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December 12 , 2018

Bruce S. Anderson, Ph.D., Director
State of Hawaii, Department of Health
1250 Punchbowl Street, Room 325
Honolulu, Hawaii 96813

Re: Hawaii State Hospital; Admin. Investigation; Randall Saito; AG No. 17-4571

Dear Dr. Anderson:

The Department of the Attorney General, Investigation Division, was assigned to conduct an administrative investigation on behalf of the Department of Health concerning the escape of patient Randall Saito from the Hawaii State Hospital ("HSH"). Saito was involuntarily committed to HSH on March 6, 1981, having been acquitted by reason of a mental disease, disorder, or defect that excluded responsibility for the charge of Murder in the First Degree and has been a resident of HSH since that date.

On Sunday, November 12, 2017, at approximately 7:15 p.m., the HSH staff on the evening shift first reported that Saito was unaccounted for. The staff then conducted a search of the facility with negative results so they determined that Saito had escaped from the facility. Upon making this determination, the Honolulu Police Department and the HSH administrative staff were so notified.

Earlier in the morning of November 12, 2017, Saito made an entry in the HSH attendance log and exited the Unit "I" building at about 8:00 a.m. and went to breakfast at the HSH cafeteria. Saito's status at this time was characterized as "Unescorted ground" ("UG"), meaning he had the privilege to roam the facility grounds, within set boundaries, unsupervised. However, he was required to call a staff person in Unit "I" on an hourly basis to check in.

Between 8:00 a.m. and 10:00 a.m., HSH surveillance footage shows Saito on and around the grounds near Buildings "B" and "K," engaging in questionable and suspicious activities. At about 10:03 a.m., Saito can be seen putting on a red colored jacket and walking towards the Makai fence line of the facility and then walking past Building K and out of view of surveillance cameras. Thereafter, the surveillance footage does not show Saito on or around the facility grounds.

The investigation resulted in the documentation of four volumes of observations, with the key findings summarized as follows:

1. For an extended period, Saito was characterized as a patient on "UG" status and thus was not supervised closely by the Unit "I" staff. During this period, the Unit "I" staff did not report any problems with Saito exercising his UG privileges so further relaxed their supervision of Saito. For example, if Saito was not seen in the Unit, staff would automatically mark Saito as UG.

2. Charge nurses were expected to conduct census head counts of the patients at each change of shift. However, this was not consistently done. Specifically, on November 12, 2017, the census head count was not taken.

3. HSH did not have a procedure in place to track the calls that UG status patients were required to make to specific Units. Specifically, Unit "I," where Saito was required to check in on an hourly basis, did not have a procedure to track these calls.

4. The staff that received the hourly calls from Saito while on UG status and the staff that conducted the patient hourly rounds (actually checked the physical whereabouts of patients) did not communicate effectively. The staff failed to communicate to the charge nurses that were doing the census head counts that Saito had not made his hourly calls while on UG status.

5. HSH administrative staff mistakenly believed that patients on UG status were checking in on an hourly basis and that these calls were being logged/documented. However, as described above, this was not what was actually happening.

6. On the day of the escape, the Unit "I" staff was confident that Saito would return at the end of the day because he had not been closely supervised or monitored in the past and had always returned to the unit.

Based upon the above key findings, the investigation resulted in the following conclusions:

1. The relaxed oversight of Saito contributed to his ability to escape from the facility.

2. The failure to conduct regular census head counts of the patients was critical to the late discovery of Saito's absence from the facility and to the delay in reporting Saito's escape to other government agencies, in particular law enforcement.

3. A log book that documented the calls required for UG status patients would have made it more difficult for Saito to escape because his whereabouts would have been tracked on an hourly basis. Such a procedure would have improved overall patient accountability.

4. The absence of comprehensive procedures to account for patients' whereabouts, the lack of communication between staff performing different functions, and the relaxing of patient oversight contributed not only to Saito's being able to escape from the facility but to an eleven-hour delay in reporting this escape.

5. The relaxed oversight for the many years that Saito was at HSH led to the staff's trust in Saito and to the expectation that he would not attempt to escape from the facility.

RECOMMENDATION

Based upon the findings and conclusions reached based on the investigation, there is insufficient evidence to take disciplinary action against any one HSH staff member in relation to the Saito escape.

In order to discipline an employee who is a union member, the employer must establish that there was "just and proper cause" for the discipline. Initially articulated by Arbitrator Carroll Daugherty in *Enterprise Wire Company*, 46 LA 359, 1966, and perpetuated by arbitrators since, the Seven Tests of Just Cause is an established set of guidelines or criteria applied to the facts of each case to determine if an employer's discipline or discharge of an employee is warranted. The Seven Tests are as follows:

1. **Reasonable Rule or Work Order.** Is the rule or order reasonably related to the orderly, efficient, and safe operation of the business?
2. **Notice.** Did the employee receive adequate notice of the work rule or performance standard and the possible consequences of failure to comply?
3. **Sufficient Investigation.** Did you conduct an investigation before making a decision about taking disciplinary action?

4. **Fair Investigation.** Was your investigation fair and objective?
5. **Proof.** During the investigation, did you find proof (i.e. substantial evidence) of misconduct or of a performance discrepancy?
6. **Equal Treatment.** Have you dealt with your employees equally, without discrimination?
7. **Appropriate Discipline.** Did you consider the seriousness of the alleged offense and the employee's past employment record?

In this case, we believe that the employer, at a minimum, would fail to meet the requirements for tests 1, 2, and 6. HSH did not establish clear work rules or instructions that they required the employees to comply with. HSH did not consistently apply the work rules and/or performance standards as they allowed relaxed oversight for years. HSH did not inform the employees that their work conduct was not acceptable or that they should change the ongoing practices. HSH did not hold the employees accountable for not complying with performance standards or established procedures.

The investigation revealed that on the date of the incident, the HSH staff acted in the same manner as they had for many years regarding Saito's supervision. Saito had established and continued to reap the benefits of an "honor system," whereby he was free to roam the grounds unsupervised and everyone expected him to return to his unit at the end of the day.

Rather than holding any one individual responsible for Saito's escape, the breakdown is attributable to HSH maintaining practices and procedures that over the years did not evolve along with a transformed patient demographic. With its predominantly forensic (i.e., criminal) patient population, HSH should have policies and procedures that conform to a detention facility operating model. See Department of Health, "Report to the Twenty-Ninth Legislature," 2018.

HSH's policies and procedures are more akin to those of a rehabilitative treatment facility – patient treatment that downplays the forensic nature of the detention. The more relaxed rehabilitative treatment operating model (i.e., one that would use an honor system as opposed to adhere to strict reporting requirements), coupled with an absence of formal written policies, resulted in inconsistent operations in general. As the investigation revealed, different units within HSH had different patient practices. This inconsistency created an environment of confusion due to the lack of patient accountability that significantly contributed to Saito's escape.

Consequently, to single out certain staff members for doing what they had been doing for years, with no complaints from or corrective action taken by management, would be considered unreasonable and unfair. An arbitrator would likely reject any discipline meted out in response to such circumstances.

Despite the system failure that contributed to Saito's escape, we note that HSH is aware of and has acknowledged the need for operational change to address its predominantly forensic patient demographic. HSH has committed to a "new path forward to enhance the safety and security of its patients, employees and the surrounding community" through the construction of a new "four-story, 144-bed, **secure forensic psychiatric facility**[.]" https:////hawaiistatehospital.henselphelps.com/ (emphasis added); see also, "Hawaii State Hospital – 2015 Master Plan Update," August 28, 2015. HSH has refined its mission "to provide excellent in-patient psychiatric services for court-ordered individuals within a safe therapeutic environment while improving safety for patients, employees and the surrounding community." Id.

Nevertheless, based upon this investigation, we recommend that management and staff undergo training in the proper policies and procedures for monitoring patients to minimize the possibility of such an incident happening again. The training should require all staff to sign forms acknowledging that they have received the training and that they should expect to be disciplined for failure to follow the policies and procedures going forward.

We further recommend that the HSH consider retaining consultants who are expert in the field of public safety and security at institutions like HSH to make sure that HSH is utilizing best practices to protect the public, staff, and patients.

Should you have any questions regarding the foregoing, please feel free to call my supervisor, James E. Halvorson, or myself, at 587-2900.

Sincerely,

Jeffrey A. Keating
James E. Halvorson
Deputy Attorneys General

APPROVED:

Russell A. Suzuki
Attorney General

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DRAFT

A.G. No. 17-4571

ADMINISTRATIVE INVESTIGATION

HAWAII STATE HOSPITAL

Binder 1 of 4

A.G. 17-4571
ADMINISTRATIVE INVESTIGATION
HAWAII STATE HOSPITAL

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Primary Report

TO: RUSSELL A. SUZUKI, ATTORNEY GENERAL

VIA: BOYD K. SAKAI, DEPUTY CHIEF SPECIAL AGENT

GEORGE DO, SUPERVISORY SPECIAL AGENT

FROM: DEAN SUZUKI, SPECIAL AGENT

SUBJECT: **STATE OF HAWAII, DEPARTMENT OF HEALTH, HAWAII STATE HOSPITAL, COMPLAINT AG #17-4571**

ASSIGNMENT

I am presently employed by the State of Hawaii Department of the Attorney General (AG) assigned to the Investigations Division as a Special Agent (SA). On Monday, 12-18-17, Supervisory SA George Do assigned an administrative investigation to SA Jerry Won and designated him as lead investigator. SA Wendell Takata and I were assigned to assist Won. The investigation was forwarded by the State of Hawaii, Department of Health (DOH) originating from the Hawaii State Hospital (HSH) regarding the escape of HSH patient, Randall Saito.

This report is the primary compilation of information and statements gathered in this investigation.

SYNOPSIS

On Sunday, 11-12-17, at about 7:15 pm, the HSH staff on the evening shift reported that Saito was unaccounted for and conducted a search of the facility with negative results. It was later determined that Saito had escaped from the HSH and the Honolulu Police Department (HPD) and the HSH administrative staff were subsequently notified.

Earlier that morning, according to surveillance footage, Saito makes an entry into a log and exits the Unit "I" building at about 8:00 am and goes to breakfast at the cafeteria. Saito's status is at this time is "Unescorted ground" (UG) meaning that he had the privilege to roam the facility grounds, within set boundaries, unsupervised. He was also required to call Unit "I" on an hourly basis to check in.

Between 8:00 am and 10:00 am, Saito is seen on surveillance footage in and around Buildings "B" and "K" and conducts what appear to be questionable and suspicious activities. At about 10:03 am, Saito puts on a red colored jacket and walks towards the Makai fence line and out of view of surveillance cameras by Building "K". Saito is not seen on surveillance footage thereafter.

Summary of Hawaii State Hospital Reports / Forms Submitted

SCOPE OF INVESTIGATION

The scope of this administrative investigation is to discover the facts and circumstances surrounding the escape of HSH patient Randall Saito.

DATE/TIME OF OCCURRENCE

The incidents occurred on Sunday, 11-12-17 at about 10:03 am.

SCENE / LOCATION OCCURRED

The incident occurred at the HSH located at 45-710 Keaahala Road, Kaneohe, Hawaii 96744.

HSH CASE REFERENCE NUMBER

HSH Patient Event Report (PER) #17-0928 documents the details of the patient event that prompted this investigation.

Refer to Attachment "B" for further information.

PATIENT IDENTIFICATION/STATUS

Saito was admitted to the HSH on 03-06-81 under the legal status of Hawaii Revised Statutes 704-411 for the offense of Murder in the First Degree and has been a resident there ever since. Saito's HSH Patient CR Number is #66963.

Refer to Attachments "J" and "Q".

SUMMARY OF HSH REPORTS & FORMS SUBMITTED

Patient Event Report (PER) #17-0928, dated: 11-12-17

[redacted]

[redacted]

Refer to Attachment "B" for further facts.

[redacted] **Elopement/AWOL Worksheet, dated: 11-12-17**

[redacted]

Refer to Attachment "C" for further facts.

Unit "I" Patient Hourly Rounds POD 3, dated: 11-12-17

Refer to Attachment "O" for further facts.

Staff/Patient Care Assignment Sheet 7-3 Shift POD 3 (IMUA), dated: 11-12-17

Staff/Patient Care Assignment Sheet 3-11 Shift POD 3 (IMUA), dated: 11-12-17

Refer to Attachment "P" for further facts.

Unit "I" Sign-In/Sign-Out Sheet, last entry dated: 11-12-17

[redacted]

Refer to Attachment "T" for further facts.

PATIENT INJURIES

Saito has not returned to the HSH since 11-12-17, therefore it is unknown whether any injuries were reported or documented due to his escape or detainment thereafter.

WRITTEN STATEMENTS PROVIDED BY HSH

The HSH Performance Improvement/Risk Management Department Allegation Form reflects that the following personnel were placed on administrative leave pending investigaion:

7:00 am – 3:00 pm shift (Alleged Subjects)

[redacted]

3:00 pm – 11:00 pm shift (Alleged Subjects)

[redacted]

7:00 am – 3:00 pm shift (Witnesses)

[redacted]

Persons Interviewed

[redacted]

3:00 pm – 11:00 pm shift (Witnesses)

[redacted]

Refer to Attachment "I".

POLICY AND PROCEDURE / STANDARD OPERATING PROCEDURES

- **"Patient Abuse and Neglect by Staff"** #14.005 HSH Policy and Procedure
- **"Patient Rounds"** #23.995 HSH Nursing SOP
- **"Lines of Accountability / Responsibility of Direct Care Nursing Staff"** #23.992 HSH Nursing SOP

Refer to Attachment "Q" for further facts.

SURVEILLANCE VIDEO REVIEWED

Refer to Attachment "Z" for a timeline of Saito's activities and whereabouts on the HSH campus on 11-12-17 that was recorded on security surveillance video. Also attached are still photos throughout the timeline.

PERSONS INTERVIEWED

The interviews were scheduled based on the availability of the interviewees and union representatives. The following personnel were interviewed or intended to be interviewed in the order listed below:

Interviews / Statements

[redacted]

STATEMENT DISCLAIMER

The employee interview statements in this report are paraphrased summaries and are not written verbatim. Refer to transcriptions for further information.

WITNESS #1 STATEMENT

[redacted]

On Friday, 02-09-18, from 9:35 am to 10:49 am, Supervisory SA Do along with SA's Won, Takata and I conducted a digitally recorded interview with [redacted] at the HSH located at 45-710 Keaahala Road in conference room A-221. The following is a summary of [redacted] interview:

[redacted]

Census (Patient Count)

- [redacted] stated that the hospital, "Currently," was built for one hundred seventy-eight (178) patients. The present census at the HSH is around two-hundred ten (210).

- [redacted] that the HSH rents forty-six (46) beds at Kahi Mohala which brings the census to around two-hundred fifty (250).

- [redacted] that the "Clark Injunction" imposes timely admission of patients unfit to stand trial. [redacted] that the injunction mandates the admission of felony defendants within forty-eight hours and misdemeanors within seventy-two hours. [redacted] that the time constraints gives them a "Very short time to move patients around" and likewise for patients who violate their conditional release and return to the facility. These situations are a "Major component of admissions," [redacted] stated.

- [redacted] that "Census is an issue, it was an issue back then, it's an issue now."

Physical Plant

- [redacted] that "Units were built in the late 80's, they were not built for the type of patients that the hospital has been taking, at least in my tenure here, which are more forensic based patients, it was built more I think for a civilly committed patient."

- [redacted] that as part of the Master Plan, originally developed in 2005 and renewed in 2015, the State recognized that the physical plant at the HSH had "Limitations and inadequacies."

- [redacted] a one hundred forty-four (144) bed, forensically designed facility has been approved. [redacted] that the physical plant issues are being addressed and although the facility will not be completed until 2021, "Enhancements" such as fencing are being installed and "Different things to make the place more secure."

Staffing

- [redacted] that the staffing metrics in the units were "Okay." [redacted] concerns with the hiring processes within the Department of Human Resources Development because HSH had no control over it. [redacted] stated that [redacted] was able to make some changes in this area.

- [redacted] that, as of a couple months ago, they had zero vacancies at their direct care ranks. [redacted] that they have just three RN vacancies out of one hundred thirty-five (135) positions.

- [redacted] that, from when [redacted] began at the HSH, a big concern was the excessive use of sick leave. [redacted] explained that more leave is being taken than earned. As a result, [redacted] that the shortage is supplemented with agency staff or overtime staff to properly staff the units.

- [redacted] the purpose of the HSH is that they are the only public psychiatric hospital in the State of Hawaii, serving the citizens of Hawaii with rehabilitative, restorative, medical and therapeutic services to get the patient to a point of not needing that level of care. [redacted] stated that the mission or purpose of the HSH is defined by statute.

- [redacted] that the HSH does not service direct admissions of a civilly committed patient. [redacted] that the civil commitments at the HSH were initially admitted as forensic patients and later reclassified as civil due to various circumstances.

- [redacted] the HSH is a medical detention facility based on the following:

    - Statute states that HSH staff is inclusive in the felony assault involving corrections officers in prisons.

    - HSH is a medical facility.

    - The detention status of patients is via a court order.

    - Statutes dictate that patients who leave the HSH without "Permission" can be apprehended and returned to the facility.

- Regarding the role and purpose of the HSH, [redacted], "That is the main part of our role. The people who come to be restored to fitness to stand trial," [redacted] explained "They are our main component of admission and our main component of patients at any given time." [redacted] also added "Another component was people that were found not guilty by reason of insanity."

- [redacted] that evaluations for fitness to stand trial are done in the prisons which they are tasked to do over a thousand a year. [redacted] stated that once an unfit evaluation is determined, the federal injunction of timely admission begins. [redacted] stated that they receive about forty (40) of these admissions each year.

- [redacted] that the HSH is licensed under the Office of Health Care Assurance (OHCA) and certified for two hundred two beds. [redacted] that whenever they exceed the certified amount, [redacted] required to email Keith Ridley, Director of OHCA and copy Veronica Mitchell, who reports to Ridley, Fridovich and Virginia Pressler, Director of DOH, informing them of the total census and total in-house census.

- [redacted] that the HSH have "Waived beds" in areas of the facility which are not required to meet the strict guidelines and therefore waived by OHCA. [redacted] that the beds at the HSH allowed to be set up for temporary use are for the accommodation of admissions.

- [redacted] that the HSH contracts Kahi Mohala and the Columbia Regional Care Center in South Carolina as service providers. [redacted] that the HSH has forty six (46) patients at Kahi Mohala and three (3) patients in South Carolina which remains [redacted] responsibility regarding their safety and treatment.

- [redacted] the role of the HSH has not evolved and it has remained a forensic hospital, all admissions being forensic in nature. [redacted] that the mission and the purpose of the HSH has been consistently to serve the following:

    - Evaluation for fitness
    - Restoration to fitness
    - Not guilty by reason of insanity
    - Violations of conditional release
    - Reclassified to civil commitment

- [redacted] that "The physical plant which is an important component of this type of business was not and is not now adequate" for forensic patients with history of criminal acts, some violent in nature.

- [redacted] that the training of staff is based on an industry-wide standard. [redacted] that this program was called "IMUA" and explained that each patient is assigned to a staff member and the staff member is required to speak to the patient twice per shift and basically talk about issues the patient may be experiencing and get to know their behavior. [redacted] that this program has reduced staff assaults.

- [redacted] that during [redacted], there have been eight elopements (Not including Saito). [redacted] that staffing level was not a factor in any of these incidents although a combination of staff inattention and physical plant were issues.

- [redacted] that exorbitant overtime expense is caused by two factors, sick leave and one-to-one patient care (Staff member assigned to one patient due to level of acuity). [redacted] that the minimum staffing count is not compromised by the one-to-one patient care but added to the minimum staffing count, therefore overtime is utilized.

    - [redacted] that an analysis revealed that there would be an average of twenty-two (22) sick calls per day if staff only used sick leave that they've earned, but they actually average thirty-five (35) sick calls per day.

    - [redacted] the process of assigning staff for overtime slots:

        - On-duty staff are asked first and placed on a "Voluntary list"

- Off-duty staff may call in their availability
- Agency staff, supplemental HSH staff
- Call off-duty staff at home
- Mandatory overtime

- [redacted] that HSH is staffed appropriately, specifically in the residential patient nursing units.

- [redacted] that staffing averages about ninety-two and a half percent fill level hospital-wide. [redacted] that the HSH has six-hundred sixty-six (666) FTE's (Full-time equivalent) employees and goes between six-hundred and six-hundred nine filled positions. [redacted] the question to [redacted], regarding the percentage of agency employee population

- [redacted] Unit "E" has had the most patient escapes. [redacted] that Unit "E" has the most patient population and had access and the utilization of various opened areas. [redacted] that some of the factors with the higher rate of escapes were physical plant and staff failing to following policies.

- [redacted] was not aware of any HSH patient escapes that have resulted in harm to the public, harm to another HSH patient or harm to an HSH employee. [redacted] "Not in my tenure."

- [redacted] that the percentage of HSH patient population with NGRI (Not guilty by reason of insanity) status is about ten to fifteen percent based on two-hundred two licensed beds. [redacted] that the HSH have several patients with history of violent crimes but did not know the count. [redacted] that, of the NGRI population, it is a fifty/fifty split felony/misdemeanor defendants. [redacted] that most of the felonies are class "C".

- [redacted] that in 2017, the HSH had twenty "A" felony defendants out of three-hundred nineteen admissions.

- [redacted] that NGRI patients are not segregated by "Legal class" and are housed among patients of various statuses.

- [redacted] that Unit "I" houses "Medically compromised patients," "Patients are getting older," "People in wheelchairs." Regardless, [redacted] that the staff in Unit "I" is trained and are just as capable to handle an NGRI patient.

- [redacted] not know how Saito was placed in Unit "I" being that he (Saito) was "Alert and able bodied." [redacted] that patient placements are determined among the doctors and the nurse managers and if a conflict exists, the Director of Psychiatry would get involved. If there's further conflict, the Associate Administrator of Clinical Services would get involved.

- [redacted] that they have NGRI patients at Kahi Mohala but they are the lowest risk patients. [redacted] that the patients housed at Kahi Mohala are mostly restorative to fitness and conditional release violators.

- [redacted] did not know if Unit "I" housed other NGRI patients.

- Regarding the terminology or classification of elopement versus escape, [redacted] a civil patient is an elopement and forensic patient is an escape.

- Regarding the Saito escape and factors that may have contributed, [redacted] that the staff has a list of patients they have to account for on an hourly basis. [redacted] "It appears that several staff in this situation did not verify Mr. Saito's whereabouts, okay hence, we were not aware that he was missing for approximately nine hours."

  [redacted] "At the change of shift, where you have a nurse giving a unit to another nurse, there was not verification that everybody assigned to that unit, every patient, was accounted for."

- [redacted] that they have implemented policy requiring the nurse to check on staff, twice a shift, that patient accountability has been performed. [redacted] that, at the change of shift, the charge nurse is required to call the nursing office with a patient count and officially accepting the unit. This is reported [redacted] each morning.

- [redacted] that on the day of the incident, [redacted] notified [redacted] of the escape at about 7:15 pm. [redacted] would normally respond but was unable to, so [redacted] responded.

- [redacted] that the process of notification in an escape are as follows:

  - Staff searches and verifies that the incident is bona fide.

  - A Code "77" is called and search continues.

  - The HPD is notified.

  - The Criminal Investigations Division of the HPD responds and initiates a Crime Stoppers bulletin.

  - The Department of Public Safety Public Information Officer is notified that verifies the information and places a Nixle alert to the community.

- [redacted] that the process of notification, once the escape was apparent, was not an issue, "That went the way it was suppose to go." [redacted] that "The fact

that we didn't know this gentleman was missing for that amount of time was a, in my opinion, a failure of the hospital and of the hospital staff."

- [redacted] that there is a [redacted] that is responsible for the overall supervision of the hospital during evening hours, weekends and holidays. [redacted] that the [redacted] initiates the process of notifying the HPD. [redacted] that the operator may be notified to make the actual call to the police.

- [redacted] that the current status of the alleged employees is, "Off-duty administrative leave, with pay. You go off first thirty days without pay." [redacted] stated that these employees were the only ones that they could identify as being "Negligent" who signed-off that Saito was accounted for. [redacted] that the two nurses involved either "Gave up a unit or took a unit without verifying that all the people were there."

- [redacted] that the decision of the personnel action against the alleged employees was discussed with [redacted]

- [redacted] that on the day of the incident, 11-12-17, Unit "I" had a full compliment of nursing staff.

- [redacted] that the HSH has operated short staffed up until [redacted] required overtime to fill open nursing shifts. [redacted] that in the last nine months there may have been one or two shifts that may have worked short.

- [redacted] that the mandated overtime was implemented in May 2017 and affirmed that the units have not operated short staffed since, including units with high rates of sick calls.

- [redacted] that [redacted] data on the units with the highest rates of sick calls and to the best of [redacted] memory, Unit "I" was one of them.

- [redacted] had no knowledge of a particular unit or units that have a high rate of employee complaints regarding safety and welfare.

- [redacted] has no knowledge of patient to staff boundary violations in Unit "I".

- [redacted] has no knowledge of any incidents of patient to staff boundary issues specific to Saito while in Unit "I" or anywhere else in the HSH facility.

- [redacted] does not have "Direct knowledge" of Saito's past relationships at the HSH but is aware of "Allegations and rumors" of such history. [redacted]

referred the investigative team to [redacted] regarding this particular history of Saito.

- [redacted] that "Nothing that comes to mind" of any issues in Unit "I" regarding patient supervision or staff supervision.

- [redacted] that the HSH does not have a security manager. The HSH has a contracted security force, which is Star Protection Services, that provides the following services:

    - Perimeter patrol
    - Man the guard shack
    - Monitor security cameras
    - Rover patrol
    - On-Duty supervisor
    - Uniformed guards on the units

- When asked why trained nursing staff that are familiar with the patient population wasn't monitoring the surveillance cameras, [redacted] that it was probably written in the contract from the beginning. [redacted] intends to change the security to a joint monitoring system for the cameras.

- [redacted] that the Koolau Clubhouse is an outside agency contracted through the Adult Mental Health Division. [redacted] that they were not employees of the HSH and was uncertain of their employment status.

- [redacted] that the Koolau Clubhouse is utilized as an "Off-grounds therapeutic environment." [redacted] that all patients attending are on escorted privileges and no one unescorted.

- [redacted] when asked about the extent of communication and/or reporting between the Koolau Clubhouse and the HSH.

- When asked [redacted] any knowledge or could confirm if certain HSH mid-management employees may have been allowed to maintain residency in the Cook building in years past under a different administration, [redacted] "I know nothing about it."

- The interview concluded at 10:49 am, 02-09-18.

- Refer to Attachment "X" for the list of questions used to conduct this interview.

Exhibits 'A' to 'E' Introduced

EXHIBITS 'A' TO 'E' INTRODUCED

The following exhibits are true and accurate copies of documents received from the HSH and used as reference for interviewees for questions pertaining to those documents.

- Exhibit 'A' – Patient Rounds #23.995 HSH Nursing SOP
- Exhibit 'B' – Elopement, Elopement Attempt And AWOL #19.520 HSH Policy And Procedure
- Exhibit 'C' – Unit "I" Patient Hourly Rounds POD 3" form dated 11-12-17
- Exhibit 'D' – Hawaii State Hospital [redacted] Elopement/AWOL Worksheet, Dated 11-12-17
- Exhibit 'E' – Hawaii State Hospital Witness Statement Form of [redacted] Dated, 11-12-17

WITNESS #2 STATEMENT

[redacted]

On Thursday, 02-22-18, from 11:40 am to 1:23 pm, SA Won along with SA Takata and I conducted a digitally recorded interview with [redacted] at the HSH located at 45-710 Keaahala Road in building "A" conference room A-122. The following is a summary of [redacted] interview:

[redacted]

[redacted]

- [redacted] the HSH was adequately staffed although they always have some vacancies. [redacted] that staffing consists of permanent staff and agency staff for vacancies.

- [redacted] that [redacted] initial assessment when [redacted] began was to look at staffing in the various units. [redacted] that they look at a matrix annually which shows staffing levels and any adjustment according to needs. [redacted] they have added staffing to the units, if anything else.

- [redacted] overall assessment of the HSH was that the current administration is open and responsive to changes. [redacted] that since mandated overtime was implemented to address short-staffing and safety issues, the units have run 100%.

- [redacted] "Very comfortable" with nursing staff although they can always do better. [redacted] stressed to the supervisors to make sure the patients are all accounted for by visual checks and that staff are accomplishing their duties. [redacted] that discipline has been imposed for the failure of patient accountability.

- [redacted] that the mission of the HSH was to provide care for patients to have successful outcomes if returned to the community and/or to evaluate if they are fit to participate in court proceedings and be tried for their crimes. [redacted] that this mission of the HSH is defined by Hawaii State law.

- [redacted] that the HSH is certified by OHCA for two-hundred (200) beds but they also have waived status beds (Does not need certification). [redacted] that overages are reported to OHCA/Adult Mental Health Department.

- [redacted] that the courts do not notify the HSH of incoming patients so they do their best in moving patients around. [redacted] that bench warrant patients are also admitted without notification.

- [redacted] that the HSH contracts Kahi Mohala and a facility in North Carolina for the over flow of patients.

- [redacted] that the HSH has evolved in that 99% of patients come from the courts with a very small amount of civil commitments.

- [redacted] that according [redacted] there is an increase in forensic patients in facilities like the HSH nationwide with patients being much more violent and acutely ill. [redacted] "Forensic" patients as coming from the courts or jails with charges ranging from misdemeanors to felonies.

- [redacted] that the HSH is adequately equipped to deal with forensic patients with a history of criminal acts, some violent in nature.

- [redacted] there have been two escapes [redacted]; one from Queen's Hospital and one from Unit "F".

- [redacted] that HSH was deemed a rehabilitation hospital with open grounds which was a contributing factor for the elopements. [redacted] that as elopements occurred they re-examined policy and procedures, erected fences and retrained staff. [redacted] that the policies and procedure were in place, "I feel it just needs to be tightened up."

- [redacted] that the contributing factor in Saito's escape was "Human error."

- [redacted] that the residential patient nursing units are appropriately staffed and trained.

- [redacted] that sick leave was the main contributing factor of the overtime expense. [redacted] that staffing has doubled because Agency Staff are used to fill vacancies caused by sick leave.

- [redacted] that the Licensed Practical Nurses (LPN) positions are historically hard to fill, even on a national basis. [redacted] that to address this hardship, they acquire Agency RN's to fill the LPN positions to fulfill adequate coverage, although the cost is a little higher.

- [redacted] that attrition, retirement and "The natural flow of things" contributed to unfilled positions.

- [redacted] that the HSH recently had a group hire, so positions will be getting filled. [redacted] that HR posts internal vacancies and an ongoing interview process is in place as applications are submitted. [redacted] that the current status of vacancies in direct patient care nursing staff are as follows:

    - Nine LPN
    - Seven or eight PMA
    - Six or seven RN

- [redacted] that the cause of patient incidents in the past have been due to human error and not short staffing.

- [redacted] that there is no one unit that has a higher rate of escapes.

- [redacted] that during [redacted] tenure at the HSH, corrective actions taken after a significant event looks at "Root cause analysis" which is part of quality improvement. [redacted] that they review process, staffing and equipment

following an elopement. [redacted] that as they identify vulnerabilities they are able to correct it. [redacted] the following incidents:

- A patient ran out of the fenced sally port gate that was inoperable. The gate was repaired but it was still not the most reliable means so they now post a security guard at the gate 24/7.

- A patient threw a wooden partition through the window of the unit and knocked it out. As a result of that incident, a metal mesh was placed over that window.

- [redacted] that as a result of Saito's escape, the HSH is in the process of installing internal fencing and possibly external fencing.

- [redacted] that the root cause analysis identifies vulnerabilities in the operations and is comprised of the various departments impacted and/or involved specific to the incident or improvement. This analysis is presented to the Joint Commission.

- [redacted] not aware of any patient escapes from the HSH that resulted in harm to a Hawaii resident or a HSH employee.

- [redacted] aware of a patient escape from the HSH where the patient lacerated his Achilles tendon.

- [redacted] that she does not know the percentage of HSH patients who are NGRI status.

- In regards to the HSH management of the NGRI patients, [redacted] that the treatment team determines the type of classes or programming the patient will be involved in. [redacted] the following examples:

  - Patients under the 406 (Unfit to stand trial) statute will be going back to prison or court, so classes prepare the patient for courtroom situations.

  - Patient under the 411 or 413 (Reintegrate into community) statute will be reintegrated into the community so classes such as anger management and symptom management will be administered.

- [redacted] that all NGRI status patients are housed together when possible. [redacted] that "Acute admissions," when they first come in are the patients with high acuity and are housed together as they stabilize. [redacted] that the 406 statute patients are housed together because of the programs they attend.

- [redacted] that 406 statute patients are housed in Units "S," "T" and "U" and the patients who are going back into the community or who are elderly are housed in Units "E" or "I."

- [redacted] that Unit "I" is an elderly and geriatric medical unit and classified Saito as "Too high functioning" for that unit. Conversely, [redacted] that Unit "I" housed 411 and 413 statute patients and therefore claimed that Saito fitted in. [redacted] did not know how Saito was placed in Unit "I" but stated there are other NGRI status patients in that unit.

- [redacted] that Unit "I" staff is capable of handling a patient such as Saito.

- [redacted] that there are only a few NGRI's with the UG status at the HSH. [redacted] that there could be more patients with UG status but because of construction at the upper campus, patients housed there were denied due to safety factors. [redacted] that Saito was housed on the lower campus so those patients were more able to attain UG status.

- [redacted] that the incident on 11-12-17 involving Saito was considered an elopement. [redacted] that an elopement is when a patient has left the premises and an AWOL is when a patient is on the premises but in an area they're not allowed to be. [redacted] that the term "Escape" is more for the public to understand.

- [redacted] that, since Saito's escape, the staff has had ongoing discussions regarding how the HSH has to evolve from a rehabilitation hospital to a forensic hospital or a prison type setting with controlled movement of people.

- [redacted] the dilemma is that the doctors feel the HSH is more of a hospital contrary to other staff who feels it is more of a "Jail setting." [redacted] that the HSH has a responsibility to the community to protect and not to allow patients to escape.

- [redacted] "I think we need to be a forensic facility, we need to protect the community, we need to, if the court says he's remanded to the (Inaudible) treatment to Department of Health, then I feel that, that means we need to lock them up, we need to provide additional security to prevent them from eloping, which might deprive them of their rights."

- With regards to problems or incidents with unauthorized persons on the HSH grounds, [redacted] to the HSH Visitor Policy and cited the following:

    - Stopped at security and names obtained.

    - At the unit, visitors are informed and instructed to surrender restricted items such as cellular phones etc. Food items provided are inspected.

- At the unit, visitors are informed and instructed to surrender restricted items such as cellular phones etc. Food items provided are inspected.
- Anything passed to the patient is checked.
- Security patrols the perimeter of the HSH grounds.

- [redacted] that they've had issues of trespassing but is unaware of any incidents of property being left on facility grounds for HSH patients.
- [redacted] the following corrective action taken since Saito's escape:
  - Retrained staff on hourly rounds specific to visual checks.
  - Nurse staffing education on the adequacy of facilities with regards to equipment, supplies, and perimeter fencing.
- [redacted] that, on the day of Saito's escape, [redacted] notified "Nine hours later," probably sometime in the afternoon or evening [redacted]
- [redacted] that the HSH has a process to notify the public of the elopement.
  - Staff searches the area.
  - The HPD is notified and takes a report.
  - A description and photograph of the patient are submitted to Toni Schwartz (Department of Public Safety) to initiate a Nixle alert.
- [redacted] that Saito had UG privileges and stated that "According to the procedures, he is supposed to notify the unit or call the unit every hour that he's on grounds or off grounds." [redacted] that the confusion of reporting the escape was because Saito has had UG status for years [redacted] did not know what contributed to the delay in reporting the incident.
- [redacted] that, outside of his unit, Saito went to the operator for his hourly check in call and either he, himself, would call or ask the operator to call. [redacted] that are no phones accessible to patients outside of the unit, so Saito would have to ask a staff member to call in for him. [redacted] once the call is made to the unit, it would be marked down on the sheet within the unit.
- [redacted] that the HSH, including the treatment team, do not issue or allow patients to have access to or possess cellular phones.

- [redacted] that "If a nursing staff writes down he's on unescorted grounds but failed to check that he's on unescorted grounds that would be a failure of the staff."

- [redacted] that the [redacted] is responsible for the notification of the HPD.

- With regards to the determination of placing the seven or eight alleged employees on department directed leave, [redacted] that they met [redacted] and went over a list of names which [redacted]. [redacted] not know the present status of these employees but stated they are normally on paid leave pending the outcome of the investigation.

- [redacted] that on 11-12-17, the day of Saito's escape, Unit "I" had a full complement of nursing staff. [redacted] that the general patient to nursing staff ratio that the units must maintain is one staff to five patients.

- [redacted] that once mandated overtime was imposed in the middle of 2017 the HSH residential patient units have not operated short staffed. [redacted] that the Nursing Office addresses short staffing before each shift and calls staff that is off or mandates staff for overtime.

- [redacted] that there have not been any issues regarding the safety of patients or employees for any reason at the HSH.

- Regarding patient/staff boundary issues in Unit "I", [redacted] that "We have boundary issues, from time to time, but it's not specific to any one unit."

- [redacted] aware of Saito's history regarding patient/staff boundary issues at the HSH and was also informed of his former marriage to a staff member.

- [redacted] that there has not been a lack of supervision of patients in Unit "I".

Exhibit 'A' – Patient Rounds, HSH SOP 23.995

  - [redacted] Exhibit 'A' and acknowledged that this was the HSH standard operating procedure that is required to be followed by all nursing staff in all patient dormitory units.

  - [redacted] the "Patient Hourly Rounds" form attached to the SOP and stated that the Para-medical Assistants and the Psych Techs are responsible for filling the form. The staff is required to observe each patient they are assigned to and document the corresponding code for the patient's status.

- [redacted] the RN is also responsible, twice a shift, to perform patient rounds and conduct visual checks. [redacted] that the RN's initials verifying these checks are entered in the bottom portion of the box with the diagonal line.

- [redacted] wasn't certain if the attached form to the SOP was the official "Patient Hourly Rounds" form. [redacted] the various units alter the form to suit their operational needs [redacted]. [redacted] allows for additional information on the form but not any deletions.

- [redacted] does not care for altered forms because of auditing purposes and has instructed the units not to alter it. [redacted] that QI (Inaudible) Risk Management does not like the forms to be changed also.

- [redacted] that the "Patient Hourly Rounds" forms are filed within the units and thinks the policy states that after three years they may be purged.

- [redacted] that patients are not allowed to fill-in the "Patient Hourly Rounds" form.

- [redacted] that the Charge Nurse is responsible for verifying the Patient Hourly Rounds form.

- [redacted] the Patient Rounds SOP applied to any staff member involved with patient rounds and the documentation of it.

- [redacted] the Patient Rounds SOP addresses patients on "Unescorted ground" status. [redacted] to the Patient Rounds SOP under "Procedure, 3" which states that patients "Unaccounted for" are reported immediately and a search is conducted. [redacted] a visual observation of the patient is required before marking them accounted for, even for UG status. [redacted] that the term "Unaccounted for" was interpreted in two ways:

    - Patient not present when a physical check is done but present elsewhere on campus.

    - Patient has left the campus.

- [redacted] that this section of the SOP was ambiguous and stated that the interpretation was discussed among the administration.

Exhibit 'C' - Unit "I" Patient Hourly Round POD 3 form, dated: 11-12-17

- [redacted] Exhibit 'C' and explained how Unit "I" staff had filled in the form:

[redacted]

[redacted]

- [redacted] who signed –off on the Patient Hourly Rounds form as follows:

[redacted]

- When asked if a UG status patient is required to call-in at the top of the hour or any time within that hourly block, [redacted]

- [redacted] when asked who was assigned to take the hourly check-in calls from Saito on 11-12-17.

- [redacted] not certain if a form or log existed for hourly check-in calls specifically for UG status patients. [redacted]

- When asked which phone Saito uses to call in for the hourly checks, [redacted] it would depend where he was at the time.

- [redacted] that the lobby area in building "B" (Recreational Therapy) and the passage from the kitchen area to the lobby were off limits to patients. [redacted] shocked to see Saito in these areas when [redacted] surveillance video.

- [redacted] that the origin of the call would show on the phone at Unit "I" if the call was made from another hospital phone. [redacted] understanding is that Saito usually asked a staff to call in for the hourly checks. [redacted] uncertain if the patient was required to personally make the call themselves or if a staff member was allowed to call for them.

- [redacted] unaware of any policy that allowed the Treatment Team to grant a cellular phone to a patient. [redacted] it is restricted for staff to allow a patient use any cellular phone.

- [redacted] that the units have "Flip phones" issued to staff, including transporters, and used as walkie-talkies to coordinate certain tasks. [redacted] uncertain if these phones had the capability of making outside calls. [redacted]

uncertain if these phones were inventoried and accounted for but stated that they are turned in at the end of shift.

Exhibit "B" – Elopement, Elopement Attempt and AWOL, HSH Policy and Procedure 19.520

- [redacted] Exhibit "B" and stated that this policy was for all HSH staff to follow and not for supervisors only.
- In regards to "Immediate action" as a result of an elopement, [redacted] #5 of the policy referring to a "Search plan." [redacted] there has been discussion about the initial search and the point of notification to police but ultimately a search must be done first.
- [redacted] that the Elopement, Elopement Attempt and AWOL policy is the main policy followed in regards to immediate action taken in such an event. [redacted] the Supervisory Status policy regarding required guidelines on various patient statuses.
- [redacted] the training received by staff in regards to Elopement, Elopement Attempt and AWOL, is that they are visually checking their hourly rounds and to document as necessary.
- [redacted] that since Saito's escape, the staff has attended recall training on all policies and procedures including Supervision and Patient Rounds.
- [redacted] that Unit "I" does not have their own Policies and Procedures or SOP's regarding elopements. [redacted] that Nursing has SOP's specific to their work.

