

September 29, 2016
Department of Social and Health Services

**Overview of the Systems Improvement Agreement
and Root Cause Analysis for Western State Hospital**

With over 800 beds and over 1800 employees, Western State Hospital (WSH) is one of the largest psychiatric hospitals west of the Mississippi. WSH provides evaluation and inpatient treatment for individuals with serious or long-term mental illness.

Last year, the federal Centers for Medicare and Medicaid Services (CMS) announced that numerous staffing and safety issues at the hospital threatened the hospital's certification. Without certification Western State Hospital could lose as much as \$65 million in federal funding.

The state is committed to make improvements and reforms necessary to ensure patients get the care they need and to create a safe and secure environment at WSH. Preserving federal funding that comes with certification is essential to that mission.

Western negotiates a 13-month agreement to protect federal certification and funding

To put the hospital back on track for compliance and to preserve federal funding, Western/DSHS negotiated a 13-month Systems Improvement Agreement (SIA) with CMS in June 2016. A "root cause analysis" is one of the key components of the SIA and was finalized in September 2016.

The agreement required Western/DSHS to hire a CMS-approved independent expert consultant to perform a root cause analysis and work with Western/DSHS to develop a Corrective Action Plan based on the consultant's findings. The consultant also provides oversight and monitors the hospital's progress.

CMS will arrange for a federal survey within 90 days of the end of the agreement to determine whether the hospital is again in compliance.

Clinical Services Management, P.C. (CSM) was hired as the consultant.

You can read the SIA online at: <https://www.dshs.wa.gov/bha/division-state-hospitals/systems-improvement-agreement>.

Root cause analysis details systemic issues to be fixed at Western

CSM's root cause analysis provides information and recommendations in six areas:

- Leadership/management and accountability;
- Quality and appropriateness of services;
- Patients' rights and protections;
- Qualified and supportive staffing resources;
- Staff training and education; and
- WSH's Quality Assessment and Performance Improvement program (QAPI).

Key findings

CSM's findings confirm that staff reductions and turnover, ineffective management, and issues related to training and quality management are at the root of many problems. Staff and patients feel unsafe, deterioration of training has resulted in inconsistent application of practices between units, and a general lack of morale and trust in management pervades the hospital.

- "The culture of WSH has been diluted through the loss of leaders among the organization's management and staff. WSH has ceased to aim for excellence. In the interviews that CSM held with staff and patients it became clear that the organization is not adequately committed to patient centered care." (Page 14)
- Staff are stretched to the maximum. Tired and overworked, staff are more apt to miss assignments, take shortcuts in completing duties, and make errors. (Page 16)
- Staff survey indicates that only 54 percent of staff feel safe, a 9 percent decrease from the previous survey. Staff accountability was seen as good by only 27 percent of the staff, down 14 percent. (Page 19)
- "As noted throughout this report, staff are the core resource in any medical organization, and even more so in a psychiatric facility. This key resource has been compromised by budgetary reductions during a difficult economic era from at least 2008. This has been compounded by:
 - Vacancies borne out of retirements in an aging workforce
 - Attrition due to better opportunities outside the state system in terms of money and benefits
 - A flight from a difficult therapeutic environment and one progressively more violent and unsafe..." (Page 39)

CSM also notes there are broader issues that impact the hospital's operations such as consequences of previous budget cuts, the unusual size and scope of the hospital and the shortage of community facilities that support patients ready for discharge or that could treat individuals in a community setting.

- "In leadership interviews conducted by CSM, the senior managers generally agreed that the previous structure was neither efficient nor effective. By the report of many, the past CEOs struggled under the burden of a broadening span of control. In response to an unmanageable set of responsibilities, senior leadership became increasingly autocratic and micromanaging. There were numerous challenges that had a negative impact on the WSH management staff:
 - The history of state budget cuts;
 - Anachronistic issues with the excessive size of WSH;
 - A lack of adequate range and extent of community-based programs and services to facilitate prompt discharges;

- Poorly designed and implemented legal requirements around civil and forensic admissions and review processes;
 - Loss of qualified staff; inability to train/develop competent replacements.
- These and other factors combined to make it an extreme challenge to properly manage and administer services at WSH no matter who was in charge. All of these issues need to be addressed with changes to WSH to allow for it to become a properly functioning organization.” (Pages 12-13)

Status of improvements currently underway at Western

The root cause analysis contains dozens of recommendations, many of which are already underway and consistent with findings from other reports and assessments. Western/DSHS leadership is evaluating the analysis to determine what additional actions are needed.

