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STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

In the Matter Involving Mediation Related to the Minnesota Security Hospital

ABATEMENT PLAN

Inspection Number: 317587582
OSHI ID: P1388
Optional Report Number: 01014
Inspection Date(s): 02/18/2014-08/1/2014
Issuance Date: 08/04/2014

The attached color-coded[1] document constitutes the Abatement Plan of the Department of Human Services submitted with respect to OSHA Citation 01, Item 001, issued as a result of Inspection Number 317587582.

			FILL IN ONE	
	Action Taken	Abatement Date on Citation	Date Abated (Corrected)	Anticipated Completion Date
	1. Restructured and Empowered Safety Committee, Paired with Data Analysis and Policy Development			Attached
	2. Define/Redefine “Imminent Risk”			Attached
	3. Weekly Clinical Reviews/ Ancillary Meetings			Attached
	4. Learn from Experts: Seek Out and Follow Best Practices			Attached
	5. Training in Person Centered Thinking			Attached
	6. Hire and Maintain Full Complement of Psychiatric Providers			Attached
	7. Regular Evaluation of Environmental Safety Concerns and Weaponry			Attached
	8. Quality Monitoring: Using Data Collection to Drive Decisions			Attached

[1] The attached pages are highlighted in colors indicating that the Department’s specified abatement actions are complete (green), in process (yellow), or not yet commenced (red).

	9. Med-Core Remodel into 4-Bed Admissions Unit			Attached
	10. Blind Spot Abatement: Camera Installation			Attached
	11. Violence Assessment on Patients			Attached
	12. New Building			Attached
	13. Mandt Training			Attached
	14. Improved Technical Safety Skills Training			Attached
	15. Incident Response Teams			Attached
	16. Stabilization Program			Attached
	17. Competency Restoration Program Changes			Attached
	18. Improve Support for Employees Facing Career-Ending Injuries			Attached

I hereby certify that this information is accurate.

Dated: December __, 2014

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Anne Barry
Deputy Commissioner
Department of Human Services

Restructured and Empowered Safety Committee, Paired with Data Analysis and Policy Development

What are we doing?

Reorganizing, reconstituting and chartering the Safety Committee to include campus-wide representation and direct accountability to the Forensic Services Executive Director, informing policy development with sound safety incident data analysis; and implementing safe conduct expectation for patients.

How will this create a safer work environment?

A strong and empowered Safety Committee is vital to improving staff safety in Forensics Services. With representatives from all program areas across campus, following a written charter and guided by the new and highly trained Safety Administrator and Safety Officer, this team constitutes a wealth of experience in what works best to keep everyone safe. The team will seek out additional expertise by visiting and learning from facilities in other states, resulting in staff-driven recommendations and initiatives built on direct care staff's first-hand knowledge of what does and does not work to improve safety.

Following a visit to a Missouri state hospital, MSH Safety Committee team members submitted several safety improvement recommendations to Forensics Leadership, many of which are noted below. In addition, the Safety Administrator and Safety Officer have begun analyzing all safety-related incidents following these criteria: 1) Staff person injured; 2) Multiple incidents by one particular patient; and 3) Multiple incidents on one particular unit and/or area. Regular sharing of this data allows direct care staff to report safety and environmental concerns and make recommendations to help keep staff and patients safe.

These efforts have already begun to produce results. For example, In one situation involving a patient responsible for multiple aggressive incidents over a 4-5 week period in 2014, involving direct care staff and Safety Committee expertise led to a specific change in the patient's living environment, which in turn led to a marked decrease in the patient's aggression.

The chart below tracks safety-related information since June 2014, when many of the identified changes were established

	Restraint and Seclusion Hours for Forensic Patients	OSHA Recordable Cases/ OSHA Recordable Assaults	Patient-to-Patient Assaults With/ Without Injury
June 2014	100.27	9/6	5/3
July 2014	45.35	13/9	10/2
Aug. 2014	45.2	11/9	5/6
Sept. 2014	30.78	16/15	2/2
Oct. 2014	45.09	8/5	3/8

