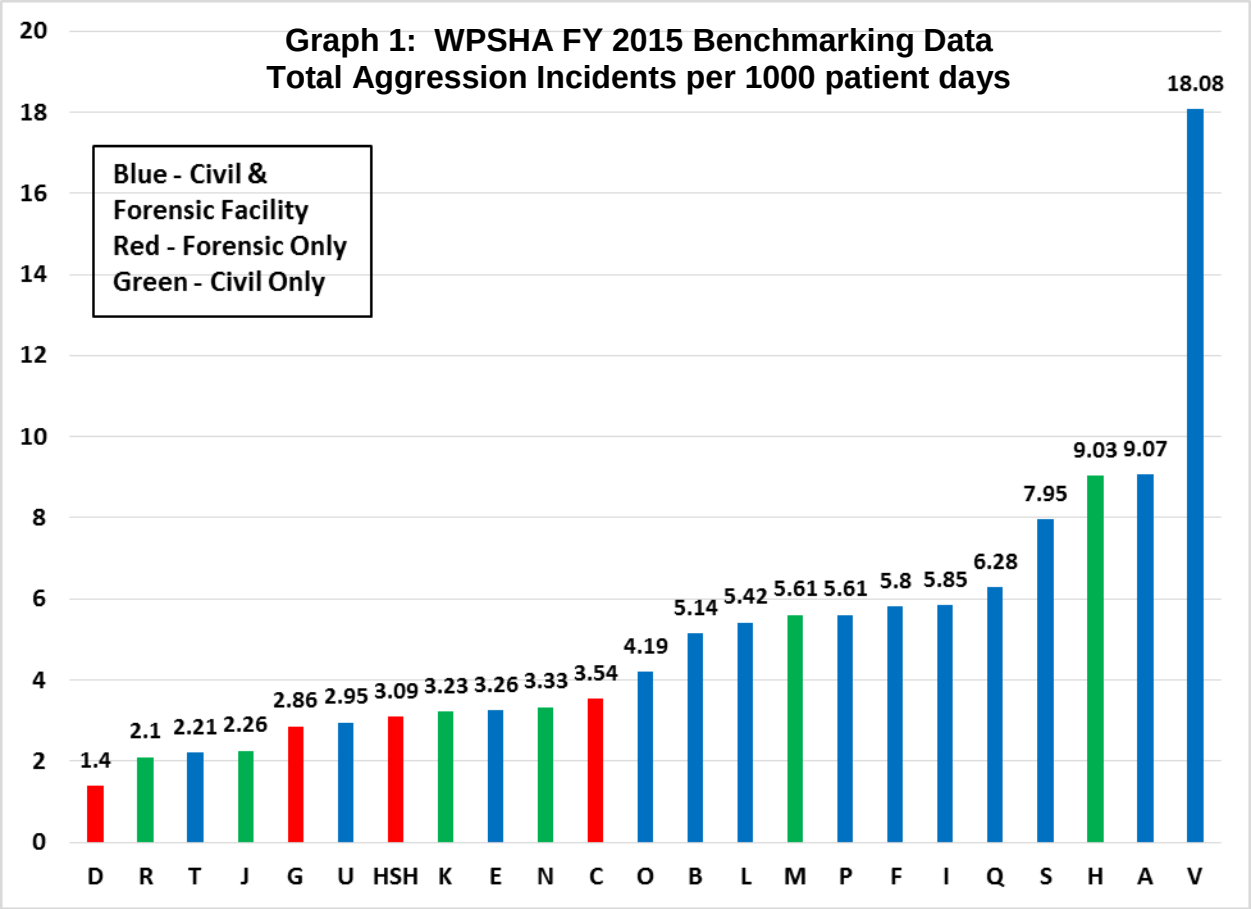
Table 1 provides HSH data on violence which includes patient-to-patient aggression, patient-to-staff aggression and patient to visitor aggression. However, no incidents involving visitors to HSH have been reported for 2014 and 2015.