- When asked if the HSH had a security manager, [redacted] who reviews video footage after certain incidents such as assaults. [redacted] contraband is also turned over [redacted] who submits it to the police.
- When asked why the nursing staff was not tasked to monitor surveillance footage, [redacted] the nursing staff is trained for patient care and not surveillance systems and security issues.
- [redacted] the Koolau Clubhouse "Was a good link for when they are out in the community." [redacted] it was a good transitional program for patients going into the community.
- [redacted] uncertain but assumed that the Treatment Team communicated with the Koolau Clubhouse staff for each patient attending.

Exhibits 'F' to 'R' Introduced

- [redacted] not know if the Koolau Clubhouse is staffed by Hawaii State employees. [redacted] clubhouse is a separate entity and not part of the HSH.

- [redacted] no knowledge of mid-management employees living at the Cooke building in years past.

- [redacted] Saito was a "Model" patient who had a lot of access to the HSH and "People got used to him."

- The interview concluded at 1:23 pm, 02-22-18.

- Refer to Attachment "X" for the list of questions used to conduct this interview.

EXHIBITS 'F' TO 'R' INTRODUCED

The following exhibits are true and accurate copies of documents received from the HSH and used as reference for interviewees for questions pertaining to those documents. The following exhibits are a continuation from Exhibit 'E' listed above.

- Exhibit 'F' – Line of Accountability/Responsibility of Direct Care Nursing Staff #23.992 HSH Nursing SOP

- Exhibit 'G' – Master Patient/Staff Assignment Sheet, HSH Form

- Exhibit 'H' – Master Patient/Staff Assignment Sheet, Dated 11-12-17

- Exhibit 'I' – Patient Call-In Log Sheet, Patients on Unescorted Status

- Exhibit 'J' - Visitors #4.625 HSH Policy and Procedure

- Exhibit 'K' - Contraband and Searches #9.235 HSH Policy and Procedure

- Exhibit 'L' - Patient Personal Belongings/Valuables #12.031 HSH Policy and Procedure

- Exhibit 'M' - Patient Trust Accounts #12.020 HSH Policy and Procedure

- Exhibit 'N' - Telephone and Mail #4.550 HSH Policy and Procedure

- Exhibit 'O' - Personal Mobile Devices, Voicemail and Telephone Etiquette #13.060 HSH Policy and Procedure

- Exhibit 'P' - Relationship Security: Safe & Therapeutic Staff-Patient Interactions #12.310 HSH Policy and Procedure

- Exhibit 'Q' – Hospital Boundaries #19.525 HSH Policy and Procedure
- Exhibit 'R' – Unit "I" Sign In/Sign Out Log

WITNESS #3 STATEMENT

[redacted]

On Thursday, 03-01-18, from 7:25 pm to 9:10 pm, SA's Won and Takata conducted a digitally recorded interview [redacted] at the HSH located at 45-710 Keaahala Road in building "A" conference room A-221. The following is a summary [redacted] interview:

[redacted]

- [redacted] worked on 11-12-17 [redacted] from 7:00 pm to 7:00 am.
- [redacted] Unit "I" has been staffed appropriately. [redacted] doesn't remember if Unit "I" was fully staffed on the day shift and the evening shift on 11-12-17.
- [redacted] did not know if other NGRI status patients were housed in Unit "I" or the specific number of patients with this status. [redacted] not know if there were other NGRI patients in Unit "I" who possessed the Level 3, UG status.
- [redacted] that Unit "I" was well suited to house Saito but did not know how he was placed in that particular unit or where he was previously housed.
- [redacted] on 11-12-17, [redacted] Saito's escape around 7:15 pm by [redacted] that Saito was late from returning from his "On grounds pass." [redacted] that Saito was expected back at 7:00 pm and requested if security could check their cameras for his whereabouts.
- [redacted] in an escape situation was to call or respond to the unit "To find out what's going on." On the night in question, [redacted] relating that Saito had not returned from his "On grounds pass."

- [redacted] notes of the incident on scratch paper but did not take any forms with [redacted] to the unit.

- Regarding the delay in reporting Saito's escape, [redacted] was not present during the day and was unaware of what went on. [redacted] her shift started at 7:00 pm when the escape became apparent.

- [redacted] that the HSH policy requires staff to report elopements immediately. [redacted] the policy as the "Elopement Policy" but was uncertain of the exact title and policy number.

- Regarding mitigating circumstances contributing to the reporting delay, [redacted] not present during the day and did not know.

- Regarding what was learned about factors contributing to the escape, [redacted] "There was no documentation that staff had seen him since last was documented, was like, seven or eight in the morning and he had signed out to go on 'on grounds' unsupervised pass at 9:00 am and never signed back in."

- Regarding what was learned about factors contributing to the escape in term of HSH procedures, staffing and supervision, [redacted] did not know.

- [redacted] not aware of any corrective actions taken since the escape and personally have not taken corrective actions[redacted].

- [redacted] Saito's escape was due to a nursing staff failure and cited the following points:

    - Failure to verify a headcount at the change of shift.

    - Saito had specific times for the UG pass; outside of these times he is required to be in the unit.

    - Saito was documented as UG when he was supposed to be on unit.

    - While on UG, Saito was required to check-in on an hourly basis.

    - [redacted] not certain of terms of Saito's UG status but thinks he was allowed UG for meals, couple hours in the morning, afternoon and evening and required to return to the unit at 6:00 pm.

- [redacted] one significant point of failure was the communication between the [redacted], who are responsible for documenting Saito's presence on the hourly checks, and not notifying [redacted] when he didn't return. [redacted] did not know who the Psych Techs were. [redacted] not familiar with how Unit "I" documented the hourly checks and the forms used. [redacted]

that the procedure for the hourly rounds checks and the forms used varies from unit to unit.

- [redacted] is responsible for the notification of the HPD in the event of an escape. [redacted] the notification to the HPD is made [redacted] verifies that the patient is "Actually missing."

- [redacted] checked Saito's physician orders regarding the terms of his UG status, mainly the time limitations. [redacted] that the physician's orders are in the patient's chart which is kept on the unit at the nurse's station. [redacted] immediately conducted [redacted] notifications [redacted] confirmed that Saito was missing.

- [redacted] not know how it was determined or who approved the personnel action for the alleged employees placed on department directed leave. [redacted] that they are currently still on leave.

- [redacted] that issues reported to the Nursing Office regarding employee or patient safety were as follows:

    - Patient assault on staff
    - Staff assault on patient
    - Patient on patient assault

  As a result of these reports, [redacted] an investigation was conducted but was unaware of the outcome. [redacted] not know if any corrective action was taken in each event.

- [redacted] there have been no reported issues to the Nursing Office or to [redacted] regarding patient/staff boundary violations in Unit "I."

- [redacted] that there have been no reported issues to the Nursing Office or to herself regarding patient/staff boundary issues specifically related to Saito at Unit "I" or anywhere on the HSH campus.

- [redacted] that there have been no reported issues to the Nursing Office or [redacted] regarding the lack of patient supervision in Unit "I."

- [redacted] never worked in Unit "I" or in any unit that Saito was previously housed at. [redacted] did not know Saito prior to his escape.

- [redacted] that there have no reported issues by Unit "I" staff members regarding Saito.

Exhibit 'A' – Patient Rounds, HSH SOP 23.995

- [redacted] Exhibit 'A' and acknowledged that this was an official standard operating procedure of the HSH that all nursing staff members are required to follow at all patient dormitory units. [redacted] this SOP includes patients with UG status.

- [redacted] that the Patient Hourly Rounds form is filled in by [redacted] who is assigned to monitor a specific group of patients. [redacted] that [redacted] responsible for filling in these forms. [redacted] that the patients are not allowed to fill in this form.

- On 11-12-17, [redacted] not know who the [redacted] on the day shift but remembers [redacted] on the 3:00 pm to 11:00 pm shift.

- [redacted] not know who approves the completion of the Patient Hourly Rounds form in Unit "I" but stated that in Unit "E," [redacted] previously worked, the night shift RN audits the form.

- [redacted] that the Patient Hourly Rounds form attached in Exhibit 'A' was the standard HSH form.

Exhibit 'B' – Elopement, Elopement Attempt and AWOL, HSH Policy and Procedure 19.520

- [redacted] Exhibit 'B' and affirmed that this policy was meant for all HSH staff and not specific to supervisory staff.

- [redacted] not aware that this policy had no language requiring staff to take immediate action in the event of an elopement or escape. [redacted] this was the only policy covering these events and that there were no other policies or SOP's.

- [redacted] unaware of the history or the extent of training for Unit "I" staff regarding patient elopements.

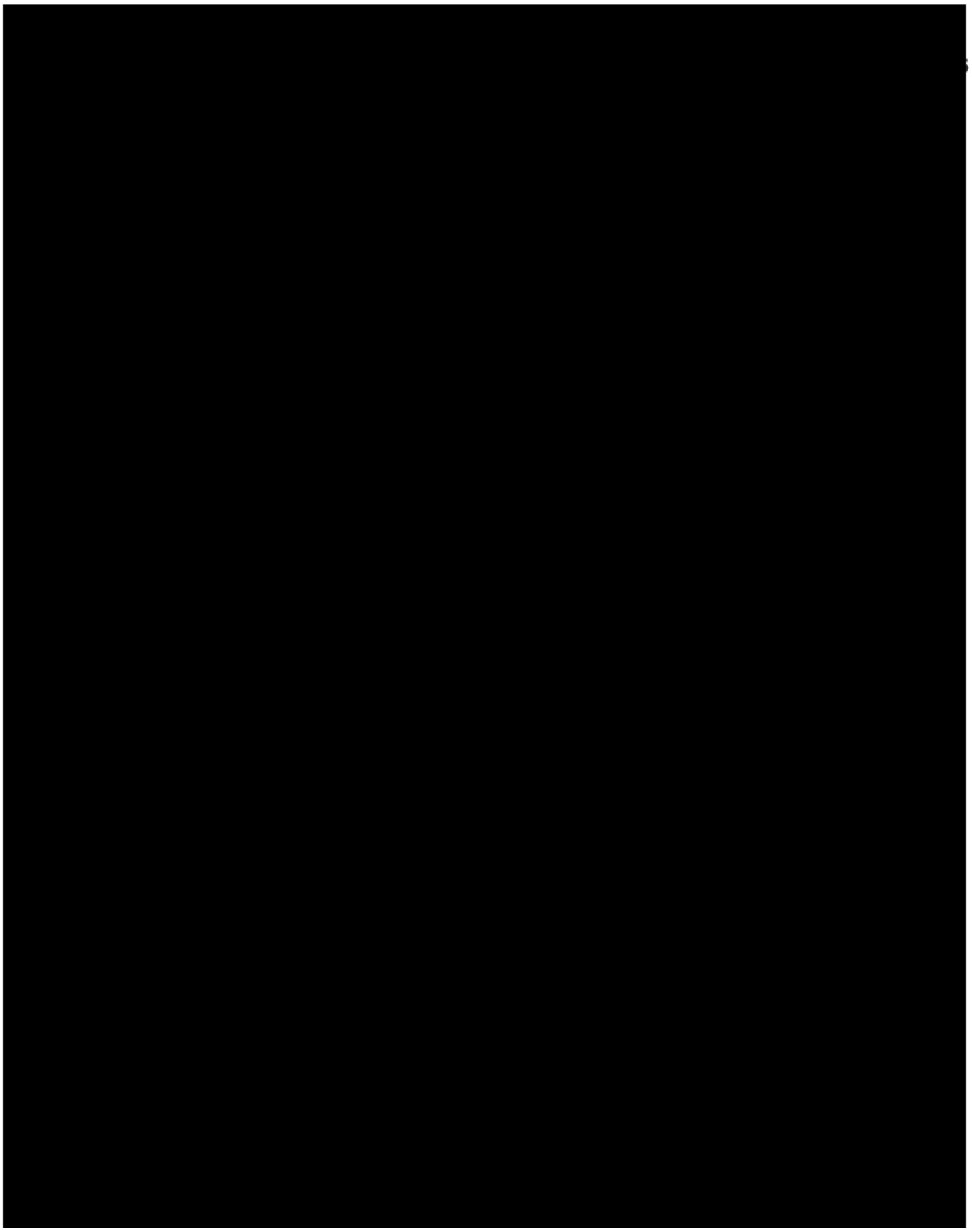
Exhibit 'D' – [redacted] Elopement/AWOL Worksheet, dated: 11-12-17

[redacted]

[redacted]

Exhibit 'C' – Unit "I" Patient Hourly Rounds POD 3 form, dated: 11-12-17

[redacted]



- [redacted] that Saito did not have an HSH issued cellular phone or at least was not aware of any.

- [redacted] familiar with the form extracted from the Patient Rounds policy and noted differences with the Unit "I" Patient Hourly Rounds form. [redacted] saw the Unit "I" form for the first time on the night of Saito's escape.

Exhibit 'E' – HSH Witness Statement Form, prepared [redacted]

- [redacted] Exhibit 'E' and acknowledged that the type written form was the one [redacted] prepared and identified [redacted] on the form.
- [redacted] and not to call a Code 77 (Emergency alert of a patient escape activated throughout the HSH). [redacted] about the delay in calling a Code 77 because [redacted] about their awareness of the elopement policy.
- [redacted] at Unit "I," a Code 77 had not been called at that point although [redacted] that the procedure was in effect because the Unit "I" staff was already searching the grounds.
- [redacted] the delay in calling a Code 77 and that it should have been called immediately when it was discovered that Saito "Wasn't on the unit." [redacted] was not aware of the elopement procedures.
- [redacted] that no Code 77 was called. [redacted] the Code 77 is to initiate the entire staff to begin searching, but since a search was already in effect, the Code 77 was not called. With no Code 77 call, [redacted] not know how the other units were notified but speculated that [redacted]
- [redacted] failed to conduct patient checks at the start of [redacted]:00 pm to 11:00 pm shift [redacted] "Did not have time to do them." [redacted]
- [redacted] was the 3:00 pm to 11:00 pm, Unit "I" [redacted] on 11-12-17. [redacted] responsibilities were to oversee the patient care [redacted]
- [redacted] that in regards to Saito's escape on 11-12-17, [redacted] failed to meet [redacted] responsibilities due to the following:
    - [redacted] failed to perform the patient checks at the beginning of [redacted] shift.
    - [redacted] unaware of the proper procedures for patient elopements.

Exhibit 'F' – Lines of Accountability/Responsibility of Direct-Care Nursing Staff, HSH SOP 23.992

- [redacted] Exhibit 'F' and acknowledged that this SOP was for all hospital staff to follow.

- [redacted] that the organizational chart described in this SOP is followed by Unit "I."
- [redacted] for Unit "I" and is responsible for the operations of that unit. [redacted] assigns staff for temporary assignment (TA) in her absence. The TA position will vary among personnel and depend on availability of staff.
- According to the above SOP, [redacted] assigned to various titles.

[redacted]

- [redacted] that on 11-12-17 the assignments for Unit "I" on the 3:00 pm to 11:00 pm shift were as follows:

[redacted]

Exhibit 'G' – Unit "I" Patient Care Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, (IMUA) dated: 11-12-17

- [redacted] Exhibit 'G' and referred to it as the "IMUA" sheet. [redacted] the purpose of the IMUA sheet was to document staff checking in and interacting with their assigned patients twice a shift.

Page 1 (7:00 am to 3:00 pm)

- [redacted] who prepared the form. [redacted] explained that [redacted] responsibilities were to look at the interactions between the assigned staff and their patients. [redacted] that staff members are assigned to fill in the sheet twice per shift.

[redacted]

Page 2 (3:00 pm to 11:00 pm)

- [redacted] listed on the form and stated that [redacted] responsibility to review the form at the end of the shift.

[redacted]

- [redacted] differences between page 1 and page 2 IMUA forms as follows:

    - Nursing intervention treatment goals
    - Special precautions
    - Medication

Exhibit 'H' – Master Patient/Staff Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, dated: 11-12-17

- [redacted] Exhibit 'H' Form 1, but did not recognize the form.

Page 1 (7:00 am to 3:00 pm)

- [redacted]

- [redacted] assigned to monitor various areas within Unit "I." [redacted] was not familiar with staffs' first names.

- [redacted]

Page 2 (3:00 pm to 11:00 pm)

- [redacted]
- [redacted] (Does not know last name),
- [redacted] stated that POD 3 did not have one.
- [redacted] were for the various areas in each POD.

[redacted]

- [redacted] has never seen the Unit "I" Staff Assignment Sheets before and explained that each unit has their own form.
- [redacted] no signature of approval is required on the form and did not know why. [redacted] the completed forms are kept in a notebook within the unit.

Exhibit 'I' – Patient Call-In Log Sheet

- [redacted] no signature of approval is required on the form and did not know why. [redacted] that the completed forms are kept in a notebook within the unit.
- [redacted] Exhibit 'I' and [redacted] has never seen the form before for Unit "I" or any other unit.
- [redacted] unaware of any policy and procedure for Unit "I" regarding documentation of the patient's hourly check in call while on UG status.
- [redacted] not know how Unit "I" staff documented the hourly check-in by Saito. [redacted] that Unit "I" lacked a form for such documentation.

- [redacted] that the HSH has a "Head security guard" who oversees the staff of security guards.

- [redacted] not know why the contracted security at the HSH operated the surveillance system rather than [redacted] familiar with the resident patient population.

- [redacted] that patients attend the Koolau Clubhouse when they are transitioning to the community to get accustomed to places outside of the HSH campus. [redacted] patients are able to attend after they are discharged from the HSH for rehabilitation.

- [redacted] no knowledge of any HSH mid-management employees maintaining residency at the HSH.

- [redacted] that no staff member from the HSH or the Koolau Clubhouse has approached [redacted] with information of Saito's escape.

- Since Saito's arrest, [redacted] that no staff member from the HSH has approached [redacted] with information regarding Saito's escape.

- [redacted] no prior knowledge of Saito's plan to escape. [redacted] hasn't heard anything about any assistance Saito may have received leading to his escape.

- The interview concluded at 9:10 pm, 03-01-18.

- Refer to Attachment "X" for the list of questions used to conduct this interview.

WITNESS #4 STATEMENT

[redacted]

On Thursday, 03-08-18, from 9:25 am to 12:14 pm, SA Won along with SA Takata and I conducted a digitally recorded interview with [redacted] at the HSH located at 45-710 Keaahala Road in the Unit "I" conference room. The following is a summary of [redacted] nterview:

[redacted] unaware of Saito's behavior at that time and would see him coming from his work line.

9:29 am – Recording temporarily stopped.
9:30 am – Back on record, interview resumed.

- [redacted] see Saito in passing, knowing him on a casual basis and never experienced having any problems with him.

- Regarding issues or concerns by Unit "I" staff about Saito, [redacted] the staff didn't have any concerns or issues about him.

- [redacted] the Unit "I" staff didn't have any concerns about Saito because he was "Quiet." [redacted] that sometimes during environmental rounds, the staff would report that Saito had too many things in his room such as clothes and paperwork. [redacted] it would accumulate over time and she would instruct him to store it in the luggage room.

- [redacted] excess belongings of patients are stored in the luggage room and inventoried and marked with a "Property belongings" sheet. [redacted] that the luggage room is kept locked and the patient is required to have a staff member accompany them when accessing the room. [redacted] patients are not allowed inside of the room and that a staff member places or removes the items for the patient. [redacted] that any staff member on the unit is allowed to access the luggage room. [redacted] that the staff is issued keys at the beginning of the shift by the front desk clerk and returned at the end of the shift.

- [redacted] Saito did not possess any prohibited items.

<u>Exhibit 'L' – Patient Personal Belongings / Valuables, HSH Policy and Procedure 12.031</u>

  - [redacted] Exhibit 'L' and acknowledged that it was a HSH Policy and Procedure.

  - [redacted] the "Personal Belongings" form attached to the policy and explained that it is filled out by staff and the patient's belongings are inventoried on the sheet. [redacted] once filled out, the patient signs and the staff member signs. [redacted] that each exchange is documented on this sheet, whether placing into storage or receiving property from storage.

  - [redacted] patients' valuables are placed into the "Valuables Envelope," itemized on the form printed on the outside of the envelope and stored in the business office. [redacted] that some "Small" valuables are kept in a locked cabinet within Unit "I" such as wrist watches. [redacted] that Saito was allowed to have a wrist watch which he always kept in his possession.

- [redacted] that cash requested by the patient for activities is kept in a locked cabinet in Unit "I" once it is withdrawn from the business office. On the day of the event the cash is given to either the transporter or the patient. Otherwise, patients are not allowed to possess cash. If there is change from the expense, [redacted] Saito would return it to Unit "I" staff and it would be locked away.

- [redacted] Saito did not possess a cellular phone. [redacted] neither the HSH nor the Treatment Team allowed him a cellular phone. [redacted] not aware of anyone from the outside giving Saito a cellular phone.

- [redacted] that patients are allowed to wear shoes but they must be slip-on shoes or if they have laces, the laces are removed. [redacted] Saito had shoes.

- When asked if all staff members at the HSH have knowledge of all prohibited items for patients, [redacted] "I hope so." [redacted] the HSH has a policy on prohibited items and that all staff members are trained in this area.

- [redacted] not working on 11-12-17.

- [redacted] since the mandate (Mandatory overtime) Unit "I" has been staffed appropriately. [redacted] that prior to the mandate the unit would run one or two short.

- [redacted] that required minimum staffing depends on census and the acuity of the patients.

- [redacted] not recall if Unit "I" had a full staff on the day and evening shifts. [redacted] able to reference a Daily Staffing Sheet to determine if the unit was full staffed.

Exhibit 'H' – Master Patient/Staff Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, dated: 11-12-17

- [redacted] Exhibit 'H' and acknowledged that the sheet reflected the staffing on 11-12-17 [redacted] did not know what the census was.

- [redacted] that the [redacted], for each shift, or their designee, is responsible for filling out the form at the beginning of their shift. [redacted] regardless of who fills out the sheet, it is the [redacted] that plans the assignments.

Page 1 (7:00 am to 3:00 pm)

- [redacted]

Page 2 (3:00 pm to 11:00 pm)

- [redacted]

  - [redacted] not know why page 2 did not have the incoming and outgoing nurse's signature line. [redacted] it was probably revised by a staff but did not know who. [redacted] had raised the issue, long ago, of the incoming and outgoing signature lines being delinquent but it was not changed. [redacted] sheet is a "Working tool" for staff and it doesn't require an approval or verification by a superior.

  - [redacted], in general, each unit is allowed to create forms for their needs. [redacted] if the created form is a "Unit based work tool," it does not need approval from the administration.

  - [redacted], although Exhibit 'H' is a Nursing SOP form, other units and each shift have variations of it. [redacted] the variations of these forms are acceptable as long as it documents staff, assignments for special activities and meal times.

[redacted]

- [redacted] that the Treatment Team is comprised of nursing personnel so she has input with decisions on the patient's status. [redacted] cannot override the final decision in that, "It's a Team's decision." [redacted] opposed any of the team's decisions over the years, stating that Saito has had his status for a long time.

- [redacted] the population in Unit "I" is a mixture of patients, mostly geriatric and medically compromised. [redacted] the unit also has younger patients, in "Rehab," who are not categorized as such. [redacted] presently,

the assignment or transfer of patients into the various units depends on the availability of beds.

- [redacted] that Saito was possibly placed in Unit "I" when the hospital experienced a "Crunch." [redacted] when other units closed in the past, those patients were dispersed among the remaining units. [redacted] although Saito was high functioning and that the population in Unit "I" was mostly geriatric patients and that his physical and medical dispositions did not matter.

- Regarding Saito's hourly check in calls while on UG, [redacted] he is required to call in every hour on the hour from a hospital phone or have an HSH staff member call in for him also from a hospital phone. [redacted] calls from a cellular phone by a staff member are not allowed. [redacted] the call is received at the nurse's station in the unit and the source of the call is identified on the unit's phone. [redacted] doesn't think there is a policy addressing the hourly call in because it is determined by the Treatment Team.

- [redacted] that prior to Saito's escape there was no documentation of the hourly call in. [redacted] whoever was manning the nurse's station or whoever was closest takes the call, nevertheless it was not documented or communicated among staff.

Exhibit 'I' – Patient Call-In Log Sheet Patients on Unescorted Status

  - [redacted] Exhibit 'I' and stated that she created the form as a result of Saito's escape.

  - When asked why there wasn't a form prior to Saito's escape, [redacted] "That we missed, our system missed that."

  - [redacted] that the Unit "I" staff gave Saito a 15 to 30 minute grace period for his hourly check-ins.

  - [redacted] not aware of any issues in the past of Saito missing calls for his hourly check-ins.

  - When asked what the procedures were when a patient on UG missed a check in call, [redacted] "We were suppose to be calling, check around whether he's around." [redacted] the missed call would be documented the following morning on the cardex which is an informal report used to communicate with everyone else. [redacted] it would also be presented to the Treatment Team to deal with.

- [redacted] at about 7:00 pm on 11-12-17. [redacted] if the staff was

searching, which they were. [redacted] instructed them to call a Code 77 but wasn't sure if one had been called at that point.

- [redacted] a Code 77 notifies all the staff in other units that a patient is missing and a search needs to be conducted. [redacted] a code 77 for the day shift goes through the telephone operator who then PA's it facility wide.

  When asked who is responsible to call a Code 77 during the night shift, [redacted] to the "Supervisor."

- [redacted] they were instructed not to call a Code 77 by [redacted] stated that although a Code 77 was not called, they had called the other units regarding the search.

- [redacted] not notice any changes in Saito regarding his mannerism, daily habits or routine. [redacted] no staff members brought up any of these issues with [redacted].

- [redacted] did not go to the HSH on 11-12-17 after being notified of Saito's escape. [redacted] went to work on Monday, 11-13-17 and recovered the Patient Event Report but did not recover any other reports related to the escape. [redacted] later collected forms but does not remember which ones other than the Patient Hourly Rounds form.

- [redacted] on 11-13-17, at a meeting [redacted] they already had the forms.

- [redacted] when notified of an escape, were to advise [redacted] on procedures over the phone. [redacted] if a death was involved, [redacted] go to the hospital.

- When asked why it took approximately eleven hour to report Saito's escape, [redacted] 'I wish I knew."

- [redacted] that the HSH staff members are required to report an escape immediately and "Believes" there is an HSH policy covering this.

Exhibit 'B' – Elopement, Elopement Attempt and AWOL, HSH Policy and Procedure 19.520

  - [redacted] Exhibit 'B' and acknowledged that the policy applies to all HSH staff members and not only for supervisory staff.

  - [redacted] Section "A" Initial Response and Search Procedure Regarding HSH Patient Elopement, Elopement Attempt or AWOL.

- Staff notifies [redacted]
- [redacted] to initiate a Code 77.
- All HSH staff alerted and a search ensues.

- [redacted] that a Code 77 was not called but [redacted] unclear of instructions [redacted] received from [redacted] on the night of Saito's escape. [redacted] could not say if policy was violated.

- [redacted] this is the only policy and procedure [redacted] regarding escapes, elopements and AWOL.

- Regarding training of staff on escapes, elopements and AWOL, [redacted], when receiving a new policy, is to organize and circulate a packet, inform everyone of the new or revised policy, have the staff read and sign-off on it.

- The last revision on this policy and procedure was September 2014 according to the history on the policy. [redacted] was probably the last time staff was trained on this policy.

- [redacted] that Staff Development is the HSH department that conducts the training for new employees but is unaware if it includes the policy on elopement, elopement attempt and AWOL.

- Regarding what [redacted] have learned about factors contributing to Saito's escape, [redacted] "That log sheet, the one I developed, if we had that log sheet, I think we could have caught it earlier" (Referring to Exhibit 'I').

- [redacted] not recall whether policies and/or staffing issues were reviewed regarding contributing factors in Saito's escape. [redacted] they were "Drilled" about improving the Patient Hourly Rounds form. [redacted] an improvement in procedures for counting the patients at the start and the end of the shifts now require two RN's.

  Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form

  Exhibit 'A' – Page 5 Patient Hourly Rounds Form

  - [redacted] Exhibit 'A' and stated that it was a newly revised form.

  - [redacted] Exhibit 'C' and identified it as the form that was being used by Unit "I."

- [redacted] the procedure when documenting entries on Exhibit 'C'. [redacted] the staff performing the hourly rounds is required to "Eyeball the patient" (Physically visualize) and enters their status that corresponds to the legend. [redacted] if Saito signed out from the unit and was on UG status, staff was not required to "Eyeball" him.

- [redacted] Saito was supposed to return to Unit "I" at 2:30 pm until 3:15 or 3:30 pm. [redacted] he is then allowed to go back out on UG. [redacted] the Treatment Team determines the schedule of Saito's UG status which [redacted] is noted in the physician's orders.

[redacted]

- [redacted] the following staff responsible for the hourly rounds checks for Unit "I" on 11-12-17 referencing Exhibit 'C.'

[redacted]

- [redacted] is responsible for assigning the hourly rounds checks which is also logged on the Staff Assignment Sheet. [redacted] as filling in for break times of the other staff.

- In regards to the hourly check-in calls by a patient on UG status, [redacted] whoever happens to be at the front desk (Nursing Station) takes the call and it is not an assigned duty.

- [redacted] nitials as accepting the unit for the 7:00 am to 3:00 pm shift and [redacted] initials as turning over the unit to the 3:00 pm to 11:00 pm shift.

[redacted] the initials [redacted] accepting the unit for the 3:00 pm to 11:00 pm shift were missing. [redacted]

[redacted] turning over the unit to the 11:00 pm to 7:00 am shift [redacted] accepting the unit for the 11:00 pm to 7:00 am shift [redacted]

[redacted]

- According to the Unit "I" Patient Hourly Rounds POD 3 form 7:00 am to 3:00 pm shift, [redacted] assigned the first four hours and [redacted] assigned the last four hours. [redacted] filled in during breaks.

- [redacted] that there was a break down in communication if the staff did not communicate [redacted] that Saito was still on UG when he was suppose to be back on unit.

- [redacted] the procedure of staff taking the hourly check-in calls from patients on UG status. [redacted] whoever is in the nursing station takes the call and does not necessarily communicate it to the staff conducting the hourly rounds checks. Also, the staff conducting the hourly rounds checks does not verify if the UG patient had called in and just enters their status as UG because they are not required to "Eyeball" the patient. Furthermore, there was no log to document the hourly calls.

- [redacted] not aware of any incidents where Saito's hourly check-in calls were beyond the 15 to 30 minute grace period or he failed to call in. [redacted] there is no policy regarding a grace period for the calls and that it was up to the unit to determine a grace period.

- [redacted] any issues regarding Saito if brought to the attention of the Treatment Team. [redacted] attends morning

meetings with the Treatment Team and when issues are discussed, including the treatment plan, [redacted] input.

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Log

[redacted]

- [redacted] notifies police for escapes. [redacted] not sure if there was time limit in notifying police.

- [redacted] that since Saito's escape, corrective actions taken were the creation of a call-in log for patients on UG and for both RN's, outgoing and incoming, to perform the patient head count together.

11:10 am – Recording temporarily stopped.
11:17 am – Back on record, interview resumed.

- [redacted] escape of Saito was a "System" failure and explained the following:

    - Saito was allowed UG status by the Treatment Team and Administration.
    - No security guard posted by the fence line below building "K."
    - Saito was trusted because he was at the HSH for a long time.

- [redacted] Saito was aware of his boundaries while on UG status and described his boundaries as follows:

    - Lower parking lot by the Administration building.
    - Gym area.
    - "J" pad (Restrooms, wooden structure in open field).
    - Roadway from the lower parking lot to Unit "I."
    - Village green area (Open grassy area with courtyard and amphitheater)

- [redacted] that the only failure in regards to Unit "I" staff was that there was no log sheet for the UG status patients to document the calls.

- [redacted] that the check-in calls by the UG's came to [redacted] especially on the weekends when there is no clerk, the person

receiving the call would be a random staff member because they are all working on the floor. She stated that there is no one specifically assigned to the front desk.

- [redacted] the significant points of failure was the lack of a log sheet to document the UG calls and the reassignment of the security post by the fence line.

- Regarding the determination of the alleged employees to be placed on departmental directed leave, [redacted] that it was discussed in a meeting with [redacted] did not give a recommendation or much input and was later relieved from the meeting. [redacted] were placed on leave because they were [redacted] did not know the "Criteria" for placing the [redacted] on leave.

- [redacted] that Unit "I" has "Plenty safety issues" regarding staff and patients. [redacted] unaware of any safety issues related to Saito.

- [redacted] not aware of any patient to staff boundary issues in Unit "I." [redacted] none of the Unit "I" staff [redacted] sexual relationship with Saito.

- [redacted] has never received money or gifts from Saito. [redacted] Saito has given drawings of his to staff members. [redacted] it wasn't in exchange for favors or money.

- [redacted] not aware of any incidents of abuse by [redacted] towards Saito.

- [redacted] aware of the reason Saito was committed to the HSH and stated that he was "NGRI for his murder."

- [redacted] that Saito wants to be discharged back into the community but has refused psychological testing and medical treatment [redacted] Although, [redacted] the patients have a right to refuse treatment unless there is an "Order to treat."

- [redacted] that these refusals for testing and treatment have no bearing on Saito's Level III status because the criteria is based on the following five area:

    - Awake on time.
    - Accomplish grooming.
    - Attendance for classes.
    - Good behavior (Not fighting, being distracting).
    - Good appearance checks.

- [redacted] the Treatment Team decides the conditions for the UG status. [redacted] Saito's refusals had no effect on his UG status.

- [redacted] sometimes interacted with Saito but did not notice anything unusual about him. [redacted] that one of the issues Saito expressed to [redacted] was when he complained that a staff member warned him about having too many belongings in his room and that he needed to store it. [redacted] [redacted] reinforced the warning.

- [redacted] aware that Saito had applied for conditional release with the Treatment Team but was denied. [redacted] Saito complained about the decision claiming that the team didn't support him because his refusal to do the "Test." [redacted] that regardless of the consequences, Saito emphasized his attitude about the testing.

- [redacted] that Saito did not ask [redacted] to purchase airline tickets for him nor [redacted] aware of him asking any staff member.

- [redacted] visitors are required to sign in and any gifts or items brought for patients are searched by staff. Anything not allowed are returned to the visitor.

- [redacted] that prior to Saito's escape, visitor were not searched. [redacted] that they now do a "Pat search" on all visitors. [redacted] they instruct visitors to leave bags and back packs in their cars or at the nurse's station.

- [redacted] certain items allowed to the patient require approval from the Treatment Team. [redacted] the items are looked at more as an inventory and not necessarily searched. [redacted] besides food, items are inventoried and documented.

- [redacted] that a search for contraband, such as drugs, is conducted only "If suspected," which is based on the patient's and/or visitor's history.

- Regarding cellular phones brought in by visitors, [redacted] that, prior to Saito's escape, the staff in Unit "I" would "Ask" visitors to not bring them into the unit and it wasn't enforced. [redacted] that it is now enforced.

- Regarding various jobs that Saito held over the years, [redacted] he was paid through the business office and never directly to him.

- [redacted] Saito was not considered a high risk patient based on violence, elopement and suicide.

- When asked if the treatment goal for NGRI patients was to reintegrate them back into society, [redacted] "It depends on the person." [redacted] then asked if that was the goal for Saito, [redacted] "That's the goal for everybody."

- Regarding the gate in the fence line below building "K," [redacted] no knowledge of who possessed the combination to unlock the gate.

- [redacted] that staff members are trained and required to challenge patients when they are in an unauthorized are on the HSH campus. [redacted] outside of the campus, they are instructed to follow and watch the patient.

- [redacted] patients were allowed to lounge in the lobby area of the Recreational Therapy and that it was a path to go to the gym.

- [redacted] that patients are not allowed to visit the other units, although Saito once was allowed, by the approval of the Treatment Team, to visit Unit "F" because his friend was in poor health.

- [redacted] not certain if any staff was on overtime on 11-12-17. [redacted] were "Floats" from other units and did not know their home units. [redacted] staff from other units who has worked in Unit "I" are familiar with protocol but if they've worked only one or two times, they may not be.

- [redacted] no knowledge of any staff assisting Saito with his escape. [redacted] heard rumors from staff that Saito's family assisted him.

- [redacted] Saito did not have computer access at the HSH but he did have access at the Koolau Clubhouse.

- [redacted] to the Treatment Team when asked about the purpose for Saito attending the Koolau Clubhouse and the type of activities he is involved with.

- [redacted] that the escorting staff usually reports back to HSH staff if Saito had any issues or problems while at the clubhouse. [redacted] it is reported to the Treatment Team. [redacted] most of the time, a representative from the clubhouse also attends the treatment plan meetings.

- [redacted] questioned the Treatment Team about extent of Saito's computer access at the clubhouse [redacted] unaware of the outcome of [redacted] inquiry.

- [redacted] there were computers in building "K" for patients to utilize. To [redacted] knowledge, [redacted] Saito did not have any type of training or access to computers at building "K."

- When asked about the Unit "I" sign in/sign out sheet and if Saito created his own form, [redacted] not certain and stated "Maybe" he did after noticing his initials on the bottom of the form. [redacted] Saito's personal form was acceptable because the format contained all purposeful information. [redacted] that this particular form was an in-house form and that it wasn't a "Formal" form.

- [redacted] that if the Treatment Team has questions regarding recreational therapy they would inquire with that department. [redacted] recreational therapy is part of the Treatment Team but not part of the four main members which are doctors, psychology, social worker and nurse.

- [redacted] Saito was free to go to recreational therapy during his grounds pass. [redacted] that Saito was close to [redacted] because [redacted] took care of the recreational therapy at the CISU #1 when Saito was first housed there.

- [redacted] when a patient receives money from outside through the mail, the patient is required to open the mail in the presence of staff, if it looks businesslike. [redacted] the money is recorded on the "Belongings sheet" form and deposited at the business office by staff. [redacted] the patient and/or family may accompany staff during the deposit. [redacted] a receipt is given and it is noted on the belongings sheet. [redacted] the receipt is given to the patient.

- [redacted] when a patient wants to withdraw money, they are required to make the request through the Treatment Team. [redacted] once approved by the team, the patient signs a withdrawal slip [redacted] also approves. [redacted] staff then makes the withdrawal from the business office and the money is stored in the unit until the time it's needed by the patient. Once the money is brought to the unit, the [redacted] counts the money before storing it. [redacted] the only time the money is given immediately to the patient, after the withdrawal, is if they need it on that day.

[redacted]

- [redacted] that corrective action taken with regards to the Patient Hourly Rounds Sheet is that both, [redacted] performs the rounds together during the shift change.

[redacted]

- The interview concluded at 12:14 pm, 03-08-18.

- Refer to Attachment "X" for the list of questions used to conduct this interview.

On Friday, 03-09-18, from 11:36 am to 11:42 am, SA Won conducted a follow-up interview via telephone [redacted].

- When asked [redacted] ever opposed the UG status of Saito, [redacted] never opposed it and explained that she discussed it among the Treatment Team.

- [redacted] that shortly before Saito's escape, [redacted] the security post along the fence line below Building "K" had been removed and being that Saito always returned from UG, [redacted] raised any concerns with administration or the Treatment Team. [redacted] it concerned [redacted] in hindsight.

- [redacted] to call a Code 77. [redacted] had instructed [redacted] that the Code 77 was not necessary. [redacted] did not say [redacted] gave these orders.

- [redacted] that the Treatment Team can be overridden by the Medical Director although [redacted] depends on the issues at hand. [redacted] issues such as the approval of UG status is made by administration. [redacted] that the oversight of the Treatment Team is [redacted]

- The interview concluded at 11:42 am, 03-09-18.

WITNESS #5 STATEMENT

[redacted]

On Thursday, 03-09-18, from 1:28 pm to 2:00 pm, SA Won conducted a digitally recorded interview [redacted] the HSH located at 45-710 Keaahala Road in Building "A" room A-3. The following is a summary [redacted] nterview:

[redacted]

- [redacted] on 11-12-17 at about 7:13 pm, [redacted] f they could look at the surveillance cameras for Saito's whereabouts. While the security guard searched on the cameras, [redacted] to search the lower parking lot.

- [redacted] that after a few minutes, [redacted] Unit "I" and informed them that they were unable to locate Saito on camera and a security guard is physically searching the lower parking lot. [redacted] they will continue to search on the cameras.

- [redacted] did not say anything about a Code 77. [redacted] usually, when staff observes a patient running or finds that a patient is missing, that's when a Code 77 should be activated.

- [redacted] staff usually calls via phone or radio to telecom to initiate a Code 77. [redacted] telecom then announces the Code 77 on the overhead and the walkie-talkie.

- [redacted] when a patient is discovered missing, the notification should first go to [redacted] and in turn [redacted] would call the operator to be connected to 911. [redacted] the operator's office is the only location that is capable of dialing 911 and if anyone attempts to dial 911 from elsewhere on the campus, the call will automatically go the operator.

- [redacted] that the order to call 911 can only be from Administration or [redacted]

- [redacted] that on 11-12-17, the [redacted]

- [redacted] all can call a Code 77.

- [redacted] that in the instance of Saito's escape, when staff could not locate him, the notification should have gone to [redacted] first, then the operator.

- [redacted] on 11-12-17 at about 8:00 to 8:30 pm, after the police arrived, [redacted] call a Code 77, but not to announce it on the overhead, rather, to call the different units, via phone, to search. [redacted]

- [redacted] gave the orders not to call a Code 77.

- [redacted] security searched Saito's usual hang out in the middle of the lower parking lot.

- [redacted] aware of a policy and procedure addressing patient escapes. [redacted] procedures were not followed in response to Saito's escape.

- [redacted] that maybe around the second call [redacted] they were going to continue searching on the floor. [redacted] called back asking to be connected with [redacted] was already notified and on [redacted] way to the unit.

- [redacted] from Unit "I" requesting to connect [redacted] to police.