Action Steps	Persons Responsible	Abatement Timeframe
Strengthened Safety Committee • Reorganized and membership strengthened, making it more constructive and accountable	Safety Administrator; Forensic Safety Officer; Safety Committee Members; Statewide Safety Administrators Committee – Team	**3/14:** New safety committee membership established. **9/14:** Safety Administrator began quarterly report to Leadership Team.
• Committee will report directly to the Executive Director of Forensic Services.		**5/20/14**: Team established. To date have determined use of "shield" and facilitated training.
• Team reviews injury reports and gives recommendations to Safety Committee. Team will also make recommendations concerning: 1) Outside consultant - dealing with patient's aggression; 2) Staff training - breaking up fights, weapons, drills with realistic scenarios; 3) Buddy system; 4) Dedicated response team; 5) Hospital wide communication (A-Team shift change)		**11/14**: Forensic team members visited Fulton State Hospital in Fulton, MO to observe clinical procedures and utilization of enhanced personal protective equipment. Findings presented to Forensic Leadership on 11/7/14; recommendations under consideration.
• Charter will be drafted to ensure the Safety Committee has clearly defined purpose, role, decision making authority and accountability to Forensic ED.		**12/18/14:** Draft charter due, to be shared with Leadership after draft is vetted through the Safety Committee.
Patient-Centered Change • Establishing a Code of Conduct for Patients, stating specifically that patient violence will not be tolerated. Patient Council will help develop draft and present to MSH Staff Advisory Committee; Program Directors and Supervisors will adopt final version, to be incorporated into the admission process and regularly reviewed at unit patient meetings.	Forensic Program Administrator and Forensic Program Assistant Administrator, Patient Council, will carry forward to Staff Advisory Council	**12/31/14:** Patient Code of Conduct ready to present to MSH Staff Advisory Council. **1/30/15:** Process for roll out within MSH Treatment Units Defined. **2/15/15:** Patient Code of Conduct rolled out on all treatment units in MSH.

Increased Data Sharing and Analysis		
• Safety Administrator and Safety Officer review OSHA recordable logs, injury data analysis and incident responses with the Safety Committee monthly, noting trends and collecting recommendations for safety improvements. • Safety Administrator and Safety Officer interview injured staff to capture recommendations for future incident avoidance.		**7/14:** Initiated monthly reports to Safety Committee **11/14:** Process is currently in place along with SOFS Safety Office providing guidance to Supervisors on more through completion of the corresponding investigation form. **12/14:** SOFS Safety Office will also recommend to MSH Leadership that Safety meet quarterly with Treatment Team Supervisors group to discuss injury and incident reporting accuracy.
• Safety Administrator reports any Forensic specific issues and systems corrections needed at the DCT-wide Safety Administrator meeting.	Ongoing reports being done by Forensic Safety Administrator at the DCT-wide Safety Administration Meetings.	
Improved Safety Policy Development	Director of Health & Safety/ Safety Office	
• Safety Administrator will be made a member of the Policy and Procedure Committee within Forensic Services. • Statewide Safety Committee drafting a Workplace Violence Prevention program and procedure. • Governor's FY 15 MnSAFE initiative goal - site specific workplace violence plans in place for all facilities.		**By 12/14 meeting:** Safety Administrator membership will be added to Policy and Procedure committee. **9/14**: Workplace Violence Prevention program draft under review

Define/Redefine "Imminent Risk"

What are we doing?

Creating a clearly written policy defining the standard required for the use of seclusion or restraint in an emergency situation, and provide staff with real-world scenario based training in determining when "imminent risk of harm to self or others and no less intrusive means are available" standard is met such that intervention is appropriate.

How will this create a safer work environment?

The clearer that all staff are to being able to understand for each patient when imminent risk is present, the better they will operate as a team to take action when it is deemed necessary. It is very important that the security counselor staff, the nursing staff and the treating clinicians communicate and come to a common understanding as to what constitutes imminent risk of harm in various situations. It is just as important to provide staff with the training they need to recognize imminent risk of harm, so they can appropriately act to keep themselves and their patients safe.

Action Steps	Persons Responsible	Abatement Timeframe
• Review and define/redefine the definition of "imminent risk" in the approved policy, for approval by the Statewide Medical Executive Committee. Also create training materials using captured video footage of real-world safety-related incidents.	Forensic Executive Director, Forensic Medical Director, Forensic Nurse Executive	**12/14: Begin review process.** **1/30/15:** Expected completion date.
• Once approved, present to the Workplace Violence Committee, Safety Committee subcommittee, for feedback / recommendations, and review with Supervisors and Managers for understanding. Provide training to all current employees and add to new employee orientation.	Above group and Workplace Violence Committee; set up review with Program Directors; Staff Development will add to orientation materials.	**2/28/15:** Expected deadline for presentation to Workplace Violence Committee. 3/15/15: Expected deadline for review with Supervisors and Managers.
• Establish a practice during shift overlap of asking several questions: - What went well on this shift? - What didn't go well? - Any disagreement on presence/ absence of imminent risk? If issues cannot be discussed at shift overlap, establish a separate process for further discussion.	Program Directors and Nursing Supervisors	**12/31/14:** Completion date.

Weekly Clinical Reviews / Ancillary Meetings

What are we doing?

At weekly clinical meetings, a Mental Health Professional now reviews 100% of the patients in each treatment environment and updates the team on treatment needs, treatment plan focus, review of vulnerabilities, and specific identification of any recent clinical changes. With ancillary weekly meetings, 100% of staff is engaged in patient-specific discussions from the Weekly Clinical Reviews.

