

The September 2019 Arizona Department of Health Services performance audit found that the State Hospital has not fully evaluated assault-reduction strategies but has established processes for patient admission, ensuring patients receive prescribed treatment, and reporting incidents. We made 1 recommendation to the Department, and its status in implementing the recommendation is as follows:

Status of report's 1 recommendation:

Partially implemented at 30 months

Unless otherwise directed by the Joint Legislative Audit Committee, this report concludes our follow-up work on the Department's efforts to implement the recommendation from the September 2019 report.

Finding 1: State Hospital has not fully assessed the effectiveness of its assault response and reduction strategies

1. The State Hospital should develop, implement, and document a structured approach for evaluating its assault response and reduction strategies to support the safest possible environment for patients and staff, including:
 - Prioritizing the order in which its multiple assault response and reduction strategies will be evaluated.
 - Seeking and using stakeholder input in the evaluation process to ensure the right evaluation questions are identified, such as nurses or staff involved in program operations; patients and their families, and others affected by the program; and those who are in a position to make decisions about or fund the strategy, such as State Hospital or Department management, or the Legislature.
 - Assessing and determining whether the selected strategy achieved its desired outcomes.
 - Using evaluation results to identify ways to improve the strategy or to demonstrate the effectiveness of the strategy.

Partially implemented at 30 months—The Department has continued to perform some limited evaluation of the State Hospital's assault reduction strategies. As reported in our prior follow-up reports, the Department created an Assault Reduction Committee (Committee) to assess the prioritization of strategies for evaluation, methods for data collection, and whether to continue or modify specific strategies and patient interventions based on data evaluation and stakeholder input. The Committee has continued to meet monthly since March 2020 to discuss the State Hospital's various system-wide strategies, determine which system-wide strategies will be selected for evaluation, and to review interventions for specific patients with the most assaultive incidents.

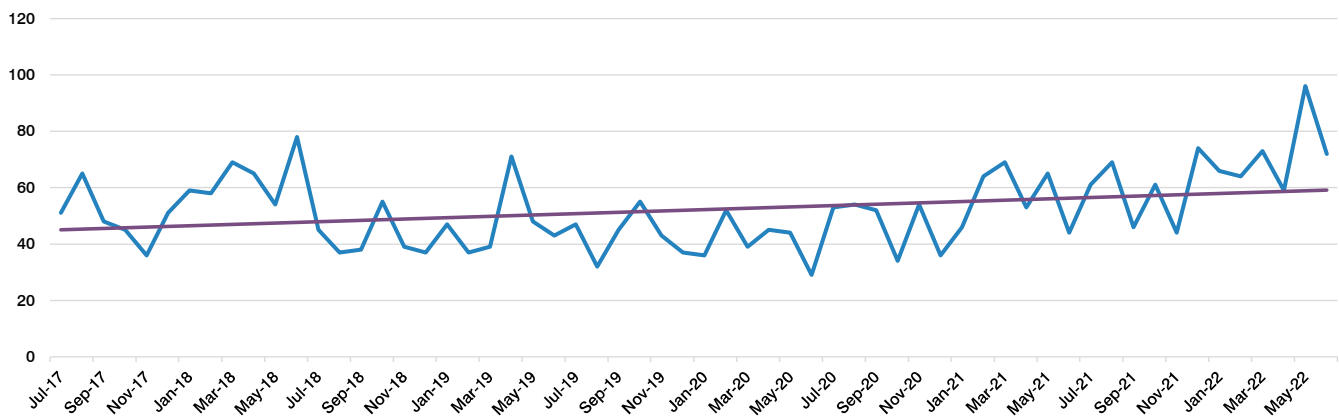
In general, the State Hospital's assessment of its system-wide strategies has focused on the strategies' impact on overall assaults. Although a reduction in assaults is part of the goal for each strategy, multiple factors could influence assault rates, including the State Hospital's various assault-reduction strategies. Consequently, the assessment of a single strategy's impact on overall assault rates potentially yields limited information regarding that strategy's effectiveness in achieving its goals, including reducing assaults. For example, the State Hospital evaluated its new hire training and onboarding process that was revised to help new employees build rapport with patients, understand the unique needs of each patient, and to properly apply Non-Violent Crisis Intervention techniques, with the goal of reducing patient assaults. However, the State Hospital's evaluation findings for this strategy were largely focused on its impact on overall assaults rather than, for example, a measure that assessed whether this strategy helped new staff understand unique patient needs, such as patient triggers that could lead