- [redacted] knew Saito [redacted] interaction with him was [redacted] worked as an operator and he would pick up his newspaper and check in with the unit about once a day. [redacted] worked the 3:00 pm to 11:00 pm shift as operator and sometimes the day shift on the weekends.

- Regarding Saito's check in calls with the unit, [redacted] when he comes to the window I dial Unit "I", I inform staff that Saito is checking in at the window and they acknowledge. [redacted] Saito would usually check in before dinner or before a meal.

- [redacted] that incoming and outgoing telephone calls were logged in a steno notebook, noting date, time and purpose. These entries included the UG patients' check in calls. [redacted] there was no official form to log calls.

- [redacted] unaware of Saito's access to a phone elsewhere on campus. [redacted] the cafeteria doesn't have one and [redacted] able to call the gym but doesn't know where the phone is located there.

- [redacted] staff members are not allowed to use their personal cellular phones for UG patient check in calls. [redacted] staff members are not allowed to have their personal cellular phones in a patient care area. [redacted] "Patient care area" as anywhere patients are allowed at a given time.

- [redacted] not know of anyone who may have assisted Saito with his escape. [redacted] assumes someone had to. [redacted] not heard of any rumors about Saito's escape from anyone.

- [redacted] Saito was close with the [redacted] staff. She noted that a lot of the jobs offered to patients were run by [redacted]

- [redacted] Saito has never asked [redacted] for any favors.

- [redacted] that Saito has never entered or attempted to enter the telecom office and noted that no patients are allowed inside. [redacted] he has never knocked on the telecom office door asking to check in nor [redacted] ever heard of him doing so.

- [redacted] aware that Saito's brother and wife visited him two weeks before he escaped and stated that during that time Saito had made numerous outgoing calls. [redacted] one night Saito made numerous calls claiming that his brother was here to visit him and he was trying to find out when. [redacted] Saito used a calling card [redacted] dial the card number.

- [redacted] Saito's brother visiting around 8:30 pm because the guard shack calls the operator to document the visitors and make notifications. [redacted] Saito's phone calls normalized after the brother left.

- [redacted] patients earn tokens for good behavior among other things and can buy items such as candy and calling cards. [redacted] no money is involved. [redacted] the procedure for the use of the calling card:

    - Staff calls the operator and informs them of the patient making the call.

    - If a patient attempts to call the operator, the operator's phone will indicate "Patient phone" and the source of the call. The operator will deny the call and inform the patient they have not received approval.

    - The operator dials the 800 number that the patient provides off the card.

    - The patient enters the pin code on the card and dials the number.

    - The time of the call, the unit, the patient's name and the calling card number are logged but they do not know what number the patient has dialed.

    - Long distance calls are allowed.

- [redacted] that Saito has never mentioned any desire to leave the HSH or spoke of a conditional release.

- [redacted] times when Saito failed to check in [redacted] ask him where he was and he would brush it off saying he must have forgot. [redacted] thinks he was testing the system.

- The interview concluded at 2:00 pm, 03-09-18.

WITNESS #6 STATEMENT

[redacted]

On Friday, 03-16-18, from 11:07 am to 1:37 pm, SA Takata along with SA Won and I conducted a digitally recorded interview [redacted] at the Hawaii Government Employees Association (HGEA) located at 888 Mililani Street in the 4th floor conference room. Also present was [redacted] The following is a summary [redacted] interview:

- [redacted] written statement [redacted] to the HSH and dated and initialed the form verifying that it was a true and accurate copy.

[redacted]

- [redacted] not remember when or any reason why Saito transferred into Unit "I" and from what unit he came from.
- [redacted] not know of any problems or concerns that the Unit "I" staff may have had with Saito. [redacted] not have any problems with Saito.
- [redacted] that assignments are divided into three teams and each team is responsible for the overview of their respective POD. The staff is rotated among the teams each day.
- [redacted] on 11-12-17 [redacted] the 2:45 to 11:15 shift.
- [redacted] Unit "I" in general is staffed appropriately and stated that it was full staffed on 11-12-17 on the evening shift.
- [redacted] cannot recall if Unit "I" houses other patients with the NGRI status besides Saito. [redacted] there are a couple of other Level III patients in Unit "I" but Saito is the only patient with UG status.
- [redacted] Unit "I" staffing was well suited to manage an NGRI patient such as Saito.
- [redacted] that Saito should not have been allowed UG status based on the murder he committed.

- [redacted] the Treatment Team determines Saito's UG schedule, including check-in requirements. [redacted] the Treatment Team meets once a month to update Saito's status.

- [redacted] on 11-12-17, [redacted] that Saito's was missing [redacted] could not remember the time.

- [redacted] did not notice any changes in Saito's behavior not [redacted] hear anything from other workers prior to his escape.

- When asked about the eleven hour delay in reporting Saito's escape, [redacted] during the change of shift from day to evening, they were unaware that Saito was missing. [redacted] it wasn't until 7:00 pm, when he did not return to the unit, that they began searching.

- [redacted] at about 2:45 pm, during the shift change from day to evening, the staff is tasked with reports, one of which is a head count of all patients in Unit "I" POD 3. When asked if a head count was performed on 11-12-17 during the shift change from day to evening, [redacted] "That wasn't communicated to us." [redacted] unaware if a head count was performed.

- [redacted] are allowed to perform the head count at the change of shift. [redacted] the head count is communicated to [redacted].

- [redacted] on 11-12-17, [redacted] for the day shift [redacted] and for the evening shift [redacted].

- [redacted] couldn't remember if [redacted] accounted for all of the patients assigned to Unit "I" POD 3.

- [redacted] there was a policy regarding the immediate reporting of a patient escape and that all HSH staff members are required to report a patient escape immediately.

- [redacted] that the mitigating circumstances of the reporting delay was that "Wasn't communicated to us, incoming shift which is three to eleven, [redacted] wasn't in the unit already on that time." [redacted] it wasn't communicated by "Everybody, like during the report time, cause you know, [redacted] on the seven to three is there to do reports."

- [redacted] on 11-12-17, [redacted] the 7:00 am to 3:00 pm shift [redacted] another he could not recall. [redacted] for the 3:00 pm to 11:00 pm shift.

- [redacted] that Saito's UG status, the lack of fencing securing the campus and the failure to check the patients were contributing factors in his escape. [redacted] the HSH administration honored Saito's UG status [redacted] that he should not have been allowed that status.

- [redacted] when they become aware of an escape, it should be reported "Right away" to police. [redacted] didn't think there was a time limit before reporting to police.

- [redacted] the escape of Saito was due to the failure to follow policy and procedures and also the administration giving him the UG status. [redacted] it was "Partly" due to the nursing staff failing to check at the change of shift and reporting it to them (The evening shift).

- [redacted] the one point of failure that lead to the escape was that the staff failed to "Follow up" on Saito "Checking in where he is."

- [redacted] is responsible for notifying police in the event of an escape. He stated that [redacted] during the evening of Saito's escape.

- Regarding a suspected patient escape, [redacted] a search is conducted, first in the unit and then of the grounds and perimeter. [redacted] once it is determined that the patient is not on hospital grounds, the police are immediately called.

- Regarding issues or concerns of the safety of employees and/or patients, [redacted] sometimes they are short-staffed. [redacted] the mandated overtime helps although they are still short at times.

- [redacted] not aware of any patient/staff boundary issues in Unit "I."

- Regarding the lack of patient supervision in Unit "I," [redacted] the staffing before Saito's escape was okay but has since improved after the escape.

- [redacted] Saito does not have any problems, physically. He stated that Saito is not [redacted]

- Regarding training on handling NGRI patients, [redacted] they have classes now and then but cannot remember if it was specifically on this topic. [redacted] they've had classes on how to communicate with patients with mental illnesses, but not recently.

- [redacted] never associated with Saito outside of work.

- [redacted] Saito talks to patients and staff in "Plain conversation." [redacted] Saito has talked about past patients who have escaped and seems to know what's going on. [redacted] has interacted with Saito but only briefly saying "Hi, hello." [redacted] that Saito has never asked or shared personal or private information with [redacted].

- [redacted] did not know if Saito was close with a particular staff member or if he always asked for a particular staff member for assistance.

- [redacted] never called Saito during after hours.

- [redacted] Saito has never threatened, intimidated, assaulted or harassed [redacted] or others. Likewise, [redacted] unaware of any staff member that has done the same to Saito.

- [redacted] Saito's routine during the evening shift as follows:

    - Saito needs to check back in the unit at around 2:30 – 2:45 pm.
    - Saito checks back out around 3:30 pm.
    - Saito is returns to the unit around 6:30pm.
    - Saito returns and showers
    - He watches television until 10:00 pm
    - Goes to his room

- When asked if [redacted] Saito broke this routine leading to his escape, [redacted] could not remember.

- [redacted] unaware of any complaints Saito had about his Treatment Team.

- [redacted] unaware of Saito's hopes to be released back into the community.

- [redacted] unaware of Saito's plans to escape from the HSH.

- When asked who visited Saito, [redacted] Saito's brother visited but he couldn't remember when. [redacted] Saito's brother did not bring anything with him when he visited. [redacted] not certain of anyone else who may have visited Saito.

- [redacted] employees are supposed to challenge patients in restricted areas of the HSH campus and report it to the unit. It is also reported to the Treatment Team for discussion.

- [redacted] there is a diagram for staff to reference but he could not remember the perimeters. [redacted] the perimeters set for each UG patient is determined by the Treatment Team.

- [redacted] that the prison was a better setting to house Saito because they could better care for him and prevent future escapes.

- [redacted] aware of Saito's UG Level III status and explained that he had to earn the status by following the rules of the hospital such as taking care of himself and show it to the Treatment Team.

- On 11-12-17, [redacted] did not see Saito during the change of shifts at around 2:45 pm.

[redacted]

- [redacted] "We don't have any idea" [redacted] knew of Saito's escape.

- [redacted] on 11-12-17, [redacted] Saito was unaccounted for. [redacted] Saito had not checked back into the unit based on the Unit "I" sign-in and sign-out log which indicated Saito had signed out at 9:00 am.

- [redacted] assisted with the search within the unit, communicated with the Unit "I" staff to search for Saito, called the operator to check the surveillance cameras for Saito during the morning.

- [redacted] on 11-12-17, [redacted] Saito could not be located and [redacted] did not call a Code 77 although, when [redacted] that it was too late because Saito had been gone since the morning. [redacted] did not say anything to them and began making calls.

- [redacted] did not recall if anyone called the telecom office and asked them to search the surveillance cameras for Saito.

- [redacted] did not call the other units regarding the escape and was not sure if anyone else called.

- [redacted] made a notification to the telecom office.

- [redacted] not recall who [redacted] was on 11-12-17, 3:00 pm to 11:00 pm shift.

- According to procedure, [redacted] are all qualified to call a Code 77.

- [redacted] did not assist Saito in his escape from the HSH and had no knowledge of his plans to escape. [redacted] did not hear from other Unit "I" staff members about any knowledge they had of Saito's plans to escape.

- [redacted] had no knowledge of any HSH employee or Koolau Clubhouse employee assisting Saito in his escape.

- Regarding the hourly check in calls during the months leading to his escape [redacted] could not remember if at any time Saito called in late or missed calls.

- [redacted] been in the nursing station, at times, and has taken check in calls from Saito. [redacted] Saito calling from the kitchen and the gym. [redacted] although, this was not common practice and it depended on their workload. [redacted] it wasn't documented anywhere prior to the escape but there is a log now.

- [redacted] that no patients in Unit "I," including Saito, have access to electronic devices such as a cellular phone, laptop or I-pad.

- [redacted] prior to Saito's escape staff members were allowed to have their personal cellular phone with them while working on the floor. [redacted] after Saito's escape a policy was implemented restricting this practice.

- [redacted] Saito did not ask [redacted] to use [redacted] personal cellular phone. [redacted] knowledge of Saito asking other staff members to use their personal phones. [redacted] no staff member has mentioned that Saito asked them to use their personal cellular phone.

- [redacted] could not remember if anyone was working on overtime in Unit "I" which was also not their home unit on 11-12-17.

Exhibit 'A' – Patient Rounds, HSH Nursing SOP 23.995

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form

Exhibit 'T' – Unit I POD 1 - Patient Hourly Rounds Form - Post Escape Revision

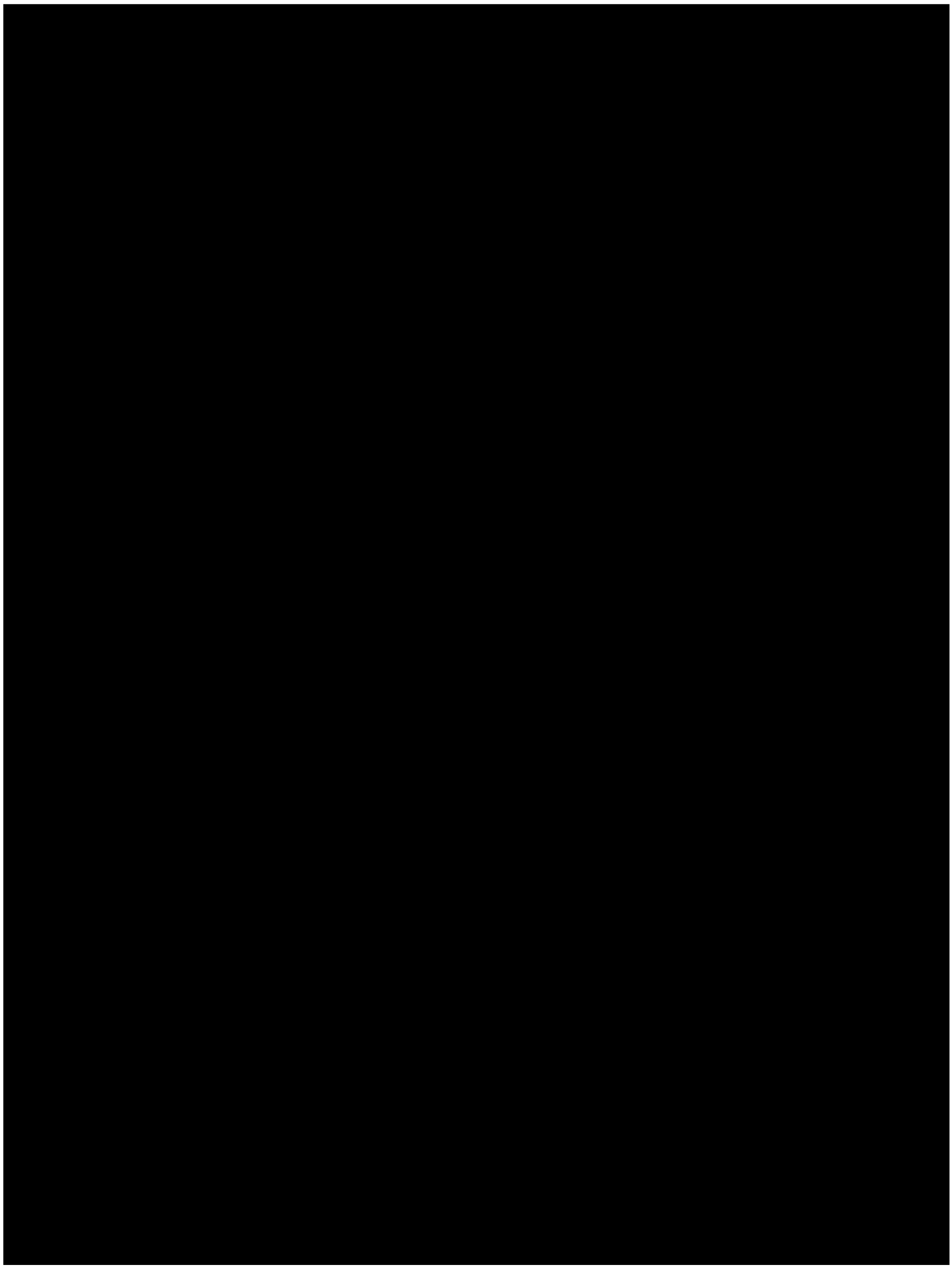
  - Saito needs to check back in the unit at around 2:30 – 2:45 pm.

  - [redacted] Exhibit 'A' and acknowledged that he is aware of this policy. [redacted] page five, the Patient Hourly Rounds form, and stated [redacted] has not seen this form prior to the escape. [redacted] this form was created after Saito's escape.

- [redacted] Exhibit 'C' and acknowledged that this was the form used in Unit "I" prior to Saito's escape although another version was also used in the past.

- [redacted] difficulty identifying the current form being used as [redacted] Exhibit's 'A' and 'T' but [redacted] identified Exhibit 'T' as the current form.

[redacted]



- [redacted] there is a HSH policy that requires UG status patients to be on unit during the shift change but couldn't remember it off hand. [redacted] if a UG patient was not on unit during the shift change that [redacted] call the operator and check if the patient had checked in but stated that it was not common practice to do this.

- When asked what the atmosphere was among staff when they realized Saito was missing, [redacted] everyone was just helping. [redacted] the staff was also tasked with reports, charting, paper work and administering medication. [redacted] the paper work was overwhelming.

Exhibit 'B' – Elopement, Elopement Attempt and AWOL, HSH Policy and Procedure 19.520

- [redacted] asked to review Exhibit 'B' and stated that the policy and procedure was for all HSH staff and not just for supervisory staff.

- [redacted] when a patient is not in the unit, they communicate it with staff and search the perimeter.

- [redacted] not seem sure and could not cite the procedure but stated that there was another HSH SOP addressing immediate action for incidents of escapes.

- [redacted] not remember the last time the Unit "I" staff received training regarding patient escapes but stated that there are policies and procedures to follow.

Exhibit 'G' – Unit "I" Patient Care Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, (IMUA) dated: 11-12-17

- [redacted] asked to review Exhibit 'G' and stated that it was the IMUA form.

  Page 1 (7:00 am to 3:00 pm)

  - [redacted] that the form was filled out correctly.

[redacted]

  - [redacted] the IMUA #1 is performed at the start of the shift and the second towards the middle/end of the shift. [redacted] whoever is assigned to POD 3 and staff filling in for breaks are responsible for the IMUA. [redacted] any staff members who make observations of the patient may also add comments.

  - [redacted] was responsible for filling out this form on this particular day.

  Page 2 (3:00 pm to 11:00 pm)

[redacted]

[redacted]

Exhibit 'H' – Master Patient/Staff Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, dated: 11-12-17

- [redacted] asked to review Exhibit 'H' and identified it as their assignment sheet. [redacted] it was used for designated staff assignments.

Page 1 (7:00 am to 3:00 pm)

- [redacted] identified the signatures at the bottom of the form [redacted]
- [redacted] the form was filled out correctly.

Page 2 (3:00 pm to 11:00 pm)

- [redacted] the form was filled out correctly.
- [redacted]
- [redacted] was responsible for all the patients in POD 2 [redacted] could assist elsewhere if needed.
- [redacted]
- When asked about the missing signature lines at the bottom of the form, [redacted] the reproduction of the form over the year may have eliminated the lines. [redacted] the current form contains lines.

Exhibit 'I' – Patient Call-In Log Sheet

- [redacted] Exhibit 'I' and appeared uncertain whether this form was used prior to Saito's escape or if it was created after the escape.
- When asked if Unit "I" had a policy and procedure for hourly check-in calls for patients on UG status, [redacted] "Not that I know of."
- When asked if this form "Would take care of that problem" of failing to log the hourly calls, [redacted] stated that this form was used prior to the escape.

- [redacted] has knowledge of the policy and procedure for "Prohibited items" and is aware of items that are restricted from being brought into the unit. [redacted] it is enforced in Unit "I" and that items are documented on a form.

- [redacted] all visitors are searched. [redacted] visitors are searched with metal detectors to include going into pockets. [redacted] the searches are performed by staff of the same gender as the visitor. [redacted] bags and cellular phones are locked in cabinets.

- [redacted] that this practice of searching visitors was being performed before Saito's escape and done on the day and evening shifts. [redacted] visiting hours were from 9:00 am to 9:00 pm.

- [redacted] Saito's brother visited one evening at about 8:50 pm and stayed about five minutes past 9:00 pm. [redacted] does not remember if the brother brought anything. [redacted] the visitation time is strictly enforced but could not remember the circumstances and who the supervisor was on that particular night.

- [redacted] staff searched boxes and gifts brought in by visitors.

- [redacted] patients returning to the unit from UG status, specifically Saito, were always searched. [redacted] that staff didn't always search Saito "Thoroughly."

  [redacted] Treatment Team approved the "Military" style jacket that Saito wore regularly. [redacted] it wasn't common practice by staff to search Saito's jacket thoroughly, especially after returning from places like the Koolau Clubhouse that was off campus.

- [redacted] has never found prohibited items in Saito's room or on his body and is not aware of any incidents as such. [redacted] incidents of prohibited items found would be reported.

- [redacted] all staff members have knowledge of prohibited items as stated in the HSH policies and procedures.

- [redacted] Saito's property was kept in his room in the dividers and excess property was stored and locked in a room within Unit "I." [redacted] the access to the storage room is only allowed on Saturdays and must be escorted by a staff. [redacted] swapping clothes from the storage must be approved by the Treatment Team.

- Regarding the policies and procedures for finances, [redacted] if a patient receives a check or cash it is usually deposited at the Business Office and then into the bank. [redacted] patients are not allowed to have cash in the unit.

- [redacted] not have knowledge of Saito's relatives giving him money.

- [redacted] not have knowledge of Saito having access to his money, a bank account or an ATM. [redacted] access to money required approval from the Treatment Team.

- [redacted] the Treatment Team controlled Saito's money in regards to his access and need for money.

- [redacted] that patients' money was transferred into a bank once processed through the HSH Business Office.

- [redacted] Saito never asked [redacted] for money.

- [redacted] when a patient receives money, it is turned in to the front desk, placed in an envelope with a receipt, turned in to the operator and to the Treatment Mall who deposits the money. [redacted] it also recorded in the cardex.

- [redacted] stated that once the request for withdrawal is approved by the Treatment Team, a staff withdraws the money. [redacted] stated that the Unit "I" secretary usually does the withdrawal.

- [redacted] the staff assigned to the front desk in Unit "I" was tasked with cash transactions. When asked why [redacted] conducted numerous transactions for Saito, [redacted] is usually assigned to the [redacted] and that is probably why. [redacted] never mentioned anything to [redacted] about performing the transactions for Saito.

- [redacted] that the phone call procedures were as follows:

    - The patient asks the staff member at the Nursing Station to make a phone call.

    - The staff member calls and informs the operator of the patient requesting the call.

    - The operator approves the call and the patient dials the number.

    - The patient is allowed ten minutes per call.

    - The telephone number dialed is not monitored or logged.

    - [redacted] not sure if the operator logged the number dialed by the patient.

- [redacted] the Treatment Team determined the extent of phone privileges. [redacted] not have knowledge of any exceptions afforded to Saito regarding phone privileges.

- [redacted] not have knowledge of Saito possessing a cellular phone and stated that he never asked [redacted] for one. [redacted] not have knowledge of other staff members of HSH or the Koolau Clubhouse providing a cellular phone for Saito.

- [redacted] unaware of any reports from the Nursing Office regarding boundary issues that involved Saito.

- [redacted] unaware of any incidents of Saito offering HSH staff a reward, cash or favors for assisting him in escaping from the HSH.

- [redacted] Saito has never offered or promised [redacted] or anyone else any cash, check, money order, gift or anything similar to this effect.

- [redacted] did not purchase airline tickets for Saito and does not have knowledge of anyone else providing airline tickets to him.

- [redacted] that Saito's UG boundaries around the HSH campus were explained to Saito and staff and documented during patient meetings.

- [redacted] it was common practice for all staff in Unit "I" to cross-reference the sign-in/sign-out log when entering the status of patients on the Patient Hourly Rounds form.

- [redacted] access to computer by patients requires approval from the Treatment Team. [redacted] Saito had classes in Building "K" (Occupational Therapy) a long time ago but did not know the extent of his computer access. [redacted] Saito had access to computers at the Koolau Clubhouse but did not know anything more.

- When Saito attended the Koolau Clubhouse, [redacted] that they received reports regarding his behavior from the escort or transport staff. [redacted] Saito's doctor or psychologist also received reports and in turn relayed it to Unit "I" via phone call, report or cardex. [redacted] not have knowledge whether the Koolau Clubhouse had issues with Saito.

  Exhibit 'S' – Patient Event Report, dated: 11-12-

  - [redacted] Exhibit 'S' and explained that this report is submitted whenever there is an incident involving a patient for documentation. [redacted] a copy of the report is submitted to [redacted].

- [redacted] not have knowledge of any HSH employee that was allowed to maintain residency on the HSH campus.

- The interview concluded at 1:37 pm, 03-16-18.

- Refer to Attachment "X" for the list of questions used to conduct this interview.

ALLEGED SUBJECT #1 STATEMENT

[redacted]

On Tuesday, 03-20-18, from 9:16 am to 11:33 am, SA Takata along with SA Won and I conducted a digitally recorded interview [redacted] at the Department of the Attorney General Investigations Division located at 465 South King Street in the conference room. [redacted]
The following is a summary [redacted] interview:

- [redacted]
- [redacted]
- [redacted] never experienced any problems from Saito because he was hardly on the unit.
- When asked about other staff having problems with Saito, [redacted] one incident, [redacted] still assigned to Unit "I," where Saito harassed a female staff member [redacted] not know who the staff member was or the circumstances.
- [redacted] that on 11-12-17, [redacted] working on the day shift from 7:00 am to 3:00 pm.
- [redacted] on 11-12-17, for the first half of the shift, [redacted] assigned to a "One to one" with a patient in another POD. [redacted] lunch break, [redacted] responsible to watch POD 3 for the second half of the day.
- [redacted] responsibilities in POD 3 was to monitor patients, maintain a safe environment, do laundry and to assist where needed.
- [redacted] on 11-12-17, to the best of [redacted] recollection, Unit "I" was staffed appropriately. [redacted] cannot remember if Unit "I" had a full staff but felt it was adequate.
- [redacted] on 11-12-17, the staffing was [redacted] "Used to" explaining that sometimes they work short but are able to be flexible. [redacted]

that they usually staff at least one person on overtime but could not recall on that particular day.

- [redacted] unaware of other patients in Unit "I" that had the NGRI status, [redacted] stated that in Unit "I" maybe one or two other had Level III status but Saito was the only patient with UG status.

- When asked if Unit "I" was well suited to house and manage Saito, [redacted] he was a "Unique patient" in that he was able to take care of himself compared to the others patients who were older and required more medical attention and assistance. [redacted] it was interesting that Saito was assigned to the unit because he didn't fit the "Mold" of the Unit "I" population. [redacted] Saito didn't act out in aggression or get himself in trouble so in that regard [redacted] they could "Handle" him.

- Regarding the procedures for a patient like Saito, who is NGRI with UG status, and the requirements of hourly check-in calls, [redacted] "From what I knew," Saito would sign-out from the unit when leaving and he would call the front desk. [redacted] unaware of the frequency he was required to call or if any specific staff member he needed to speak to. [redacted] never tasked to take the calls at the front desk.

- [redacted] that all of the nurses in Unit "I" are consistent in following procedures.

- [redacted] notified of Saito's escape one or two days after the incident.

- Regarding unusual changes in Saito's behavior leading up to his escape, [redacted] on the day of his escape [redacted] another patient for the first half of the shift. [redacted] prior to that day [redacted] did not see Saito.

- When asked about the eleven hour delay in reporting the escape, [redacted] that "We're, I guess, so used to his independence and he's been there for, I think, thirty plus years and he hasn't broken any of his privileges or his rules," "He's been following it to the T," "That sense of comfortableness, I guess, kind of lulled us." [redacted] the staff had a false sense of security.

- Regarding contributing factors to Saito's escape and [redacted] learned since, [redacted] the false sense of security and also to create a "List" to track Saito's calls and to have it displayed and accessible to all staff. [redacted] that such a list did not exist in the past.

- [redacted] unaware of a time limit before calling police for an escape and assumed there should be.

- [redacted] the escape was a combination of both the hospital reporting system and a nursing staff failure. [redacted] the list she mentioned prior to track his hourly check in calls and to increase staff outside of the unit because the facility is not enclosed. [redacted] staff is unable to check Saito's whereabouts once he left the unit.

  [redacted] the staff in other units that Saito has been housed in would agree that they became too comfortable with him and they would've taken the same actions.

  [redacted] Saito was supposed to be on unit prior to 3:00 pm during the shift change and staff failed to account for him.

- [redacted] the most significant point of failure that contributed to Saito's escape was his UG privileges status with the freedom to leave the unit with no supervision.

- [redacted] not know who was responsible for making notification to the police in an escape situation.

- Regarding issues of the safety of employees and patient reported [redacted] that they have been reminded by the nursing staff, verbally and in memos, on best practices in dealing with patients with mental illnesses. [redacted] not reported any issues to [redacted]

- Regarding issues of patient/staff boundary violations in Unit "I" reported [redacted] there has not been any during the time [redacted] worked there. [redacted] heard of inappropriate relationships between staff and patients involving Saito and has read it in the news.

- Regarding issues of the lack of patient supervision in Unit "I" [redacted] sometimes they are short staffed and therefore must call staff in for overtime, mandate staff to stay back or to float staff from another unit. [redacted] it compromises the supervision of patients.

- [redacted] the float staff is fine but has heard overtime staff complain about the lack of rest and being too tired. [redacted] although they become fully staffed with mandated overtime, the lack of rest among the mandated overtime staff becomes a safety issue. [redacted] even with the mandated overtime, they are short staffed at times.

- [redacted] aware that Saito's committal to the HSH was for a murder he committed long ago and being accused of having sex with a dead body. [redacted] not know what Saito was being treated for or his diagnosis.

- [redacted] did not receive specific training on handling or interacting with a NGRI patient such as Saito. [redacted] the training [redacted] received was for mentally ill patients in general.

- [redacted] extent of [redacted] interaction or association with Saito was during the IMUA check which was basically a welfare check with the patient. The IMUA was assigned by [redacted] and performed once a day.

- [redacted] had no association with Saito outside of the HSH.

- [redacted] Saito as a "Pretty, like, relaxed guy" stating that they don't interact much. [redacted] other staff thought of him as a nice guy because he did art work and made name tags for the staff.

- [redacted] that Saito has not confided with [redacted] and does not know if he confided in anyone else.

- [redacted] it wasn't noticeable if Saito was close with any particular staff member explaining that he was never in the unit during the day shift.

- [redacted] Saito did not have any sexual or romantic relationships with [redacted] during the time [redacted] worked there. [redacted] did not know of any such relationships between Saito and other patients.

- [redacted] never called Saito after work hours.

- [redacted] Saito has never threatened, intimidated, assaulted or harassed [redacted] besides the incident of Saito harassing a float staff, he has not behaved as such towards staff or visitors.

- [redacted] Saito has threatened a couple of patients. [redacted] threats as mental harassment where he would "Mouth" threats to another patient but never did anything physical. [redacted] these incidents were documented.

- [redacted] no Unit "I" staff member threatened, intimidated, assaulted or harassed Saito.

- [redacted] Saito's daily routine as follows:

    - Leave Unit "I" around 8:00 am to go to breakfast.
    - Return to Unit "I" around 9:00 am or 10:00 am to have coffee.
    - Leave Unit "I" again and stay out for the majority of the shift.

- [redacted] Saito complained of being at the HSH and felt he didn't deserve being there.

- [redacted] issues Saito voiced about the Treatment Team was about not taking his medication and not agreeing with the Team. [redacted] stated that a patient can refuse to take medication unless they are mandated by court order due to their danger to others or themselves.

- [redacted] Saito never mentioned anything to [redacted] about escaping from the HSH.

- [redacted] staff is required to challenge patients who are in a restricted area of the HSH. [redacted] once redirected Saito to his room due to an incident which was standard practice for any patient if the situation was going "South." [redacted] has never encountered Saito outside of Unit "I."

- Regarding a redirection of a patient, [redacted] staff would give a verbal report to the RN responsible for that particular POD. She thinks that the verbal report is relayed to the Charge Nurse.

- [redacted] did not notice any changes in Saito's behavior prior to his escape.

- Regarding [redacted] feelings about Saito returning to the HSH, [redacted] that the HSH is the proper facility for him. [redacted] after escaping and also noting the crime he committed, Saito should not be afforded the same privileges and should be housed in a unit with more security.

- [redacted] Saito gives [redacted] no reason to be afraid of him. [redacted]

- [redacted] because of the NGRI status of Saito, [redacted] not feel that the Oahu Community Correctional Center is the proper facility to care for him.

9:58 am – Recording temporarily stopped.
10:07 am – Back on record, interview resumed.

- Regarding policies and procedures for UG privileges for Saito, [redacted] that, in general, he signs out from the unit when he leaves and signs in when he returns. [redacted] Saito has to call the unit but did not know the frequency of the calls. [redacted] staff in Unit "I" taking the calls from Saito may be different throughout the day depending on assignments and availability.

- [redacted] did not see Saito on 11-12-17. [redacted] was assigned to POD 2 for a "One to one" with a patient for the first half of the shift and was away from the rest of the patients. [redacted] Saito was on UG [redacted] assigned to POD 3 for the second half of [redacted] shift.

- [redacted] on 11-12-17, Saito left Unit "I" at the usual time around 8:00 am and did not return. [redacted] it wasn't until the evening that it was reported. [redacted] learned of other circumstances of the escape from the news.

- [redacted] if Saito didn't return to the unit from UG, they would notify [redacted]. At that point, it is determined [redacted] to check if the patient had other legitimate commitments. [redacted] they are not notified when Saito was out on UG but they would check the sign-in/sign-out sheet to verify. [redacted] they can also ask another staff member about his status.

- Regarding Saito's requirement to be on unit between 2:30 pm to 3:30 pm, [redacted], at times, Saito would return up to a half-hour late. [redacted] reported his tardiness [redacted] but was unaware of any actions taken. [redacted] not sure if other staff members reported his tardiness. [redacted] unaware of any written procedures and stated that there was no training. [redacted] it was a common sense thing and learned it on the job.

- [redacted] unaware of discipline imposed on any staff member for failing to report the Saito's tardiness.

- [redacted] did not assist Saito in escaping from the HSH. [redacted] no knowledge of his plans to escape or knowledge of any HSH employee or Koolau Clubhouse employee assisting him.

- [redacted] patients should not have access to any electronic devices and has not seen any patient in possession of such items.

- [redacted] staff had access to their personal cellular phones while on duty but a memo was disseminated restricting this practice. [redacted] not recall when the memo was sent but stated it was before Saito's escape.

- [redacted] on 11-12-17, Unit "I" had a float staff from another unit but did not know if they were on overtime. [redacted] not know if anyone else was on overtime.

- [redacted] when staff floats from another unit to Unit "I," they are not always familiar with the policies in Unit "I" because they ask questions. [redacted] float staff should be educated on the policies of Unit "I" before working there.

- [redacted] each unit has different policies and procedures which make it difficult for float staff.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form

- [redacted] Exhibit 'T' and stated that it appeared similar to the Patient Hourly Rounds form but have not seen this form before.
- [redacted] Exhibit 'C' and recognized the form.

[redacted]

- [redacted] unaware of a policy or training specific to the patient hourly rounds duties and [redacted] trained on the job. [redacted] the instructions to [redacted] were, if Saito was not seen on the unit and he had officially signed out on the log, it was safe to mark him "UG." If staff saw Saito on the unit then he would be marked as "U." [redacted] this was common practice by staff.
- [redacted] only during the shift change, the hourly check requires two initials, one from the outgoing and the other from the incoming staff.
- [redacted] although [redacted] is ultimately responsible for the headcount during shift change and required to do a headcount themselves, the task was also placed upon [redacted] [redacted] there was no standard in regards to which staff performed the headcount and at times, multiple staff performed it. [redacted]

stated that, at times, [redacted] took their word for the headcount without themselves performing one.

- [redacted] not sure who approves this form and assumed that the [redacted] would. [redacted] hands over the clip board to the oncoming [redacted].
- [redacted] for the hourly rounds, if Saito was on the unit [redacted] had eyes on him, [redacted] not required to speak to him.
- Regarding HSH employees calling in for Saito for his hourly check in, [redacted] it was "Most likely" not allowed but wasn't sure. [redacted] did not know whether Saito was required to call in from specified locations on the HSH campus.
- [redacted] on 11-12-17, [redacted] performing the 3:00 pm headcount without assistance but does not know if [redacted] also conducted [redacted] count.
- [redacted] that on [redacted] 3:00 pm hourly check, [redacted] headcount is verified by the [redacted] then by the [redacted] so essentially four checks are done. [redacted] this procedure was in place prior to Saito's escape but, when asked if it was common practice, [redacted] it was an "On and off kind of a thing" depending on how busy they were for the day. [redacted] missing entries on the form as a testament.

- [redacted] on 11-12-17, there was no specific staff assigned to receive hourly check-in calls from Saito. [redacted] whoever happens to be at the desk usually takes the call. [redacted] has never taken call from Saito.
- [redacted] has never seen any staff who received a check in call from Saito relay the message to staff conducting the hourly rounds checks. [redacted] there were no logs to track Saito's call and communication among staff would have helped.
- [redacted] staff is informed of the privileges each patient has. [redacted] Saito's UG privilege is probably documented in his chart but it is not displayed anywhere. [redacted] there is a sheet by the front desk that shows the patients' Level status.
- [redacted] unaware if Saito had a set time he was allowed to go on UG but stated that he would leave around breakfast time. [redacted] has never seen a schedule dictating the times allowed for Saito's UG privilege.

- [redacted] not sure if any notifications are made when Saito leaves the unit and goes on UG. [redacted] Telecom Office becomes aware when Saito picks up his newspaper there. [redacted] not know if telecom notifies anyone.

- [redacted] usually when a patient leaves the unit, they would radio the patient/staff headcount of the movement. [redacted] assumes that they do that for Saito.

- [redacted] each patient has a log-in/log-out sheet and that there is no separate log for a patient with NGRI and/or UG status.

- [redacted] would report a failed hourly call by Saito [redacted] and a search would ensue. Notification would be made [redacted] [redacted] [redacted] once it is determined that the patient is unaccounted for, a Code 77 is instantly called.

Exhibit 'T' – Unit I POD 1 - Patient Hourly Rounds Form (Post escape revision)

- [redacted] Exhibit 'T' and stated that it appeared similar to the Patient Hourly Rounds form but had not seen this form before. [redacted] that this form was created after Saito's escape.

Exhibit 'B' – Elopement, Elopement Attempt and AWOL, HSH Policy and Procedure 19.520

- [redacted] Exhibit 'B' and stated that it was a guideline for all staff at the HSH.

- [redacted] not aware that the policy did not address immediate action by staff in the event of a patient escape. [redacted] was under the impression that response was done in a timely manner.

- [redacted] that there was no other SOP addressing immediate action in the event of a patient escape.

- [redacted] received in-service training on patient escapes when [redacted] began working at the HSH in July 2017.

10:51 am – Recording temporarily stopped.
10:59 am – Back on record, interview resumed.

Exhibit 'G' – Unit "I" Patient Care Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, (IMUA) dated: 11-12-17

- [redacted] Exhibit 'G' and identified it as the IMUA form and explained that it was a daily check of the patient to see how they were doing and progressing

throughout their care. [redacted] the form was individualized to each patient's individual goals.

- [redacted] was assigned to perform Saito's second IMUA check for the day shift but because of his UG status, [redacted] "Unescorted grounds privileges."
- [redacted] the IMUA forms differ from unit to unit because of the type of patients, treatment and responsibilities required.
- [redacted] the IMUA form is submitted to either [redacted] that they were required to submit the IMUA form by 1:30 pm in order for [redacted] to complete another report that references the IMUA. [redacted] if the entry wasn't adequate they would be questioned for more information.
- [redacted] is responsible for assigning staff for the IMUA checks.

Page 1 (7:00 am to 3:00 pm)

  - [redacted] as the first worker assigned to POD 3 and [redacted] in charge of POD 3.

Page 2 (3:00 pm to 11:00 pm)

[redacted]

Exhibit 'H' – Master Patient/Staff Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, dated: 11-12-17

- [redacted] that Exhibit 'H' was for [redacted] to reference for staff responsibilities and assignments. [redacted] the completed forms are kept at the front desk of the unit with [redacted] N.

Page 1 (7:00 am to 3:00 pm)

  - [redacted] page 1 and stated that it was filled out properly from what [redacted]

- [redacted]
- [redacted]
- [redacted] not recognize the signatures of the incoming and outgoing [redacted] at the bottom of page 1.
- [redacted]

Page 2 (3:00 pm to 11:00 pm)

- [redacted] not involved with the 3:00 pm to 11:00 pm shift.
- [redacted] not certain why there were no signature lines for the incoming and outgoing [redacted] on the evening shift form stating that there usually would be. [redacted] usually works day shift and is not familiar with the evening form.

Exhibit 'I' – Patient Call-In Log Sheet

- [redacted] Exhibit 'I' and stated that [redacted] not seen this form before. [redacted] informed that this form was created after Saito's escape.

Exhibit 'J' – Visitors, HSH Policy and Procedure 4.625

Exhibit 'K' – Contraband and Searches, HSH Policy and Procedure 9.235

- [redacted] Exhibits 'J' and 'K' and stated [redacted] recognizes both policies and procedures.
- [redacted] has knowledge of contraband as it relates to the policy and procedure and that it is enforced in Unit "I."
- [redacted] Unit "I" performs weekly searches of the unit and patients' rooms describing it as "Full inspections," "In depth search" on weekends. [redacted] they also perform lesser searches and pat downs daily.
- [redacted] stated that [redacted] not aware of any incidents where contraband was found on Saito.