How will this create a safer work environment?

Direct care staff (Security Counselors/ Leads; Licensed Practical Nurses, Registered Nurses, and all the treatment staff who work directly with patients) will be able to share their input and gain understanding of the clinical direction for each patient by direct sharing of patient-specific information related to vulnerabilities, triggers to behaviors, lessons learned for de-escalating conflict and most effective approaches for remaining safe.

This practice change has already led to a reduction in use of restraint and seclusion, both high risk activities that lead to staff injuries. The chart below tracks this information since June 2014, when the Weekly Clinical Reviews and ancillary meetings were established.

	Restraint and Seclusion Hours or Forensic Patients	OSHA Recordable Cases/ OSHA Recordable Assaults
June 2014	100.27	9/6
July 2014	45.35	13/9
Aug. 2014	45.2	11/9
Sept. 2014	30.78	16/15
Oct. 2014	45.09	8/5

Action Steps	Persons Responsible	Abatement Timeframe
• Establish meeting format, consistent documentation for each unit and follow up process for any identified needs.	Forensic Clinical Services Director, Weekly Clinical Review Team, Treatment Units/Programs, Mental Health Professionals and full treatment team	**6/6/14** - Process developed to implement clinical supervision on Unit 800 - week of 6/9/14. **6/10/14** – First clinical supervision meeting held on Unit 800. Initial meeting conducted by Mental Health Professional. Ancillary meetings conducted by Mental Health Practitioner.
• Roll out Weekly Clinical Reviews and Ancillary Meetings on all treatment environments in MSH, Competency Restoration Services and Transition Services.	Each treatment team supervisor and their team is responsible to ensuring these Weekly Clinical Reviews are occurring.	**9/15/14** – All units/programs have implemented weekly clinical review meetings. **10/14 and 11/14:** Monitoring to ensure efficacy of practice on all treatment environments.
• Continued need to monitor and sustain this process	Treatment Team Supervisors/Mental Health Professionals and Mental Health Practitioners.	**Ongoing:** Data monitored and shared monthly with each unit.

Learn From Experts:
Seek Out and Follow Best Practices

What are we doing? Visiting similar facilities and hosting them at MSH in order to evaluate lessons learned and incorporate best safety practices into our operations at Forensics Services.

How will this create a safer work environment? We hope to learn from similar organizations about best practices and successes, particularly in regard to the safety of staff and patients. In pursuit of these goals, we recently sent Security Counselors, a Registered Nurse, and Safety Officers to a direct care and treatment facility in Missouri so that they could gain firsthand experience from staff in other facilities regarding best practices in staff safety. Discussions centered on what is working, what is not working, lessons learned and what the Missouri staff found to be most successful. Engagement of staff in efforts to create safety solutions increases staff understanding that they have some control over safety outcomes, thus increasing buy-in by increasing staff involvement in their own safety.

Action Steps	Persons Responsible	Abatement Timeframe
• Team from National Association for State Mental Health Program Directors, including COO of Fulton State Hospital in Missouri, consulted with Forensic Services. The same consultants visited Forensics in 9/2010, and so have an informed understanding of changes made and planned related to patient treatment and staff safety.	Forensic Safety Administrator, Forensic Safety Officer; Security Counselor Leads; Nursing; Assistant Group Supervisor. This is the team that visited the Fulton State Hospital facility.	**3/11-12/14:** Consultation visit completed. **Week of 12/1/14**: Consultants' recommendations will be provided to the staff who toured Missouri facility for synthesis into best practice recommendations.
• Eight Forensic staff visited Fulton State Hospital in Missouri.		**10/27-29/14:** Visit completed.
• Leadership team met with eight staff to review recommendations for the purpose of establishing action plan based on best practices observed.		**11/7/14:** Group presented 25 possible recommendations based on visit. Team currently prioritizing recommendations in terms of best practices given our clientele and environment. **Week of 12/1/14:** Leadership and team will plan for implementation by 12/29/14.
• Working with staff, Leadership will identify further best practice learning opportunities.		**Ongoing:** Further visits as appropriate and as budgetary resources allow**.**

Training in Person Centered Thinking

What are we doing? Person Centered Thinking is a recognized best practice in the field of direct care and treatment, both as a means of improving outcomes and increasing safety. The Department of Human Services initiated this best practice training across all of its State Operated Services approximately four years ago. Person Centered Thinking training is now being rolled out across all of the agency's Direct Care and Treatment programs.

How will this create a safer work environment? A person centered approach is defined as interacting with each other and the people we serve by discovering and understanding what is 'important to a person" so that we can, with correct balance of the "important to" and the "important for," provide the highest quality of care to those we serve. It is a philosophy of "partnering with" rather than exercising "power over" others.

