

# AD HOC Safety Committee minutes 05.07.14

State Hospital AD HOC Safety Committee	
5.7.2014	Western State Hospital – Hamilton Conference Room
Meeting called by	Victoria Roberts
Type of meeting	Ad Hoc Safety Committee
Facilitator	Victoria Roberts, Margaret Cary, Holly Borso
Note taker	Holly Borso
Attendees	See below
8:30	Welcome
Margaret & Victoria	Today's work and agenda
Victoria	Facilities update and capital budget discussion
Holly	Briefing on the current training numbers gathered by the state hospitals.
Victoria & Margaret	<p>Discussion about what trainings are currently offered, where the gaps are and the type of preferred trainings. The recommendations included interactive training, with peers, and that all facilities – including WSH, ESH and CSTC should have the same level of quality and quantity of training. All staff should have much of the PERT training.</p> <p>Identified key courses for each discipline, the number of hours these would increase and what format would be ideal for presentation. Recommendations state wide:</p> <p><b>PSA/MHT/PCCC addition:</b> All Staff members go through NEO and CFS basics/Civil basics depending on assignment. All staff including RNs should have CFS basics, since all staff float. Floating should occur within units.</p> <p><b>Annual 16 hours:</b> 8 hours competency mall training – hands on 4 hours core safety training-hands on 4 hours refresher violence reduction training to include engagement skills and anti-bullying</p> <p><b>PCCC:</b> in addition to the requirements of PSA/MHT trainings PCCC will require additional trainings related to child populations to be determined.</p> <p><b>LPN 18 hours:</b> <b>In addition to the requirements listed for PSA/MHT/PCCC:</b> 2 additional hours at competency fair for nursing skills – dynamat, pixis, medimar</p> <p><b>RNs 24 hours:</b> <b>In addition to requirements listed for PSA/MHT/PCCC/LPN:</b> These items would be partially worked into the 2nd day of competency fair: SBAR/SOAP – charting Critical incident debriefing Medical problem documentation Need to address the how to assist with the 6 hours that RNs are entitled to under the CBA</p> <p><b>Need new training material for:</b> Assessment/psych presentation, physical assessment, team building, milieu supervision, leadership courses. Treatment planning TJC/CMS standards MMSE training</p> <p>RNs: maintain medical skills. This is a recruitment and retention issue, as well as necessary for RNs.</p> <p>Ongoing training committee to review needs.</p>
Noon	Lunch time discussions
Peer based training team to serve state wide – discussed what state- wide courses and trainers would look like. Explored training positions being time-limited developmental job assignments to keep the momentum fresh. Discussed the advantages of having staff give recommendations and feedback to the hiring of these trainers. As well as the need to give ongoing feedback about curriculum and trainers.	

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<p>A reminder that our Safety Committees need attendance from Labor representatives. The number of management participants cannot exceed Labor and the team cannot get enough people together to make decisions without support and involvement from a variety of staff.</p>	
<p>PERT team – Results, challenges and future plans. Discussed the role out of PERT team training and services at ESH and on the civil side of WSH. Discussed the differences between PERT and EPERT. Discussed potentially training float pool positions as PERT members as a way to spread PERT hospital wide at WSH.</p>	
<p>Victoria discussed the letters that went out about Strategies for reducing overtime expenditures that will be presented for bargaining.</p>	
1:00	PICU presentation
Kevin Laughlin Stewart	<p>Kevin briefed the team on his experience working with a PICU structure in multiple facilities and his visit to a unit in the UK. He discussed the advantages, the physical plant modifications that he observed and how this style of treatment worked with existing treatment strategies.</p>
Richard Wentworth	<p>Richard discussed f his research about PICUs that are currently running in the United States. His primary focus was on the results at Atascadero in California which has reported some promising numbers including a 70% reduction in violence for those discharged from the unit when levels 90-days post dc are compared to levels 90 days prior to admission.</p>
TEAM	<p>The Ad Hoc team discussed initial role out at one site to serve the entire state. This would be a short stay unit with clearly defined expectations for a return to general population at the end of a pre-determined time frame. There would be a time limited appointment for the staff working on the unit to prevent burn out in this high acuity setting. Additionally Victoria shared how this could play a role in the process to transfer and individual to the care of DOC when appropriate.</p>
1:30	CISM
Victoria Roberts	<p>Victoria asked the team to give feedback on what elements need to change for our current CISM to meet the needs of our staff.</p> <p>Elements the team discussed: a need to emphasize that staff are a priority. Jim Sprague highlighted the fact that a significant effort was made to put a system in place that included training with the Washington State Patrol but that a way to activate the response and publicize how to do so needs to be addressed in policy. The question was raised about how sick leave ties to assaults and do staff get an automatic day off after assault.</p> <p>Ike raised a concern that the new <u>proposed</u> attendance policy might not take into account time loss related to assault benefits.</p>
A1 –Presentation ideas	
Ron Beach	<p>Ron shared with the team the informal mentoring program that has been utilized with staff. He envisions rolling this out as a widely available opportunity for new staff that would also allow input into the process of becoming a permanent staff member. Currently this is a voluntary participation program and they have trouble getting enough mentors. Margaret and JoAnn shared that this type of program is widely available in medical facilities in the form of a precepting program for nurses. CSTC reported that they are matching people with strong staff role models on their shift to offer mentoring during training.</p>
Jim Sprague	<p>Jim shared concern about the request for barriers around the nurse's stations which was recommended by findings from the WSH safety committee. He asked a formal and timely response from Administration about their consideration or decision on this request.</p>