- [redacted] if contraband is found, it is removed and submitted to the [redacted].
- [redacted] has seen staff search Saito's body which is a "Pat down" usually when he leaves and/or returns to the unit.
- [redacted] all three shifts should be practicing the same procedures for contraband and searches. [redacted] the thorough unit searches are done every weekend primarily by the day shift.
- [redacted] not experienced many visitors during the day shift and was not familiar with the procedures on searching them. [redacted] assumed they would be search. [redacted] aware that items brought into the unit by visitors are searched.
- [redacted] a patient with UG status was searched upon their return to the unit. [redacted] Saito would be searched by a male staff each time he returned from UG. [redacted] witnessed Saito being searched a couple of times.

- [redacted] there is no bank on the HSH campus.
- [redacted] Saito has never asked her for money.
- [redacted] not sure of the procedures when patients received money and the process of how it was received and where it went.
- [redacted] unaware of the staff being allowed to withdraw money at the business office for a patient. [redacted] never been assigned this task.
- [redacted] Saito consistently dressed in black colored clothes and has never seen the clothes he wore on the news footage on the day of his escape.
- [redacted] patients are able to buy clothes with tokens from the pip store or use circulating clothes provided to them. [redacted] Saito reused his own clothes.

Exhibit 'N' – Telephone and Mail, HSH Policy and Procedure 4.550

- [redacted] Exhibit 'N.'
- [redacted] unaware of the procedures for patients receiving mail. [redacted] that the mail went to the front desk [redacted] unsure who opened the mail.
- [redacted] hospital has set times for patients to make phone calls but could not remember the times. This period is for all patients including Saito.

- [redacted] the patients line up to use one phone and are allowed to make multiple calls within the time limit.
- [redacted] does not know of a log that tracks outgoing and incoming phone calls.
- [redacted] unfamiliar with the phone call process, such as dialing, because [redacted] never assigned this duty. [redacted] not sure of which staff was tasked with the phone calls.
- [redacted] that Saito didn't make many phone calls compared to other patients. [redacted] did not notice Saito making more phone calls than usual prior to his escape.
- [redacted] has never received a phone call from Saito after work hours nor [redacted] any other staff that did.
- [redacted] the HSH did not provide a cellular phone to Saito [redacted] never seen him possess one.

Exhibit 'P' – Relationship Security: Safe & Therapeutic Staff-Patient Interaction, HSH Policy and Procedure 12.310

Exhibit 'Q' – Hospital Boundaries, HSH Policy and Procedure 19.525

- [redacted] Exhibits 'P' and 'Q.'
- [redacted] that there have been no reports to [redacted] regarding patient/staff boundary issues specifically related to Saito in Unit "I" or anywhere on the HSH campus.
- [redacted] not aware of Saito offering any HSH employee money or a favor for assisting him to escape.
- [redacted] Saito has never offered [redacted] or any HSH employee cash, a check, a money order, a gift or anything similar to this effect.
- [redacted] Saito has never made a personal request, to [redacted] or any HSH employee, for cash or use of a cellular phone to help facilitate his escape.
- [redacted] Saito has never asked [redacted] to purchase something for him and does not know if he asked any other employees.
- [redacted] did not purchase airline tickets for Saito nor [redacted] know of anyone else who did.

Exhibits 'S' to 'V' Introduced

- Regarding Saito's boundaries while on UG, [redacted] he was not allowed to go by the upper units, anything above Unit "I." [redacted] he was allowed in the lower area which included the cafeteria, telecom, pip store and the gym.

- [redacted] 'Believes" that these boundaries were explained to Saito.

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Sheet for [redacted]

  - [redacted] Exhibit 'R' and acknowledged it was an official HSH form.

  - [redacted] Saito signed this form whenever leaving and returning to the unit. [redacted] each patient had their own sign-in sheet.

  - [redacted] patients filled in the form themselves while a staff member monitored them. [redacted] staff member was responsible to verify the patient's entry on the form, perform the pat search and open the door for the patient. [redacted] this duty is flexible depending on who's available.

  - [redacted] has never been involved with Saito for this process.

- [redacted] the Koolau Clubhouse offered patients a "Job like environment for them and to help kind of stimulate them more than what's currently happening at, or what we can currently provide them at our facility." [redacted] patients had access to computers there.

- [redacted] not have knowledge of anyone residing in the buildings.

- [redacted] that it was a boundary issue and that patients are not allowed usage of computer at the HSH. [redacted] not sure if Saito had access to a computer at the Occupational Therapy in Building "K" and stated that he should not. [redacted] an exception would be if it was approved for classes with the Treatment Mall.

- The interview concluded at 11:42 am, 03-09-18.

- Refer to Attachment "X" for the list of questions used to conduct this interview.

EXHIBITS 'S' TO 'V' INTRODUCED

The following exhibits are true and accurate copies of documents received from the HSH and used as reference for interviewees for questions pertaining to these documents. The following exhibits are a continuation from Exhibit 'R' listed above.

- Exhibit 'S' – HSH Patient Event Report
- Exhibit 'T' – Unit I POD 1 Patient Hourly Rounds Form (Revised Post Escape)
- Exhibit 'U' – Photo of Saito Signing Log in Unit I
- Exhibit 'V' – HSH Master Recovery Plan For Saito

ALLEGED SUBJECT #2 STATEMENT

[redacted]

On Friday, 03-23-18, from 9:27 am to 12:02 pm, SA Won along with SA Takata and I conducted a digitally recorded interview [redacted] at the HGEA located at 888 Mililani Street in the 4th floor conference room. [redacted] The following is a summary [redacted] interview:

- [redacted]
- [redacted]
- [redacted] Saito was already housed in Unit "I" when [redacted] working there.
- [redacted] Saito was quiet, he kept to himself [redacted] experienced no trouble or disputes with him.
- [redacted] not remember if staff members had any problems or concerns with Saito.
- [redacted] on 11-12-17, [redacted] on the evening shift, 2:45 pm to 11:15 pm. [redacted] the evening shift "Had enough" staff.
- When asked if Unit "I" was staffed appropriately, [redacted] "Most of the time we have staff," "Some days we're short." [redacted] when they are short staffed for staffing support. [redacted] staffing on the evening shift has been okay and the mandated overtime has helped with short staffing issues.

- [redacted] aware of Saito's UG privileges and stated that he was the only patient in Unit "I" with that status. [redacted] unclear about his Level III privileges and NGRI status.

- When asked if Unit "I" was well suited to house and manage a patient like Saito, [redacted] Unit "I" was "Okay" until the escape happened.

- Regarding the procedures for patients like Saito with UG status to report for hourly check-in, [redacted] that on the evening shift, Saito ate dinner between 5:00 pm and 5:30 pm, while on UG, and he checked in with the operator at the Administration Building. He also called from the gym. [redacted] whoever was in the nurse's station took the calls and the phone indicated the origin of the calls. [redacted] unaware of procedures and stated that this was the practice from when she started in Unit "I." [redacted] there was no log for the calls.

- [redacted] on 11-12-17, at about 6:35 pm, [redacted] hasn't seen Saito and asked staff if anyone saw him and began looking for him.

- [redacted] Saito usually came back to the unit at 6:00 to 6:05 pm, came to the nurse's station at 6:30 pm and asked to shower. [redacted] this was his routine.

- [redacted] Saito had no change in demeanor on 11-12-17 and the day prior.

- [redacted] Saito's schedule to be on UG status is set by the Treatment Team.

- [redacted] on 11-12-17, [redacted] at 2:45 pm, [redacted] gave them the report which consists of entries made in the cardex for each patients' status. [redacted] Saito's entry read "Unescorted ground did well." [redacted] that "There's no report that was reported to me or the whole entire incoming shift that Mr. Saito was unescorted this morning and has not returned."

- When asked about the immediate reporting of a patient escape, [redacted] actions as follows:

    - [redacted] Saito is unaccounted for and asks staff around [redacted] if they had seen him.

    - [redacted] to the POD 3 day area to locate [redacted] who was assigned the patient hourly rounds checks.

    - [redacted] checks Saito's room but does not locate him.

- [redacted] back to the nurse's station [redacted]. At this point, [redacted] the Unit "I" staff is looking for Saito.
- [redacted] and asks if they see Saito on grounds. [redacted] the last time Saito checked in was in the morning.
- [redacted] check the Unit "I" sign-in/sign-out log and find that Saito had signed out at 9:00 am.
- [redacted] they confirm with [redacted] Saito has not been seen.
- [redacted] of Saito's absence. [redacted] also speaks to [redacted] but can't recall when. [redacted] the time to be almost 7:00 pm.
- [redacted] male staff searches outside of the unit.
- [redacted] arrives on unit and notifies police. [redacted] asks for a print out of Saito's profile for the police.
- [redacted] the police arrives and are on scene.
- [redacted] "We should be calling a Code 77." [redacted] dismisses [redacted] suggestion.
- [redacted] not comfortable with not calling the Code 77 so [redacted] who offers to call the other units.

- [redacted] not recall if [redacted] to call the Telecom Office and stated that the situation was "Chaotic."
- [redacted] not call the other units and stated that [redacted] called the Telecom Office, [redacted] offered to call the other units.
- [redacted] did not hear the Code 77 called over the PA system.
- [redacted] asked why a Code 77 wasn't called by any staff as soon as they could not account for Saito. [redacted] "Honestly, during that time, we were just all flustered." [redacted] the initial search depleted staffing on the unit, leaving only two staffers behind. [redacted] it was medication time and the patients in line were irritable and yelling.

- [redacted] knowledge of the policy and procedure of a patient elopement and calling a code 77. Once a patient is missing, [redacted] "You call the operator, let the supervisor know, call Code 77 somebody's missing."

- [redacted] once they realized Saito was missing, the staff immediately began searching inside of the unit as well as outside.

- [redacted] Saito has never gone missing and has always returned from UG.

- Regarding factors that contributed to Saito's escape and what was learned, [redacted] has been out from work and has no knowledge of this.

- Regarding whether Saito's escape was a failure of the hospital reporting system or a nursing staff failure. [redacted] skeptical of Saito's UG status and questioned his fitness to have this privilege [redacted] never voiced this concern. [redacted] staff goes along with what the Treatment Team thinks. [redacted] they could have increased security.

- Regarding a significant point of failure contributing to Saito's escape, in [redacted] opinion, [redacted] that, the fact is, it's up to the Treatment Team and the Administration to approve patients' privileges and if more UG privileges are approved, there should be "A lot more security too." [redacted] they have no control over the patient when they are on their own outside of the unit.

- [redacted] it is normally [redacted] responsibility to call police in the event of a patient escape although anyone can call.

- When asked about any reports regarding the safety of staff or patients, [redacted] uncertain but stated that they do drills.

- [redacted] unaware of any reports regarding issues of patient/staff boundary violations in Unit "I."

- [redacted] unaware of any reports regarding the lack of patient supervision in Unit "I."

- [redacted] was aware that Saito was committed to the HSH for murder. [redacted] is unaware of Saito's psychiatric treatment or his diagnosis while at that HSH.

- [redacted] not remember [redacted] received training from the HSH on how to handle or interact with a patient with NGRI status such as Saito.

- [redacted] has never associated with Saito outside of the HSH.

- [redacted] the extent of [redacted] interaction with Saito was when he came to [redacted] for various requests otherwise, while in the unit, he stayed in his room and kept to himself.

- When asked how staff or patients felt about Saito, [redacted] sometimes patients yelled at Saito but he ignored them and was unsure how the staff felt.

- [redacted] Saito never confided in [redacted] about anything.

- [redacted] does not remember if there was a single staff member that Saito was the closest with.

- [redacted] Saito did not have any romantic or sexual relationships with staff or patients [redacted] aware of. [redacted] not have any romantic or sexual relationship with Saito.

- [redacted] has never called Saito after hours of [redacted] work.

- [redacted] Saito has not threatened, intimidated, assaulted or harassed [redacted], other staff, patients or visitors.

- [redacted] cannot recall any Unit "I" staff members threaten, intimidate, assault or harass Saito, mentally or physically.

- [redacted] unaware of any complaints Saito had.

- [redacted] cannot remember if Saito had any complaints against the Treatment Team.

- [redacted] Saito never expressed to her about his desire to go back into society nor did he express his intentions to escape from HSH.

- [redacted], since working in Unit "I," Saito's mother had visited him once and prior to his escape, his brother had visited. [redacted] off on the day his brother visited and is unaware if he brought Saito anything.

- [redacted] staff are trained to challenge patients if found in restricted areas. [redacted] they must redirect the patient and report it [redacted] it is documented within the unit and relayed to the Treatment Team for discussion.

- When asked [redacted] about Saito returning to the HSH, [redacted] "Mr. Saito needs to be incarcerated where he should be." When asked if OCCC was a better place for Saito, [redacted] "If that his assessment to be there."

10:21 am – Recording temporarily stopped.
10:22 am – Back on record, interview resumed.

- When asked about the policies and procedures to have UG status or privilege, [redacted] it is mainly the Treatment Team that discusses the plan of care for Saito, the decision is presented to administration, and the orders are followed by staff in regards to his treatment.

- When asked if she followed the HSH escape and elopement policy, [redacted] "To the best of my knowledge, I did my best to notify who needs to be notified."

- [redacted] did not assist Saito in his escape nor [redacted] know of any staff or Koolau Clubhouse employee who assisted in his escape.

- When asked if Saito has ever been late in checking in while on UG, [redacted] "No."

- When asked if any patients in Unit "I" have access to personal electronic devices such as laptops, cellular phones, computers, [redacted] "No."

- [redacted] the staff is not allowed to have cellular phones while on duty.

- When asked if Saito was issued a cellular phone by the Treatment Team, [redacted] "No."

- [redacted] patients do not have access to computers. Regarding computer access at Building "K," Occupational Therapy, [redacted] they do not go to that building during the evening shift and that they do not have classes. [redacted] not know if Saito had access to computers at the Koolau Clubhouse. A report from the clubhouse is documented in the cardex, usually regarding activities, [redacted] has never seen anything about computer use.

- [redacted] on 11-12-17, there was one staff, from another unit, working on the evening shift. [redacted] staff filling in at Unit "I," who is from another unit, is given instructions on their assigned duties.

Exhibit 'A' – Patient Rounds, HSH Nursing SOP 23.995

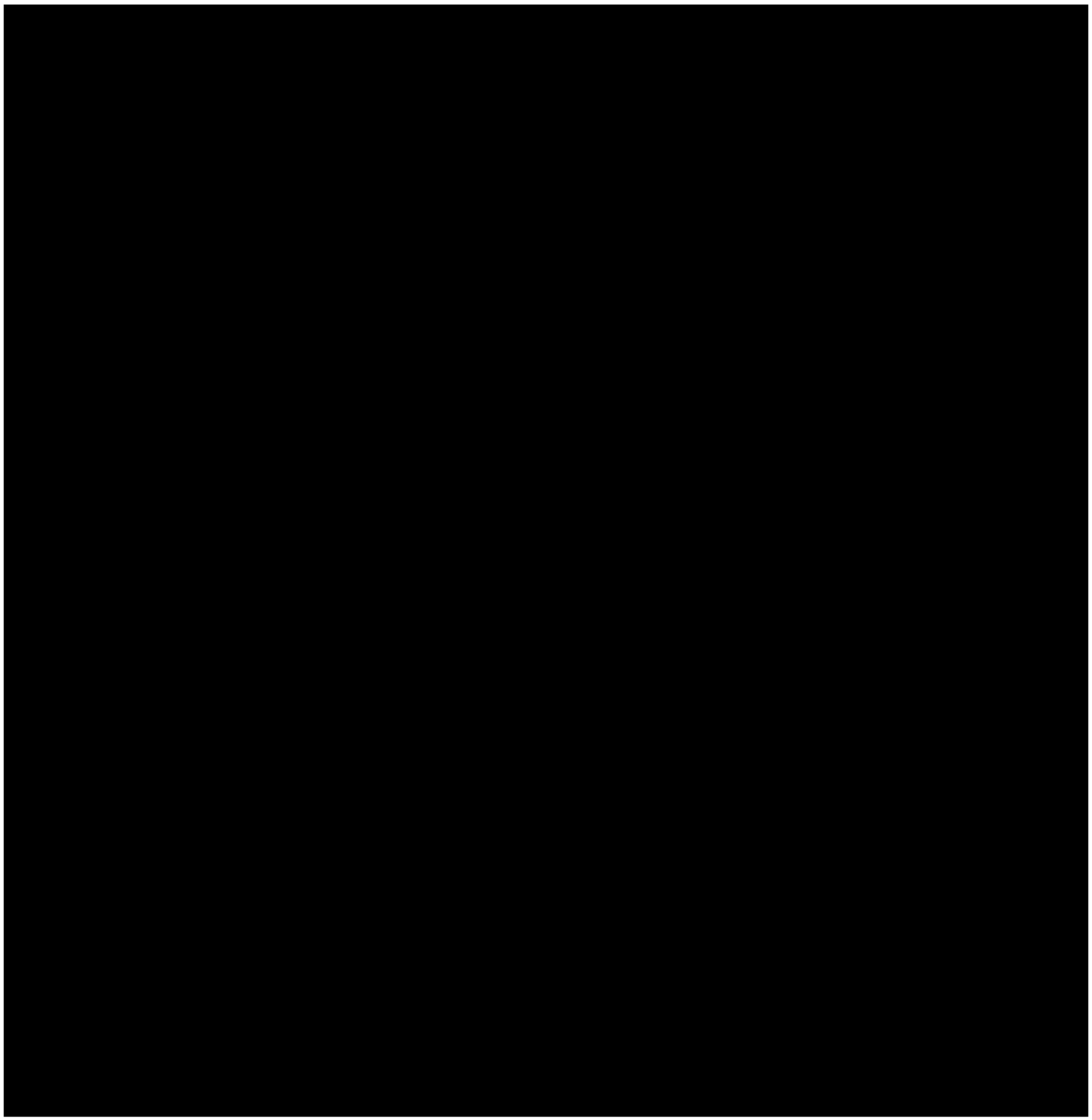
Exhibit 'T' – Unit I POD 1 - Patient Hourly Rounds Form (Post Escape Revision)

- [redacted] Exhibit 'A' page 5, Patient Hourly Rounds form and stated [redacted] not seen this form before.

- [redacted] Exhibit 'T' and stated [redacted] not seen this form before. SA Won informed [redacted] that Exhibit 'T' was created after Saito's escape.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form, dated: 11-12-17

- [redacted] Exhibit 'C' and [redacted] recognizes the form.
- [redacted] that they have staff assigned to each of three POD's within the unit, noting that Saito was in POD 3. [redacted] was assigned to POD 3 for the evening shift.
- [redacted] for the hourly checks "We normally visualize the person."



- [redacted], who was responsible for the hourly rounds check, was not required to "Eyeball" Saito if he was on UG.

- [redacted] there was no report from the day shift indicating that Saito had not returned from UG since that morning.

- Regarding Saito's hourly check in calls, [redacted] calls the unit when Saito checks in at the Telecom Office otherwise Saito himself calls the unit. [redacted] whenever Saito calls, the origin of the call is indicated on the unit phone. [redacted] an employee cannot call in for Saito with their personal cellular phone.

- [redacted] they did not have a log to document Saito's hourly check in calls. [redacted] a log would have definitely helped.

- [redacted] it hasn't been a practice for the staff, taking Saito's hourly check in call, to communicate it to the other staff, especially to the staff member conducting the patient hourly rounds checks.

- [redacted] not know if a policy and procedure existed that addressed the failure of a patient on UG to make an hourly check in call and what actions are to be taken.

- [redacted] patients have had appointments, activities or court during the afternoon shift change and stated that it is documented as "Escorted off grounds." [redacted] staff conducting the patient hourly rounds is informed of the status by the change of shift reports.

Exhibit 'B' – Elopement, Elopement Attempt and AWOL, HSH Policy and Procedure 19.520

- [redacted] Exhibit 'B' and acknowledged that the policy and procedure was for all staff to follow. [redacted] has not seen this policy and procedure before.

- [redacted] not remember if [redacted] training on patient escapes.

Exhibit 'G' – Unit "I" Patient Care Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, (IMUA) dated: 11-12-17

- [redacted] Exhibit 'G' and stated that it was an assignment sheet for staff to check on and speak to patients, twice per shift, regarding their welfare.

  Page 1 (7:00 am to 3:00 pm)

  - [redacted]
  - [redacted]

  Page 2 (3:00 pm to 11:00 pm)

  - [redacted]
  - [redacted]
  - [redacted]

- [redacted] on the evening shift, [redacted] which was normal and nothing to do with short staffing.

- [redacted] the purpose of the IMUA was for patient welfare and accountability.
- [redacted] this form is turned in at 9:00 pm at the latest.

Exhibit 'H' – Master Patient/Staff Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, dated: 11-12-17

- [redacted] that Exhibit 'H' was filled out and kept by [redacted] for patient assignments.

  Page 1 (7:00 am to 3:00 pm)

  - [redacted]

  Page 2 (3:00 pm to 11:00 pm)

  - [redacted] filled out the form.
  - [redacted] being assigned to POD 3 and [redacted] responsibilities as follows:

    - Assist patients
    - Grooming
    - Feeding
    - Fifteen minute and hourly patient checks

[redacted]

Exhibit 'I' – Patient Call-In Log Sheet

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Sheet for [redacted]

- [redacted] both exhibits and was familiar with Exhibit 'R'. [redacted] confused by Exhibit 'I' and later stated [redacted] not seen this form before.

Exhibit 'J' – Visitors, HSH Policy and Procedure 4.625

- [redacted] Exhibit 'J' and stated [redacted] not seen the policy before but was familiar with visiting hours.

Exhibit 'K' – Contraband and Searches, HSH Policy and Procedure 9.235

- [redacted] that visitors first check in at the nurse's station and staff checks whatever is brought in, including food because of dietary restrictions of patients. [redacted] that cellular phones are prohibited.

- [redacted] this policy was enforced in Unit "I."

- [redacted] staff conducted a pat down of the body of visitors sometimes. [redacted] bags are left at the nurse's station.

- [redacted] the staff searched Saito each time he returned from UG. [redacted] there were no reports of Saito possessing prohibited items.

- [redacted] there was a storage room within the unit for patients' excess property.

- [redacted] patients are allowed to access the storage room accompanied by staff only on Saturdays. [redacted] each patient is allowed only seven pairs of shirts and pants at one time.

  [redacted] patients are not allowed to access the room themselves. [redacted] the room is locked and the key is kept [redacted]. [redacted] all staff has access to the storage room.

- [redacted] an inventory of the patient's property is logged on a form that is kept at the nurse's station. The inventory consists of property brought by the patient when transferred into the unit, property bought in the pip store and property brought by family or visitors.

- [redacted] Saito usually wore a black jacket and black pants. [redacted] not know if Saito possessed a backpack or boots. [redacted] unaware of how he got his clothing in the past.

- [redacted] has not seen any of the clothing Saito wore when he was shown on television news footage.

- [redacted] all staff members in Unit "I" is knowledgeable of prohibited items according to HSH policy.

Exhibit 'L' – Patient Personal Belongings/Valuables, HSH Policy and Procedure 12.031

- [redacted] Exhibit 'L' and identified page 6 as the form used to document money that patients receive. [redacted] other valuables include wrist watches, wallets, credit cards and cash that would be documented on this form.

- [redacted] the staff turns in the property to the operator during the evening shift because the Business Office is closed.

- [redacted] page 7 was for the release of valuables to the patient at the time of discharge.

Exhibit 'M' – Patient Trust Accounts, HSH Policy and Procedure 12.020

- [redacted] Exhibit 'M' and [redacted] not seen the policy before.

- [redacted] whenever a patient receives money, the front desk staff counts the money in the presence of the patient, the form is filled out and sealed (Exhibit 'L' page 6), and the front desk staff takes it to the operator. [redacted] front desk staff is usually a PMA or Psych Tech and is tasked with transferring the money to the operator.

- [redacted] patients are not allowed to go with staff members when transferring the money to the operator.

- [redacted] not know who controlled Saito's money or if he had access to a bank account or an ATM. [redacted] no knowledge of Saito having access to large amounts of cash.

- [redacted] Saito has never asked [redacted] for cash.

- [redacted] not remember if Saito's family ever gave him money.

- [redacted] not familiar with the process of a patient requesting to withdraw cash from the Business Office. [redacted] the day shift usually did it. To the best of [redacted] knowledge, [redacted] they go to the operator who has a form. [redacted] the form is reviewed and approved by the Treatment Team.

- [redacted] unaware if Saito was ever allowed to withdraw money himself.

- Regarding remaining cash from activities or outings, [redacted] either the patient or the Recreational Therapist turns in the cash at the unit upon return. The unit staff fills out a form with the patient's name, date, notes "Return from outing" and locked in a box at the nurse's station.

Exhibit 'N' – Telephone and Mail (Patient Related), HSH Policy and Procedure 4.550

- [redacted] patients come to the nursing station when requesting to make a telephone call, staff in turn calls the operator informing them of the patients name and the patient is allowed to make the call through the operator.

- [redacted] there are patients who are not allowed to call certain people. A reference of these restrictions is documented at the nurse's station.

- [redacted] there is no telephone log to track incoming and outgoing calls by patients.

- [redacted] not notice an unusually high amount of calls by Saito leading up to his escape. [redacted] the night before Saito escaped he made a routine call that got hung up for some reason and moments later a female called back and asked to speak to him.

- [redacted] a staff member mans the nurse's station while the patient is on the phone but they usually cannot hear the conversation unless the patient starts to raise their voice.

- [redacted] there is no policy regarding the monitoring of the patient's conversation during their phone calls. [redacted] if the patient begins to yell and swear they intervene.

- [redacted] not know how the phone privileges were determined but stated that most of the patients are allowed to make calls.

- [redacted] no phone calls are allowed during activities and that 9:00 pm is the cut off for phone calls and visitors. [redacted] most of the patients make phone calls after dinner.

- [redacted] that no one ever called Saito after 9:00 pm. [redacted] unaware of any employees receiving calls from Saito after hours.

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Sheet for Randall Saito

Exhibit 'U' – Photo of Saito at Unit I Sign-In / Sign-Out Log, date: 11-12-17

- [redacted] Exhibit 'R' and acknowledged that the patient fills in the log themselves.

- [redacted] all patients use this form which is kept in a folder at the nurse's station.

[redacted]

- [redacted] Exhibit 'U' and stated that the person in the photo looked like Saito.

Exhibit 'S' – Patient Event Report, dated: 11-12-17

- [redacted] Exhibit 'S' and stated [redacted] filled out the report.
- [redacted] this was an event report involving patients documenting incidents such as falls, assaults or any event.
- [redacted] time of 9:00 am documented in [redacted] narrative was obtained from the Unit "I" sign-in/sign-out log. [redacted] when they referenced this log.

- [redacted] the Koolau Clubhouse prepares patients to go back into the community
- [redacted] no knowledge of any HSH employee maintaining a residency on the HSH campus specifically the Cooke Building.
- The interview concluded at 12:02 am, 03-23-18.
- Refer to Attachment "X" for the list of questions used to conduct this interview.

ALLEGED SUBJECT #3 STATEMENT

[redacted]

On Wednesday, 03-28-18, from 2:05 am to 4:42 pm, SA Takata along with SA Won and I conducted a digitally recorded interview [redacted] at the Department of the Attorney General Investigations Division located at 465 South King Street in the conference room. [redacted] The following is a summary [redacted] interview:

- [redacted]
- [redacted]
- [redacted] Saito was not in Unit "I" in the beginning but was later placed there after the hospital did "Some rearranging."
- [redacted] could not think of any problems or concerns [redacted] Unit "I" staff experienced with Saito.

- [redacted] on 11-12-17 [redacted] the day shift from 6:45 am to 3:15 pm. [redacted] assigned to POD 3 and performed chores, hourly checks, door checks, Q15's, made coffee for the patients and later served them. [redacted] had this assignment for the first four hours of the shift and after lunch was assigned to a "One to one" with a patient for the rest of the shift. [redacted] switched off [redacted].

- [redacted] on 11-12-17, Unit "I" was staffed appropriately but could not remember if they were fully staffed.

- [redacted] not certain of the term NGRI and stated [redacted] heard it on the news. [redacted]

- [redacted] aware that Saito had unescorted status. [redacted] not know if other patients in Unit "I" had this status.

- [redacted] if Unit "I" was well suited to house and manage a patient like Saito with the NGRI status. [redacted] Saito never gave them problems compared to other patients who gave an attitude and got angry, so in that perspective it was "Okay."

- [redacted] asked about the procedures for Unit "I" regarding a patient, like Saito, with the NGRI status on UG to report for hourly check in calls. [redacted] Saito would have to call the unit every hour and the person at the front desk would take the call.

- [redacted] was placed on directed leave from the HSH because of the Saito escape. [redacted] a letter was read to [redacted] that explained [redacted] neglected a patient, failed to do [redacted] job and falsified documents.

- [redacted] learned of Saito's escape through the news and was not notified by HSH administrative staff.

- Regarding unusual changes in Saito's behavior prior to his escape, [redacted] that on 11-12-17, before Saito went out on UG, he asked to go in his room. [redacted] [redacted] unlocked the door and as he walked in, [redacted] him looking down, "He had his eyes down" which was unusual. [redacted] he normally looked around.

  [redacted] Saito normally stands straight up holding his folders while waiting to be let out for UG. Although, on the morning 11-12-17, [redacted] Saito by the front desk with both hands on the desk and leaning forward over the desk. [redacted] his body language appeared unusual. [redacted] wasn't close enough to notice his facial expression or if he said anything.

- When asked about the eleven hour time lapse to report Saito's escape, [redacted] that the staff at the front desk in Unit "I" receives the call. [redacted] could not explain this response. [redacted] "Not that I can think of."

- [redacted] staff is required to report an escape immediately.

- [redacted] if there was a policy and procedure, SOP or other documentation that requires the immediate reporting of a patient escape. [redacted] "Probably, yeah I would think so yeah" [redacted] could not reference any.

- [redacted] cannot remember if there were mitigating circumstances that contributed to the reporting delay. [redacted] Saito was very smart and had a large vocabulary.

- [redacted] not have a response when asked if there were any lessons learned or contributing factors regarding Saito's escape.

- [redacted] if there was a time limit before notifying police, [redacted] gave no response.

- In regards to who was responsible for notifying the police, [redacted] the [redacted] report it [redacted]. [redacted] uncertain of their responsibilities but speculated that [redacted] who in turn would notify police.

- [redacted] asked whether the escape of Saito was a failure of the hospital reporting system or a nursing staff failure. [redacted] Saito was a model patient and the nursing staff got laxed over the years. [redacted] the staff was so used to Saito not being in the unit day in and day out and be in and out but would return.

  - [redacted]

- [redacted] has heard staff, in the past say "They don't listen to us anyways, they wanna know our opinion but they don't listen to us anyways" referring to procedures, status of patients, level of security and many other issues.

- [redacted] asked if there have been issues reported [redacted] regarding the safety of staff or patients. [redacted] they have meetings once a

month between shifts [redacted] relays information from the administration and they discuss incidents that have occurred. Although the meetings are quick, [redacted] they are asked if they have any questions or concerns.

- [redacted] not aware of issues reported [redacted] regarding allegations of patient/staff boundary violations.
- Regarding the lack of patient supervision in Unit "I," [redacted] prior to the mandated overtime, they ran "Short" but since then it (Mandated overtime) has helped.
- [redacted] aware of the reason Saito was committed to the HSH but could not remember [redacted] found out [redacted] not know what Saito was being treated for or what his diagnosis was.
- [redacted] they've had frequent in-service training but nothing specific to NGRI patients. [redacted] Staff Development of the HSH conducts training and it is documented.
- [redacted] Saito was just a patient and described him as being quiet and never bothered them. The extent of [redacted] interaction with Saito was mainly the IMUA checks.
- [redacted] never noticed if Saito was close to a particular staff member or patient. [redacted] he always kept to himself and did artwork, cross word puzzles and doodled.
- When asked if Saito ever confided with her, [redacted] "No."
- When asked if Saito had any romantic or sexual relationships with staff, patients or others, [redacted] "Not that I know of."
- [redacted] Saito never called [redacted] after work hours.
- [redacted] Saito never threatened, intimidated, assaulted or harassed her, other staff members or visitors.
- [redacted] no Unit "I" staff member ever threatened, intimidated, assaulted or harassed Saito.
- [redacted] Saito never complained about anything [redacted] unaware if he complained to anyone else [redacted]
- [redacted] Saito never complained about the Treatment Team.

- [redacted] overheard Saito express his desire to go back into society. [redacted] heard Saito say to staff that "He's been in there a long time," "Why can't he go out," "I've been good."

- [redacted] Saito has never mentioned anything about escaping from the HSH.

- [redacted] rarely worked in an area on unit around Saito and that he was off unit on UG often [redacted] never had to challenge or redirect him. [redacted] wasn't familiar with the reporting process because [redacted] never done it before.

- When asked [redacted] about Saito returning to the HSH, [redacted], in [redacted] opinion, he should be placed in the upper units that house all male patients. [redacted] had concerns for security and the containment of Saito. If Saito returned to Unit "I" [redacted] would be on "Needles and pins," implying the feeling of being nervously anxious.

  [redacted] it is not for [redacted] to say whether Saito should be held in OCCC. [redacted] Saito does not belong in Unit "I" based on his escape.

- When asked if [redacted] aware of Saito's UG status on 11-12-17, [redacted] overwhelmed with other duties. [redacted] at some time during the morning [redacted] opened the room door for Saito but cannot remember when.

- [redacted] on 11-12-17, while conducting [redacted] checks, [redacted] around in the unit but did not see him. [redacted] "Past practice, because Randall is always out, when we don't see him, we put 'Unescorted'." [redacted] the entry was "UG" on the form. [redacted] this check was at 10:00 am which was not unusual for Saito to be absent from the unit.

- [redacted] did not assist Saito in his escape from the HSH nor [redacted] have any knowledge of his plans to escape.

- [redacted] does not know of any employee(s) of the HSH or the Koolau Clubhouse that assisted Saito in his escape.

- When asked if Saito has called in late for his hourly check in, [redacted] is normally assigned to [redacted] has taken a few calls from Saito, [redacted] happened to be there, but has never been tasked to man the front desk. [redacted] after taking a call, [redacted] if they were present, but did not necessarily inform anyone else, including the person conducting the patient hourly rounds checks. [redacted] also did not log the call anywhere because there is no procedure to do so.

- [redacted] at the front desk is usually but are busy with patients so they assign other staff to man the desk in their absence.

- [redacted] patients in Unit "I" do not have access to personal electronic devices.

- [redacted] cannot recall if any staff in Unit "I" was from another unit and working overtime on 11-12-17. [redacted] does not know if staff from other units who also works overtime in Unit "I" are familiar with policy and procedures specific to this unit.

Exhibit 'A' – Patient Rounds, HSH Nursing SOP 23.995

Exhibit 'T' – Unit I POD 1 - Patient Hourly Rounds Form (Post Escape Revision)

- [redacted] Exhibit 'A' and [redacted] cannot recall seeing this SOP including page 5 which is a form titled "Patient Hourly Rounds."

- [redacted] Exhibit 'T' and was not familiar with it. SA Takata informed [redacted] that the form was created after Saito's escape.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form, dated: 11-12-17

  - [redacted] the front desk staff that receives the check in call from Saito should communicate it to POD 3 for the purpose of the patient hourly rounds check. [redacted] there should be a log for these calls. [redacted]

- [redacted] cross referencing the Unit "I" sign-in/sign-out log is a way to check although [redacted] unaware if staff follows this practice. [redacted] asks the front desk about Saito's status and they refer [redacted] to the sign-in/sign-out log.

- [redacted] does not know of any staff that communicated Saito's check in calls to the person conducting the patient hourly rounds. [redacted] there was no policy and procedure for this process.

- [redacted] the outgoing and incoming [redacted] conducts a headcount together. [redacted] does not verify the headcount with the outgoing [redacted]

- During the change of shift from days to the evenings, [redacted] the initials as [redacted] who conducted the headcount as the outgoing staff and noted that there were no initials for the incoming [redacted].

- Prior to Saito's escape, [redacted] at the change of shifts, [redacted], outgoing and incoming, were required to conduct the patient headcount together. [redacted] when this was first implemented, [redacted] followed the procedure but eventually they did not do it consistently. [redacted] the RN's have heavy workloads.

- [redacted] all patients must be on unit between 2:30 pm to 3:30 pm during the day to evening shift change. [redacted] on the weekdays, Saito attended the Koolau Clubhouse and returned around 2:30 pm, sometimes a few minutes late. [redacted] requirement was also for weekends. [redacted] if Saito was back on unit, then his documented status should not be UG rather DR for dorm. [redacted] not know if [redacted] perused the form for accuracy. [redacted] acknowledged that there were no policies regarding the accuracy of the entries. [redacted] noted the demanding workload of [redacted]

- [redacted] that at the end of the shift, the patient hourly rounds clipboard gets passed on to the oncoming shift and [redacted] confirm the completeness of the form.

[redacted]

- [redacted] Saito was not allowed to ask any staff member to call in for him for his hourly check in calls to Unit "I." [redacted] Saito must make the call and noted that the gym and the operator were designated areas.

[redacted]

- When asked who was responsible for logging Saito hourly check in calls on 11-12-17, [redacted] they do not have a log or a specific form to document his hourly check in calls.

- [redacted] the UG status is documented in the patient's chart in the unit chart room.

- [redacted] is not aware of the times or schedule that Saito is allowed on UG.

- [redacted] that, patients like Saito with the NGRI and UG status, did not have a special log. [redacted] that there was a Unit "I" patient sign-in/sign-out log but it was for all the patients in Unit "I."

- [redacted] not know if there was a policy and procedure regarding the failure to make hourly check in calls while on UG and when a Code 77 may be called.

- [redacted] the Patient Hourly Rounds form changed a little and pointed out the checks of various doors on the unit which did not exist before. [redacted] not know who made the changes on the form.

- [redacted] asked if the staff conducted a physical check of the headcount at the change of shift or if staff automatically documented UG for Saito, assuming he was on unit. [redacted] whoever was on the next shift took over the clipboard and would "See" the patients and check if they are on the unit.

Exhibit 'B' – Elopement, Elopement Attempt and AWOL, HSH Policy and Procedure 19.520

- [redacted] Exhibit 'B' and stated [redacted] cannot recall this policy and procedure.
- When asked if this policy was for all HSH staff or just for supervisory staff only, [redacted] that everybody should know this policy. [redacted]
- [redacted] not know that this policy had no language requiring immediate action by staff in the event of a patient escape.
- [redacted] asked if there was another SOP in the units that instructs staff to act immediately in the event of a patient escape. [redacted] that as soon as an escape is suspected, [redacted] the supervisor is notified, in turn the operator is notified who also calls Code 77 and designated staff conducts a search. [redacted] this process is "Quick."
- [redacted] not know the type of training the Unit "I" staff has received and if it was documented regarding patient escapes. [redacted] the staff has the awareness and are responsive to a Code 77.

Exhibit 'G' – Unit "I" Patient Care Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, (IMUA) dated: 11-12-17

- [redacted] Exhibit 'G' and recognized [redacted] handwriting on page 1. [redacted] acknowledged that this was the IMUA form. [redacted] the IMUA forms are reviewed by the administration.

Page 1 (7:00 am to 3:00 pm)

[redacted]

Page 2 (3:00 pm to 11:00 pm)

- [redacted] had no involvement with the evening shift's IMUA.

Exhibit 'H' – Master Patient/Staff Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, dated: 11-12-17

- [redacted] Exhibit 'H' and explained that the form is used [redacted] for their reference on staff assignments. [redacted] does not see this form during work.

3:50 pm – Recording temporarily stopped.
4:18 pm – Back on record, interview resumed.

Exhibit 'I' – Patient Call-In Log Sheet

- [redacted] has not seen this form before. SA Takata informed [redacted] that this form was created after Saito's escape.

- [redacted] that Unit "I" did not have a policy and procedure to document hourly calls by patients on UG status.

- [redacted] that there was no verification or documentation by the Unit "I" staff of the hourly calls made by Saito while he was on UG.

Exhibit 'J' – Visitors, HSH Policy and Procedure 4.625

Exhibit 'K' – Contraband and Searches, HSH Policy and Procedure 9.235

- [redacted] Exhibits 'J' and 'K' and stated [redacted] cannot recall these policies.

- [redacted] any item patients are not allowed to have that is contraband is confiscated from the patient. [redacted] gave an example where patients are allowed to use pens and pencils but are required to return them within the regulated time. [redacted] if they violate the return deadline, they are placed on restricted use of these items.

- Regarding the search of visitors, [redacted] every visitor is searched when coming to the unit. [redacted] what they bring into the unit is searched and bags are secured at the nurse's station. [redacted] Unit "I" staff searched each visitor, mainly food items. [redacted] not know what is practiced on the other shifts.

- [redacted] Saito was searched each time he returned from UG by a Psych Tech or a PMA.

- [redacted] not know what kind of property Saito possessed in his room and stated [redacted] never found prohibited items in his room or on his person.
- [redacted] that the patient rooms were searched every Saturday.
- [redacted] that excess property of patients is kept in a storage area within the unit.
- [redacted] that patients are allowed access to their stored property, upon request, on Saturday evenings while escorted by staff.
- [redacted] property such as clothing must be a one for one swap because the patients are only allowed seven pairs of clothing at a time. [redacted] all property is inventoried.
- [redacted] all staff has a key to the storage room and that all patients, including Saito, were escorted while accessing the storage room.
- [redacted] unaware if any staff gave Saito the key to storage room access the room by himself.
- [redacted] did not allow Saito to keep prohibited items in his room.
- [redacted] that Unit "I" staff is aware of all prohibited items as stated in the policy.

Exhibit 'L' – Patient Personal Belongings/Valuables, HSH Policy and Procedure 12.031

Exhibit 'M' – Patient Trust Accounts, HSH Policy and Procedure 12.020

- [redacted] Exhibit 'L' and stated [redacted] cannot recall this policy.
- Regarding the patient's finances, [redacted] items such as cash are placed into an envelope that they mark. [redacted] it is then taken to the operator where it is secured in a safe. The operator signs a paper which they take back to the unit and placed in the "Belongings" folder.
- [redacted] not know if Saito received money from relatives if he had access to his money, bank account or an ATM.
- [redacted] not have any knowledge of large amounts of cash that was received by Saito.
- [redacted] Saito has never asked [redacted] for cash.