Through the adoption of Person Centered Thinking, staff are adopting different approaches and techniques in order to more effectively, and more safely, de-escalate crisis and avoid physical intervention. By decreasing the need for physical intervention, the agency is increasing the safety of the environment for its staff and the patients they serve.

Action Steps	Persons Responsible	Abatement Timeframe
• 12 hours of training given to 100% of Forensic Services staff (except Nursing Home). • Enhanced training for a Person Centered Thinking Coach on each treatment unit on early and late shifts and nights on three treatment units: 800; 900; North. • Created two positions to lead Coaching Circles and meet with coaches and leaders on units to enhance individuals' skills. • Coaching Circles will be held on an ongoing basis to grow skill development and organizational change. • Ongoing Person Centered Thinking class will be offered, minimally, quarterly on campus and at other locations. New employees will be scheduled to attend a class within the first three months of employment. • Ongoing Coaches training will be offered minimally every six months in pursuit of the goal of training all staff to be Coaches.	Person Centered Thinking Trainers; Project Leads for the Person Centered Thinking Initiative within the Forensic Program. Project Leads for the Person Centered Thinking Initiative within the Forensic Program. Person Centered Thinking instructors, Supervisors/ Managers on campus. Staff Development	**7/14:** Began training, with approximately 25% of staff having already been trained. **7/14**: Initiated an additional 18 hours of training for . **8/14:** Began to schedule coaches on Unit 800 all three shifts **9/14:** Coaching Circles initiated **10/31/14:** Began to schedule coaches on all treatment units in Minnesota Security Hospital, Competency Restoration Services and Transition Services. **11/1/14:** 100% of staff within Forensic Services (not including the Nursing Home) completed training. **11/14:** Coaching Circles are currently scheduled through the rest of 2014 and through-out 2015. These will go on indefinitely.

Hire and Maintain Full Complement of Psychiatric Providers

What are we doing? Increasing our ability to hire and maintain high quality psychiatric providers by investing in quality staff and partnering in staff creation efforts.

How will this create a safer work environment? The patients served within the Forensic Programs are very complicated psychiatrically; they have multiple diagnoses and are often treatment resistant. Understanding the history of their illnesses and medication utilization is vital to achieving and maintaining stability. Consistency in these patients' treating psychiatric provider leads to better care and treatment, which leads to decreased risk of harm to staff and the patients alike.

We have operated for more than two years with minimal psychiatric services. Due to the agency's inability to recruit and maintain the highest quality staff, we have used contracted clinicians, who are on-site typically for only three to six months, resulting in a lack of consistency in psychiatric care. Permanent psychiatric staff will bring the following to the treatment environment: a continuity of care; ability to build a rapport with staff and patients; trust with their team; understanding of the legal environment governing our practice, and peer mentoring opportunities.

As of 11/10/14, the following positions are filled: 1 FT Medical Director – Forensically Trained Psychiatrist; 2 FT Psychiatrists – Forensically trained; 1 FT Psychiatrist; 3 FT Advanced Practice Registered Nurses – providing psychiatric care (one leaving state service in December 2014.) Two vacancies remain: 1 FT Psychiatrist; and 1 FT Advanced Practice Nurse.

Partnering with the University of Minnesota, we have helped create the Forensic Psychiatric Fellowship program to specifically attract psychiatrists to this area of expertise and to employment at the Minnesota Security Hospital.

Action Steps	Persons Responsible	Abatement Timeframe
• Recruitment ongoing. Continue recruitment for 1 additional full time psychiatrist and 1 full time Advance Practice Registered Nurse.	Recruitment Office Forensic Executive Director, Forensic Medical Director, DHS Human Resources and Management Services Director, Direct Care and Treatment Deputy Commissioner,	**Fall 2012-Spring 2013:** Hired FT Forensic Psychiatrist; filled 3 FT Advance Practice Registered Nurse Positions to provide psychiatric care. **7/14:** Hired FT Forensically trained psychiatrist working with the University of Minnesota to establish a Forensic Psychiatric Residency Program. Projected time for first Fellows at MSH: Spring 2016. **7/14:** Hired FT Forensically trained psychiatrist for Minnesota Security Hospital. **10/14:** Hired a FT Psychiatrist for Minnesota Security Hospital. **11/14**: Hired a FT Forensically trained Psychiatrist for the Medical Director position.
• Worked with Material Management and Budget to increase compensation package to better recruit quality psychiatrists that are trained as Forensic Psychiatrists.		
• Request Minnesota Management and Budget to increase the salary of Advance Practice Registered Nurses to be competitive with outside entities.	Forensic Executive Director, Forensic Medical Director, DHS Human Resources Director, Direct Care and Treatment Deputy Commissioner	

Regular Evaluation of Environmental Safety Concerns and Weaponry

What are we doing? Re-establishing Environmental Rounds to regularly evaluate all treatment environments with regard to safety and security, with a particular focus on locating and retrieving all potential weapons.