to assaultive behavior. Although the State Hospital reported receiving positive feedback from staff on this strategy, its analysis of assault data showed an increase in assaultive behavior since the strategy was implemented. Consequently, the State Hospital reported that it planned to continue its assessment of this strategy and identify the specific criteria it will use to evaluate its effectiveness.

As part of this followup, we obtained updated physical assault data from the State Hospital. Figures 1 and 2 provide information on the number of physical assaults in the Civil and Forensic Hospitals from July 2017 through June 2022. As these figures show, physical assaults in both the Civil and Forensic Hospitals have continued to fluctuate monthly, with the assault rates in the Civil Hospital trending upwards and the Forensic Hospital trending downward during this 5-year period.

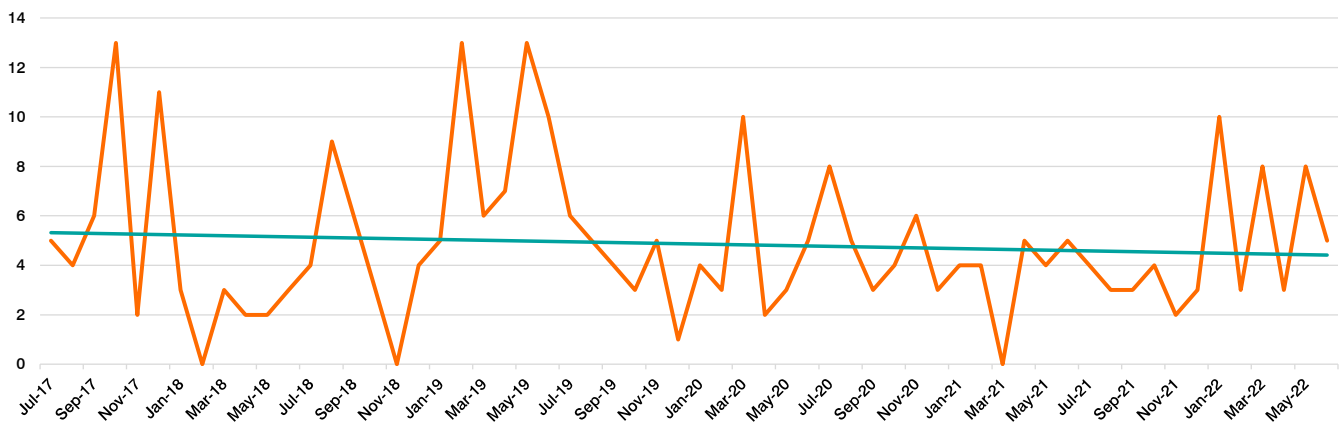
For the most recent 2-year period of July 2020 through June 2022, the monthly combined number of physical assaults for the 2 hospital units ranged from a low of 38 in October 2020 to a high of 104 in May 2022. Most physical assaults occurred in the Civil Hospital, with a high of 96 in May 2022, and a low of 34 in October 2020. Comparatively, during the same period, Forensic Hospital physical assaults ranged from a monthly low of 0 in March 2021 to a high of 10 in January 2022.

Figure 1
Civil Hospital total physical assaults
July 2017 through June 2022



Source: Auditor General staff analysis of State Hospital data.

Figure 2
Forensic Hospital total physical assaults
July 2017 through June 2022



Source: Auditor General staff analysis of State Hospital data.