Table 1: WPSHA Benchmarking Project FY 2014 and FY 2015
Aggression in State Hospitals

Category	2014 HSH Rates	2015 HSH Rates	2015 WPSHA Range
Patient to Patient aggression	2.01	1.55	0.75 – 8.3
Patient to Staff aggression	1.70	1.55	0.65 – 37.95
Patient to Visitor Aggression	0.00	0	0 -0.15
Total Aggression Incidents	3.71	3.09	1.40 – 46.58

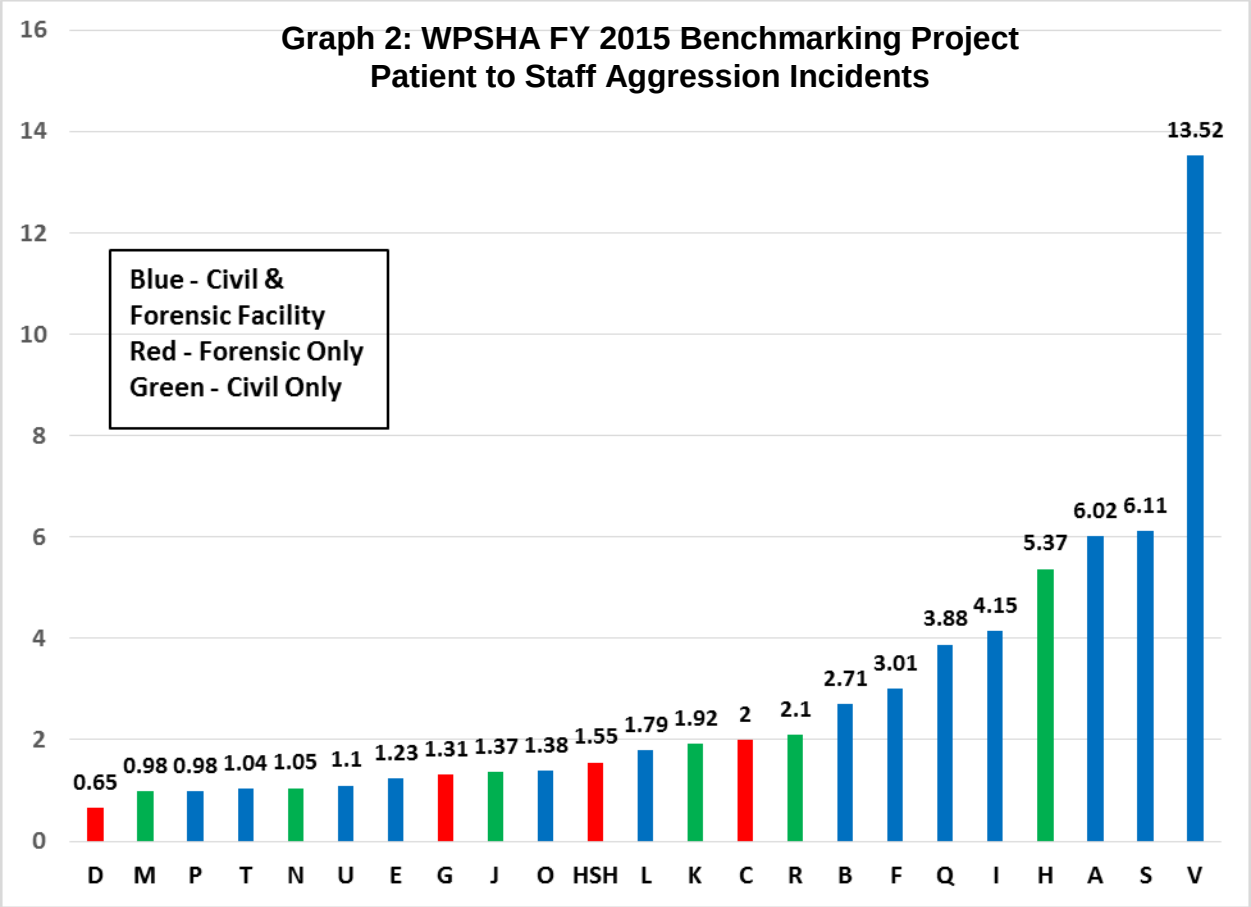
Each WPSHA graph contains color coded bars. There are four WPSHA hospitals that participated in the study (including HSH) that treat only adult forensic patients (red bars). There are thirteen WPSHA hospitals that participated in the study that treat a mixture of adult forensic and civilly committed patients (blue bars). There are four WPSHA hospitals that participated in the study that treat only civilly committed adult patients (green bars).

Graph 1 illustrates WPSHA comparison data on total aggressive incidents for FY 2015.