How will this create a safer work environment?

Focused attention to the treatment environment is a direct key to improving safety. Conducting Environmental Rounds will allow us to clearly evaluate the environment for safety risks to both staff and patients. Environmental Rounds are now being completed by Safety Officers accompanied by key staff in the treatment area or space being inspected. This system provides the opportunity for Safety Officers to look with fresh eyes in an area, provide safety education when warranted, and determine appropriate responsibility for accountable follow-up. Going forward, the list of contraband items in the environment will be continuously evaluated with the goal of appropriately and equally weighing what is "important to" patients against what is "important for" patients and staff.

New Action Steps	Persons Responsible	Abatement Timeframe
• Quarterly environmental rounds completed by members of the Safety Committee and a representative of the area.	Forensic Safety Administrator, Forensic Safety Officer, Safety Leads on each Treatment environment, Program Directors	**4/14:** Reinitiated Environmental Rounds, completed quarterly in each program area. Results are reported at Safety Committee meetings, noting all actions taken to abate any discovered issues.
• Safety Committee to report quarterly to Forensics Services Leadership on any common themes, abatement successes and needed resources.	Forensic Safety Administrator, Forensic Safety Officer, Program Directors	**9/14:** Safety Committee chair gave first quarterly report to Forensics Services Leadership; will continue on ongoing basis.
• Environmental Rounds will be established on a statewide basis throughout DCT.	Forensic Safety Administrator and Forensic Safety Officer	**12/14:** Environmental Rounds will be initiated on a statewide basis; will continue on ongoing basis.

Quality Monitoring:
Using Data Collection to Drive Decisions

What are we doing?

Instituting methods for continuous collection and analysis of data related to the use of seclusion and restraint.

How will this create a safer work environment?

The highest risk of injury to staff is presented when attempting to place a patient in seclusion or restraint. By reducing the need to utilize these actions, we will reduce staff injury.

To identify patterns of behavior and opportunities to change those patterns, Quality Management staff now review the seclusion and restraint data. Providing another set of eyes on the data, the Behavior Management Review Committee also meets with the treatment team, including patients, reviews restraint and seclusion incidents, and gives recommendations aimed to lower the use of restraint and seclusion. Upon review from this committee, the treatment team, or Leadership, the Clinical Consultation Committee conducts a clinical review of appropriate cases and makes recommendations to the treatment team on different clinical approaches, medication options, and opportunities to utilize a different clinical skill set of a staff from another area (for example, neurology consultation).

Action Steps	Persons Responsible	Abatement Timeframe
• Quality Management staff review any use of restraint or seclusion that lasts 120 continuous minutes or longer.	Quality Management Staff	**10/13:** Process initiated. Quality Management Office reports to Quality Assurance/ Performance Improvement Committee.
• Behavior Management Review Committee reviews any use of seclusion or restraint that hits the following thresholds: 2 uses within 12 hours or anything over 12 continuous hours in length.	Behavior Management Department Head	**On-going:** Treatment teams attend as their patients are reviewed, and implement recommendations the following week. This committee reports to Quality Assurance/Performance Improvement Committee.
• Clinical Consultation Committee reviews clinically any cases that are recommended via Treatment Team, Behavior Management Review Committee, Program Director or Executive Team	Forensic Medical Director and Staff Psychologist	**Summer 2012:** Clinical Consultation Committee established. Treatment Team members attend the Clinical Consultation Committee and receive recommendations.
• Will fill a Quality Manager position at the Executive Level within Forensics.	Forensic Executive Director, Quality Director Consultant, and DHS Human Resources Director	**10/28/14:** Position posted. Hiring process proceeding.

Med-Core Remodel into 4-Bed Admissions Unit

What are we doing?

Separating newly admitted patients from patients in crisis by creating a 4-bed Admissions Unit.

How will this create a safer work environment?

Currently, patients in crisis and patients newly admitted to the facility are housed together. Creating a separate area for patients coming in for admission will allow us to define Units 800 and 900 as treatment units for patients who are in crisis. Patients at admission will then not be exposed to these more-volatile living units. Consequently, we will be able to assess their clinical needs with less commotion and be able to integrate them into the right treatment unit. In addition, the current patients on Units 800 and 900, who generally have difficulty with change and introduction of others into their environment, will experience less disruption without the ongoing admissions that currently occur. They will not have to "re-establish their status" amongst a constantly changing peer group.