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Barbara Shellman	Barbara shared with the team that there appeared to be multiple items on the A1 list that are already in practice but that staff as a whole don't appear to be aware of. This lead to further discussion about strategies for sharing information agency wide and best strategies for education about our current programs and services.	
3:00-3:30	Caucus time	
	SEIU and WFSE leadership and members took time to discuss the day and decide what they would like to present to Secretary Quigley during his afternoon visit.	
3:30-5:00	Report out with: Ron Adler, Dorothy Sawyer, Jane Beyer & Kevin Quigley	
SEIU and WFSE	<p>The SEIU and WFSE teams presented the initial recommendations of the Ad Hoc Safety Committee. <i>See the attached recommendations.</i> They presented to the Secretary an outline of the recommendations which focus on issues relevant to the reduction of violence at the state hospital through</p> <ul style="list-style-type: none"> <li>• Increasing Core Staffing</li> <li>• Creation of permanent float pool at WSH</li> <li>• Training:             <ul style="list-style-type: none"> <li>○ Core training needs to be experiential</li> <li>○ Ensure sufficient staff to cover for staff leaving wards</li> <li>○ Staff must be relieved from duties to attend</li> <li>○ Training should be conducted by peers</li> <li>○ PSA/MHT: 16 hours per year</li> <li>○ LPN: 18 hours per year</li> <li>○ RN: 24 hours</li> </ul> </li> <li>• PERT – a single roving PERT team at ESH, and additional PERT team. Team discussed need to train float team with the PERT training. Raised possibility of expanding PERT to other areas.</li> <li>• PICU – a unit that would serve high needs clients statewide for short period of intensive services. This would allow for concentrated focus on the client but also be a pathway for utilization of DOC services for clients that are inappropriate for service at the hospital.</li> <li>• Additional recommendations on staffing will be presented through the Joint Nurse staffing committees to the CEOs.</li> </ul>	
	Person Responsible	Deadline
Victoria will ask the hospital administration to respond in writing to all recommendations made by the safety committees to include the discussed topic of enclosure of the nurses stations.	Victoria	June 1 <sup>st</sup>
Labor Leadership and BHSIA will discuss the next meeting and how to move forward with the work now that the June 1 <sup>st</sup> recommendations have been made.	Margaret, Debbie and Victoria	June 1st

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Name	Location	Affiliation/Position	Contact
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Stephen Mauer- absent	WSH	Director of Security	<a href="mailto:mauersl@dshs.wa.gov">mauersl@dshs.wa.gov</a>

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Erik Logan-absent	CSTC	Director of Nursing	loganey@dshs.wa.gov
Kimberly Domitrovich	ESH	MHT	kimberlydomitrovich@comcast.net
Sabrina Kimm - absent		1199	<a href="mailto:sabrinakc@seiu1199nw.org">sabrinakc@seiu1199nw.org</a>
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*Guests:*

*Kevin Doty -ERMO*

*Joann Metropolis – SEIU Healthcare 1199NW*

*Eric Nelson - AAG*

*Bryan Zolnikov – WSH CFS*

*Richard Wentworth – BHSIA*

*Kevin Laughlin Stewart – PERT WSH CFS*

*Andy Prisco – PERT WSH CFS*

*Dan Gapsch – WSH CFS*

*Ron Adler – WSH CEO*

*Dorothy Sawyer – ESH CEO-via phone*

*Kevin Quigley – DSHS Secretary*

*Jane Beyer- Assistant Secretary- BHSIA*

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Possible Financial Package	FTEs and Cost	Other information
Increased staff to ensure adequate core staffing (per nurse staffing committee)	Nurse Staffing Committee to determine numbers	
Ensure sufficient staff to meet training needs	FTEs based on training needs	PSA/MHT: 16 hours of training LPNs: 18 hours of training RNs: 24 hours of training
Implement permanent float pools (needed to address schedule flexibility, unscheduled absences, 1:1s, acuity increases, to cover for staff on vacation, L&I increase)	Number of FTEs – nurse staffing committee	
Existing PERT; discussion of additional PERT		
Safety Equipment	Safety Alarms	Capital expense
Possible PICU	Cost neutral (maybe not?)	Capital expense

Training:

- 1) Interactive model dealing with real world issues
- 2) Peer Training - rotating
- 3) Consistent Training across WSH and ESH and CSTC
- 4) State-wide group of trainers

Other immediate items for implementation:

- 1) Post trauma/assault program – debrief, support services for those in trauma – look at practices (implement at CSTC)
- 2) Training required for floats; float within
- 3) Mentor Program
- 4) Improve communication among staff, supervisors/managers, direct communication
  - a. Safety Huddle
  - b. Regular Staff meetings
  - c. Shift Change communication