Improvements at Western range from long-range systemic improvements such as increased staffing, funding and expansion of community facilities, to safety, training and operations improvement at the hospital — all of which focus first and foremost on patient and staff safety.

New Leadership

- Since April 2016, Gov. Jay Inslee and DSHS have appointed a new CEO, Chief Medical Officer, Security/Emergency Management positions, and a new Chief Quality Officer. The leadership team is dedicated to building more channels for open communication, engaging the entire hospital community in transformation and leading the hospital to success.
- The governing body has been revitalized to be chaired by the assistant secretary. The hospital is working with its consultants to ensure the content and review processes used by the governing body maintain the depth and breadth of focus to ensure proper oversight. This includes greater focus on strategic planning, facility planning and new program development.
- Senior leadership team has been restructured to reflect realistic span of control more consistent with common theory and practice.
- Leadership and management are working to develop better relationships with hospital staff. They are more engaged and active on wards to develop better relationships with staff and gain more understanding of day-to-day activities. Management actively involved in conducting ward rounds. Leadership meets once a month with supervisors during all three shifts at the hospital. This is an opportunity for leadership to discuss changes and new initiatives and seek feedback before launching wholesale change.
- CSM identified the need for additional ward program administrators and WSH leadership has approved the hiring of 30 additional ward managers. They will help WSH better coordinate all services on the wards, allow clinical staff to focus on providing quality clinical care, and ensure safety for patients and staff.

- CEO Cheryl Strange is driving culture change and promoting her vision for a hospital that focuses on providing quality active treatment, maintaining safety for patients, staff and the community, and working across the hospital to meet minimum CMS standards and maintain federal funding.

Safety and Security

- The addition of a chief security officer to the WSH team has brought expert focus on review and improvement of security policies and practices to WSH.
- Unauthorized patient walkaways at WSH have dropped dramatically from 181 in 2014 to 81 in 2015. March 2016 was the first month in years with no reported “unauthorized leave” incidents.
- All perimeter doors will be re-keyed by October 30, 2016. This change will eliminate the possibility of being able to use a single key to exit.
- The number of access/egress gates has been reduced. Some have been re-keyed with limited issuance of the new key. Other remaining areas requiring maintenance of access are further secured either by staff post and/or manned security camera.
- The “key watcher” system for accessing keys at start of shift and securing keys at end of shift is currently in place in the Center for Forensic Services. This system has been purchased for installation and use in 13 additional locations around the hospital campus. Installation of the expanded key watcher systems is anticipated to be complete by November 15, 2016.
- The consolidated maintenance and operations (CMO) team has established and implemented a comprehensive tool inventory and control policy and procedure.
- An assessment for replacement of windows in all areas of WSH, a historic building, has been completed. A budget funding request will be submitted for consideration of implementation.

Quality and Appropriateness of Services

- In coordination with the SIA consultants, treatment planning and active treatment are two of 17 workgroups created under WSH’s corrective action plan initiative, “Transforming Western: A Journey to Care Improvement.” These groups will focus on all aspects of how to improve services to meet — and exceed — CMS’ requirements for quality care.
- Fundamentally, additional community capacity is needed to improve the ability of the hospital to quickly admit patients in need of care at Western and successfully discharge patients who are ready to transition back to the community. As of August 2016, the following forensic and civil waitlist strategies are being implemented to achieve the governor’s directive to reduce the admission wait list.

Forensic and Civil Waitlist Reduction Plan: Executive Summary

Short-Term Strategies to Reduce Forensic Waitlist

		Dollars In Thousands		
Governor's Behavioral Health Innovation Fund		\$ 6,777	\$ -	Waitlist
Funding Investments		SFY 2017	2017-19 Biennium	34
Strategy 1	Fill bed vacancies at Western State Hospital, Yakima, Maple Lane	\$ -	\$ -	(25)
Strategy 2	Fill vacant Not Guilty by Reason of Insanity beds at Eastern State	\$ 1,010	\$ 2,006	(8)
Strategy 3	Implement 45-day re-evaluations and reduce length of stay	\$ 1,148	\$ 2,740	0
Strategy 4	Create additional 24 inpatient bed capacity at Yakima	\$ 2,020	\$ 9,180	0
Total Forensic Investment		\$ 4,178	\$ 13,926	1