Action Steps	Persons Responsible	Abatement Timeframe
• Space identified, planning complete and construction commenced.	Remodel – Physical Plant Director	**9/14:** Construction began.
• Define program/day to day operations/all equipment needs of area.	Staffing – Human Resources staff; Program Director; Clinical Director; and Executive Nursing Administrator	**9/14:** Began work on identifying program/staffing/day to day operations on Admissions Unit
• Staffing Positions posted.		**10/14:** positions identified and hiring process began.
• Construction to be completed; Admissions Unit Opened.		**12/14:** Expected timeframe for construction completion.

Blind Spot Abatement:	Camera Installation

What are we doing?

Installing cameras to capture all activity in the common areas where patients live, recreate and work. The cameras will provide opportunities for staff to better monitor the safety of patients and other staff that are not within direct sight of staff workspaces, and will also allow us the opportunity to review footage after significant incident for learning purposes.

How will this create a safer work environment?

Installation of cameras has given us an avenue to provide better observation of staff when they are out on the treatment unit providing one-to-one coverage of patients, engaged in activities, conducting rounds of the unit, attending treatment team meetings with a patient, or for other purposes. Cameras may also deter unsafe patient behavior. Ongoing, we will work with staff to appropriately utilize camera footage to review incidents involving staff injury or other risk-engendering behavior and engage staff in opportunities for outcome improvement. In appropriate cases, recorded footage may also be useful in pursuing criminal action against some patients responsible for injuries.

Action Steps	Persons Responsible	Abatement Timeframe
• Installed cameras on all Units.	Security Services Director and contracted vendor	**9/4/14:** Installation began. **10/30/14:** Installation of 132 cameras complete: Unit 200 - 20 Unit 700 - 32 Unit 800 - 25 Unit 900 - 26 Common areas (ATS, Canteen, Gym, hallways) - 20
• Adjusting equipment in some areas; installing larger monitors to allow staff to simultaneously change and add additional views depending on needs in the Unit.	Forensic Safety Administrator, MSH Program Director; Forensics Safety Officer and Forensics Safety Director	**12/31/14**: Complete equipment adjustments, subject to budgetary constraints.
• Work with staff to determine appropriate procedure for use of camera footage for review of incidents.		**12/31/14:** Procedure approved.

Violence Assessments on Patients

What are we doing?

Evaluating the possibility of obtaining legislative change necessary to institute processes to require a violence assessment before admission, which will better inform staff how to best intervene to protect safety once a patient is admitted.

How will this create a safer work environment?

A pre-admission violence assessment would inform Forensics which patients could be best serviced in the Admission Unit and which patients should be admitted directly onto Unit 800 because they are demonstrating high-risk aggressive behavior. Better clinical information, including a violence risk assessment prior to admission, would provide staff with the necessary understanding of the patient so as to allow staff to work best with each person and to de-escalate volatile behavior, all of which would increase the safety of staff and patients alike.

New Action Steps	Persons Responsible	Abatement Timeframe
• Require post-admission full risk assessment on all individuals with a final Mentally Ill & Dangerous commitment.	Clinical Services Director and Forensic Psychology Examiner group	**2/14:** Currently completed for all patients at the time of MI&D commitment being finalized..
• With available information, Clinical staff on Unit 800 review information on admissions that are currently coming to Unit 800 in an effort to evaluate risk factors that may serve as predictors of violent behavior.	Minnesota Security Hospital Program Director and Assistant Program Director, Treatment Team of Units 800 and 900	**10-11/14:** Process instituted and embedded into operational processes.
• Statutory amendment language drafted for change in Commitment Act requiring assessment prior to commitment that evaluates predictors of violent behavior.	Forensic Executive Director, Forensic Medical Director, and Direct Care and Treatment Deputy Commissioner	**5/15:** Legislative session deadline, within which statutory change would be required to more broadly implement this action item.

New Building

What are we doing?

Through a $56 million bonding project approved by the 2014 Minnesota Legislature, constructing an addition to Forensics buildings to improve patient treatment and patient and staff security.

How will this create a safer work environment?

When complete, the construction project will include two 2-bed admissions units, two 6-bed crisis units, and two 20-bed acute treatment units at the Minnesota Security Hospital. In addition, the project will result in two 24-bed housing buildings for Transition Services and a new social center, which will include dining for Transition Services, a library, chapel, store and café. The project will also include a vocational center and health care center.

Having smaller treatment units like the two admissions units and the two smaller crisis units will directly increase staff and patient safety because of the reduced number of patients being served in any specific space. The new facility will provide improved sight lines which will allow for better staff monitoring on the units, which in turn will improve safety for all.

Action Steps	Persons Responsible	Abatement Timeframe
• Obtained legislative funding.	Minnesota Legislature; Agency leadership; BWBR Project Manager; Department of Administration Project Manager; Forensic Chief Administrative Officer and Security Director; DCT Project Manager (to be hired)	**2014 Legislative Session:** Bonding funding proposal granted.
• Construction began.		**9/8/14**: Construction began.
• Expected completion and programmatic and operational implementation.		**10/16:** Expected completion.