- [redacted] money received by patients via mail was taken to [redacted] who would handle the process.
- [redacted] not know who was allowed to get money for Saito from the Business Office or if anyone was assigned to do so.
- [redacted] not know if Saito required an escort to withdraw or deposit money from the Business Office or if he was even allowed to.
- [redacted] unaware of any staff who allowed Saito to keep excess cash in his room.

Exhibit 'N' – Telephone and Mail (Patient Related), HSH Policy and Procedure 4.550

- [redacted] Exhibit 'N' and could not recall this policy.
- Regarding telephone privileges of incoming and outgoing calls, [redacted] each patient has ten minute time limit per call.
- [redacted] there is no telephone log for neither incoming nor outgoing calls. [redacted] not know who or if any staff was responsible for logging telephone calls.
- When asked who determines each patient's phone privileges, [redacted] it would be noted in the cardex or on their chart explaining their restrictions.
- [redacted] does not know if Saito received phone calls after hours at Unit "I."
- [redacted] has not received phone calls from Saito after hour nor [redacted] have knowledge of other employees who have.

Exhibit 'O' – Person Mobile Devices, Voicemail and Telephone Etiquette, HSH Policy and Procedure 13.060

- [redacted] Exhibit 'O' and did not recall this policy.
- [redacted] not know if the HSH provided Saito with a cellular phone nor [redacted] know of anyone who may have.
- [redacted] Saito never asked [redacted] for a cellular phone nor [redacted] provide him one.

Exhibit 'P' – Relationship Security: Safe Therapeutic Staff-Patient Interactions, HSH Policy and Procedure 12.310

Exhibit 'Q' – Hospital Boundaries, HSH Policy and Procedure 19.525

- [redacted] Exhibits 'P' and 'Q' and does not recall these policies.
- [redacted] not aware of any staff/patient boundary issues within the HSH reported to [redacted] or the Nursing Office related specifically to Saito.
- [redacted] not aware of any situation where Saito offered an HSH employee such things as a reward, cash or a favor for their assistance.
- [redacted] Saito has never offered [redacted] anything nor has he made any sort of personal request to [redacted].
- [redacted] Saito has never asked [redacted] to buy him anything.
- [redacted] did not provide Saito with airline tickets nor [redacted] know of anyone who did.
- When asked about Saito's walking boundaries for UG, [redacted] not know but stated that he has to be on campus. [redacted] did not know if Saito's boundaries were explained to him.

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Sheet for [redacted]

- [redacted] Exhibit 'R' and was uncertain whether this form was used.
- Referring to the form [redacted] familiar with, [redacted] whether patients were allowed to fill it in themselves. [redacted] the patients filled in the form entering the date, time and their name.
- Regarding staff verifying the accuracy of the patient's entry, [redacted] the front desk staff brings out the folder and monitors each patient signing out and when they return they sign back in.
- [redacted] the form [redacted] familiar with is an official HSH form.
- [redacted] asked when did the staff in Unit "I" verify whether the form was filled in correctly. [redacted] that "They check if everybody signed out."

Exhibit 'U' - Photo of Saito in Unit "I" From Surveillance Footage, dated: 11-12-17/8:03 am

- [redacted] that all patients' sign-in/sign-out logs are kept in the same folder.
- [redacted] the folder is kept in the nurse's station and not left on the desk outside.
- [redacted] they check the entries once the patients leave.

- Regarding the role of the Koolau Clubhouse, [redacted] had escorted Saito there once. [redacted] the patients perform various jobs such as cooking, cutting vegetables, cleaning tables and sweeping as a form of rehabilitation.
- [redacted] not have any knowledge of a HSH employee who maintained residency on the HSH campus in the past.
- Regarding Saito's access to and use of computers, [redacted] a computer class is offered at the Treatment Mall with an instructor but [redacted] not know if Saito had attended. [redacted] did not know if Saito had access to computers at the Koolau Clubhouse.
- The interview concluded at 4:42 pm, 03-28-18.
- Refer to Attachment "X" for the list of questions used to conduct this interview.

ALLEGED SUBJECT #4 STATEMENT

[redacted]

On Monday, 04-02-18, from 10:39 am to 12:35 pm, SA Won along with SA Takata and I conducted a digitally recorded interview [redacted] at the Department of the Attorney General Investigations Division located at 465 South King Street in the conference room. [redacted] The following is a summary [redacted] interview:

[redacted]

- [redacted] Saito was already in Unit "I" [redacted] and has had no problems with him. [redacted] stated that the Unit "I" staff members did not have any problems or concerns regarding Saito [redacted] aware of.

- [redacted] that on 11-12-17, [redacted] day off but was called by the [redacted] to work overtime on the 3:00 pm to 11:00 pm shift. [redacted] was assigned to Unit "I" POD 3, hourly checks.

- When asked if Unit "I" was staffed appropriately, [redacted] sometimes they are short staffed which is the reason they call in staff for overtime. When asked if this was occurring before Saito's escape, [redacted] "It's been like that."

  [redacted] the hospital implemented mandated overtime and is presently using this concept to fill in for shortages. [redacted] staff is asked to stay over to fill in for the following shift.

- [redacted] cannot recall if Unit "I" was fully staffed or appropriately staffed for the evening shift on 11-12-17.

- [redacted] unsure if Unit "I" housed other patients with the NGRI status like Saito.

- [redacted] Saito was the only patient in Unit "I" with UG status. [redacted] could not remember the level of Saito's status but explained that a Level II or III can attain UG status. [redacted] Treatment Team decides a patient's status. [redacted] Unit "I" housed older patients and that other patients were placed there because of space availability within the HSH.

- When asked [redacted] trained in handling a patient with the NGRI status like Saito, [redacted] that the staff doesn't check on Saito when he's out of the unit on UG.

- When asked if Unit "I" was well suited to manage a patient like Saito, [redacted], Unit "I" is composed of mixed patients, old and young.

- When asked about the Unit "I" procedures for Saito's hourly check in while on UG, [redacted] for the evening shift, Saito called in between 5:00 pm and 6:00 pm. [redacted] Saito did not check in at 4:00 pm and did not know if he was required to. [redacted] "What I know for ten years, cause most of the time I'm doing front desk so he only check in like between five to six."

- When asked if Saito was required to call in every hour, [redacted] did not think so because he only called between five and six. [redacted] Saito usually returned to the unit between 6:00 pm and 6:30 pm. When asked about the required time for Saito to return, [redacted] "Usually six o'clock" but it also depended on activities outside of the unit.

- [redacted] normally worked the front desk and took many of Saito's hourly calls. [redacted] reported each of the calls to the Charge Nurse and other staff that worked the front desk also did the same, because the assignment was rotated each day.

  [redacted] that this is [redacted] was taught and was unsure about written procedures regarding the check in calls.

- [redacted] has worked the evening shift since starting at the HSH and the check in for Saito has always been the same. [redacted] at 3:00 pm, [redacted] see Saito because they go straight to reporting (Meeting on patients' status).

- [redacted] on 11-12-17, during reports (Meeting) [redacted] not hear any reports on Saito, so that meant his behavior was good on that day.

- [redacted] on the day of Saito's escape, [redacted] unit around 7:00 pm after [redacted] dinner break. He stated that [redacted] was looking for Saito and asking staff if they had seen him. [redacted] assisted in searching the POD's, bathrooms and rooms. [redacted] the staff told [redacted] to call [redacted] and they would begin to search the outside grounds.

- [redacted] in the past, Saito returned to the unit as much as thirty minutes late, so during those instances, they called the operator to check the surveillance cameras for him. [redacted] sometimes Saito is late because the gym remains open until later and he hangs out.

- When asked what happens to Saito when he's late, [redacted] it was "Kind of normal" for staff. [redacted] documented the patient's behavior on the assignment sheet which [redacted] reviewed. [redacted] not sure if the Treatment Team took any action for these infractions. [redacted] Saito already had UG status when [redacted] at the HSH.

- [redacted] did not notice any changes in Saito's behavior prior to his escape.

- [redacted] did not know the reason for the eleven hour delay in reporting Saito's escape. [redacted] it wasn't [redacted] duty to call police for the escape but [redacted] who notified [redacted].

- [redacted], on the evening in question, [redacted] came to Unit "I" but [redacted] and does not know if [redacted] anything to the staff.

- [redacted] staff is required to report an escape immediately. [redacted] received training in patient escapes and elopements but was unsure of the policy or an SOP or other documentation regarding escapes.

- When asked [redacted] learned anything that may have contributed to Saito's escape, [redacted] it should have been thoroughly checked whether he deserved to have the unescorted status. [redacted] opinion was that Saito should not have had UG status.

- [redacted]

- When asked if the escape of Saito was a failure of the hospital reporting system or a nursing staff failure, [redacted] it was a "Hospital failure." [redacted] "I don't think if there's policies and procedures for those who have unescorted status, cause when they're out the unit, we have hourly check, so we just put it UG, that's it."

- On 11-12-17, [redacted] was assigned to conduct the patient hourly rounds checks on the evening shift. When asked if it was [redacted] job to check if Saito had called in, [redacted] conducted the hourly rounds checks so [redacted] leave the nursing station, therefore, other staff may have taken the hourly calls.

- When asked if there have been issues reported to [redacted] or the Nursing Office regarding the safety of staff or patient, [redacted] an example that during "Reporting" (Meeting) staff is cautioned of high risk patients, those that are highly assaultive or extremely emotional, so they are aware when working on the floor.

- [redacted] is not aware of any staff/ patient boundary issues in Unit "I." [redacted] Saito had no staff/boundary issues in Unit "I."

- [redacted] there were no issues of the lack of patient supervision in Unit "I."

- [redacted] interaction with Saito was good and the extent of it was greetings and asking him how he was doing. [redacted] Saito has never confided with him. [redacted] not know of any staff member who is particularly close with Saito.

- [redacted] knowledge, Saito did not have any romantic or sexual relationships with staff, other patients or anyone else nor [redacted] any relationship of such with him.

- [redacted] Saito has never threatened, intimidated, assaulted or harassed [redacted] did not know if Saito did this to other staff or patients.

- [redacted] no Unit "I" staff member has ever threatened, intimidated, assaulted or harassed Saito [redacted] aware of.

- Regarding a daily routine, [redacted] Saito is on UG at 3:00 pm and returns to the unit at 6:00 pm. [redacted] upon his return, Saito goes to the bathroom and showers. [redacted] he later goes into the day room for five to ten minutes and then goes to his room.

- [redacted] Saito never complained to [redacted] or anyone else.

- [redacted] Saito never complained to [redacted] about the Treatment Team.

- [redacted] never heard Saito express his desire to go back into society.

- [redacted] had no knowledge of Saito's escape.

- Regarding visitors, [redacted] could not remember when but recalls Saito having visitors once, [redacted] cannot remember if they had brought anything for Saito.

- When asked if they were required to challenge or redirect Saito if he was in a restricted area, [redacted] his behavior was good so they didn't have to. [redacted] they are required to redirect patients.

- When asked [redacted] feel if Saito returned to the HSH, [redacted] "I don't know."

- [redacted] doesn't know if [redacted] called Code 77 when they realized Saito was missing. [redacted] did not call Code 77.

- [redacted] are not allowed to call Code 77 rather they are required to inform [redacted] who in turn will make the call.

- [redacted] did not assist Saito in his escape from the HSH nor [redacted] know of any other employee of HSH or the Koolau Clubhouse who assisted him.

- [redacted] did not know if Saito had a cellular phone. [redacted] does not know of anyone who loaned their cellular phone to Saito.

Exhibit 'A' – Patient Rounds, HSH Nursing SOP 23.995

- [redacted] Exhibit 'A' and stated [redacted] probably saw the policy before but cannot remember.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form, dated: 11-12-17

- [redacted] Exhibit 'C' and stated that this form was used for the POD 3 hourly check and acknowledged that this was the form used on 11-12-17.
    - [redacted] the form was used for the hourly checks on each patient and acknowledged [redacted] had marked this form.

[redacted]

    - [redacted] during the change of shifts, [redacted] from day shift, handed [redacted] the hourly rounds clipboard. [redacted] did not inform [redacted] of anything.

[redacted]

[redacted]

    - [redacted] Saito is supposed to be on unit during change of shifts from days to evenings, but was not sure of the exact time requirement. [redacted] "I wasn't really focusing on him (Saito) because what I know is, it's kind of normal for me, cause he's a good patient in the unit so I just assuming that."

[redacted]

    - [redacted] when Saito was out on UG, it wasn't necessary to physically see him before documenting UG on the form. [redacted] usually by 3:30 pm Saito was out of the unit, back on UG.

[redacted]

11:30 am – Recording temporarily stopped.
11:36 am – Back on record, interview resumed.

Exhibit 'C' (Continued)

- When asked who approves this form, [redacted] that it is turned in to [redacted].

[redacted]

- [redacted] HSH staff or other employees are not allowed to call for Saito for his hourly check in calls. Although, [redacted] the telecom operator called in for Saito and checks him in with the unit, otherwise he made the calls himself.

- [redacted] was assigned to the front desk in Unit "I," Saito's calls usually came from the gym or the Telecom Office. [redacted] the source of the call was displayed on the unit phone.

- When asked, on 11-12-17, who was responsible for logging Saito's hourly calls, [redacted] the calls are not logged and there was no log book for this specific purpose. [redacted] not aware if a log was later created for this purpose.

- [redacted] that a chart, at the nurse's station, documented the status of all patients and that Saito did not have his own chart.

- [redacted] patients with the NGRI status such as Saito did not have a separate log within the unit.

- [redacted] was not sure if there was a policy and procedure addressing the failure of a UG status patient to make their hourly check in call to the unit, who would be notified of such an incident and whether a Code 77 would be activated.

Exhibit 'A' – Patient Rounds, HSH Nursing SOP 23.995

  - [redacted] page 5 of Exhibit 'A' the Patient Hourly Rounds form and stated [redacted] not seen this form before.

- On 11-12-17, when staff realized that Saito may be missing, [redacted] all of the staff were in a state of panic and were worried.

Exhibit 'B' – Elopement, Elopement Attempt and AWOL, HSH Policy and Procedure 19.520

- [redacted] Exhibit 'B' and stated that this policy was for all staff to follow.

- [redacted] the policy states that immediate action should be taken in the event of a patient escape.

- [redacted] there was no other policy or SOP that addressed immediate action taken by staff in the event of a patient escape.
- When asked about the type of training staff has received in regards to patient escapes, [redacted] the following protocol:

  - Staff calls Code 77.

  - Staff notifies the Charge Nurse.

  - Identity and description of the patient is provided.

  - In service training is conducted, material is distributed for review and the training is documented. Signed training material is submitted to the nursing station with the Unit "I" secretary.

Exhibit 'G' – Unit "I" Patient Care Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, (IMUA) dated: 11-12-17

- [redacted] Exhibit 'G' and described it as the assignment sheet to record patient behavior. [redacted] that this form was also referred to as the IMUA sheet.

Page 1 (7:00 am to 3:00 pm)

- [redacted]

Page 2 (3:00 pm to 11:00 pm)

- [redacted]
- [redacted] they are assigned to conduct an IMUA check twice per shift.

[redacted]

they are.

Exhibit 'H' – Master Patient/Staff Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, dated: 11-12-17

- [redacted] Exhibit 'H' and stated [redacted] not seen this form during work.

Exhibit 'I' – Patient Call-In Log Sheet

- [redacted] Exhibit 'I' and stated [redacted] not seen this form before.
- [redacted] informed that this form was a log to track the UG hourly calls, [redacted] acknowledged that this form would have been helpful.

Exhibit 'J' – Visitors, HSH Policy and Procedure 4.625

Exhibit 'K' – Contraband and Searches, HSH Policy and Procedure 9.235

- [redacted] Exhibit 'J' and 'K' and stated [redacted] probably saw these policies before.
- [redacted] that the Unit "I" staff searched visitors. [redacted] bags were not allowed and visitors were instructed to secure it in their vehicles.

- [redacted] that contraband was not allowed and that food was allowed depending on the patient's diet list.

- [redacted] the extent of their search was that they asked visitors to remove items from their pockets. [redacted] they do not perform a physical pat down search of the body but used a metal detector to scan bodies.

- [redacted] they performed a pat search of Saito each time he returned to the unit from UG. [redacted] has searched Saito in the past and have found snack bars on him, so they he removed it from him.

- When asked what kind of property Saito had in his room, [redacted] in Unit "I" each patient was allowed seven sets of clothing and that Saito had magazines and a bible.

- [redacted] has never found prohibited items in Saito's room.

- [redacted] not certain but stated that patient rooms are searched once a week during the mornings. [redacted] if something was suspicious, a search would ensue.

- [redacted] Saito's excess belongings were kept in the storage room within Unit "I." [redacted] the storage room was for all of the patients in the unit.

- [redacted] Saito was required to be supervised by staff when he accessed the storage room. [redacted] Saito's property was inventoried and the list was kept at the nurse's station. [redacted] cannot recall if Saito possessed a backpack or boots.

- [redacted] the storage room was kept locked and that staff had a key to access the room.

- When asked what type of clothing Saito wore each day, [redacted] he usually wore a dark blue or green colored jacket everyday. [redacted] acknowledged [redacted] never saw Saito wearing a red colored jacket nor [redacted] know if anyone gave him one.

Exhibit 'L' – Patient Personal Belongings/Valuables, HSH Policy and Procedure 12.031

Exhibit 'M' – Patient Trust Accounts, HSH Policy and Procedure 12.020

- [redacted] Exhibit 'L' and stated [redacted] probably has seen these policies before and was uncertain of what it addressed.

- [redacted] if a patient received money, they are required to deposit it in the Business Office and are not allowed to keep money on the unit.

- [redacted] not know who controlled Saito's money nor [redacted] know if Saito had access to his money, a bank account or an ATM. [redacted] that the social worker would know.

- When asked how the patients' personal cash was handled, [redacted] is that when patients have outings with the Recreational Therapist, they are allowed only ten dollars.

- [redacted] the patient was required to fill out a form to request for money and it was submitted to the Treatment Team for approval. [redacted] unaware of the routing of the form after approval.

- [redacted] when a check or money is received by a patient via mail, it is placed in an envelope, documented on the chart and it is deposited in the Business Office by a staff member. [redacted] that Saito did not accompany staff while making a cash deposit.

- [redacted] is often assigned to the front desk and was tasked with making the deposits. When informed [redacted] made numerous transactions for Saito, [redacted] it was because of being assigned at the front desk. [redacted] that Saito has never asked [redacted] specifically to make the deposit.

- [redacted] that Saito has never promised [redacted] money in exchange for favors nor [redacted] know of anyone else, staff or patients, who Saito offered money, gift or favors to.

- [redacted] are not allowed to keep cash change from their initial withdrawal when they return to the unit. [redacted] after the pat search is conducted they ask for any change and the patient usually hands it over. [redacted] the money is secured at the nurse's station on unit but the patient may also request to have the money deposited back in the Business Office.

Exhibit 'N' – Telephone and Mail (Patient Related), HSH Policy and Procedure 4.550

- When asked what [redacted] knowledge was of this policy, [redacted] that patients can receive phone calls but the call is limited if there is confidentiality issues.

- [redacted] when patients are admitted to Unit "I" they are allowed to refuse phone calls and/or visitors by indicating this on a form.

- [redacted] each patient's call is limited to ten minutes once every hour. [redacted] patients who abuse these limits are monitored and may become restricted to phone privileges which the Treatment Team decides.

- [redacted] there is no log for phone calls.

- When asked about the procedure of making a patient phone call, [redacted] a patient requests to a staff member first and the staff member in turn calls the operator and informs them of the patient requesting.

- [redacted] the patient have a designated phone booth to make calls.

- [redacted] they do not necessarily monitor the patient's phone calls unless the patient is designated a "One to one" patient.

- [redacted] patients are not allowed to use a staff member's cellular [redacted] the staff is not allowed to have their personal cellular phones on them during their shift but was uncertain whether there was a policy. [redacted] "I guess" when asked about one.

- [redacted] not aware of any calls Saito may have received at Unit "I" after 9:00pm. [redacted] did not receive any calls from Saito nor [redacted] aware of other employees who received calls from him, during or after work hours.

Exhibit 'O' – Person Mobile Devices, Voicemail and Telephone Etiquette, HSH Policy and Procedure 13.060

- [redacted] knowledge the HSH did not provide a cellular phone to Saito nor did he ask for one.

- [redacted] did not provide Saito with a cellular phone nor [redacted] know of anyone who did.

- [redacted] not know if Saito made excessive calls to a particular person.

Exhibit 'P' – Relationship Security: Safe Therapeutic Staff-Patient Interactions, HSH Policy and Procedure 12.310

Exhibit 'Q' – Hospital Boundaries, HSH Policy and Procedure 19.525

- [redacted] not know of any past incidents where Saito went beyond hospital boundaries.

- When asked if Saito ever made a personal request to [redacted] for cash or cellular phone, [redacted] "Not that I know of."

- [redacted] Saito never asked [redacted] to buy something for him.
- [redacted] did not buy Saito any airline tickets nor [redacted] know of anyone who did.
- [redacted] the hospital boundaries were explained to Saito a long time ago.

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Sheet for [redacted]

- [redacted] Exhibit 'R' and stated [redacted] has seen this form before.
- When asked if this form was an official HSH form, [redacted] sometimes when Saito returned from unescorted, he brought back his own sign-in/sign-out form. [redacted] unaware if someone at the HSH made this form for Saito.
- [redacted] has questioned Saito's forms, but upon [redacted] discretion, they allowed it. [redacted] Saito's forms were printed on pink colored paper.

[redacted]

- [redacted] Saito does not have computer access in Unit "I" but has heard that he had access at the Koolau Clubhouse.
- [redacted] whenever Saito signed this log, staff was required to watch him sign. [redacted] whoever was available would facilitate this task.

Exhibit 'T' – Unit I POD 1 - Patient Hourly Rounds Form (Post Escape Revision)

  - [redacted] Exhibit 'T' and stated that it appeared different. [redacted] informed that this form was created after Saito's escape.

- [redacted] not know the role the Koolau Clubhouse played in the treatment of the HSH patients who attended.
- [redacted] unaware of any HSH employee maintaining a residence on the hospital grounds.

Exhibit 'U' - Photo of Saito in Unit "I" From Surveillance Footage, dated: 11-12-17/8:03 am

  - [redacted] Exhibit 'U' and acknowledged that the photo depicted the Unit "I" sign-in/sign-out log on the desk and that this was the folder that Saito had placed his own pink colored forms in.

- The interview concluded at 12:35 pm, 04-02-18.
- Refer to Attachment "X" for the list of questions used to conduct this interview.

ALLEGED SUBJECT #5 STATEMENT

[redacted]

On Monday, 04-02-18, from 14:19 pm to 16:29 pm, SA Takata and I conducted a digitally recorded interview [redacted] at the Department of the Attorney General Investigations Division located at 465 South King Street in the conference room. Also present [redacted]. The following is a summary [redacted] interview:

[redacted]

- [redacted] not remember how long Saito has been in Unit "I" but recalls he transferred from Unit "F." [redacted] not know why he transferred to Unit "I."
- [redacted] did not have any problems with Saito nor [redacted] aware of any staff members having problems with him.
- [redacted] on 11-12-17, [redacted] the 3:00 pm to 11:00 pm shift and was assigned to Unit "I" POD 1 with [redacted] normal duties. [redacted] Unit "I" was fully staffed.
- [redacted] was aware that Saito had committed a crime and sent to the HSH. [redacted] not familiar with the term NGRI.
- [redacted] was aware of Saito's UG status and thinks he was the only patient in Unit "I" with that status. To [redacted] knowledge, [redacted] Saito had to show good behavior to attain UG status and that the doctors made the decision. [redacted] Saito had Level III status. [redacted] patients may request for UG privileges once Level III is attained,.
- When asked if Unit "I" was a good place to manage a patient like Saito, [redacted] they had no problems with him and acknowledged that he followed the rules.
- [redacted] asked about procedures in Unit "I" regarding Saito's UG status and his requirements for hourly check in. [redacted] Saito is required to return to the unit every day by 2:45 pm for the change of shift.

- [redacted] the reason [redacted] on administrative directed leave is because [redacted] signature was on the patient hourly rounds form. [redacted] returned to work after the incident [redacted] called to [redacted]. [redacted] given a letter, [redacted] work credentials taken and placed on leave.

- [redacted] on 11-12-17, sometime past 7:00 pm, [redacted] to Saito's room and saw his black jacket on his bed. [redacted] Saito usually showers upon returning from UG, [redacted] assumed he was on unit. [redacted] checked the bathroom for Saito and was informed [redacted] that he was missing. [redacted] staff was searching at that point. [redacted] not know how or when [redacted] discovered Saito missing.

- [redacted] had voluntarily conducted the 7:00 pm patient rounds because [redacted] who was assigned, was on break.

- [redacted] initially documented DR (Dorm) for Saito's 7:00 pm status after seeing his jacket but later changed it to UG stating [redacted] copied the 6:00 pm entry.

- [redacted] on 11-12-17, [redacted] not see Saito and claims there was no report regarding his status.

- [redacted] did not notice anything different in Saito's behavior prior to his escape.

- [redacted] did not know why there was an eleven hour time lapse for Saito's escape to be reported.

- [redacted] an escape should be reported when it becomes known. [redacted] Saito's escape should have been reported as early as in the morning. [redacted] of an escape.

- [redacted] not know how or what lead to Saito's escape.

- When asked if there was a time limit before calling police in the event of an escape. [redacted] police should be called once an escape is known. [redacted] made reference to the report at the change of shift lacking information regarding Saito's status. [redacted] patients sometimes have activities in the evening which accounts for their absence.

- [redacted] asked if Saito's escape was a failure of the hospital reporting system or a nursing staff failure. [redacted] "The doctor gave him the privilege (UG) to go out." [redacted] they, as nursing staff, cannot restrict Saito from going on UG if that is his privilege. [redacted] was reluctant of his UG status

because of his criminal history and despite his good behavior, [redacted] uneasy about his freedom, even prior to his escape.

- [redacted] opinion about a significant point of failure contributing to Saito's escape.
  - [redacted]
  - [redacted]
  - [redacted]
- [redacted] is responsible for notifying police in the event of an escape.
- [redacted] asked if there had been any issues reported to [redacted] regarding the safety of employees or patients. [redacted] they always have in-service training for policies and procedures and after every shift they have meetings to discuss events or concerns.
- [redacted] aware of the policy and procedure for patient/staff boundaries. [redacted] not know of any reports to [redacted] regarding patient/staff boundary violations specifically regarding Saito.
- [redacted] asked if there have been reports to [redacted] regarding the lack of patient supervision in Unit "I." [redacted] prior to the mandated overtime they sometimes worked short staffed but since then they have been fully staffed.
- [redacted] reason for Saito's commitment to the HSH was because of a crime he had committed.
- [redacted] not aware of what Saito was being treated for or his diagnosis. [redacted]

- [redacted] not remember if [redacted] received any type of training on how to handle or interact with a NGRI status patient such as Saito.

- [redacted] not notice if Saito was close to one particular staff member.

- When asked if [redacted] aware if Saito had any romantic or sexual relationships with staff or patients, [redacted] "Not that I know of." [redacted] did not have any romantic or sexual relations with Saito.

- [redacted] has never called Saito outside of work

- [redacted] Saito has never threatened, intimidated, assaulted or harassed [redacted] or other staff, patients or visitors.

- [redacted] no Unit "I" staff has ever threatened, intimidated, assaulted or harassed Saito [redacted] knowledge.

- [redacted] Saito's daily routine was going walking, going to the cafeteria in the morning and checking in with Unit "I" through the operator. [redacted] he was required to be on unit at the change of shift. [redacted] Saito had the privilege to watch television alone on the weekends. [redacted] while on unit he mostly stayed in his room. [redacted] primarily worked the evening shift but sometimes worked day shift.

- [redacted] Saito never complained to [redacted] or other staff members [redacted] was aware of.

- [redacted] has never heard Saito complain about the Treatment Team.

- [redacted] has never heard Saito express his wishes to go back into society.

- [redacted] staff is required to challenge or redirect patients in restricted areas. [redacted] these events are sometimes verbally relayed to [redacted] [redacted] or brought up in their post shift meetings. [redacted]

- Parel stated that she did not wish for Saito to return to the HSH because of uncertainty of his actions, having UG status. She expressed that Unit "I" is for the elderly and that Saito should be placed in another unit.

- When asked if [redacted] OCCC was more appropriate to house Saito, [redacted] 'Maybe 'O' triple 'C'."

- [redacted] on 11-12-17, [redacted] aware that Saito was on UG status.

- [redacted] everybody is responsible for activating a Code 77.
- On the evening of 11-12-17, [redacted] could not remember if a Code 77 was called.
- [redacted] came to Unit "I" on the night in question but cannot remember if [redacted] them instructions. [redacted] did not hear [redacted] say to anyone that it was too late to call a Code 77 nor [redacted] remember hearing [redacted] going over the elopement policy with [redacted].
- [redacted] not remember if the other units at the HSH were notified of Saito's escape. [redacted] during this time [redacted] assisted with the search of POD 3.
- Regarding notifications, [redacted] had checked for Saito in the bathroom [redacted] relayed it to [redacted] had already suspected his absence.
- Regarding the question of whether procedures were followed for a patient escape, [redacted] assisted with the search and [redacted] were responsible for notifications. [redacted] it was also discussed during their post shift meeting.
- [redacted] did not assist Saito in his escape and had no knowledge of his plans to escape.
- [redacted] does not know of any HSH employee or Koolau Clubhouse employee who assisted Saito in his escape.
- [redacted] not know of any instances of Saito calling in late for his hourly check in calls. [redacted] has never taken a call from Saito for his hourly calls and does not know how late he has ever called. [redacted] doesn't work the front desk.
- [redacted] the patients do not have access to any electronic devices such as cellular phones or laptop computers.
- [redacted] not remember if any staff from another unit was working on overtime in Unit "I" on 11-12-17.

Exhibit 'A' – Patient Rounds, HSH Nursing SOP 23.995

- [redacted] Exhibit 'A' and stated [redacted] not familiar and may have forgotten at this time.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form, dated: 11-12-17

- [redacted] Exhibit 'C' and affirmed that this was the form they used in the unit.

[redacted]

- [redacted] it was common practice to enter UG for Saito if he wasn't seen on unit. [redacted] wasn't aware of a policy and procedure on filling in the Patient Hourly Rounds form. [redacted]

- [redacted] Saito was required to be on unit during the change of shift from day to evening and therefore his documented status should technically be DR or U (Dorm or Unit). [redacted] it was past practice that if Saito wasn't seen, even during shift change, he would be documented as UG. [redacted] unaware of how other staff was filling in the form.

- [redacted] was asked if Saito was absent at change of shift what [redacted] document. [redacted] would ask of his whereabouts and if he had an outside appointment. [redacted] patient appointments or commitments are noted in the nursing station. [redacted] cannot remember a time when Saito was not on unit during the day to evening shift change.

- [redacted]

- [redacted] at the change of shifts, both outgoing and incoming [redacted] are supposed to conduct a headcount. [redacted] not aware

whether [redacted] conducted a headcount at the start of the evening shift on 11-12-17. [redacted]

- [redacted] the front desk staff is responsible for logging Saito's hourly check in calls. [redacted] not remember who was working the front desk on the evening shift on 11-12-17.

- When asked if there was a specific form in Unit "I" to log Saito's hourly calls, [redacted] the sign-in/sign-out log in Unit "I." It was later clarified that the sign-in/sign-out log only tracked when Saito left the unit and when he returned and not his hourly calls. [redacted] had heard rumors that Saito had pre-signed the sign-n/sign-out log on the day in question but did not know who [redacted] heard it from.

- [redacted] the patients' names are listed at the nurse's station indicating commitments or activities they may have and that they will be off unit.

- [redacted] Saito was allowed to go back on UG at 4:00 pm during the evening shift. [redacted] appeared uncertain stating that Saito was supposed to return to the unit by 6:30 pm or 7:00 pm.

- [redacted]

- [redacted] here were no separate logs for NGRI patients or patients with UG status, like Saito, to sign-in and sign-out from the unit.

- [redacted] on 11-12-17, when Saito was discovered to be missing, the staff was in a state of panic and could not believe the circumstances.

Exhibit 'B' – Elopement, Elopement Attempt and AWOL, HSH Policy and Procedure 19.520

- [redacted] Exhibit 'B' and appeared unsure, but stated that [redacted] saw it before.

- [redacted] this policy was for all staff at the HSH and not only for supervisory staff.

- [redacted] was aware that the policy had no language regarding immediate action taken by staff in the event of a patient escape. [redacted] knows is they must report it to [redacted] first to be certain there is an AWOL or elopement before a Code 77 is called.

- [redacted] not know if there was an SOP on the units that instructed them to act immediately in the event of a patient escape.

- When asked about the type of training Unit "I" staff has received regarding patient escapes, [redacted] uncertain but stated that the staff always have in-service training and discussions on "Problems."

Exhibit 'G' – Unit "I" Patient Care Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, (IMUA) dated: 11-12-17

- [redacted] Exhibit 'G' and acknowledged that this was the IMUA form.

  Page 1 (7:00 am to 3:00 pm)

  - [redacted] "We have our own" referring to the form used by the evening shift. [redacted] did not work during the day shift.

  Page 2 (3:00 pm to 11:00 pm)

  - [redacted] page 2 and was familiar with this form.
  - [redacted]
  - [redacted]

[redacted]

  - [redacted] the entry for the IMUA #2 check, if not mistaken, as [redacted] handwriting. [redacted] the handwriting was not [redacted] entry for the IMUA #2 check was during the time when they realized Saito may be gone.

  - [redacted] the IMUA's are supposed to be done before the RN's chart for the change of shift so they are updated on the patient's physical and emotional disposition for that day.

- When asked if it was acceptable to turn in the form with the IMUA check blank, [redacted] they try to interact with the patient and always have an entry. [redacted] it was left blank because he wasn't there.

[redacted]

- [redacted] there was no specific time to turn in the IMUA checks although having stated earlier, [redacted] reviewed the IMUA for charting the patients.

- [redacted] the purpose of the IMUA was for interaction with the patient, patient welfare and behavior, and feedback for the Treatment Team on patient issues. [redacted] the form was not for the accountability of the patient regarding a headcount.

- [redacted] checks the IMUA's to see if it was done and will question them if it was incomplete. [redacted] references the IMUA for the patient status so they can chart the patient.

Exhibit 'H' – Master Patient/Staff Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, dated: 11-12-17

- [redacted] Exhibit 'H' and referenced Page 2.

  Page 2 (3:00 pm to 11:00 pm)

  - [redacted]
  - [redacted] that this form is prepared by [redacted] for staff assignments given on that shift and for reference.
  - [redacted] was assigned to POD 1 the entire shift on that day.
  - [redacted] being assigned to POD 3 and explained [redacted] responsibilities as follows:

- Assist patients
- Grooming
- Feeding

Exhibit 'I' – Patient Call-In Log Sheet

- [redacted] informed that this form was created after Saito's escape.

Exhibit 'J' – Visitors, HSH Policy and Procedure 4.625

Exhibit 'K' – Contraband and Searches, HSH Policy and Procedure 9.235

- [redacted] Exhibits 'J' and 'K' and stated [redacted] has seen these policies before.
- When asked of [redacted] knowledge of prohibited items, [redacted] gave examples such as cigarettes and sharp items. [redacted] this policy is enforced in Unit "I."
- [redacted] every visitor is searched at the front desk. Bags of visitors are kept at the front desk and food items are searched in the presence of the visitor.
- When asked if the staff search of visitors consisted of patting down the body or checking pockets, [redacted] "I don't think so." [redacted] not sure how other shifts were conducting searches.
- [redacted] patients returning from UG, are supposed to be searched each time, including Saito. [redacted] the searches were conducted by the nursing station.
- [redacted] Saito kept clothes and shoes in his room and most of his belongings were kept in the storage room. [redacted] his shoes were kept in the storage room and he retrieves them when he goes out.
- [redacted] not know what type of shoes Saito owned and noted that laced shoes were restricted to possess.
- [redacted] has never found contraband in Saito's room. [redacted] that the patient rooms are searched every Saturday on the day shift. [redacted] the extent of the searches on the evening shift dealt with items borrowed by the patients and not returned.
- [redacted] Saito was required to ask the staff to access the storage room. [redacted] all staff has a key to access the storage room. [redacted] his property is inventoried on a sheet that is kept at the nurse's station.

- [redacted] Saito was never allowed to access the storage room himself and that he required a staff member to accompany him. [redacted] the patients' belongings were stored in this room, not only Saito's

Exhibit 'L' – Patient Personal Belongings/Valuables, HSH Policy and Procedure 12.031

Exhibit 'M' – Patient Trust Accounts, HSH Policy and Procedure 12.020

- [redacted] Exhibits 'L' and acknowledged that [redacted] seen it before but was not sure about Exhibit 'M.'

- [redacted] did not know the policy for patients' finances.

- When asked if relatives gave Saito money, [redacted] he has received checks via mail sent to the HSH. [redacted] mail is always opened in front of the patient, including Saito.

- [redacted] money or checks received by patients are deposited at the Business Office once signed by the patient. [redacted] because the Business Office is closed during the evening shift, the money is taken to the operator who also provides a receipt.

- [redacted] staff is tasked with taking patients' money to the operator during the evening shift. [redacted] had taken Saito's money once to the operator and went alone. [redacted] patients do not accompany them while transferring the money.

- [redacted] not know if Saito asked a particular staff member to transfer the money.

- [redacted] not aware of Saito receiving a large amount of cash in the past.

- When asked how Saito withdrew or requested for money from the Business Office, [redacted] he has to ask "In the front" but [redacted] unsure and unaware of the process during the morning. [redacted] money cannot be requested or received during the evening shift, only deposits. [redacted] aware that the patients received their requested money only on the day they needed it.

- [redacted] was asked about what is done with change money upon the patient's return to the unit. [redacted] the patients normally surrender their change to the front desk. [redacted] there was no way to know if the patient returned with cash change.

Exhibit 'N' – Telephone and Mail (Patient Related), HSH Policy and Procedure 4.550

- [redacted] Exhibit 'N' and stated that she was aware of this policy.
- Regarding [redacted] knowledge of the policy for incoming or outgoing phone calls for Saito, [redacted] the UG hourly check in calls, appearing to misunderstand the question.
- [redacted] not know if Saito had restrictions for telephone privileges and acknowledged that he could make phone calls from Unit "I" from the patient's phone by the front desk up until 9:00 pm.
- [redacted] if Saito called "Outside" he needed to have a calling card and the staff would call the operator requesting the call.
- [redacted] each call by a patient is limited to ten minutes unless (Inaudible). [redacted] has never allowed patients to go over their ten minute limit and is unsure if other staff allows this [redacted] does not work the front desk.
- [redacted] some patients have restrictions on certain phone number they are allowed to call but [redacted] unsure if Saito had any.
- When asked about who determines which patients are allowed phone privileges, [redacted] mostly all of the patients are allowed phone privileges. When asked if the Treatment Team or doctors has input on patients' phone privileges, [redacted] the only restrictions are the listed numbers for certain patients who they are not allowed to call.
- [redacted] is unaware of any phone calls made to Saito at Unit "I" after the 9:00 pm curfew.
- [redacted] has never received any phone calls from Saito after hours nor [redacted] know of any other employees who have.

Exhibit 'O' – Person Mobile Devices, Voicemail and Telephone Etiquette, HSH Policy and Procedure 13.060

- [redacted] Exhibit 'O' and stated [redacted] aware of this policy.
- [redacted] the HSH did not provide a cellular phone to Saito to [redacted] knowedge.
- [redacted] Saito has never asked for a cellular phone to [redacted] knowledge.

- [redacted] did not provide Saito with a cellular phone nor [redacted] know of anyone who did.

Exhibit 'P' – Relationship Security: Safe Therapeutic Staff-Patient Interactions, HSH Policy and Procedure 12.310

Exhibit 'Q' – Hospital Boundaries, HSH Policy and Procedure 19.525

- [redacted] Exhibits 'P' and 'Q' and stated [redacted] unsure of both policies.
- [redacted] not aware of any staff/patient boundary issues within the HSH reported to [redacted] or the Nursing Office related specifically to Saito.
- [redacted] not aware of any situation where Saito offered an HSH employee such things as a reward, cash or a favor for their assistance.
- [redacted] Saito has never offered [redacted] anything nor has he made any sort of personal request to [redacted].
- [redacted] Saito has never asked [redacted] to buy him anything.
- [redacted] did not provide Saito with airline tickets nor [redacted] know of anyone who did.
- When asked about Saito's walking boundaries for UG, [redacted] he was allowed to go the gym, the cafeteria, the Pip store and the village green, generally Unit "I" and below. [redacted] did not think he was allowed to go to the upper campus. [redacted] unsure if Saito's UG boundaries were explained to him.

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Sheet for [redacted]

- [redacted] Exhibit 'R' and was familiar with this form.
- [redacted] unsure if Exhibit 'R' was an official HSH form and did not think that Saito had created his own form explaining that each patient had their own form at the front desk.
- [redacted] the patient fills in the form when departing and returning to the unit.
- [redacted] tasked once with Saito signing out but it was a while ago. [redacted] whatever staff is available in the nurse's station at the time would bring the folder to the patients to sign.

Exhibit 'U' - Photo of Saito in Unit "I" From Surveillance Footage, dated: 11-12-17/8:03 am

- [redacted] the photo depicted the sign-in/sign-out log on the desk in Unit "I" and the patient entry/exit doors to the unit.

Exhibit 'T' – Unit I POD 1 - Patient Hourly Rounds Form (Post Escape Revision)

- [redacted] Exhibit 'T' and was not familiar with the form noting differences from Exhibit 'C'. SA Takata informed [redacted] that the form was created after Saito's escape.