Short-Term Strategies to Reduce Civil Waitlist

Governor's Behavioral Health Innovation Fund Balance		\$ 2,599	\$ (13,926)	Waitlist
Funding Investments		SFY 2017	2017-19 Biennium	82
Strategy 1	Enhanced Service Facility Beds	\$ -	\$ -	(12)
Strategy 2	Housing & Recovery through Peers Services (HARPS) Teams	\$ -	\$ -	(12)
Strategy 3	Specialized Behavioral Support Beds	\$ -	\$ -	(4)
Strategy 4	Permanent Supportive Housing Beds	\$ 79	\$ 216	(6)
Strategy 5	Specialized Nursing Facility Beds	\$ 255	\$ 876	(4)
Strategy 6	Out of State Discharge	\$ 4	\$ -	(1)
Strategy 7	State Operated Living Alternative (SOLA)	\$ 360	\$ 1,176	(2)
Strategy 8	Diversion Efforts (including mobile crisis, discharge planners)	\$ 912	\$ 2,432	0
Strategy 9	Reduce length of stay (create specialized positions)	\$ 796	\$ 1,514	0
Total Civil Investment		\$ 2,406	\$ 6,214	41

Recruitment and Hiring

In May 2016, the governor ordered DSHS to implement an aggressive recruitment plan to fill 178 direct care positions, and find ways to improve staff retention. The plan included providing more competitive compensation packages and improved staff training. Total expenditures necessary to address the understaffing problem is estimated at \$24 million, annually.

Staffing actions include:

- Negotiation of memorandums of understanding with WFSE, SEIU and UPW to address competitive compensation.
- Retention of two experienced recruiters for WSH.
- Significantly improved interview and hiring processes that allows Western to interview an average of over 60 candidates per week and decreases the hiring/onboarding time of referral to job acceptance from an average of 45 days to 16 days.
- Added nurse educators (focus on training development and delivery, evaluation of competencies) and a formal mentoring system to provide new employee support during new employee orientation and then onto the wards.
- Between July 1 and September 23, 2016, the hospital has hired 171 direct care staff for a net increase of 100.

Facilities Improvements

There are numerous emergent facility and maintenance needs identified for compliance with CMS requirements.

A number of new capital projects have been identified, approved and initiated. Hiring will address work order reduction, painting projects, preventative maintenance and a number

of other key issues. Lean processes were used to streamline the work request and the approval process.

Full electronic implementation of new processes will occur in early November 2016.

Additional long-term questions must be answered

The root cause analysis referenced that the size of the hospital and the nature of its work as it pertains to treating both civil and forensic patients presents its own unique challenges. The governor last year proposed long-term planning efforts to address key questions related to the state's psychiatric hospitals.

- Is Western State Hospital too big? Consultants are reviewing the overall structure and role of the state hospital system, including transitions into and out of a state hospital and into the community. This report is due by the end of October 2016.
- How do we fix the culture at Western State Hospital? Consultants will recommend actions to create a sustainable culture of wellness at our state psychiatric hospitals. This report is due by the end of October 2016.
- What is the best 21st century staffing model for the hospitals? The consultant is assessing clinical roles and developing recommendations for a staffing model that promotes professionals practicing at the top of their licenses.
- How do we grow our own psychiatric workforce? A new collaborative partnership with the University of Washington is underway to help create a forensic teaching unit that will provide a pipeline of skilled psychiatric practitioners ready to work at Western. In addition, the Workforce Training and Education Coordinating Board is assessing the behavioral health workforce and making recommendations on actions to address workforce shortages. The Board's report is due December 15, 2016.
- How do we keep people with mental illness from entering our jails and prisons? The consultant is assessing the current status of opportunities to divert people with mental illness from the criminal justice system and identifying methods of enhancing those opportunities. The report is due on November 21, 2016.
- How do we keep people from languishing in our emergency rooms, waiting for treatment? The governor convened a task force along with King County Executive Dow Constantine focused on developing efforts to prevent people with mental illness from entering jails and prisons. Their report, [Community Alternatives to Boarding Task Force](#), was delivered June 2016.

Much work remains, and Western's leadership is committed to restoring excellence

"As noted elsewhere, the state has responded to the problems at WSH with a proposed plan to increase staffing and enable better recruitment and retention. This will provide a foundation of resources that, if used wisely, can help set the hospital on the course back to being a quality provider of behavioral healthcare services to both acute and chronic mentally ill populations. New leadership has arrived with a mandate and anticipated support to build a new team that will take a different direction in rebuilding the hospital's treatment services." (Pages 23-24)

"It is important to note that the majority of all staff that we met while at WSH had low morale and they had much to say about what areas needed help and how to fix the problems. Nevertheless, they expressed hope for the future of the hospital with the new administration." (Page 36)