Mandt Training

What are we doing?

Initiated Mandt violence de-escalation training for all direct care staff in Forensic Services, with required annual refresher training.

How will this create a safer work environment?

Having a consistent model that is taught to all staff provides for a common language and understanding. This leads to a safer environment for staff and patients.

Mandt is an evidenced based model of de-escalation that is based on building relationships. The first section of the training addresses the importance of building positive relationships. It is based on the principle that all people have the right to be treated with dignity and respect because of who they are, not denied dignity or respect because of what they do or do not do. The second section of the Mandt training addresses conceptual skills. It is based on the philosophy of being trauma-informed and utilizing positive behavior supports. The third section, which addresses training on physical containment techniques, has never been adopted; there is no plan to adopt it.

State Operated Services created a different teaching format, titled Effective and Safe Engagement, which is the current training program used for de-escalation across other programs within Direct Care and Treatment. Forensics Services staff that provide our Mandt training have evaluated both training systems, and found that the Mandt system was a better and more complete product for our use. Agreement was reached by full committee, which represented direct care staff, to continue to use the two identified section of Mandt training.

Action Steps	Persons Responsible	Abatement Timeframe
• Identify staff to obtain certification in Mandt Training. • Develop a training schedule for all Forensic Services treatment units, including ongoing annual refresher for all staff.	Staff Development; staff identified to become certified trainers	**Spring 2012:** Completed; ongoing certification and recertification. **Summer 2012:** Initiated; ongoing.
• Staff complete comparison of Effective and Safe Engagement training with Mandt and Technical Safety Skills training done in Forensics.	Two Current Mandt and TSS Instructors, both members of Mandt Steering Committee	**8/14:** Completed.
• Review the comparison to make final determination on which training package we will use in Forensic Services.	Mandt Steering Committee	**10/13/14:** Committee determination made to continue to use Mandt and to add to Technical Safety Skills training.

Improved Technical Safety Skills Training

What are we doing? Enhancing technical safety skills training to provide more resources for staff dealing with patients in crisis cycles.

How will this create a safer work environment?

In the recent past, staff has identified a lack of "the right tools" to deal with patients in the peak of the crisis phase as a reason for increasing safety concerns. By enhancing what is taught in the Technical Safety Skills class we will ensure that staff feel more confident with their skills set after taking the training. Ongoing training and scenario-based practice will help build the confidence that is needed for appropriate response when patients are in crisis.

Action Steps	Persons Responsible	Abatement Timeframe
• Workgroup will review and enhance the Technical Safety Skills class to include specific tools for handling patients in the crisis cycle. Ongoing training materials with role-playing scenarios and a weekly practice schedule will be made available for each treatment unit, incorporating our equipment use, our Incident Command System, documentation requirements and debriefing expectations.	Two Current Mandt/TSS Instructors; Safety Officer, Staff Development Coordinator	**10/13/14:** Workgroup assignment made. **Week of 11/24/14:** Staff group that visited Fulton will be incorporated into this effort as determined appropriate by Leadership. **4/15:** Expected date for completion of revamped training package for Technical Safety Skills class.
• Provide enhanced Technical Safety Skills class training to a subset of staff on each treatment unit, recommended to be the Security Counselor Leads/Group Supervisors/Assistant Group Supervisors. This subset will then be responsible for providing training to all staff on the Forensic's campus.	Two Current Mandt/TSS Instructors; Safety Officer, Staff Development Coordinator	
• Require all staff to be trained. Establish an ongoing weekly retraining schedule on each unit, and require all staff on each unit to minimally participate one time per quarter as monitored and evaluated by Staff Development and Safety Director.	Staff Development Coordinator, Forensic Safety Administrator	

Incident Response Teams

What are we doing?

On each treatment unit, designating dedicated Incident Response Teams made up of staff who, through focused training, are the subject matter experts and will lead required safety trainings, build expertise in de-escalation techniques and intervene with patients when necessary.

How will this create a safer work environment?

Each treatment unit will have their "in-house experts" to lead weekly training sessions, review safety incidents with Leadership and with involved staff in an effort to recognize excellent results and discuss opportunities for improvement.

Staff will develop a clearer understanding of what could constitute imminent risk for each patient. Development and reliance on In-house experts will help build staff competence in de-escalation and if necessary, provide an expert intervention presence when required to keep all safe.