- [redacted] uncertain of the role of the Koolau Clubhouse but is aware that patients go there to work. [redacted] has never been there but has heard from a patient that they cleaned tables.

- [redacted] had no knowledge of any HSH employee maintaining residency at the Cooke Building under past administration.

- [redacted] has never seen Saito wearing or in possession of a red jacket. [redacted] he was always in his black jacket.

- The interview concluded at 4:29 pm, 04-02-18.

- Refer to Attachment "X" for the list of questions used to conduct this interview.

ALLEGED SUBJECT #6 STATEMENT

[redacted]

On Wednesday, 04-04-18, from 9:49 am to 11:29 am, SA Takata along with SA Won and I conducted a digitally recorded interview with [redacted] at the UPW Union Office located at 1426 North School Street in the conference room. [redacted] The following is a summary [redacted] interview:

[redacted]

- [redacted] Saito was transferred from Unit "F" to Unit "I" but does not remember when the transfer happened.

- [redacted] did not have any problems with Saito and did not know if other staff members had problems with him.

- [redacted] was working on 11-12-17 on the 7:00 am to 3:00 pm shift, assigned to Unit "I" POD 1 hourly checks at the start of the shift. [redacted] also did patient's vital signs if there was an order.

- When asked if Unit "I" was fully staffed on 11-12-17, [redacted] not remember but stated that most of the male staff were on days off so they had eight floaters (Fill-ins from other units) working in Unit "I."

- [redacted] knew a "Little bit" of what NGRI meant and did not know if there were other patients with this status. [redacted] not know whether Saito was classified as an NGRI patient.

- [redacted] Saito had a Level III, unescorted ground status.

- When asked if Unit "I" was good for Saito, [redacted] did not know.

- [redacted] asked what the procedure was in Unit "I" for someone like Saito with UG status and their reporting requirements with the unit. [redacted] when Saito was out, he needed to call the unit every hour. [redacted] "Or not every hour, as long as he call when he's out."

- [redacted] was at home already when a coworker called and informed [redacted] of Saito's escape. [redacted] could not remember who called [redacted].

- [redacted] Saito's behavior was the same prior to his escape.

- [redacted] not know why it took eleven hours to report Saito's escape.

- When asked whether staff was required to report a patient escape immediately, [redacted] if there was an elopement, such as witnessing a patient running, they would call an elopement. [redacted], contrary to this circumstance, if no one saw the patient [redacted] not know if an elopement would be called.

- When asked what actions are taken when a patient is discovered to be missing, [redacted] staff first conducts a search and then reported to [redacted]. [redacted] not know the [redacted]. [redacted] has never experienced a situation as such.

- [redacted] not remember if there are other policies and procedures regarding patient escapes.

- [redacted] not know of any circumstances that contributed to Saito's escape.

- [redacted] not know whether there was a time limit before calling police or who was responsible for calling police in the event of a patient escape.

- When asked what her opinion was as to whether Saito's escape was due to a failure of hospital procedures or due to a staffing failure, [redacted] it wasn't the staff and added that the patient was probably tired of being at the HSH.

- [redacted] has ever reported issues of safety concerning staff members and/or patients to [redacted] that issues are reported to the Charge Nurse and the results of these concerns depend on the situation.

- [redacted] not know of any patient/staff boundary violations in Unit "I." [redacted] "Boundaries" as "They are the patient and you're the staff and you have to know your limit," "Not to get too close."

- [redacted] made any reports or was aware of any reports to the [redacted] regarding issues of the lack of patient supervision in Unit "I." [redacted] staff reports issues to [redacted] gave an example of [redacted] realized a patient was having emotional issues, [redacted]

- [redacted] was aware of the reason Saito was committed to the HSH which was for the crimes he committed. [redacted] heard or learned that Saito was being treated for a "Mental problem."

- When asked [redacted] training on handling or interacting with patients with the status of NGRI, [redacted] they have in-service training. [redacted] was not sure and does not remember if training included NGRI patients.

[redacted]

- [redacted] training and in-service is conducted by Staff Development which is part of the HSH. [redacted] has signed off on training and that it has been kept on record.

- [redacted] not aware of any one staff member who was particularly close with Saito. [redacted] never heard Saito make any requests for a particular worker to assist him.

- [redacted] Saito has never threatened, assaulted or intimidated [redacted] and does not know if he has done this to other Unit "I" staff.

- [redacted] unaware if any Unit "I" staff threatened, assaulted or intimidated Saito.

- [redacted] Saito's routine was going to the cafeteria to eat on weekends at around 8:00 am. [redacted] on the weekdays he went to the cafeteria earlier because he had a Treatment Mall class. [redacted] Saito usually read while on the unit but was unaware of his routine outside of the unit.

- [redacted] Saito never complained to [redacted] or other staff members about anything [redacted] aware of.

- [redacted] Saito never mentioned anything [redacted] about his Treatment Team.

- [redacted] Saito never mentioned [redacted] he wanted to go back into society.

- [redacted] Saito never mentioned anything [redacted] about escaping from the HSH.

- [redacted] unaware if Saito had any romantic relationships with staff or patients in Unit "I." [redacted] did not have any romantic relationship with Saito.

- [redacted] that staff is required to challenge of redirect patients if found in unauthorized areas of the HSH. [redacted] [redacted] has never encountered Saito in this circumstance because he always complied. [redacted] unaware of incidents of other staff members having to challenge or redirect Saito.

- When asked [redacted] feel if Saito returned to the HSH, [redacted] "Honestly, I don't want him to come back in my unit," "Or to the hospital." [redacted] if Saito was to return to the HSH and escaped again, then it would be dangerous for the public.

- [redacted] is not happy about Saito's escape [redacted] now in this situation and expressed that housing him in OCCC was "Better."

[redacted]

- [redacted] on 11-12-17, [redacted] aware that Saito was on UG.

- When asked what [redacted] feelings were regarding Saito's UG privileges, [redacted] that the administration and the Treatment Team assessed him and allowed the status [redacted] questions whether he really deserved it.

- [redacted] Saito's UG privilege and the freedom it provided him contributed to his escape.

- [redacted] on 11-12-17, [redacted] not see Saito on unit. [redacted] was assigned to POD 1 hourly rounds and rotated monitoring the day area which is by POD 3. [redacted] this assignment the entire shift.

- [redacted] knew nothing of Saito's escape.

- [redacted] did not know of any HSH employee of Koolau Clubhouse employee who was involved in Saito's escape.

- [redacted] that Saito has always called and checked in on time unless he attended the Koolau Clubhouse.

- [redacted] while Saito was on UG, he was required to call the unit to check in on an hourly basis and to [redacted] knowledge he has always called. [redacted] whoever was assigned at the nursing station took Saito's calls.

- [redacted] there was no form to log in Saito's hourly check in calls to the unit. When asked if the lack of such form, that would have assisted the staff, was a procedural failure that contributed to Saito's escape, [redacted] "I think so."

- [redacted] patients do not have access to personal electronic devices such as cellular phone or laptops.

- [redacted] not know if any Unit "I" staff member had access to their personal electronic devices during work.

Exhibit 'A' – Patient Rounds, HSH Nursing SOP 23.995

- [redacted] Exhibit 'A' and stated [redacted] does not remember if she has seen this policy before.

- [redacted] has performed the patient hourly rounds for twelve years the way [redacted] taught and has never been disciplined for doing it incorrectly.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form, dated: 11-12-17

- [redacted] Exhibit 'C' and acknowledged [redacted] recognized this form.

- [redacted] who was assigned the hourly rounds in POD 3, had escorted patients to church [redacted] initialed the patient hourly rounds form for 10:00 am and 11:00 am blocks. [redacted] signature at the bottom right block of the form.

[redacted]

- [redacted] unsure who approves this form but stated that they submitted it to the Unit "I" [redacted].

[redacted]

Exhibit 'T' – Unit I POD 1 - Patient Hourly Rounds Form (Post Escape Revision)

  - [redacted] informed that this form was created and implemented after Saito's escape. [redacted] Exhibit 'T' and stated that it appeared different.

- [redacted] on 11-12-17, [redacted] was assigned to the front desk at Unit "I" during day shift.

- [redacted] when Saito was out on UG, he usually went to the gym or the telecom operator to make his hourly check in calls. [redacted] when he went to the operator, the operator made the call to the unit stating that Saito was checking in.

- [redacted] Saito was not allowed to ask any HSH employee to make his hourly check in call to Unit "I."

- [redacted] asked how staff was informed each day that Saito was allowed to go out on UG. [redacted] the practice was that Saito automatically had UG status, unless they were instructed otherwise. [redacted] would give these instructions and that the patients' statuses are noted on some type of form in the nurse's station.

- [redacted] unaware of a specific time or schedule that Saito was allowed to be out on UG and return from UG.

- [redacted] not know if there was a separate log for patients with the NGRI status.

- [redacted] not know if there was a policy and procedure in the event Saito failed to make his hourly call to the unit.

- [redacted] the staff is required to "Eyeball" each patient at the change of shift while conducting the patient hourly rounds. Although, [redacted] personal practice was to inform the next shift if Saito was not seen and documented as UG. [redacted] does not know what others do.

Exhibit 'B' – Elopement, Elopement Attempt and AWOL, HSH Policy and Procedure 19.520

- [redacted] Exhibit 'B' and [redacted] may have seen this policy before but does not remember.

- When asked about steps [redacted] take in the event of an escape, [redacted] actions for an on-view escape. [redacted] was aware of notifications, searches, Code 77, etc. in the event of a patient escape.

- [redacted] not know of another SOP addressing patient escapes.

- [redacted] reference of the policy and procedure regarding patient escapes was the extent of their training for this procedure.

Exhibit 'G' – Unit "I" Patient Care Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, (IMUA) dated: 11-12-17

- [redacted] Exhibit 'G' and acknowledged that it was the IMUA form. [redacted] was on another assignment during this time.
- When asked if the form was filled in correctly, [redacted] the following:

  Page 1 (7:00 am to 3:00 pm)

  - [redacted]
  - [redacted] for the second IMUA, Saito probably didn't interact, and that's why "Unescorted privileges" is entered.
  - [redacted]

  Page 2 (3:00 pm to 11:00 pm)

  - [redacted] was not working the evening shift.

Exhibit 'H' – Master Patient/Staff Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, dated: 11-12-17

- [redacted] this form was a reference of staff assignments and was prepared by the nurses. [redacted] assignment on this day, according to this form, as POD 1 Day Area. [redacted] assignment the entire shift aside from temporarily relieving staff in POD 3. [redacted] acknowledged [redacted] was not working the evening shift.

Exhibit 'I' – Patient Call-In Log Sheet

- [redacted] Exhibit 'I' and was not familiar with this form. [redacted] informed that this form was created and implemented after Saito's escape.

Exhibit 'J' – Visitors, HSH Policy and Procedure 4.625

Exhibit 'K' – Contraband and Searches, HSH Policy and Procedure 9.235

- [redacted] Exhibit 'J' and 'K' and has seen these policies before.
- When asked about prohibited items in Unit "I," [redacted] sharp objects, cords and string.

- [redacted] both of the above policies are enforced in Unit "I."
- [redacted] visitors are always searched during the day shift. [redacted] not know the practice on other shifts.
- [redacted] that gifts for patients brought by visitors are searched. [redacted] bags brought by visitors are kept at the nurse's station.
- When asked if staff physically search visitor such as going into pockets, [redacted] has not experienced such searches of visitors.
- [redacted] all patients returning from outside of the unit are searched each time.
- [redacted] Saito's belongings that he kept in his room were clothing, books and sometimes newspapers. [redacted] has never found Saito to have prohibited items in his room that was in his possession or among his belongings.
- [redacted] the patients' rooms are searched every Saturday. [redacted] has searched Saito's room in the past but has never found contraband belonging to him.
- [redacted] Saito's excess property was kept in a designated room within the unit. [redacted] the room remains secured and is opened with a key.
- [redacted] during the day shift patients are not allowed access to the storage room. [redacted] all patients, including Saito, are required to be accompanied by staff when they access the storage and that no patient can go alone. The schedule to access the storage room occurrs on the evening shift and therefore [redacted] unaware of the times.
- [redacted] unaware if certain staff made exceptions for Saito to access the storage room outside of the scheduled times.
- [redacted] unaware if Saito possessed prohibited items in his room.
- [redacted] not know if all HSH employees had knowledge of prohibited items as stated in policies and procedures.

Exhibit 'L' – Patient Personal Belongings/Valuables, HSH Policy and Procedure 12.031

Exhibit 'M' – Patient Trust Accounts, HSH Policy and Procedure 12.020

- [redacted] familiar with Exhibit 'L' but was does not remember Exhibit 'M'.

- When asked what [redacted] knowledge was of the policy for patient finances, [redacted] when patients receive money it is deposited in the Business Office during the day time.

- [redacted] asked if a Unit "I" staff member was required to accompany Saito when making a deposit or was he allowed going by himself. [redacted] only a staff member made the deposits and that Saito did not go.

- [redacted] a receipt is issued from the Business Office which is kept on unit in a personal log book. [redacted] a copy of the receipt is offered to the patient.

- [redacted] not know if Saito's relatives gave him money nor [redacted] know if he had access to his account by himself. [redacted] there was no ATM at the HSH.

- [redacted] did not know who controlled Saito's money.

- SA Takata informed [redacted] Saito had access to large amounts of money and asked [redacted] how his money or account was handled. [redacted] did not know.

- [redacted] there was no bank on the HSH campus and stated "Only the Business Office."

- [redacted] Saito never asked [redacted] for money.

- [redacted] not know if Saito was able to or allowed to cash a check. [redacted] explained the process of collecting cash change from the patient after an outing. [redacted] when the patient returns, the front desk staff retrieves the change, notes the amount and turns it over to the Charge Nurse to be deposited back into the Business Office.

- When asked how they verified the correct amount of change returned by the patient, [redacted] the RN is aware of the withdrawal amount the patient requested so they are able to calculate the difference when they return. [redacted] the form requesting the withdrawal indicates the amount of money the patient take with them.

- [redacted] not know if Saito requested the same staff member to make his money transactions with the Business Office. [redacted] various staff took the money to the Business Office and it depended on who was available.

- [redacted] unaware of any staff that allowed Saito to keep his cash change after returning from an outing.

Exhibit 'N' – Telephone and Mail (Patient Related), HSH Policy and Procedure 4.550

- [redacted] Exhibit 'N' and [redacted] before but does not remember.
- [redacted] that patients use a designated phone in Unit "I" and are allowed to use it during a scheduled time.
- [redacted] not remember the ending time but stated that patients are allowed to use the phone from 7:00 am.
- [redacted] that the patient's phone calls are not monitored.
- When asked who determines whether a patient is allowed phone privileges, [redacted] all the patients phone privileges although some have certain restrictions.
- [redacted] not know if Saito received calls after hours in Unit "I." [redacted] did not receive calls from Saito outside of the workplace nor [redacted] aware of any other employee that did.

Exhibit 'O' – Person Mobile Devices, Voicemail and Telephone Etiquette, HSH Policy and Procedure 13.060

- [redacted] Exhibit 'O' and [redacted] before but does not remember.
- [redacted] not know if the HSH provided a cellular phone for Saito.
- [redacted] Saito never asked her for a cellular phone nor [redacted] provide him with one. [redacted] know of anyone who provided him with a cellular phone.

Exhibit 'P' – Relationship Security: Safe Therapeutic Staff-Patient Interactions, HSH Policy and Procedure 12.310

Exhibit 'Q' – Hospital Boundaries, HSH Policy and Procedure 19.525

- [redacted] unfamiliar with Exhibit 'P' but has some recollection of Exhibit 'Q'.
- [redacted] does not know of any patient/staff boundary issues specifically related to Saito.
- [redacted] does not know if Saito offered any HSH staff a reward, cash or a favor to assist him in his escape.

- [redacted] Saito has never offered [redacted] cash, a check, a money order or similar effects. [redacted] not know if Saito offered this to others.
- [redacted] did not know if Saito made requests to anyone for cash, a cellular phone or to violate a policy.
- [redacted] Saito has never asked [redacted] to buy anything for him.
- [redacted] did not buy airline tickets for Saito nor [redacted] know of anyone who did.
- [redacted] Saito's walking boundaries when on UG was the gym and the Village Greens, as far as she knew.
- [redacted] did not know if Saito's walking boundaries were explained to him.

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Sheet for [redacted]

- [redacted] recognized this form.
- [redacted] patients fill in the form themselves and the folder is kept at the nurse's station.
- [redacted] whatever staff is available will assist with the sign-in/sign-out log with patients. [redacted] staff monitors the accuracy of the time entries with a clock that is nearby.
- [redacted] unaware of Saito pre-filling out the form.
- [redacted] not know if this is an official form of the HSH and stated that this form has been used since [redacted] employment there.

Exhibit 'U' - Photo of Saito in Unit "I" From Surveillance Footage, dated: 11-12-17/8:03 am

  - [redacted] Exhibit 'U' and acknowledged that the photo depicted the front of the nurse's station and the sign-in/sign-out log.

- [redacted] not aware of the treatment Saito received at the Koolau Clubhouse nor [redacted] familiar with the services it provided.
- [redacted] not aware of any HSH staff maintaining a residency in the Cooke Building in the past.

- [redacted] Saito did not have access to computers in Unit "I" but did not know if he had access anywhere else on the HSH campus.

- The interview concluded at 11:29 am, 04-04-18.

- Refer to Attachment "X" for the list of questions used to conduct this interview.

ALLEGED SUBJECT #7 DISPOSITION: DECLINED STATEMENT

[redacted]

SA Won left voice messages for [redacted] on the following dates and times:

- Monday, 03-19-18, 10:30 am
- Tuesday, 03-20-18, 11:42 am
- Monday, 04-02-18, 8:49 am

Alen M. Kaneshiro, Attorney at Law
841 Bishop Street, Suite #2201, Honolulu, Hawaii 96813
PH#: (808) 521-7720

On Wednesday, 04-04-18 at about 2:15 pm, I spoke with Attorney, Alen Kaneshiro via telephone, informed him of the pending administrative investigation regarding the HSH and the escape of Saito which involved [redacted] informed him of their intentions to interview [redacted] regarding this matter but was unable to make contact with [redacted].

I informed Kaneshiro that, as a result, this office has issued an Administrative Subpoena commanding [redacted] to appear at the Department of the Attorney General, State of Hawaii, Investigations Division, located at 465 South King Street B-2 on Wednesday, the 18th day of April 2018 at 9:00 am

Kaneshiro informed me that he is the legal representative [redacted] for the administrative investigation and has advised [redacted] to decline to submit to a statement in this matter. He informed me that he will accept the subpoena on behalf [redacted]. I concurred with Kaneshiro that [redacted] compliance to the subpoena is his acceptance of the subpoena and has exercised [redacted] right by [redacted] legal advisor.

The Administrative Subpoena was served upon Attorney, Alen M. Kaneshiro, on Friday, 04-06-18 at 2:00 pm at 841 Bishop Street #2201, Honolulu, Hawaii 96813.

The original copy of the signed subpoena is attached to this report.
Refer to Attachment "Y."

WITNESS #7 INTERVIEWED

[redacted]

On Wednesday, 04-11-18 at about 4:00 pm, SA Suzuki conducted a telephone interview with [redacted]. I called from the office of the Department of the Attorney General Investigations Division located at 465 South King Street B-2. The following is a summary of [redacted] statement:

[redacted]

- [redacted] on 11-12-17, [redacted] the evening shift and was assigned to the front desk in Unit "I."
- [redacted] Saito usually returned to the unit by 6:30 pm and showered in the bathroom situated across from the front desk.
- [redacted] on 11-12-17, just prior to 7:00 pm, while assisting with the medication line by the front desk, [redacted] the bathroom door to be closed and realized that Saito had not showered yet.
- [redacted] informed [redacted] does not remember if [redacted] called Code 77.
- [redacted] came to Unit "I" not too long after [redacted] had called. [redacted] to call Code 77 to which [redacted] replied that it was too late.
- [redacted] assisted with the search for Saito within the unit and outside of the unit. [redacted] Saito could not be located.
- [redacted] on 11-12-17, while assigned at the front desk, [redacted] not take any hourly calls from Saito. [redacted] at times [redacted] drawn away from the front desk to assist other staff, [redacted] doesn't know if other staff may have taken calls.
- [redacted] was not assigned to conduct the patient hourly rounds check on the evening in question.

WITNESS #8 INTERVIEWED

[redacted]

On Tuesday, 04-10-18, from 4:07 pm to 4:25 pm, SA Won conducted a digitally recorded interview with [redacted] at the HSH located at 45-710 Keaahala Road in Unit "I" in the conference room. The following is a summary of [redacted] statement:

[redacted]

- [redacted] on 11-12-17, [redacted] the evening shift and was assigned to POD 2, dorm and cared for patients in the back area. [redacted] started work at 2:45 pm and did not see Saito.

- [redacted] and around 7:15 pm [redacted] had seen Saito. [redacted] the staff began searching for Saito.

- [redacted] looked in Saito's room and saw clothing on his bed, [redacted] could not remember what type of clothing. They also looked in the shower but did not locate him, [redacted] in the unit and did not assist with the search outside of the unit.

- [redacted] not recall if a Code 77 was called on that night.

- [redacted] did not notice any change in behavior in Saito prior to his escape. [redacted] Saito as friendly and outgoing. [redacted] Saito treated [redacted] "Like a regular normal person" and vice versa.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form, dated: 11-12-17

[redacted]

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Sheet for Randall Saito

- [redacted] familiar with Exhibit 'R'.
- [redacted] the forms are kept in a folder at the nursing station.
- [redacted] the front desk manages the sign-in/sign-out log with the patients and acknowledged [redacted] does not work the front desk.

- [redacted] not certain but stated that Saito would return to the unit after dinner around 6:00 pm. [redacted] when Saito returned, he signed back in and did grooming.
- [redacted] all patients are supposed to be on unit by evening. [redacted] the patients go to bed at 8:15 pm and the dorms close at 10:00 pm.
- [redacted] Saito had the same routine everyday and has never seen him return late to the unit.
- When asked if Saito was required to call the unit every hour while on UG and if someone was allowed to call in for him, [redacted] "I believe so" and noted [redacted] is not tasked with these duties.
- [redacted] Saito has never mentioned to [redacted] or others that he wanted to leave the HSH.
- [redacted] does not know of anyone, an HSH employee or an outside person, who assisted Saito with his escape from the HSH.
- [redacted] Saito has never threatened or assaulted [redacted] or others while at the HSH.
- [redacted] Saito has never been threatened or assaulted by staff or others.
- [redacted] had no boundary issues with Saito and was unaware of any of these issues he (Saito) had with others.
- [redacted] Saito never gave money or gifts to [redacted] or others.
- [redacted] Saito did not have a cellular phone and did not know if anyone allowed him to use one.

- [redacted] Saito had computer access at the Koolau Clubhouse. [redacted] had escorted Saito to the Koolau Clubhouse a while ago and have seen him using the computer there. [redacted] the computer use was allowed there and [redacted] and a Koolau Clubhouse member monitored Saito while he was on the computer. [redacted] stayed close by while Saito used the computer but did not actually monitor what he was doing on the screen.

- [redacted] as an escort, [redacted] duties were to watch the patient's behavior and safety for themselves and others. [redacted] was not instructed to monitor what Saito was doing on the computer. [redacted] not know if Saito had any restrictions to his computer access. [redacted] not recall if Saito had printed anything from the computer.

- [redacted] has never called Saito outside of work nor did Saito ever call [redacted]

- [redacted] has not been involved with managing outgoing phone calls from the unit that were made by Saito.

- [redacted] Saito did not have visitors.

- [redacted] has never handled money for Saito. [redacted] has not had to handle patient's cash change for outings

- [redacted] has not escorted Saito anywhere else besides the Koolau Clubhouse.

- [redacted] Saito's excess property was kept in a storage room which the front desk manages access to. [redacted] thinks only the front desk has the key to the storage room.

- [redacted] unaware of the type of property Saito had in the storage room.

- When asked about what may have failed to prevent Saito's escape, [redacted] "I believe, I guess whoever let em on grounds privileges, I would think that."

- [redacted] some of the improvements since Saito's escape are the chain link fencing and more security.

Exhibit 'I' – Patient Call-In Log Sheet

- [redacted] not familiar with this form and was informed that it was created after Saito's escape to log the hourly calls. [redacted] does not work the front desk.

- The interview concluded at 16:25 pm, 04-10-18.

WITNESS #9 INTERVIEWED

[redacted]

On Tuesday, 04-10-18, from 4:35 pm to 4:58 pm, SA Won conducted a digitally recorded interview [redacted] at the HSH located at 45-710 Keaahala Road in Unit "I" in the conference room. The following is a summary of [redacted] statement:

- [redacted] on 11-12-17, [redacted] the day shift and was assigned [redacted]

- [redacted] on 11-12-17, [redacted] saw Saito at around 7:00 am and then at around 7:45 am, 7:50 am when asked to go to breakfast. [redacted] they informed him that it was a little early.

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Sheet for [redacted]

[redacted]

- [redacted] Saito was awake unusually early on 11-12-17. [redacted] he normally awoke just in time for breakfast at 8:00 am.

- [redacted] Saito did not say anything to [redacted] when he left for breakfast that morning. [redacted] he was dressed in his usual black jacket, black cargo pants and boots.

Exhibit 'U' - Photo of Saito in Unit "I" From Surveillance Footage, dated: 11-12-17/8:03 am

  - [redacted] the photo depicted Saito with his jacket draped over his shoulder.

- [redacted] not recall if Saito held anything in his possession when he left the unit on 11-12-17. [redacted] he always carries a crossword puzzle and may have some of his drawings which he keeps in a folder.

- [redacted] Saito had a schedule that he was allowed to go to breakfast on weekends which was at 8:00 am. [redacted] Saito was the only patient in the entire hospital that was allowed to physically go out of the unit to eat.

- When asked if this privilege was given to Saito by the Treatment Team, [redacted] they just follow the doctor's orders and that the Treatment Team meets and makes the decision which also requires the approval of the administrator. [redacted] Saito had lost this privilege and had just gotten it back about a month before he escaped.

- [redacted] there was a checklist at the front desk specifically for Saito showing a daily schedule of sort which wasn't an order from a doctor rather something put together by staff.

- [redacted] has worked [redacted] in Unit "I" and have taken hourly check in calls from Saito or the operator. [redacted] there was no log for these calls and they were never instructed to log down these calls.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form, dated: 11-12-17

- [redacted] staff conducting the patient hourly rounds would check the Unit "I" sing-in/sign-out log at the front desk to see if Saito had returned from UG.

[redacted]

- [redacted] they were required to physically see the patient when conducting the hourly rounds. [redacted] for Saito, if he wasn't in his room and hadn't signed back in, then it confirmed that he was still out on UG.

- [redacted] staff conducting the hourly rounds usually checked the sign-in/sign-out log before entering Saito's status. [redacted] on 11-12-17, [redacted] in the back relieving staff [redacted] doesn't know if anyone came to the front desk to check if Saito had called in.

- [redacted] was asked if the staff who received Saito's check in call relayed it the staff conducting the patient hourly rounds. [redacted] when Saito reacquired his UG status there were no requirements for the hourly calls. [redacted] when they began having problems with other patients on UG, they implemented the hourly check in calls but there was never a call log. [redacted] worked the front desk and received the check in call from Saito, [redacted] document it in the cardex.

- [redacted] has never seen Saito return late to the unit. [redacted] has never had a problem with Saito.

- [redacted] the required time for Saito to return during the evening shift was not consistent. [redacted] he usually came back at 6:00 pm but there were times that he hung out at the gym until 7:00 pm. [redacted] 7:00 pm was the "Deadline" for Saito to return to the unit.

- [redacted] was notified of Saito's escape that night via cellular phone and was questioned about Saito signing out that morning.

- When asked if Saito ever mentioned anything about leaving the HSH, [redacted] he once said that the only way he going to leave the hospital was in a body bag.

- [redacted] Saito always complained about the Treatment Team because he had made many requests which were denied. [redacted] he had asked for a computer and unescorted status to the Koolau Clubhouse. [redacted] they were short on transporters so he was missing lots of sessions at the clubhouse. [redacted] at one point [redacted] made extra efforts to have transporters available to take Saito.

- [redacted] was aware of anyone who may have assisted Saito to escape. [redacted], someone had to have helped him; as far as someone from the hospital helping him "No." [redacted] there are so many openings in the hospital, he could have walked out anywhere and no one would have noticed.

- [redacted] "There's just too many inconsistencies with what happened with Randy in his escape in terms of the visitors and all that, there's a lot of speculation, but I don't know."

- [redacted] patients were not allowed cellular phones and backpacks. [redacted] not know of anyone who allowed Saito to use their cellular phone.

- When asked if Saito ever threatened or assaulted [redacted] or anyone else, [redacted] he never did and although he may have expressed his dislike for someone, he never fought with anyone.

- When asked if anyone abused or threatened Saito, [redacted] there was one incident where another patient threw a book that hit him in the back. [redacted] Saito got along with all of the staff.

- [redacted] have been no boundary issues in Unit "I" regarding Saito.

- [redacted] Saito never offered [redacted] or anyone else a reward or cash. [redacted] Saito gave staff name tags he designed.

- [redacted] Saito did not have access to a computer while on Unit "I."

- [redacted] has escorted Saito to the Koolau Clubhouse and that he had computer access there. [redacted] duties as an escort were to make sure he doesn't leave and not to monitor his computer access. [redacted] the staff at the clubhouse managed the program. [redacted] thinks each patient had a time limit for their computer use. [redacted] Saito took care of his kitchen duties first and did not go directly to the computers when he arrived.

- [redacted] in the beginning, there were no restrictions on the computer at the clubhouse but after it was revealed that Saito had a Facebook account among other things, restrictions were imposed.

- [redacted] Saito never called [redacted] while [redacted] off-duty nor [redacted] ever call him while [redacted] off-duty.

- [redacted] they are supposed to give the patients their privacy while making personal calls from the unit, therefore calls are not monitored.

- [redacted] Saito's mother visiting him and what the visitor log reflects.

- [redacted] not recall handling any cash transactions for Saito.

- [redacted] has searched Saito's room in the past. [redacted] at one time, Saito belongings were excessive and he was required to send many of his belongings to his mother. [redacted] it was boxed up and [redacted] not know what the property consisted of. [redacted] Saito was told to clean out papers from under his bed during the search conducted on the day before 11-11-17.

- [redacted] Saito had property in the storage room within Unit "I." [redacted] that Saito possessed a pair of boots which he kept in the storage room and used them only when it rained or had an activity.

- When asked about what may have failed to prevent Saito from escaping, [redacted] procedure may have been one thing. [redacted] the changes the hospital has made after Saito's escape which [redacted] makes no sense since the opportunity had already existed.

- [redacted] "We have a list of things that for example, your statuses, if your status is unescorted or if it's this or that, so if we have a P and P on all of that, all this stuff should've been according to the P and P, and same thing like his being unescorted ground, there should have a doctor's order on the clipboard and it should've been revised each time that they need to revise, and sometimes that's couple times a week and it should've been updated each time and say that he has unescorted privileges for this time and this time, but none of that stuff was ever put in place. So I think they, if they had done that and had been more strict on him, because he was getting a privilege that, personally somebody like him and

his crime, he shouldn't have that much privilege, cause he was not going anywhere so there was no reason why he should've been at clubhouse, he could get the same classes over here."

- When asked if staff was trained in handling someone like Saito, [redacted] the staff must accept the patient's right to treatment and that their rights cannot be denied once they have that privilege. [redacted] Saito has claimed that his rights were being denied if he didn't go to the clubhouse because it was part of his treatment. [redacted] they are not trained on how to handle a patient who is manipulative and suggested they receive more training on the various mental health conditions.

- The interview concluded at 16:58 pm, 04-10-18.

WITNESS #10 INTERVIEWED

[redacted]

On Tuesday, 04-10-18, from 5:12 pm to 5:21 pm, SA Won conducted a digitally recorded interview with [redacted] at the HSH located at 45-710 Keaahala Road in Unit "E" in the visiting room. The following is a summary of [redacted] statement:

- [redacted]

- [redacted] worked the morning shift in Unit "I" on 11-12-17 and was assigned to a one-to-one with a patient. [redacted] saw Saito in the lobby at about 7:30 am and they greeted each other. [redacted] Saito was carrying a bunch of papers and did not say where he was going.

- [redacted] did not notice anything unusual about Saito's behavior that morning.

- [redacted] aware of Saito's UG status and believes that he had to check in with Unit "I" every hour.

- [redacted] was never tasked with taking calls at the front desk and has always been assigned to one-to-one with a patient.

- [redacted] not know if Saito was ever late to call in or late to return to the unit.

- [redacted] on 11-12-17, [redacted] not assist patients at the sign-in/sign-out log in Unit "I."

- [redacted] saw the news coverage of Saito's escape that same night.
- [redacted] Saito never said anything to [redacted] about leaving the hospital and recalls that he got upset when there was a lockdown.
- [redacted] does not know of anyone who assisted Saito in his escape.
- [redacted] Saito has never threatened or assaulted [redacted] or other staff.
- [redacted] no staff member or patient has threatened or abused Saito. [redacted] Saito and the staff were on friendly terms.
- [redacted] not know of any patient/staff boundary issues in Unit "I" regarding Saito.
- [redacted] Saito has never offered [redacted] money, a reward or gifts. [redacted] doesn't really talk to Saito noting that he had a manipulative personality.
- [redacted] staff has warned about Saito's manipulation to get on your good side and he would later ask for a favor.
- [redacted] has never seen Saito with a cellular phone. [redacted] unaware if others allowed Saito to use their cellular phone.
- [redacted] Saito did not have computer access in Unit "I" [redacted] did not know if he had access elsewhere. [redacted] Saito went to the clubhouse and deferred to the staff there.
- [redacted] Saito never called [redacted] while he was off-duty nor he did he ever call [redacted]
- [redacted] has overheard Saito complain about staff during his phone call from the unit. [redacted] not know who Saito talked to during these calls.
- [redacted] not know of any visitors that Saito had.
- [redacted] has never handled any cash transactions for Saito.
- [redacted] has never been involved with searching Saito's room.
- [redacted] unaware if Saito had property in the storage room in Unit "I."
- When asked what failed to prevent Saito escape or what contributed to his escape, [redacted] they got too comfortable with him.

- [redacted] since Saito's escape, the HSH does not allow unescorted grounds and they take extra precautions when transporting patients.

- The interview concluded at 17:21 pm, 04-10-18.

WITNESS #11 INTERVIEWED

[redacted]

On Wednesday, 04-11-18, from 7:25 am to 7:38 am, SA Won conducted a digitally recorded interview [redacted] at the HSH located at 45-710 Keaahala Road in Unit "E" in the conference room. The following is a summary of [redacted] statement:

- [redacted] was working on 11-12-17 on the 7:00 am to 3:00 pm shift. [redacted] was assigned to POD 1 [redacted]

- [redacted] written statement [redacted] on 11-11-17, Saito had asked for his boots that were in the storage room. [redacted] retrieved them for him.

- [redacted] did not notice any changes in Saito's behavior prior to his escape.

- [redacted] interaction with Saito was no different from any other patient.

- [redacted] Saito's routine was to go on his "Unescorted grounds walk."

- [redacted] on the day of Saito's escape, he did not say anything to [redacted].

- [redacted] on the day of Saito's escape, [redacted] not know what type of clothing he was wearing or if he was carrying anything.

- [redacted] was not familiar with the rules or requirements for Saito when he was on UG because [redacted] not work in POD 3.

- [redacted] does not know of any instances where Saito was late returning to the unit.

- [redacted] has never worked the front desk in Unit "I" or have taken a check in call from Saito.

- [redacted] thinks Unit "I" has a sign-in/sign out log but has never been assigned to it.
- [redacted] found out about Saito's escape the following morning.
- [redacted] Saito never told [redacted] anything about leaving the HSH nor does [redacted] if he told others about leaving.
- [redacted] does not know of anyone who may have helped Saito escape.
- [redacted] Saito never threatened or assaulted any staff or patient.
- [redacted] there were no patient/staff boundary issues in Unit "I" specific to Saito.
- [redacted] Saito has never offered [redacted] or other any money, gifts or favors.
- [redacted] did not know if Saito possessed a cellular phone or is aware if staff allowed him to use their personal cellular phone.
- [redacted] not aware of Saito's access to computers.
- [redacted] not know anything about the Koolau Clubhouse.
- [redacted] Saito never called [redacted] while [redacted] off duty nor [redacted] ever call him.
- [redacted] was never involved with the patients' use of the phones in the unit.
- [redacted] when Saito's brother visited, she assisted with signing him in. [redacted] his brother was with his (Brother's) girlfriend or wife. [redacted] they had brought Saito ice cream. [redacted] doesn't recall them bringing anything else.
- [redacted] Saito shared with [redacted] that he hadn't seen his brother in twenty years.
- [redacted] has never handled money transactions for Saito.
- [redacted] has never been involved in searching Saito's room and does not think any prohibited item has been found among his belongings.

- When asked what contributed to or what failed to prevent Saito's escape, [redacted] it was probably his UG privileges. [redacted] not know the boundaries for Saito's UG privilege.

- When asked if the HSH has made any changes since Saito's escape, [redacted] they now do "Rounds" before and after their shifts. [redacted] three checks are done which includes the Charge nurse along with an RN, the incoming RN and the Psych Techs.

- [redacted] only after Saito's escape, both Charge Nurses, outgoing and incoming, are required to conduct a headcount together.

- When asked if the hourly rounds person was responsible for verifying if Saito had checked in to the unit, [redacted] "Not at the time, I don't think so."

- The interview concluded at 7:38 am, 04-11-18.

WITNESS #12 INTERVIEWED

[redacted]

On Wednesday, 04-11-18, from 1:06 pm to 1:16 pm, SA Won conducted a digitally recorded interview with [redacted] at the HSH located at 45-710 Keaahala Road in Building "C" room C-26. The following is a summary of [redacted] statement:

- [redacted]

- [redacted] work schedule for Sunday's is [redacted]

- [redacted]

- [redacted] on 11-12-17, Saito's behavior appeared normal.

- [redacted] has engaged in conversation with Saito in the past. [redacted] Saito never expressed wanting to leave the HSH. [redacted] cannot recall if Saito complained about his treatment at the HSH. [redacted] Saito never complained about his Treatment Team.

- [redacted] Saito never expressed to him that he was being abused by another patient or staff member.

- [redacted] had a friendly relationship with Saito and stated they engaged in cordial conversation to pass the time.
- [redacted]
- [redacted] knowledge of Saito's UG status and was aware that patients with this status were allowed out and needed to check in so many times. [redacted] does not know how long Saito had UG status and stated that he was "Almost" the only one (With UG status).
- [redacted]
- [redacted] on 11-12-17, Saito carried a manila folder or envelope that was "Taped up" with his name on it. [redacted] not know what it contained.
- [redacted] found out about Saito's escape over the news. [redacted] returned to work the next day [redacted] instructed to submit a written statement.
- [redacted] did not know of anyone, at the HSH or outside, who helped Saito escape. [redacted] unaware if Saito's family assisted him.
- [redacted] allowed Saito to use the phone [redacted] for the purpose of checking in with the unit. [redacted] When asked if it was allowed for Saito to use this phone, [redacted] stated "He asks" and tells them the reason.
- [redacted] never saw Saito use the phones there but thinks it is allowed to use the phones in the gym or the telecom.
- [redacted] Saito never offered [redacted] money or gifts and does not know if he offered this to anyone else.
- [redacted] unaware that Saito had an interest in drawing.
- [redacted] the only time Saito talked about the Koolau Clubhouse was when it got cancelled.
- [redacted] on occasion [redacted] Saito when leaving work and that he hangs out in the lower parking lot by the concrete platform. [redacted] never noticed anyone hanging around with Saito other than someone saying "Hi."
- [redacted] has never seen Saito go past the lower fence line.
- [redacted] unaware of any incidents where Saito checked in late to his unit.

- [redacted] there have been no improvements [redacted] since Saito's escape. [redacted] changes outside of [redacted] which include the fencing, barbed wire and the code to the fence line gate have been changed.
- [redacted] not see Saito with a backpack on 11-12-17.
- [redacted] not know if Saito returned to Unit "I" after having breakfast on the day of 11-12-17.
- The interview concluded at 1:16 pm, 04-11-18.

WITNESS #13 INTERVIEWED

[redacted]

On Wednesday, 04-11-18, from 1:35 pm to 1:53 pm, SA Won conducted a digitally recorded interview [redacted] at the HSH located at 45-710 Keaahala Road in the Unit "I" conference room. The following is a summary of [redacted] statement:

[redacted]

- [redacted] on 11-12-17, between 8:50 am and 9:00 am, [redacted] Saito in Unit "I" by the entrance doors walking towards his room.
- [redacted] is mostly in the "Med room" for most of the day and did not know Saito's daily routine.
- [redacted] did not notice anything unusual about Saito's behavior on 11-12-17.
- [redacted] Saito's interaction with other patients as selective and did not like to mingle.
- [redacted] Saito's interaction with staff was that he appeared to watch and observe the staff. [redacted] not know if Saito "Favorites" among the staff.
- [redacted] with Saito was mostly during the evening shift when he came to the medication room to get his tweezers or allergy medication. [redacted] he joked and had small talk with [redacted].

- [redacted], nor the staff in Unit "I," had any problems with Saito that [redacted] aware of.

- [redacted] Saito wore black or dark colored clothing on the day of 11-12-17.

Exhibit 'U' - Photo of Saito in Unit "I" From Surveillance Footage, dated: 11-12-17/8:03 am

  - [redacted] not certain but guessed that the photo depicted Saito "Signing-out."

  - [redacted] does not assist with the sign-in/sign-out log.

- [redacted] does not recall Saito carrying anything on 11-12-17 [redacted] saw him. [redacted] Saito was carrying a yellow colored folder which he always has. [redacted] not know the contents of this folder.