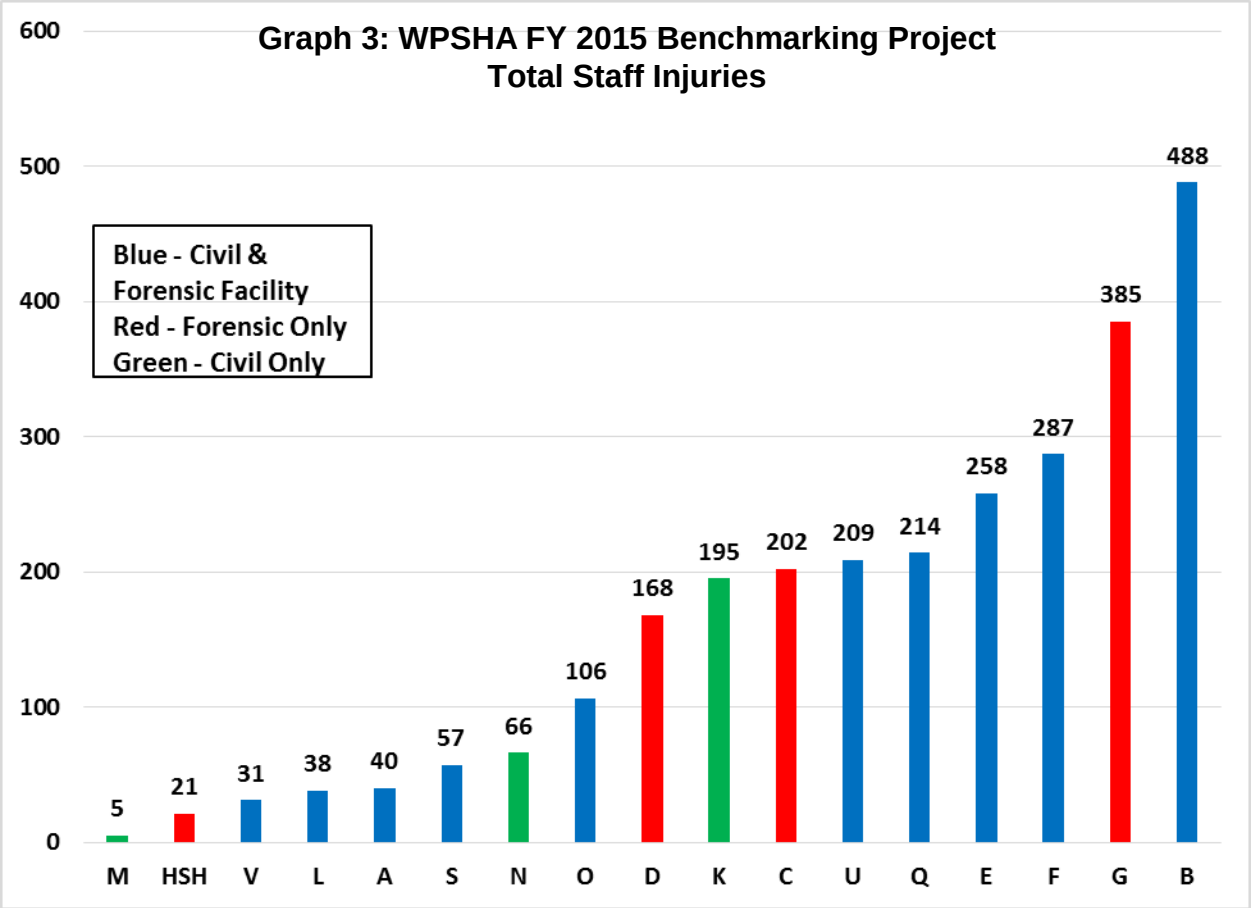
This graph demonstrates that of the 23 WPSHA hospitals reporting data on total acts of aggression, only 6 have a lower rate per 1000 patient days than HSH. In FY 2014, there were 10 WPSHA hospitals with a lower rate of total acts of aggression. This improvement is also reflected in the rate reduction, from 3.71 in 2014 to 3.09 in 2015.

Graph 2 illustrates WPSHA comparison data specifically on patient-to-staff aggression incidents for FY 2015.



This graph demonstrates that of the 23 WPSHA hospitals reporting patient to staff acts of aggression, 10 have a lower rate. Although the number of WPSHA hospitals reporting fewer patient to staff acts of aggression increased in 2015, the HSH rate decreased from 1.7 in 2014 to 1.55 in 2015. When the HSH assault rate is compared to other psychiatric hospitals in WPSHA, HSH compares very favorably.

Graph 3 illustrates WPSHA comparison data on total staff injuries for FY 2015.



This graph shows that of the 17 WPSHA hospitals reporting on the total staff injury data, only one had fewer staffing injuries that HSH. This shows improvement over 2014. There were 5 hospitals that reported fewer than HSH in 2014. The number of injuries also was reduced from 28 in 2014 to 21 in 2015.