Action Steps	Persons Responsible	Abatement Timeframe
• Train a subset of staff on each treatment unit, recommended to be the Security Counselor Leads group, Supervisors and Assistant Group Supervisors in the enhanced Technical Safety Skills class.	Two Current Mandt/TSS Instructors; Safety Officer, Staff Development Coordinator	**4/15:** Date by which Technical Safety Skills class will be revamped.
• Establish an ongoing weekly training schedule on each unit, requiring all staff on each unit to minimally participate once per quarter.		**7/15:** Training will be initiated
• Establish an A-Team Shift exchange.		**12/31/14:** A-Team shift exchange will be established.

Stabilization Program

What are we doing?

Seeking legislative change necessary to establish and operate one or more units within the state system to deal with aggressive patients, with extra tools and training necessary to handle extreme behaviors.

How will this create a safer work environment?

Term 9 of the facility's conditional license specifies that, with assistance of the DHS Adult Mental Health Division, MDH and other agency or entity, the MSH must identify appropriate consultants to assist with assessing and determining the most appropriate setting for admission patients and crisis patients, as well as undertake an analysis and make recommendations regarding appropriate licensing standards for differing populations. As an outgrowth of this process, the agency will seek legislative authority to identify facilities other than MSH as secure placement options in order to better serve the most aggressive patients committed to Forensic Services. By removing these patients from the MSH, staff safety will be improved for all but a limited number of staff highly trained in de-escalation and other necessary skills.

Action Steps	Persons Responsible	Abatement Timeframe
• Conditional License – Term 9 Workgroup will submit to Licensing a report exploring this option.	Department of Human Services Deputy Commissioner; and Department of Human Services Medical Director	**1/15/15:** Term 9 Workgroup report will be submitted.
• Seek legislative authority to: identify other facilities as secure, allowing placement of most aggressive patients; change statutory language to specify that all commitments are to the Commissioner rather than to a specific facility.		**5/15:** Legislative session deadline for necessary statutory changes.

Competency Restoration Program Changes

What are we doing?

Exploring available options to separate the Competency Restoration Program from the Mentally Ill & Dangerous Program.

How will this create a safer work environment?

The population served in the Competency Restoration Program has continued to grow, specifically with the legislative language adoption related to admitting individuals committed to the Commissioner for competency restoration within 48 hours. In August 2013, the average population of the competency restoration program at Forensics was 25 patients. Our current average population is 35 patients, causing us to utilize an additional unit in the Minnesota Security Hospital. Although the two programs reside in the same building, there are some significant differences in procedures for the Competency Restoration Program that are in conflict with procedures used within the Minnesota Security Hospital, including staffing practices and the identification of what is considered contraband and disallowed for safety reasons. .

A separation of this program from Minnesota Security Hospital would increase staff safety by reducing confusion caused by operating under two different sets of administration, procedures and practices.

Action Steps	Persons Responsible	Abatement Timeframe
• Hennepin County has convened a Competency Restoration Workgroup made up of a broad group of stakeholders with the goal of creating a process that restores people to competency in the least restrictive setting (community, hospital, jail, state, or state operated services) consistent with public safety and the person's treatment needs.	Direct Care and Treatment Deputy Commissioner; Direct Care and Treatment Executive Team	**10/22/14:** Competency Restoration Workgroup met; meetings are ongoing.
• DHS is currently reviewing the agency's options and related budgetary implications for moving the Competency Restoration Program to a unique location outside the MSH.		**5/15:** Expected completion date for potential separation of programs.

Improve Support for Employees Facing Career-Ending Injuries

What are we doing?

Exploring the adoption of the ASAP worker support program while increasing access to and education about Minnesota's workers compensation process.

How will this create a safer work environment?

By providing more accessible support for our injured workers, we will better value their contributions to the workforce. The ASAP program is a system used to provide injured employees with multiple types of support, from psychological to practical, by assisting them to navigate the Workers Compensation system. Other supports under consideration include increasing staff access to a Workers Compensation Coordinator, as well as increasing the understanding of the workers compensation staff at the Department of Administration. With a better appreciation for the business that occurs on the Forensic campus, the physical layout of the workplace, the building structures, and the jobs the staff do every day, the Administration workers compensation staff will better be able to assist an injured staff member.

Action Steps	Persons Responsible	Abatement Timeframe
• Provide education to multiple staff about the workers compensation process, including union partners, Supervisors and Managers.	Department of Human Services Human Resources Director, Safety, Health & Emergency Management Manager, Forensic Safety Administrator	**10/14:** Three staff from Department of Administration, Workers Compensation division, toured the Forensics campus, met with the Safety Officer and Safety Administrator.
• Explore the possibility of locating a Workers Compensation Coordinator position on campus.		**Summer 2015:** Will be considered for inclusion in the fiscal year 2016 budget.
• Consider adoption of the best practices of ASAP (Assaulted Staff Assistance Program) training staff to engage with injured workers.	Staff Development Coordinator	**1/1/15:** Rollout plan and budget identified.