- [redacted] not know if Saito possessed a cellular phone nor [redacted] know if other staff members allowed him to use their cellular phones.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form, dated: 11-12-17

[redacted]

- [redacted] was aware of Saito's UG status and stated that he was required to call the unit while out on UG. [redacted] not know how often Saito was required to call in.

- To [redacted] knowledge, [redacted] Saito called from the cafeteria and the kitchen and he, himself, was required to make the call to the unit. [redacted] Saito's calls are received at the nurse's station in Unit "I" and whoever is there will take the call. [redacted] has never taken a call from Saito.

- [redacted] not certain and guessed that Saito had to be on unit during shift change. [redacted] although his schedule is flexible, [redacted] seen Saito on the unit during shift change. [redacted] the flexibility depended on his activities and it should be noted at the front desk. [redacted] not know when Saito was required to be back on unit from UG.

- [redacted] unaware of any incidents where Saito called in late or returned late to the unit.
- When asked if Saito ever complained about leaving the HSH, [redacted] heard him say "This administration is suck" which was documented in the IMUA sheet.
- [redacted] not remember if Saito complained about the Treatment Team.
- [redacted] Saito has never complained about the staff, to [redacted] knowledge.
- [redacted] unaware of any patient/staff boundary issues involving Saito.
- [redacted] found out about Saito's escape the following day before work.
- [redacted] on 11-12-17, during the day shift, no one inquired about Saito's whereabouts.
- [redacted] has never handled money for Saito.
- [redacted] Saito has never threatened or abused any staff member nor has any staff member ever threatened or abused him, to [redacted] knowledge.
- [redacted] Saito did not offer [redacted] or anyone else cash, a gift or a reward to assist him.
- [redacted] Saito did not have access to computers at Unit "I."
- [redacted] the Koolau Clubhouse provided activities for the patients but [redacted] unaware of what they did. [redacted] has never escorted patients there and has never been there before.
- [redacted] Saito has never called [redacted] was off from work nor has [redacted] called him.
- [redacted] not recall ever monitoring Saito while he was making a phone call from the unit.
- [redacted] patients' rooms should be searched weekly and is unaware if any prohibited items were ever found among Saito's belongings.
- [redacted], although [redacted] a key, [redacted] with the process of patients accessing the storage room. [redacted] it wasn't [redacted] duties and refers patients to the Psych Techs.

- [redacted], either on Friday or Saturday, prior to his escape, Saito had asked [redacted] if he could access the storage room but [redacted] him to the front desk.

- [redacted] not know if Saito had any visitors and was unaware that his brother had visited him.

- [redacted] not know what contributed to Saito's escape or of any failures that may have prevented it.

- When asked if the HSH has made changes and improvements since Saito's escape, [redacted] they are more careful on the hourly checks.

- [redacted] the outgoing and the incoming [redacted] are required to conduct hourly rounds check at the change of shift. [redacted] duties did not involve this.

- [redacted] conducted the hourly rounds at the change of shift, from midnight to day shift, on the morning of 11-12-17.

- The interview concluded at 1:53 pm, 04-11-18.

WITNESS #14 INTERVIEWED

[redacted]

On Wednesday, 04-11-18, from 16:15 pm to 16:42 pm, SA Won conducted a digitally recorded interview [redacted] at the HSH located at 45-710 Keaahala Road in Unit "I" in the conference room. The following is a summary [redacted] statement:

- [redacted]

- [redacted] on 11-12-17, [redacted] working the evening shift in Unit "I" assigned to POD 2 Dorm. [redacted] duties were to make sure the patients were accountable in POD 2.

- [redacted] substituted for a staff member who went on break, [redacted] a patient run into room I-27-B which he did not belong in. [redacted] this room housed four patients, one of which was Saito. [redacted] went into the room [redacted] Saito's black jacket on the bed and initially thought he was back on unit. [redacted] the time to be around 6:30 pm.

- [redacted], who was conducting the hourly rounds, if [redacted] seen Saito. [redacted] also observed the jacket and began looking for Saito as [redacted] rounds. [redacted] could not locate Saito so [redacted] . [redacted] once [redacted] came, they conducted a search. [redacted]

- [redacted] did not assist with the search but assisted with watching patients as the other staff searched.

- [redacted] usually saw Saito on campus [redacted] arrived at work for the evening shift but did not see him on 11-12-17.

- [redacted] had a casual relationship with Saito and described it as "Hi and bye," "Small talk" and nothing personal.

- [redacted] not notice any change in Saito's behavior prior to his escape.

- When asked if Saito was required to follow rules regarding checking in while on UG, [redacted] unsure but stated that it has to do with the doctors and the nurses at the front desk.

- [redacted] is aware that Saito has the UG privilege, but expressed [redacted] really doesn't know the procedures once he's out of the unit. [redacted] knows is that Saito comes and goes.

- [redacted] was never been tasked with taking calls, [redacted] not been trained on procedures for a UG patient to check in. [redacted] primary job was to watch the patients.

- [redacted] not aware of any instances where Saito checked in late or returned to the unit late.

- [redacted] the sign-in/sign-out log for Unit "I" was at the front desk but related [redacted] does not handle that.

- [redacted] has never heard Saito say to [redacted] or to others that he wanted to leave the HSH.

- [redacted] not know of any HSH employee or an outsider who assisted Saito with his escape. [redacted] speculated that Saito's brother who visited prior to his escape assisted him.

- [redacted] Saito has never threatened or assaulted anyone at the HSH.

- [redacted], during [redacted] employment, no staff or patient threatened or abused Saito at the HSH to [redacted] knowledge.

- [redacted] not aware of and had not witnessed any patient/staff boundary issues specifically with Saito.
- [redacted] unaware if Saito had a "Favorite" staff member he was closest with.
- [redacted] unaware if Saito offered cash, a reward or a favor to anyone.
- [redacted] on unit, Saito did not have a cellular phone. [redacted] has never seen anyone allow Saito to use a cellular phone.
- [redacted] Saito did computer work at the Koolau Clubhouse.
- [redacted] Saito has never called [redacted] while [redacted] off-duty nor [redacted] ever call Saito outside of work.
- [redacted] has never monitored Saito's phone conversations while making calls from the unit.
- [redacted] was not involved with visitors coming to the unit.
- [redacted] has never handled money for a patient.
- [redacted] has never been involved in searching Saito's room and is unaware if prohibited items have been found among his belongings.
- [redacted] there was a storage room within Unit "I" for all of the patients' belongings. [redacted] was not permitted to accompany patients to access the room. [redacted] the patients, including Saito, have asked [redacted] to access the room and in turn referred them to the front desk.
- [redacted] unaware of what type of property Saito stored in the room.
- [redacted] not know what contributed to Saito's escape nor [redacted] know of any failures that may have prevented it.
- [redacted] since Saito's escape, the administration has become stricter. [redacted] the changes haven't affected [redacted] job.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form, dated: 11-12-17

- [redacted] was familiar with this form and has conducted the patient hourly rounds in POD 2 and 3.
- [redacted] conducted the POD 3 hourly rounds, specific to Saito, [redacted] confirm with the previous shift if he was on UG or if he was on the unit.

- [redacted] has heard that while Saito is on UG, the operator and the security guard were responsible for monitoring him.
- [redacted] when the front desk received Saito's check in call, they relayed that [redacted] to assist with the hourly rounds check.
- The interview concluded at 16:42 pm, 04-11-18.

WITNESS #15 INTERVIEWED

[redacted]

On Thursday, 04-12-18, from 6:50 am to 7:10 am, SA Won conducted a digitally recorded interview over the phone [redacted]. The phone call was made from the office of the Department of the Attorney General Investigations Division located at 465 South King Street B-2. The following is a summary of [redacted] statement:

- [redacted]
- [redacted] on 11-12-17, [redacted] the day shift and may have worked the dorm. [redacted] was not assigned to the patient hourly rounds for POD 3 on that day but did fill in for Silva for the 9:00 am check.
- [redacted] on 11-12-17, [redacted] not see Saito at any time and explained that his POD is in the front and [redacted] assignment was located in the back.
- When asked [redacted] noticed any changes in Saito's behavior prior to his escape, [redacted] "He was more quiet than usual."
- [redacted] Saito did not say anything to [redacted] that made [redacted] suspicious.
- [redacted] did engage in conversation with Saito and many times he spoke about his day program (Koolau Clubhouse), off campus, got cancelled.
- [redacted] has escorted Saito to the Koolau Clubhouse a few times and that he had worked in the kitchen.
- [redacted] there are computers at the Koolau Clubhouse but have not seen Saito using them. [redacted] not know if Saito was allowed to use the computers there.

- [redacted] aware of Saito's UG status and stated that, Monday to Friday, he usually left the unit at around 7:00 am and returned after breakfast. [redacted] Saito would later leave the unit again. [redacted] on the weekends Saito would leave the unit at around 8:00 am.

- [redacted] during the weekdays Saito would return from the Koolau Clubhouse at around 2:30 pm to 2:45 pm and would return to the unit.

- [redacted] has worked the evening shift in the past but could not remember what time Saito was required to be back on unit. [redacted] he was usually in the unit during the evenings.

- [redacted] has counseled Saito about his room in the past but had really no problems with him.

- [redacted] Saito was required to call the Unit "I" front desk to check in each hour while on UG. [redacted] has worked the front desk in Unit "I" and has taken calls from Saito. [redacted] the calls were not logged and there was no form to log these calls.

- [redacted] conducted the patient hourly rounds, the front desk staff would not usually relay to [redacted] whether Saito had called in. Conversely, [redacted] not check with the front desk. Although, [redacted] check the Unit "I" sign-in/sign-out to see if Saito had signed out. [redacted] that Saito never called in every hour and usually called before lunch.

- [redacted] the Unit "I" sign-in/sign-out log was kept at the front desk and acknowledged that the patients, themselves, signed the log.

- [redacted] coworker had called [redacted] either the night of or the next day, and informed [redacted] of Saito's escape. [redacted] was off the following day and [redacted] returned to work, [redacted] to submit a written statement regarding Saito's escape.

- [redacted] Saito has mentioned in the past that he doesn't belong at the HSH. [redacted] was not aware of his plans to escape nor does [redacted] of anyone who assisted him.

- [redacted] has not heard Saito complain about his Treatment Team.

- [redacted] Saito never assaulted or threatened any staff or patients during the time [redacted] at the HSH to [redacted] knowledge.

- [redacted] no one at the HSH threatened or abused Saito to [redacted] knowledge.

- When asked if there were any reports of patient/staff boundary issues in Unit "I" specifically with Saito, [redacted] did not know and added that he was "Very likeable" and everyone liked talking with him.

- When asked if Saito had a "Favorite" staff member that he was close with, [redacted] he liked a lot of the staff.

- When asked if Saito offered any money, rewards or favors to people, Ayakawa [redacted] Saito, who was artistic, wrote their names on tags and gave it to them.

- [redacted] not know if Saito had a cellular phone. [redacted] had no knowledge of any staff allowing Saito to use their cellular phone.

- [redacted] Saito never called [redacted] outside of work nor [redacted] ever call him while [redacted] off-duty.

- [redacted] has assisted with the patients' personal phone calls from the unit. [redacted] staff didn't really monitor Saito's phone calls because he wasn't restricted from phone privileges.

- Regarding visitors, [redacted] never saw anyone visit Saito but heard that his brother had come to visit. [redacted] was not sure if Saito's brother brought him anything when visiting.

- [redacted] has never handled patients' money for deposit.

- [redacted] has been involved in searching Saito's room and acknowledged that searches of patients' rooms were conducted on a weekly basis. [redacted] has found prohibited items in Saito's room that were among his belongings. [redacted] had found a lot of his grooming supplies, cardboard and newspapers which were not allowed in the rooms. [redacted] reported these violations.

- [redacted] Unit "I" had a storage room for the patients' excess belongings and that Saito also stored his property in there. [redacted] Saito had bags and boxes in the storage but did not know what it contained. [redacted] once accompanied Saito to the storage room to get his belt.

- [redacted] other property of the patients such as hats, pens, videos and ID's were kept at the nurse's station.

- [redacted] has never seen Saito with a backpack and was unaware if he possessed one.

- [redacted] asked if contributing factors to Saito's escape was due to the failure of the staff or hospital procedures allowed this to happen. [redacted] "I don't

know why he's allowed to go, you know, off-grounds and have that privilege, you know when he don't really listen because he don't want to participate on the treatments on-grounds."

- [redacted] Saito was aware of his boundaries while on UG. [redacted] Saito had told [redacted] that he knew the boundaries.

- Regarding the patient hourly rounds and the census count at the change of shift, [redacted] each POD conducts their checks every hour and turns over the hourly board to the oncoming shift in the report room. [redacted] both, outgoing and incoming [redacted] were also responsible for conducting their own rounds verifying the census in the entire unit.

- The interview concluded at 7:10 am, 04-12-18.

WITNESS #16 INTERVIEWED

[redacted]

On Thursday, 04-12-18 at 7:25 am, SA Takata met [redacted] at the HSH in Unit "I" and informed [redacted] of the pending administrative investigation and our intentions to interview [redacted] as a witness. [redacted]

On Tuesday, 04-17-18 at 12:45 pm, SA Takata left a voice message [redacted] requesting [redacted] to return his call.

On Wednesday, 04-18-18 at 12:50 pm, SA Takata verified [redacted]. [redacted] had spoken [redacted] was to contact SA Takata.

On Wednesday, 04-25-18, from 12:52 pm to 1:30 pm, SA Won along with SA Takata conducted a digitally recorded interview [redacted] at the HGEA office located at 888 Mililani Street in the 4th floor conference room. [redacted] The following is a summary of [redacted] interview:

- [redacted] on 11-12-17, he worked the day shift [redacted]. [redacted] assignment on that day was [redacted] POD 2.

- [redacted] cannot remember if [redacted] seen Saito prior to him going to breakfast [redacted] checked him back into Unit "I" when he (Saito) returned.

- [redacted] on 11-12-17, Saito's behavior was ordinary and "Nothing really changed." [redacted] Saito did not say anything to him that morning nor [redacted] hear him say anything about where he was going.

- [redacted] couldn't remember what Saito was wearing on the morning of 11-12-17 but stated that he always wore a black coat.

- [redacted] could not remember if Saito was carrying anything, on 11-12-17, when he returned to the unit after breakfast.

- [redacted] is aware that Saito carries around a manila envelope containing his drawings. [redacted] not aware if the envelope contained personal documents.

- [redacted] was not present when Saito checked back out at about 9:00 am.

- [redacted] when Saito was on UG, his requirements were to check in with the unit every hour at the telephone operator. [redacted] sometimes Saito made the call and other times the operator called relaying that Saito was checking in. [redacted] other than the operator, no other staff is allowed to call in for Saito. To [redacted] knowledge, only Saito could make the calls and it was made to the front desk of Unit "I."

- [redacted] Saito's requirement to call in every hour while on UG was documented, [redacted], in a doctor's order. [redacted] cannot remember seeing this order but stated [redacted] instructed on these requirements [redacted] began working in the unit.

- [redacted] Saito had been placed in Unit "I" back in 2010 [redacted]

- [redacted] any personnel available could take the calls at the front desk from Saito. [redacted] Saito usually called on time.

- [redacted] prior to Saito's escape there was no log to documents his calls therefore it was not written anywhere. [redacted]

- When asked, whether the staff who takes Saito's call, relayed that to the staff conducting the hourly rounds check in POD 3, [redacted] the staff conducting the hourly rounds, sometimes, checked with the front desk to verify the call. [redacted] whoever did the hourly checks in POD 3 would ask if anyone took Saito's call.

- When asked if it was the responsibility of the front desk staff, who took Saito's call, to go and relay that to the hourly rounds person, [redacted] "Not

necessarily." [redacted] it was the responsibility of the staff conducting the hourly rounds in POD 3 to check with the front desk.

- When asked [redacted] would do [redacted] took the call, [redacted] when it was time for the hourly rounds and the staff checked with [redacted] would relay it to them.

- When asked if Saito ever failed to return to the unit on time, [redacted] "He's pretty good with coming back." [redacted] cannot recall if Saito was ever late to call or late to return to the unit. [redacted] works the front desk [redacted] leaves to assist elsewhere in the unit, therefore another staff may take the call and if the call was never made, [redacted] not know. [redacted] ever since [redacted] working in Unit "I" Saito has been good with calling in and there has been no major infractions

- [redacted] not sure of the exact time Saito was require to be back on the unit but believed it was around 2:00 pm. [redacted] Saito was required to be on the unit during shift change. [redacted] this requirement was part of his schedule set by the Treatment Team.

Exhibit 'R' – Unit "I" Sign-In / Sign-Out Sheet for [redacted]

  - [redacted] that Saito was "Good with signing in and out" of the unit and does not recall a time he failed to do so.

  - [redacted] does not know if Saito has prefilled this form in the past. [redacted] Saito usually signs the log "Right then and there" when [redacted] assisted him.

- [redacted] found out of Saito's escape the following day.

- [redacted] Saito never said anything to [redacted] about his desire to leave the HSH.

- [redacted] does not know of anyone, employee or outsiders, who helped Saito escape.

- [redacted] Saito never abused, threatened, assaulted or intimidated anyone in Unit "I," nor did anyone do the same to Saito.

- [redacted] Saito never offered [redacted] or others in Unit "I" a reward, cash or favors.

- [redacted] is not aware of any patient/staff boundary issues regarding Saito.

- [redacted] relationship with Saito as a standard patient to staff relationship.

- [redacted] not know of any staff that Saito was particularly close with. [redacted] Saito was, overall, a very social guy.

- [redacted] Saito did not have cellular phone [redacted] aware of.

- When asked if Saito had access to a computer, [redacted] (Saito) went to the Koolau Clubhouse where there are computer but does not know if he was allowed access. [redacted] Saito did not have access to a computer in Unit "I." [redacted] not know if Saito had classes in Building "K" where there are computers also.

- [redacted] or any other staff members did not allow Saito to use their personal cellular phone nor did Saito ever ask them to use their personal cellular phone.

- When asked about Saito's activities at the Koolau Clubhouse, [redacted] as a community based program where they do activities such as cooking. [redacted] Saito helps in the kitchen and assists other patients.

- [redacted] the Koolau Clubhouse does not communicate with the staff in Unit "I" and is not required to.

- [redacted] Saito never called [redacted] while [redacted] working or outside of work nor [redacted] call Saito during these times.

- [redacted] Saito made outside phone calls to his family from Unit "I" and has overheard him speaking to his mother. [redacted] they do not monitor their conversation nor do they submit a report about it.

- [redacted] was never present when Saito had visitor but was aware that his mother and brother were authorized visitors.

- [redacted] has handled cash change from Saito after he returned from outings and places it within a secured lock box at the nurse's station. [redacted] cash denomination is noted on the envelope that it is placed into. [redacted] the nurses have a key to this box and that the patients do not have access to it. [redacted] has never handled any cash deposits at the Business Office for Saito.

- [redacted] the Treatment Team approves the money requested by the patient. [redacted] cash requested by the patient, for various activities, is handled by the transporters which include any cash change to be returned.

- [redacted] not remember being involved with searching Saito's room.

- When asked if contraband was ever found among Saito's property, [redacted] that he [redacted] had lots of books and was allowed to keep only certain amount. [redacted] an environmental search was done each Saturday during the day shift of the patients' rooms for excess property.

- [redacted] there was a storage room in Unit "I" that stored patient's excess property. [redacted] the patients were allowed to access their property each Saturday during the evening shift. [redacted] all staff had a key to the storage room and that the patient was required to get permission to access the room and be accompanied by staff. [redacted] they "Try not to have patients" in the room while staff retrieves their property.

- [redacted] some of Saito's stored property consisted of shoes, boots, clothing, books and backpacks.

Exhibit 'G' – Unit "I" Patient Care Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, (IMUA) dated: 11-12-17

- [redacted] Exhibit 'G' was referred to as the "IMUA" form and that he was the Team Leader on 11-12-17.

- [redacted] the Team Leader assesses all the patients for their individual POD. [redacted] filled out the IMUA #1 and #2 sections of the form.

- [redacted] at the end of the shift the form is submitted [redacted] who then enters it into the cardex.

- [redacted] each shift has their own IMUA form and it is not passed to the next shift.

- [redacted] the IMUA form for the day shift on 11-12-17 was filled out correctly.

Exhibit 'H' – Master Patient/Staff Assignment Sheet, Page 1 (7-3) and Page 2 (3-11) Shifts, dated: 11-12-17

- [redacted] Exhibit 'H' was the daily assignments for the unit and [redacted] was assigned to POD 2.

Exhibit 'C' – Unit I Patient Hourly Rounds POD 3 Form, dated: 11-12-17

[redacted]

- [redacted] the incoming and outgoing [redacted] are required to conduct a headcount together during the shift change. [redacted] this has always been the practice. [redacted] also rotates as [redacted].

[redacted]

- [redacted] did not know what contributed to Saito's escape.
- When asked if the HSH has made improvements since Saito's escape, [redacted] a fence has been erected and that "Mall" (Patient activity) has been placed on hold. [redacted] a form to log calls for UG patients has been implemented. [redacted] the unit doors are locked with a dead bolt and not activated by just a swipe card. [redacted] staff now is more vigilant.

  Exhibit 'I' – Patient Call-In Log Sheet

  - [redacted] this form was implemented after Saito's escape.
- When asked if [redacted] aware of what NGRI meant, [redacted] knowledge, Saito was being held at the HSH because he was unsafe as deemed by the Treatment Team.
- [redacted] Unit "I" has a mix of patients that are more medical and geriatric so it was questionable as to why Saito was placed there because he could take care of himself.
- The interview concluded at 1:30 pm, 04-25-18.

WITNESS #17 DISPOSITION: DECLINED STATEMENT

[redacted]

On Friday, 04-06-18, SA Won and I met with [redacted] was the legal representative for Saito. [redacted] of the pending administrative investigation regarding the HSH and the escape of Saito and our intentions of [redacted] regarding this matter.

On Tuesday, 04-17-18 at 3:56 pm, [redacted] voice message on SA Won's work phone stating [redacted] declined to submit to an interview.

SAITO TREATMENT [redacted] INTERVIEW- DEFERRED

[redacted] will be interviewed at a later date [redacted] not available during the course of this primary investigation.

On Tuesday, 04-24-18, I spoke [redacted] via telephone and arranged an interview date for Wednesday, 05-09-18 at 9:00 am at the HSH, Unit "I."

A follow-up report will be submitted with [redacted] interview along with any other witnesses that may be pertinent to this investigation.

EVIDENCE RECOVERED

On Friday, 12-29-17 at about 9:00 am, SA's Won, Takata and Suzuki conducted a walk-through of the HSH facilities to familiarize ourselves with the layouts compared to the surveillance footage being reviewed.

[redacted]

1. One (1), plastic trash bag, grey in color, about 24 to 32 gallon size

2. One (1), plastic market bag, tan in color with green print reading "Malama Ika Aina, Times, Big Save, Shima's, Be Responsible and Reuse"

[redacted]

1. Four (4) newspapers folded exposing the crossword puzzle; all four puzzles completely filled out; puzzles are titled as follows:

    a. "Wise Move," "Randall" hand written above puzzle in stylish font
    b. "Power Ballads"
    c. "National Holiday," "Randy" hand written above puzzle in stylish font
    d. "Champions," "Randy" hand written above puzzle in stylish font

TO: RUSSELL A. SUZUKI, ATTORNEY GENERAL

VIA: BOYD K. SAKAI, DEPUTY CHIEF SPECIAL AGENT

GEORGE DO, SUPERVISORY SPECIAL AGENT

FROM: DEAN SUZUKI, SPECIAL AGENT

SUBJECT: **STATE OF HAWAII, DEPARTMENT OF HEALTH, HAWAII STATE HOSPITAL, COMPLAINT AG #17-4571**

FOLLOW-UP REPORT

ASSIGNMENT

I am presently employed by the State of Hawaii Department of the Attorney General (AG) assigned to the Investigations Division as a Special Agent (SA). The primary report of this investigation was submitted on Monday, 04-30-18, to Attorney General Russell Suzuki. At this time Supervisory SA George Do related that the interview of [redacted] Hawaii Stated Hospital (HSH) had been scheduled for 05-09-18 and that the information will be submitted in a follow-up report.

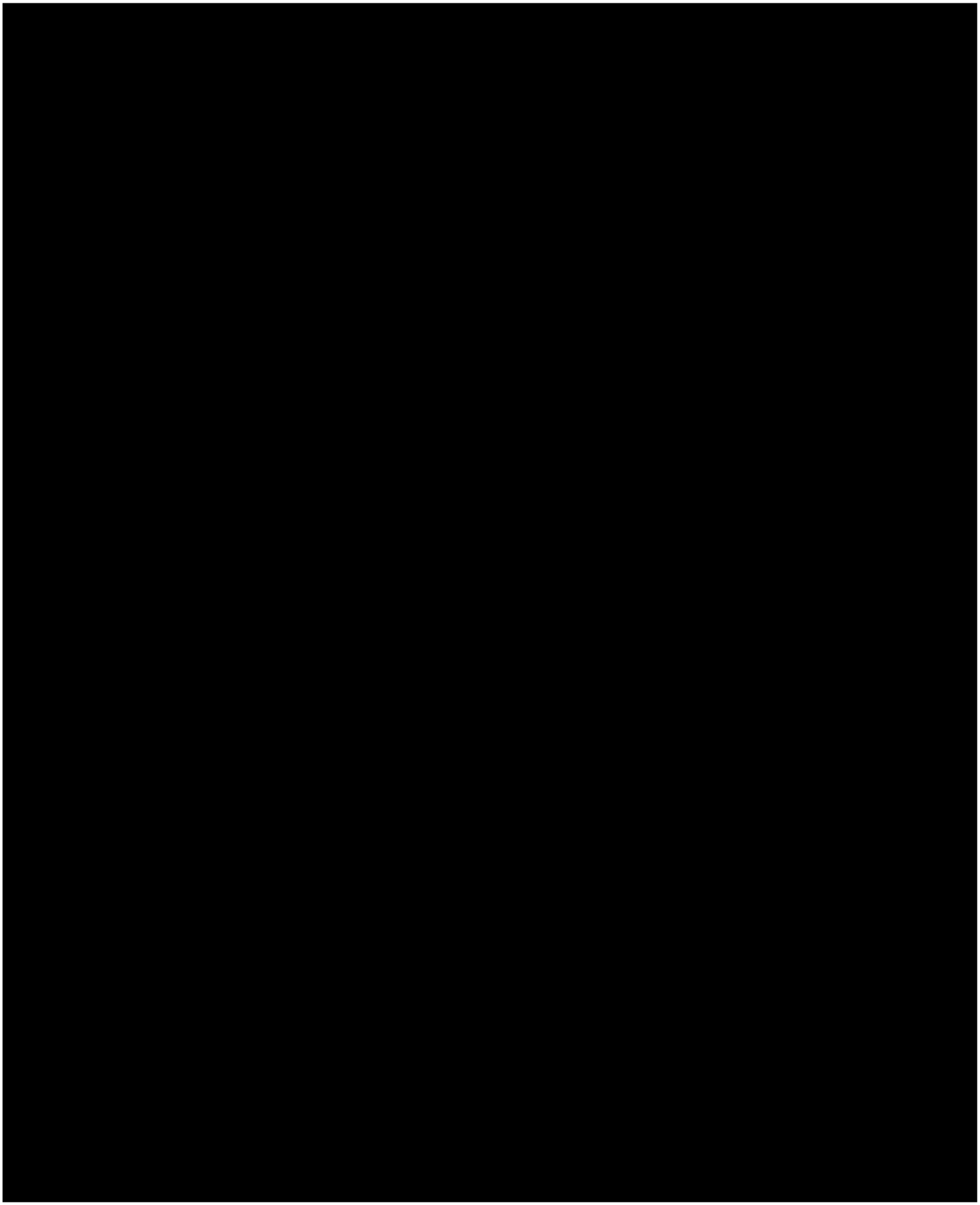
WITNESS #18 INTERVIEWED

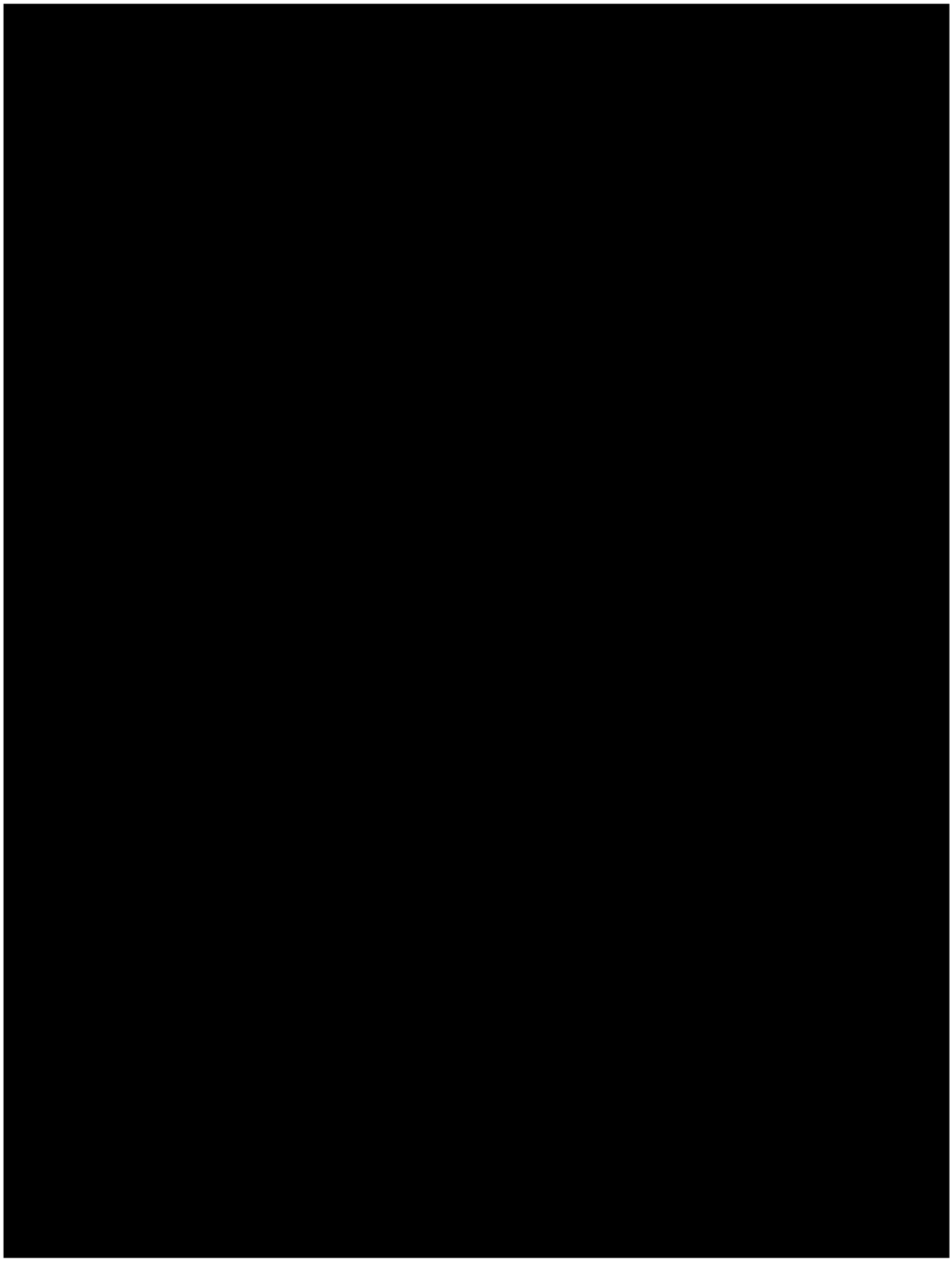
[redacted]

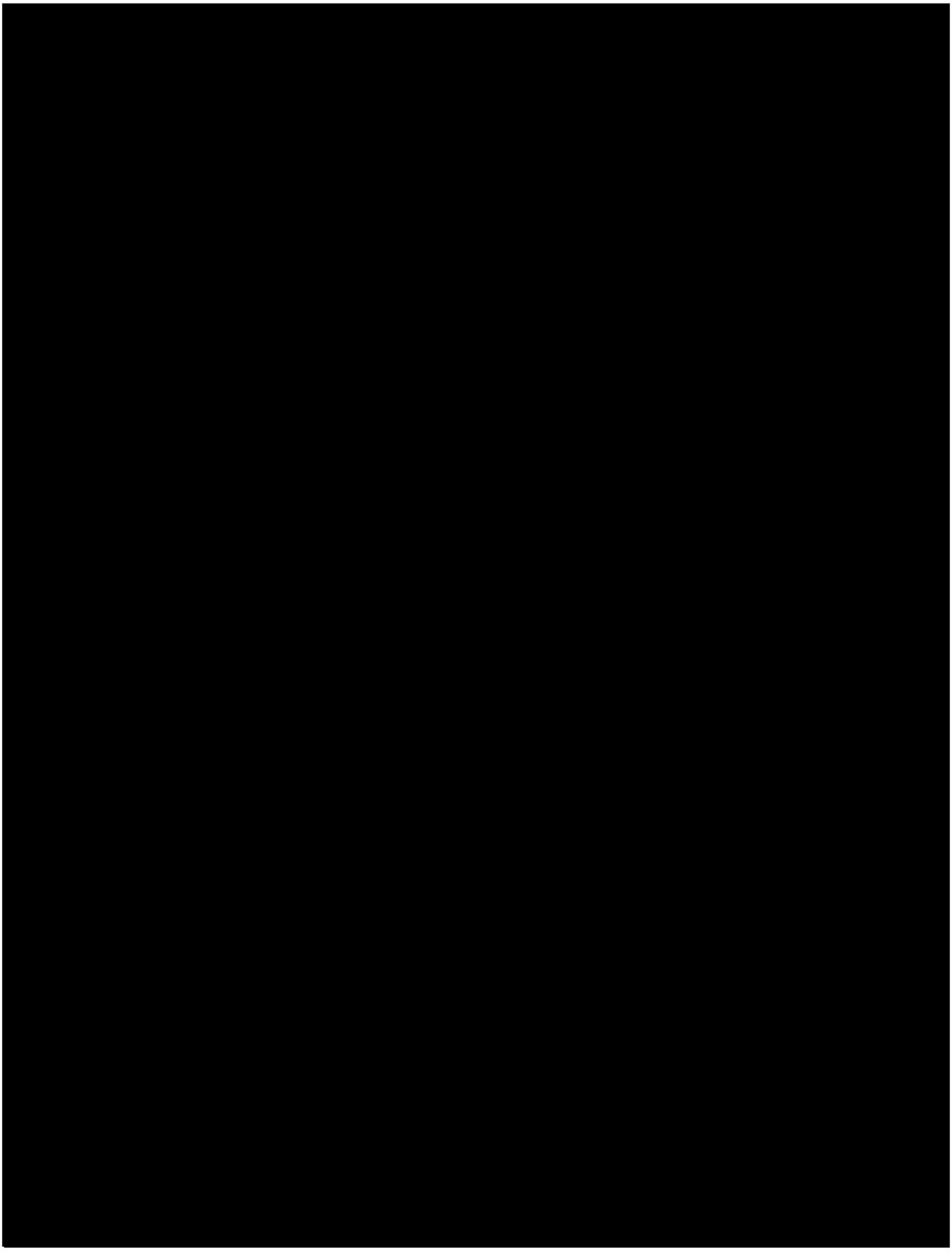
On Wednesday, 05-09-18, from 9:12 am to 10:20 am, SA Takata along with Supervisory SA G. Do and SA Suzuki conducted a digitally recorded interview [redacted] HSH located at 45-710 Keaahala Road at Unit "I" in the conference room. [redacted] The following is a summary [redacted] statement:

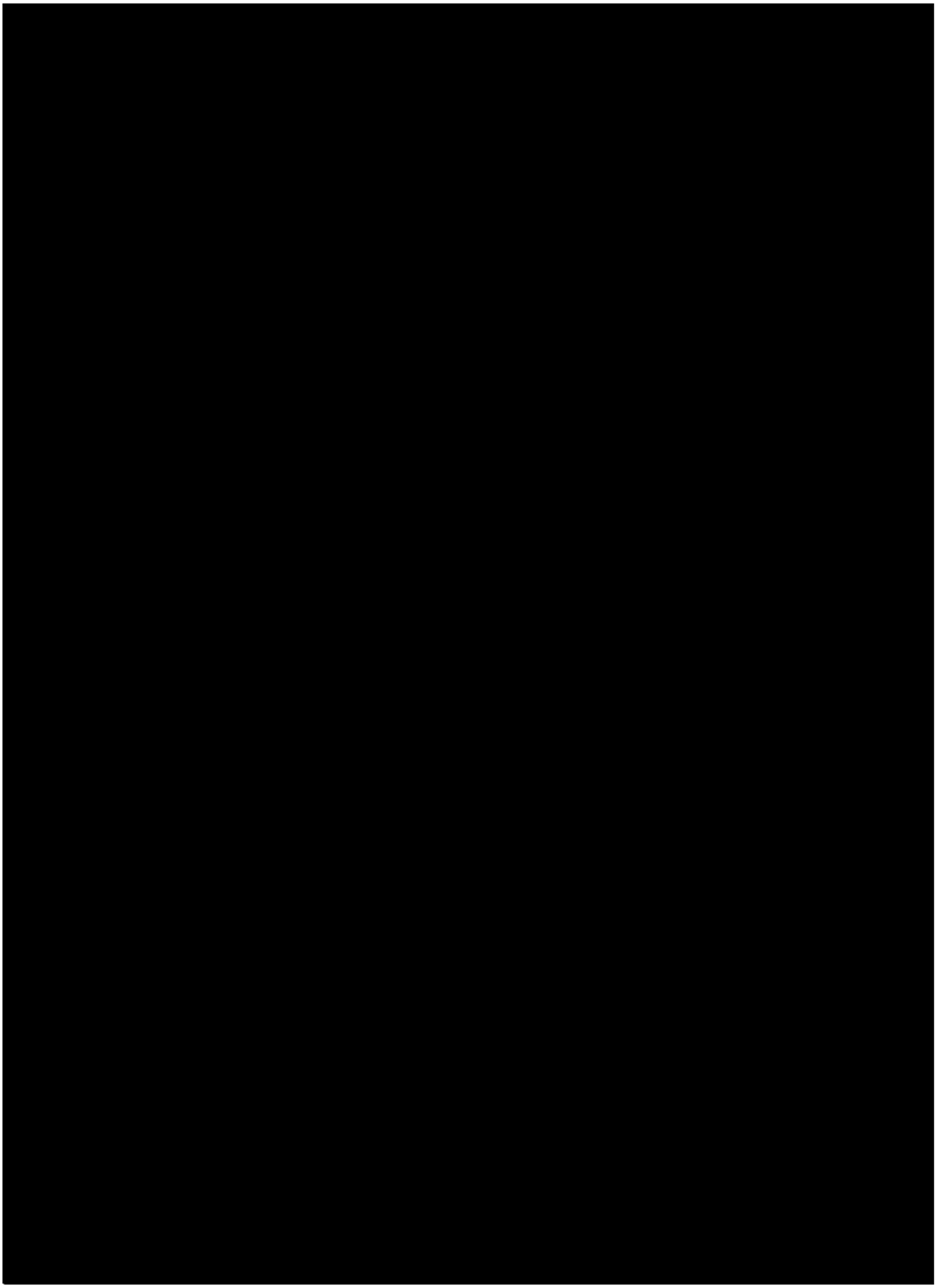
[redacted]

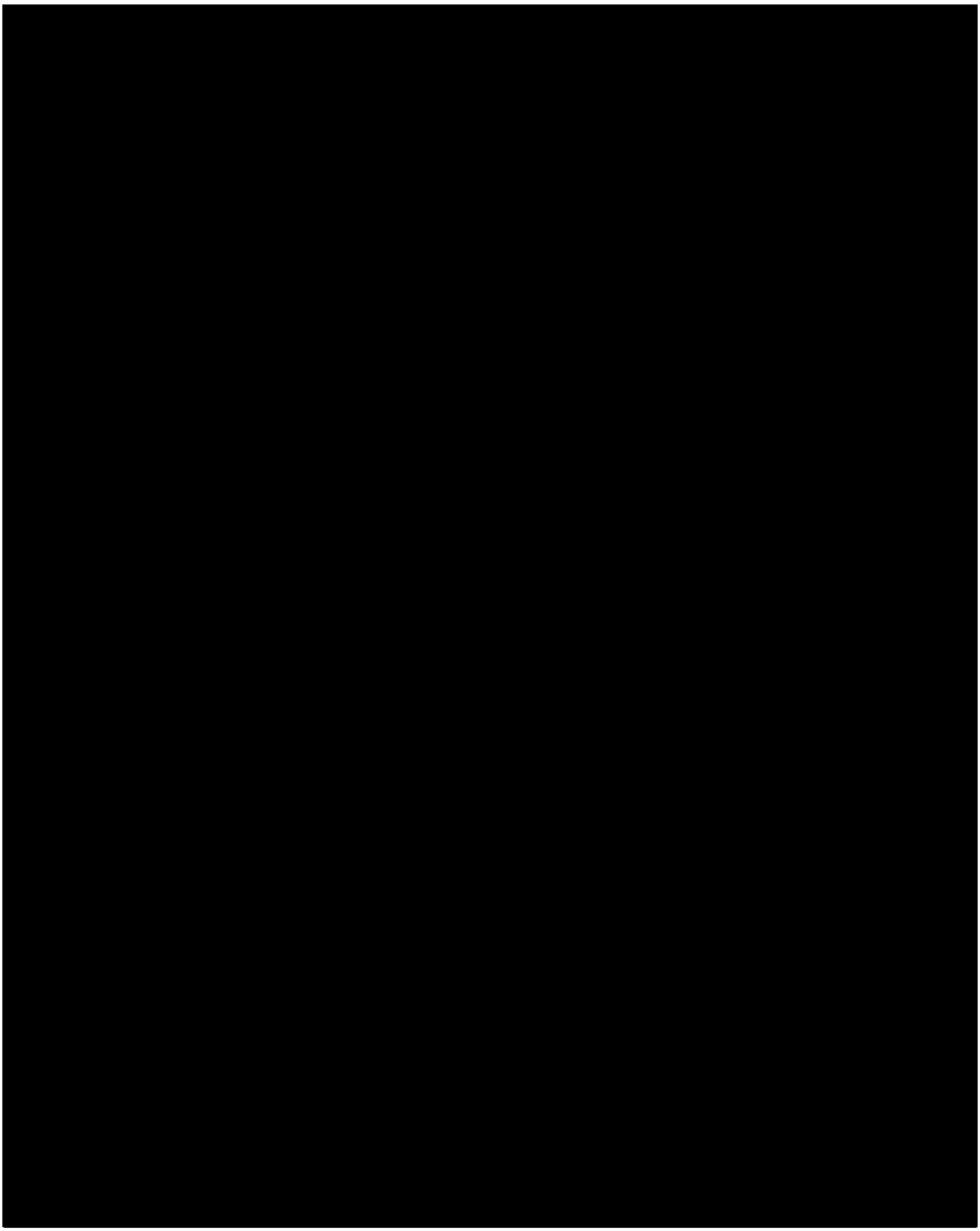
- To the best of [redacted] stated that, on the day in question, [redacted] notified of Saito's escape sometime in the evening by the unit staff. [redacted] not remember who in particular called [redacted]