AMHD and HSH are committed to the provision of a safe work environment for all staff members. General healthcare settings present certain risk for staff. This is particularly true in the psychiatric hospitals. HSH continues to plan, design and implement measures to improve safety for patients, staff and visitors. DOH, AMHD, and HSH administrations believe that one assault is one assault too many and have taken steps to minimize assaults on staff.

For example, enhanced staff training, adequate staffing levels, and analysis of events are among these measures. Additionally, a new proactive patient engagement program called IMUA is being designed. IMUA (Interact with patients, Mindful documentation, Unconditional positive regard, Always available) is based on an extremely successful program at the Colorado Mental Health Institution at Pueblo. Due to the fact that an

assault can be traumatic to the individual staff member, the unit and the organization, a policy has been drafted to support the victims of the assault.

As Table 2 demonstrates, calendar year 2014 was the lowest year since 2010 for total assaults (112), assaults that made contact (86), and injuries requiring outside medical attention (7).

Table 19: Assaults-on-Staff at HSH

#1 Calendar Year	#2 Total Assaults	#3 Assaults (Contact Made)	#4 Attempted Assaults (No Contact Made)	#5 Total Staff Injuries	#6 Injuries Requiring Outside Medical Treatment
2010	141	119	22	24	7
2011	132	104	28	31	11
2012	120	93	27	41	8
2013	135	110	25	61	15
2014	112	86	26	51	7
2015* (Through 12/17/15)	94	74	20	29	3

* The data are kept in calendar year format. Given the timing requirements of this report, the 2015 data was capped at 12/17/2015.

Column #1 – Calendar Year
Column #2 – Total Number of Assaults
Column #3 – Assaults: Any overt act (physical contact) upon the person of another that may or does result in physical injury and/or emotional distress. Examples include, but are not limited to hits, spits, kicks, sexual assaults, or any physical injury intentionally inflicted upon another person.
Column #4 – Attempted assaults: Attempted assault (no physical contact) includes behavior that appears to be for the purpose of causing physical injury to another that is unsuccessful. An example is throwing a chair at another person but the person is able to get out of the way.
Column #5 – Total Staff Injuries
No injury / No Treatment: (OSHA) defines injury and illness as “an abnormal condition or disorder”. No treatment such as first aid or professional medical care was provided.
Injury/No Treatment: The injury or illness did not require any first aid or medical treatment. Or the patient refused care and treatment.
First Aid: Is any one-time treatment, and any follow up visit for the purpose of observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such one-time treatment, and follow up visit for the purpose of observation, is considered first aid even

though provided by a physician or registered professional personnel. (OSHA reference)

HSH Medical Intervention or Treatment: Includes treatment administered by a physician or by registered professional personnel under the standing orders of a physician at HSH. (OSHA and WPSHA reference)

Outside Medical Intervention or Treatment: Includes treatment administered by a physician or by registered professional personnel under the standing orders of a physician who is located at an acute care hospital facility. The PER category for outside medical intervention means our HSH physician has referred a patient to a hospital ER for evaluation/treatment.

Hospitalization: Will be included on the revised 2014 PER form, but this refers to a patient with an injury or illness who is referred by our HSH physician to an acute care hospital facility and the patient is admitted for care and treatment.

Column #6 – Injuries Requiring Outside Medical Treatment: Staff injuries in this report include those severe enough to require the diagnosis and/or treatment of the person by a licensed medical doctor, injuries requiring outside medical intervention, hospitalization or injuries resulting in death.

Through 12/17/2015*, the 2015 data for total assaults (94), assaults that made contact (74), attempted assaults (20), and injuries requiring outside medical attention (3) are all the lowest since 2010. Only total staff injuries in 2014 (24) were lower than the 2015 total staff injuries (29).

As this graph demonstrates, reductions have occurred over the past two years in all categories relevant to assaults and resulting staff injuries. Specifically, over the time span recommended by the Senate report, total assaults decreased by 30%, assaults when physical contact was made decreased by 32.7% and injuries requiring medical assistance decreased by 80%.

Conclusion

In conclusion, it is recognized that any health care setting has a level of risk of violence and that a psychiatric setting has an increased level of risk. The HSH has taken steps to minimize that risk and the data presented shows improvement in all areas relevant to assault and injury. The HSH assault rate compares very favorably to other psychiatric hospitals in the Western United States. Over the time span recommended by the Senate report, HSH total assaults decreased by 30%, assaults when physical contact was made decreased by 32.7% and injuries requiring medical assistance decreased by 80%.