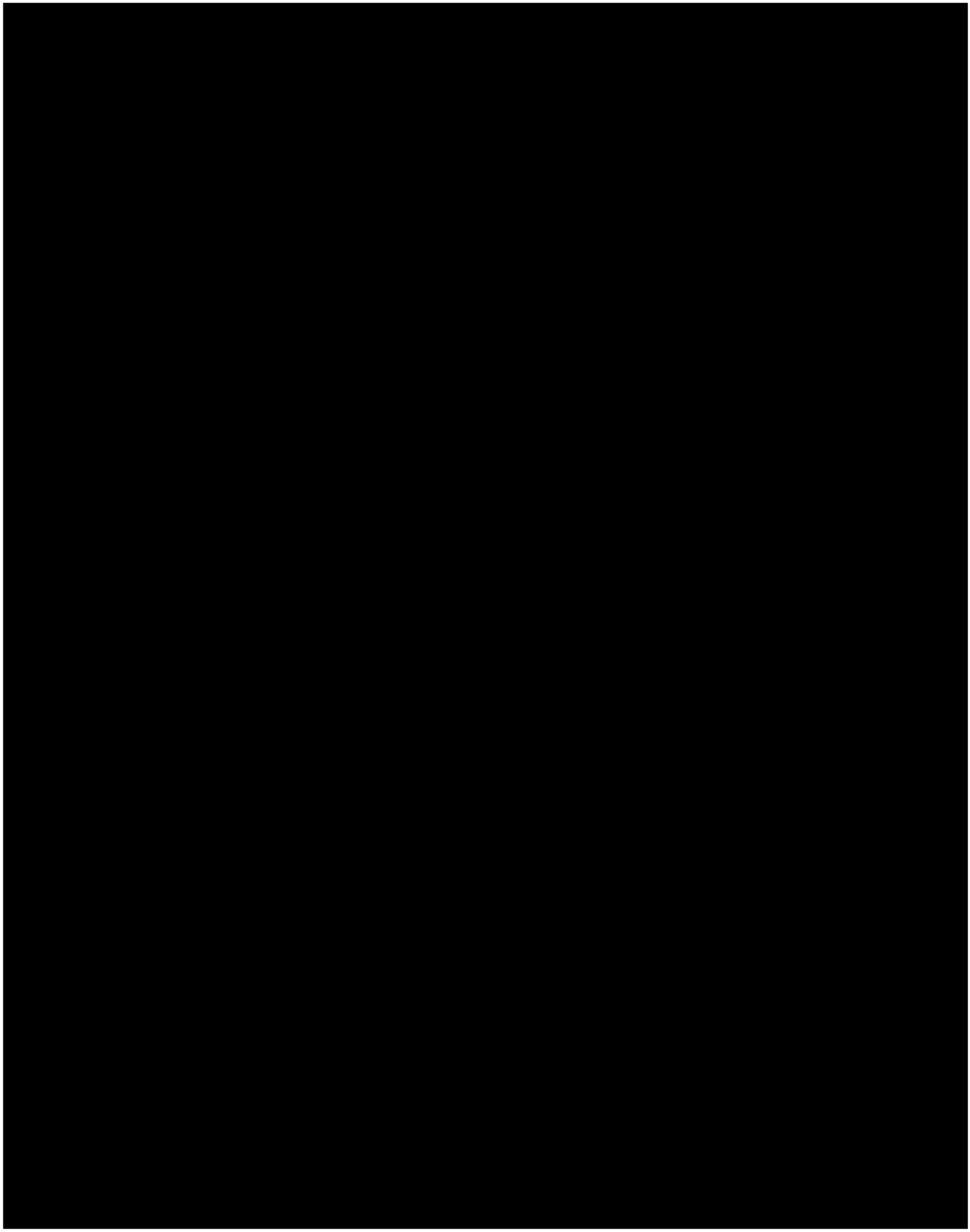


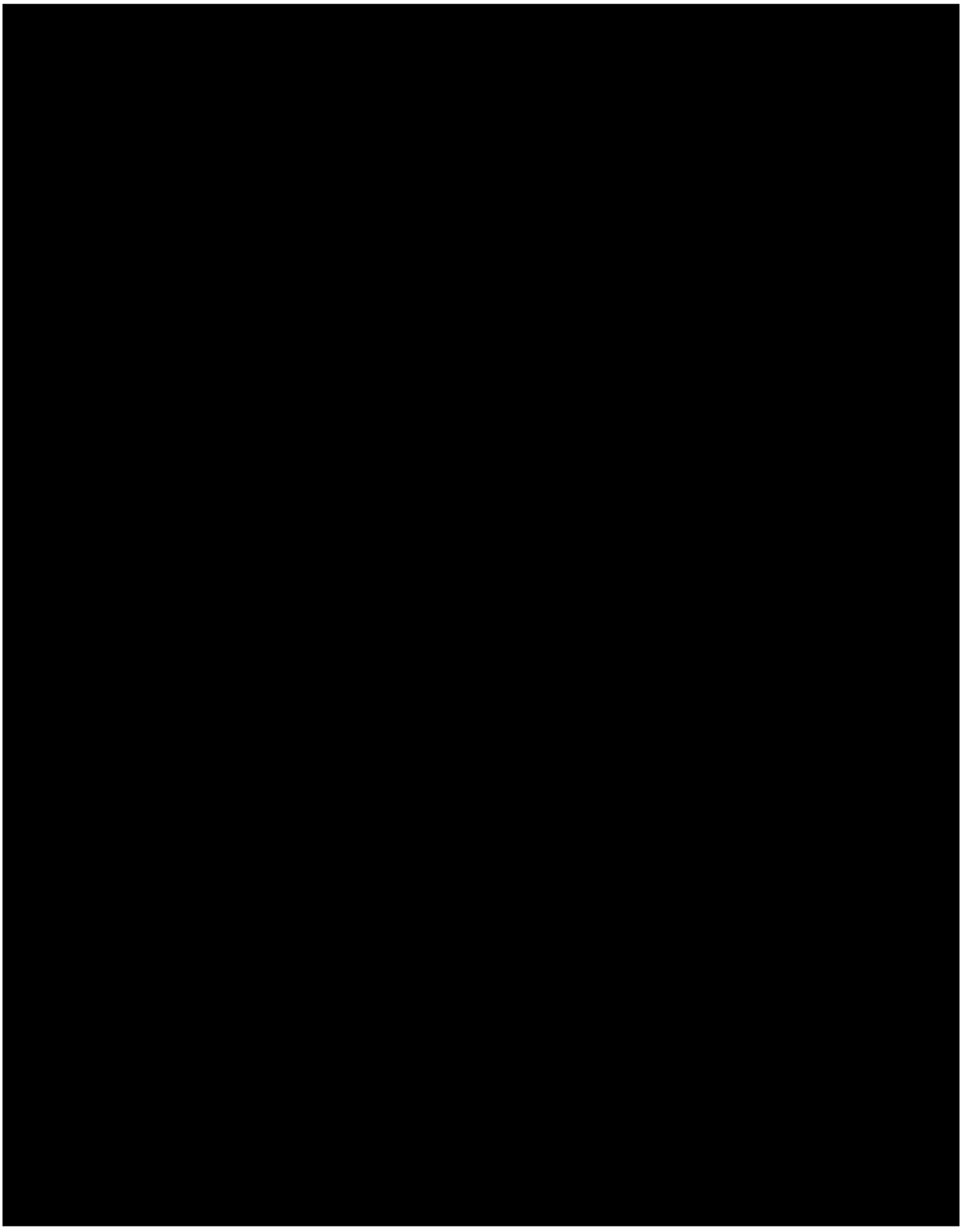


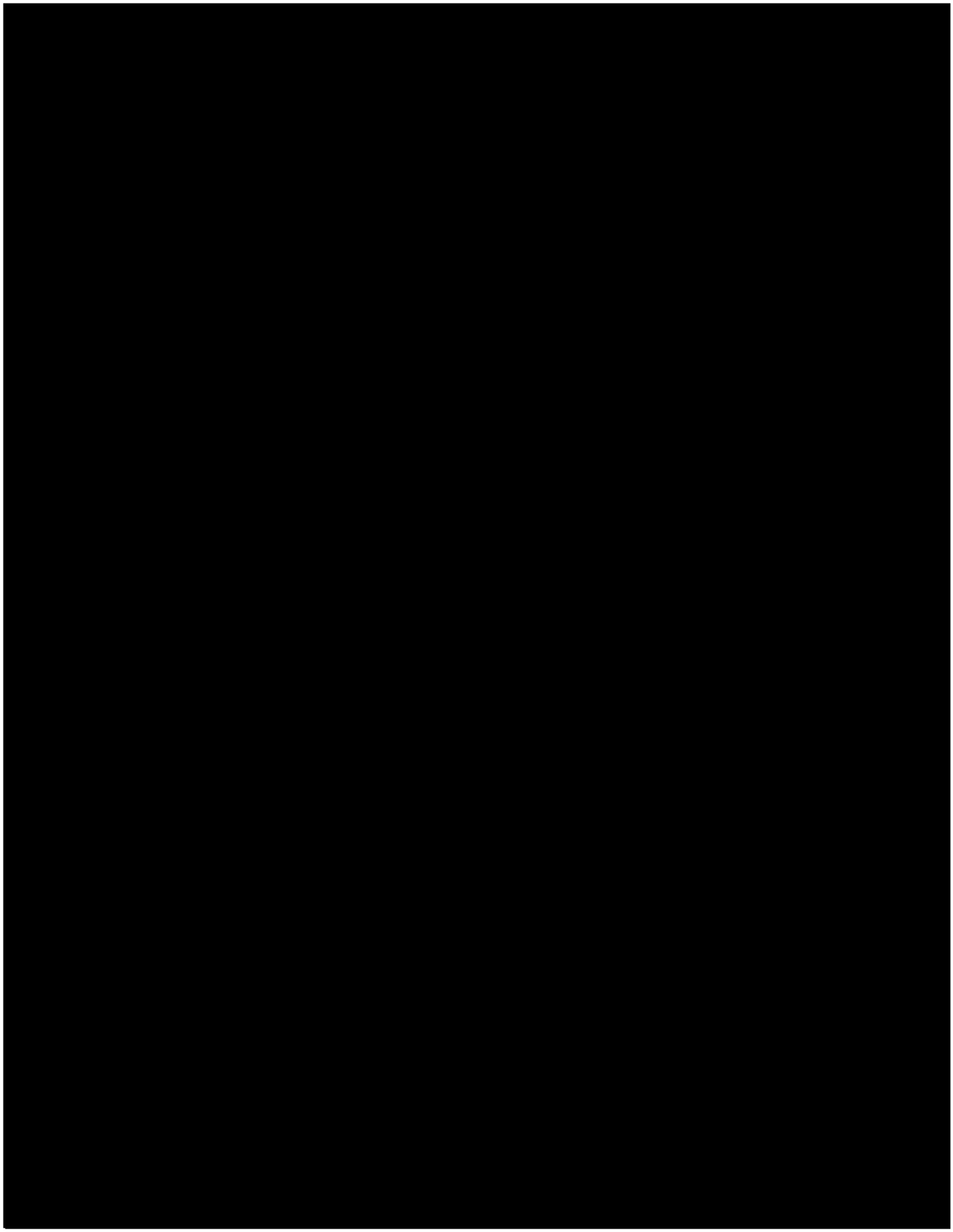


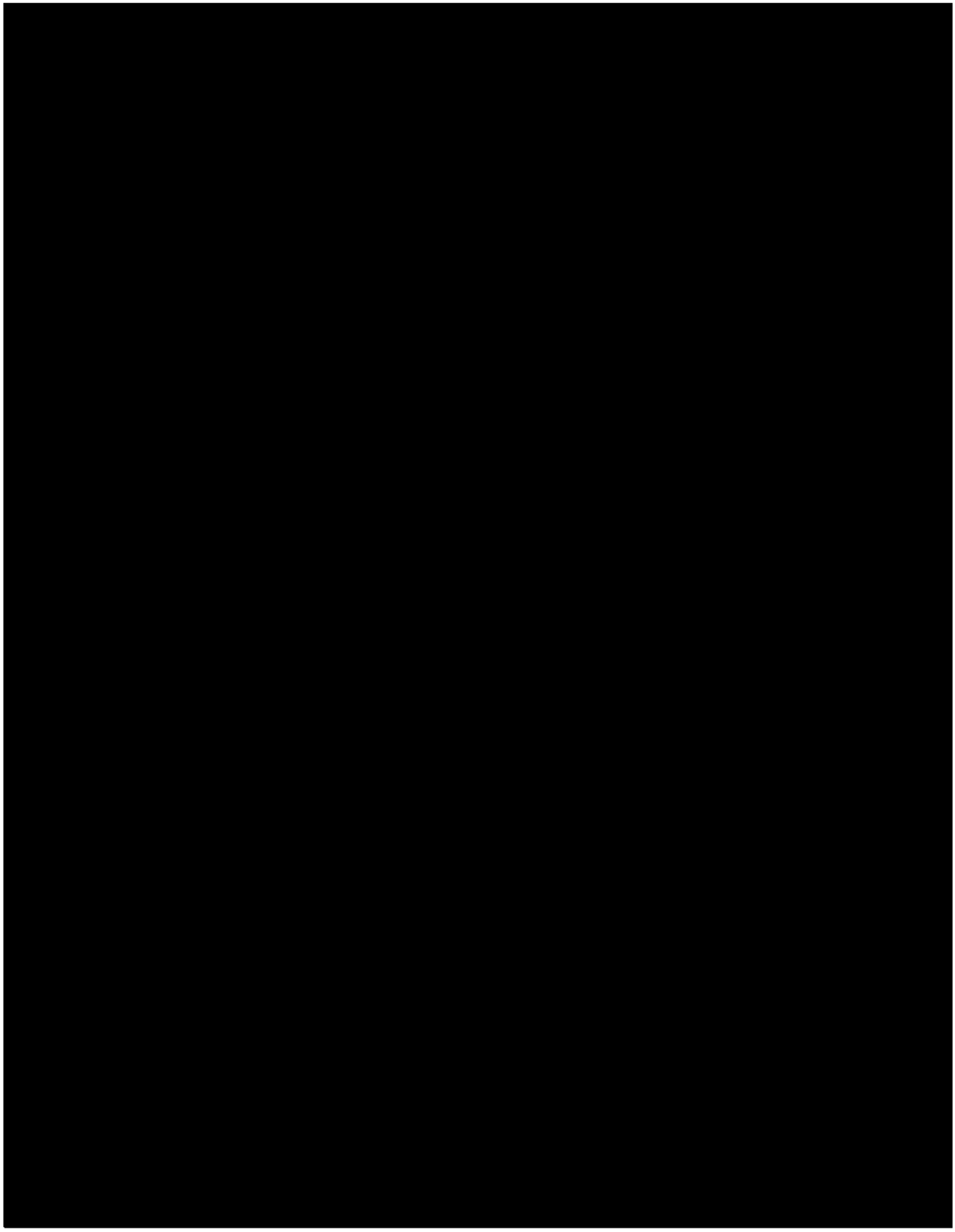












[redacted]

ATTACHMENT

- Attachment "CC" – Interview Questions [redacted] 05-09-18

DISPOSITION

Refer to the key report.

Report written by:

Dean Suzuki #55
Special Agent
05-22-18

George Do #11
Supervisory Special Agent

Jerry Won #22
Special Agent
05-22-18

Boyd K. Sakai #3
Deputy Chief Special Agent

Wendell Takata #53
Special Agent
05-22-18

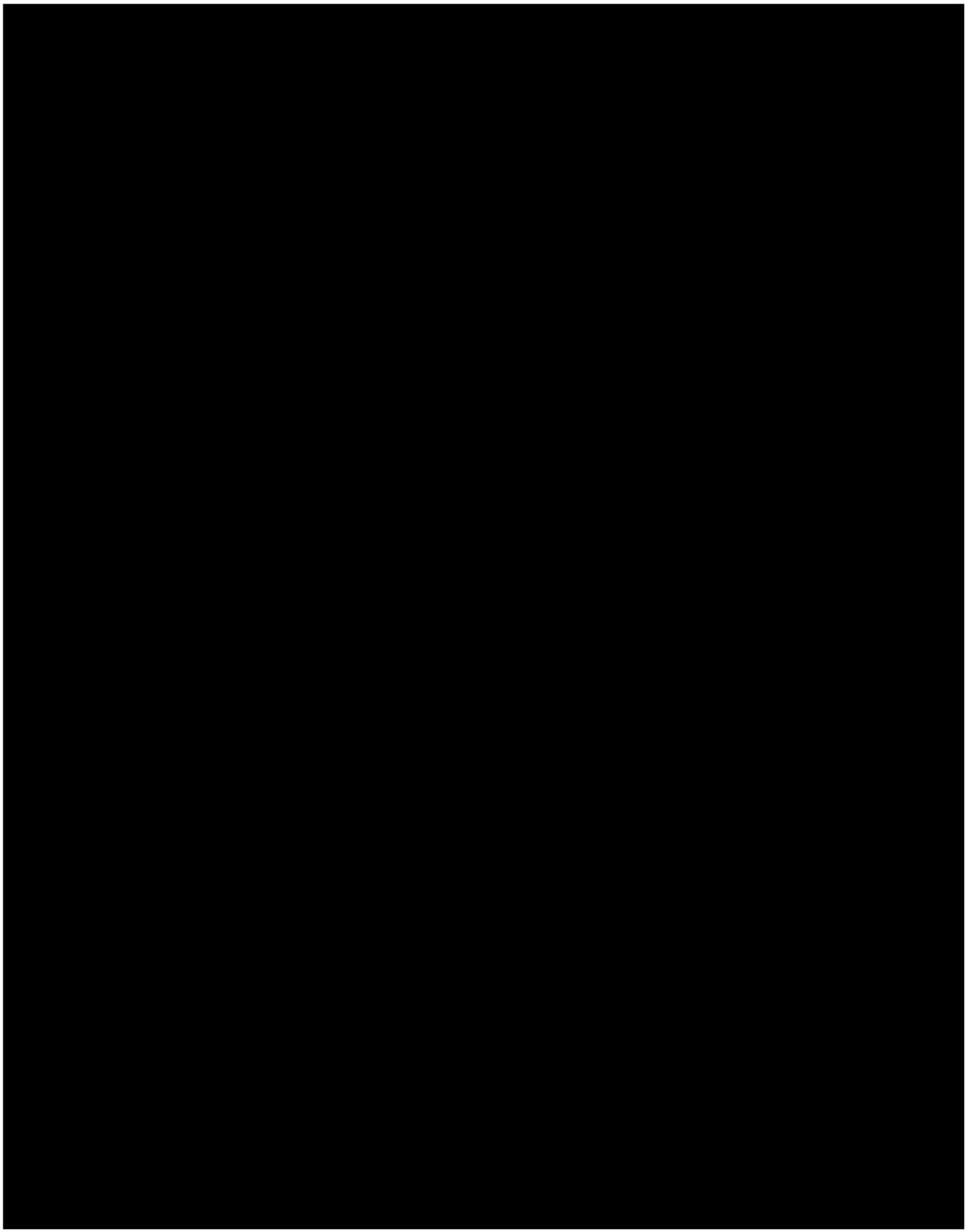
Attachment "CC"

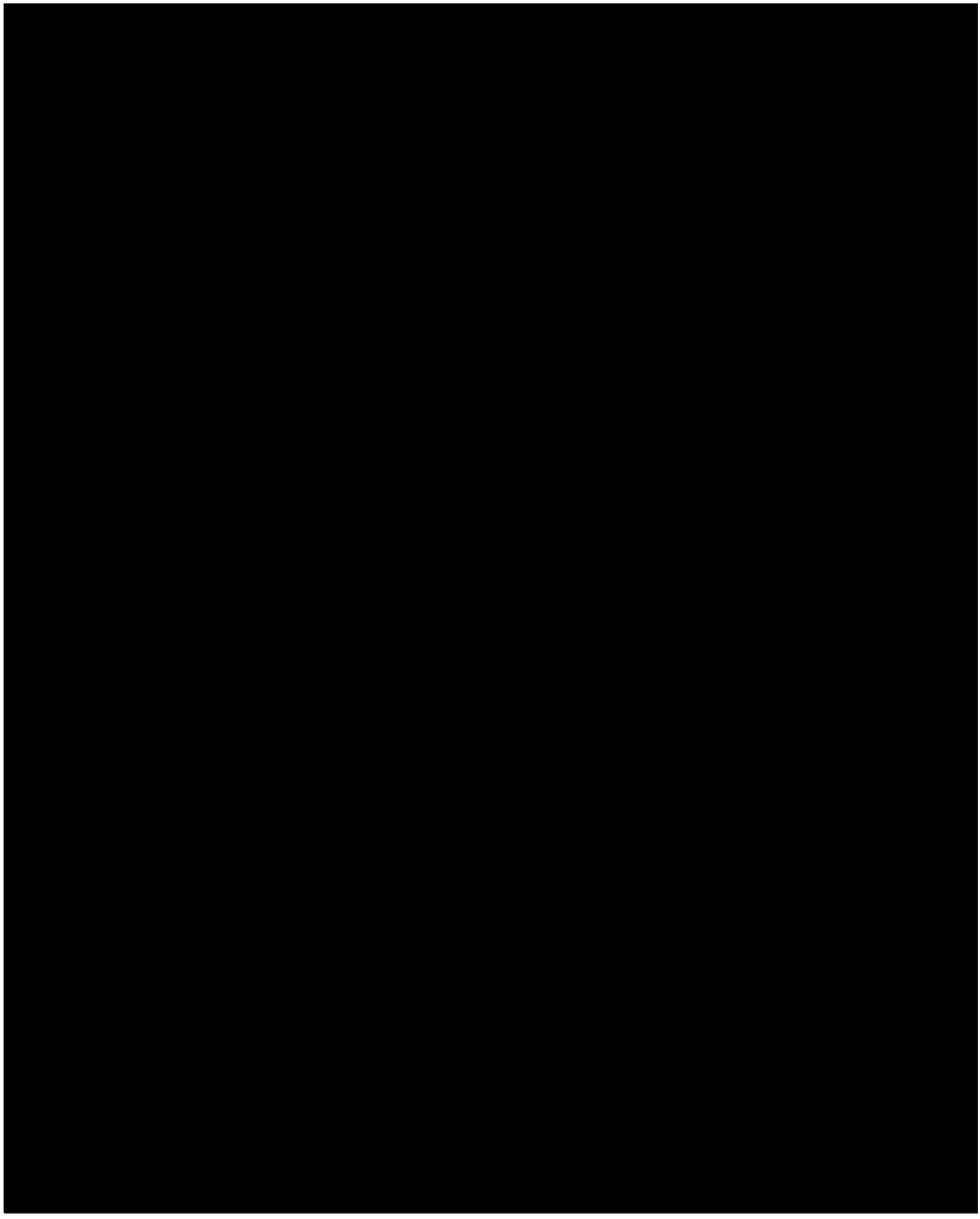
Interview Questions for [redacted]

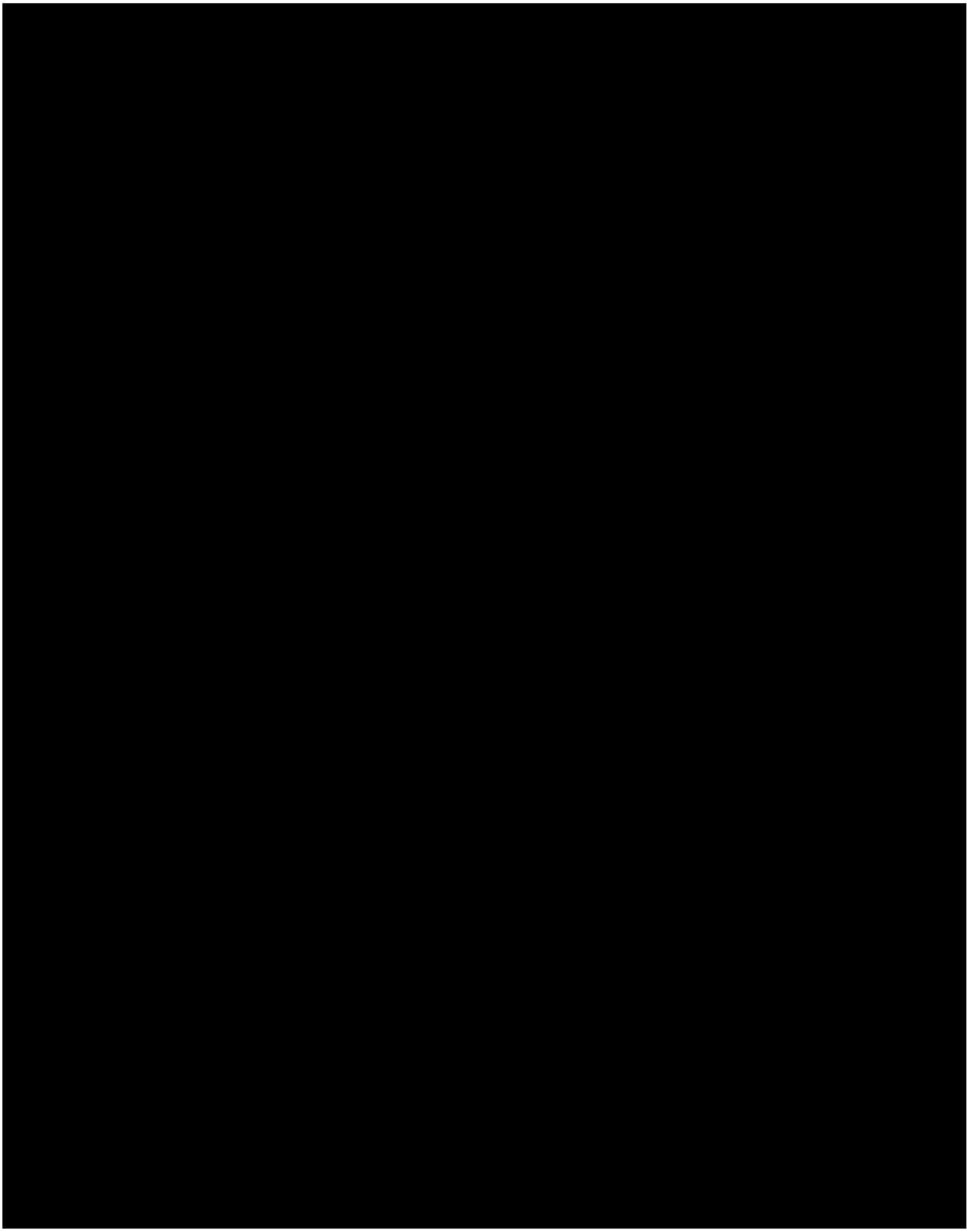
05-09-18

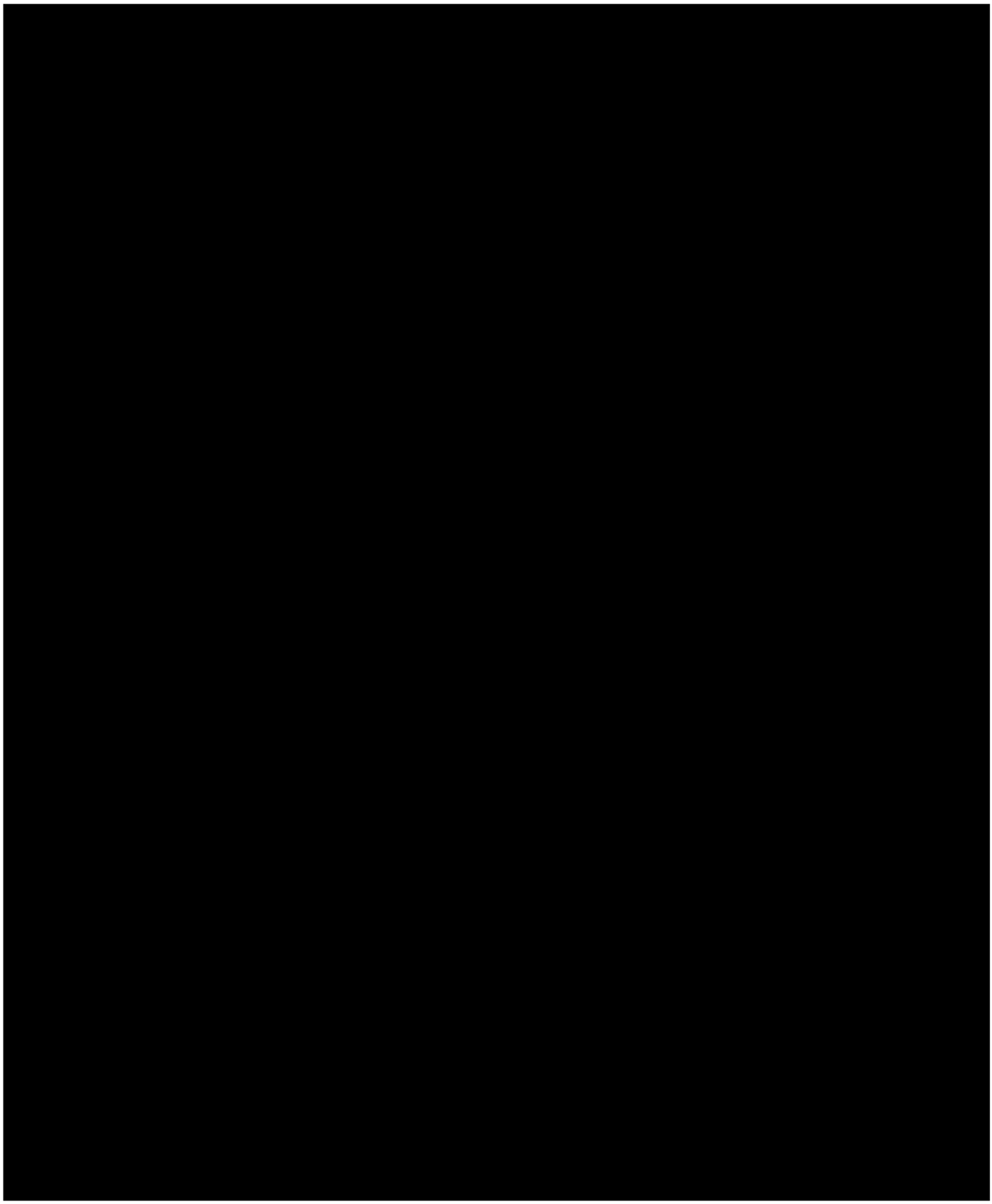
Interview Questions-HSH [redacted]

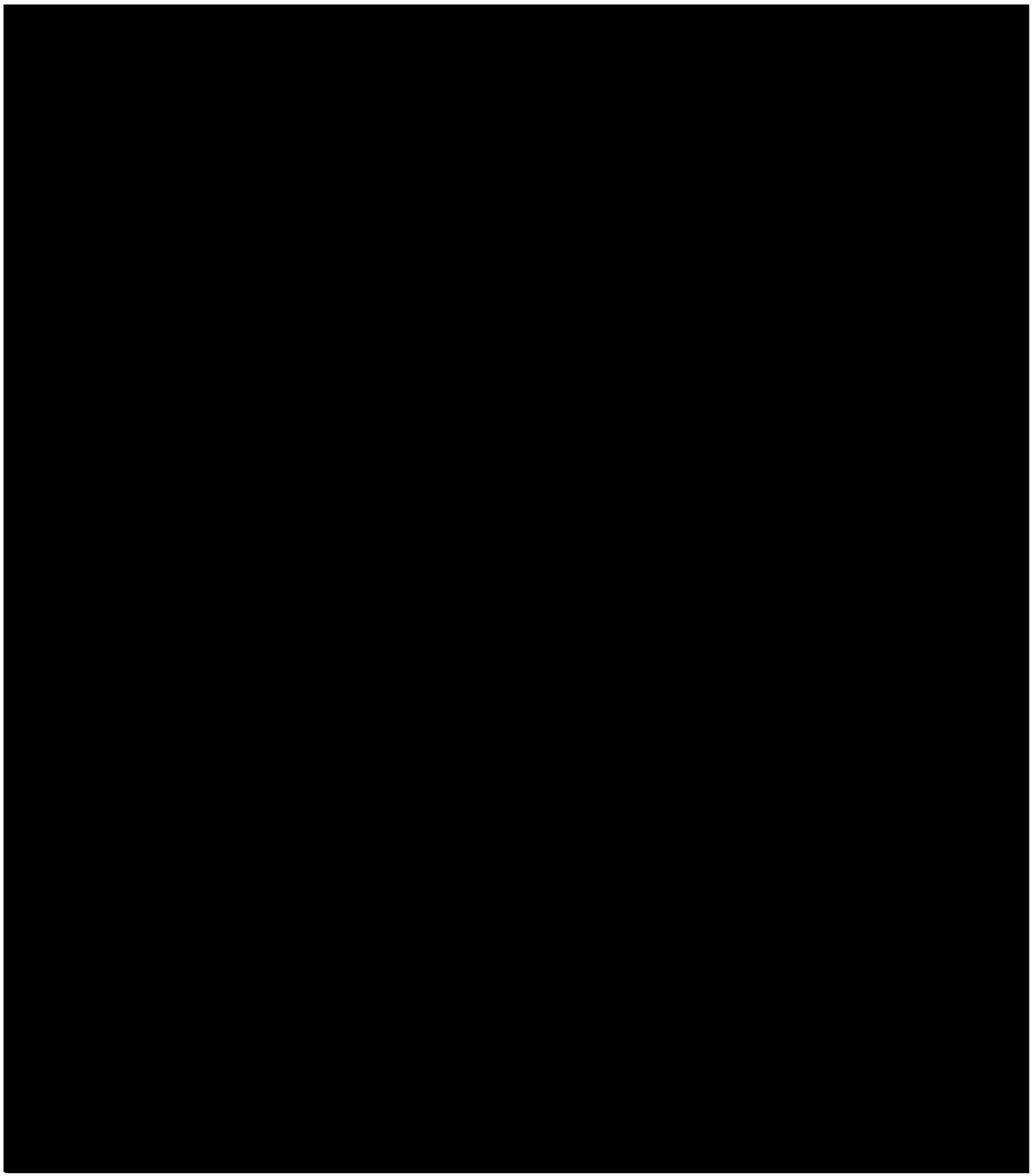
[redacted]











End date / time:_____

Factual Findings

[redacted]

Refer to the attached evidence report submitted by SA Suzuki.

FACTUAL FINDINGS

Statements

1. Witness #1 – [redacted]

   - [redacted] HSH was appropriately funded and staff adequately trained, administratively, medically and operationally.

   - [redacted] the HSH was not built for forensic based patients but fills the role as a medical detention facility. [redacted] a Master Plan report in 2015 recognized the physical plant had "Limitations and inadequacies." [redacted] the physical plant is not adequate for forensic patients and that the census and bed space has always been an issue.

   - [redacted] staff did not account for Saito's whereabouts and the shifts were transitioned without verification that all patients were accounted for. [redacted] Saito's escape was a failure of the hospital and of the hospital staff.

   - [redacted] the HSH has worked short staffed due to various issues. [redacted] HSH has implemented mandated overtime since May 2017 which has enabled units to be fully staffed.

2. Witness #2 – [redacted]

   - [redacted] the residential patient nursing units are appropriately staffed and trained and have run at 100% staffed. [redacted] Unit "I" staff is capable of handling a patient like Saito and affirmed that there has not been a lack of patient supervision.

   - [redacted] HSH is deemed a rehabilitation hospital although 99% of patients come from the courts but feels that the HSH is adequately equipped to deal with forensic patients. [redacted] HSH needs to be a forensic facility and claims that the HSH need to protect the community, need to lock up patients and provide additional security. [redacted] this might deprive the patients of their rights.

- [redacted] Unit "I" is an elderly and geriatric medical unit and classified Saito as "Too high functioning" for that unit. [redacted] Unit "I" housed 411 and 413 (NGRI) statute patients and therefore claimed that Saito did fit in.

- [redacted] contributing factors to Saito's escape was human error and the open grounds of the hospital. [redacted] not know what contributed to the delay in reporting the escape.

- [redacted] Saito was required to call the unit every hour while on UG. [redacted] the call is made to the unit, it would be marked down on the sheet within the unit.

- [redacted] the staff is required to observe each patient they are assigned to and document the corresponding code for the patient's status. [redacted] Patient Rounds SOP addresses patients on UG status and that a visual observation of the patient is required before marking them as accounted for. [redacted] the term "Unaccounted for" was ambiguous.

- [redacted] are responsible, twice a shift, to perform patient rounds making visual checks. [redacted] initials verifying these checks are entered in the bottom portion of the box with the diagonal line.

- [redacted] the policies and procedures were in place but needed to be "Tightened up."

3. Witness #3 – [redacted]

- [redacted] Unit "I" has been staffed appropriately and was well suited to house Saito. [redacted] there is no lack of patient supervision in Unit "I."

- [redacted] escape was due to a nursing staff failure and communications failure among staff. [redacted] failed to perform the patient checks at the beginning of [redacted] shift [redacted] unaware of the proper procedures for patient escapes.

- [redacted] the procedures for the hourly rounds checks and forms used varied from unit to unit [redacted] not familiar with how Unit "I" documented the hourly checks.

- [redacted] unaware of a policy covering the hourly check in calls by UG status patients.

4. Witness #4 – [redacted]

- [redacted] Unit "I" has been staffed appropriately.

- [redacted] the staff was not required to "Eyeball" Saito while he was on UG. [redacted] whoever is in the nursing station takes the check in call and does not necessarily communicate it to the staff conducting the hourly rounds checks and vice versa.

- [redacted] the escape was a system failure, noting that Saito was allowed UG status and that security posts were reduced. [redacted] there was breakdown in communication among staff besides having no log for hourly calls. [redacted] Saito was trusted.

- [redacted] does not think there is a policy addressing the hourly calls because it is determined by the Treatment Team.

5. Witness #5 – [redacted]

   - [redacted] aware of the escape policy and procedure.

   - [redacted] procedures were not followed in response to Saito's escape.

   - [redacted] incoming and outgoing telephone calls at the Telecom Office are logged in a steno notebook with the date, time and purpose. These entries include the check in calls for UG patients. [redacted] there was no official form to log these calls.

6. Witness #6 – [redacted]

   - [redacted] Unit "I," in general, is staffed appropriately and states that it was fully staffed on the evening of 11-12-17. [redacted] mandated overtime helps although they are short staffed at times.

   - [redacted] Unit "I" staffing was well suited to manage a patient such as Saito.

   - [redacted] the escape was due to the failure to follow policy and procedures and that Saito should not have been allowed UG status. [redacted] it was partly due to the nursing staff failing to check at the change of shift and reporting it to them.

   - [redacted] the one point of failure that led to the escape was that the staff failed to follow up on Saito's status, mainly his hourly calls.

7. Witness #8 – [redacted]

   - [redacted] both outgoing and incoming staff are supposed to conduct the hourly rounds together at the change of shift.

- [redacted] a contributing factor to Saito's escape was that he was allowed the UG status.

8. Witness #9 – [redacted]

- [redacted] there was no log for hourly calls and they were never instructed to log these calls.

- [redacted] there were so many inconsistencies in managing Saito and the lack of policy and procedures to guide staff.

- [redacted] the orders or instructions to manage Saito, with the status he was given, should have been more structured with doctor's orders.

9. Witness #10 – [redacted]

- [redacted] Saito's hourly calls were not logged and there was no form to log these calls.

- [redacted] Saito never called in every hour and for the day shift, he just called before lunch.

- [redacted] the contributing factor to Saito's escape was due to his UG status he maintained, regardless of his nonparticipation with his treatment.

10. Subject #1 – [redacted]

- [redacted] Unit "I" was appropriately staffed but sometimes worked short staffed which compromises the supervision of the patients.

- [redacted] contributing factors to the escape was a combination of both the hospital reporting system and nursing staff failure. [redacted] the lack of a log to track his calls, the lack of security outside, the openness of the facility and staff becoming too laxed with Saito were also contributing factors. [redacted] the most significant point of failure was his UG privileges.

- [redacted] unaware of a policy or training specific to the patient hourly rounds and states [redacted] trained on the job. [redacted] unaware of a policy regarding hourly calls by UG status patients. [redacted] each unit has different policies and procedures.

11. Subject #2 – [redacted]

- [redacted] Unit "I" was staffed appropriately most of the time and that mandated overtime has helped with short staffing issues.

- [redacted] Unit "I" was "Okay" to house and manage a patient like Saito, until he escaped.

- [redacted] unaware of a policy and procedure regarding the hourly check in calls for UG patients and that there was no log for these calls. [redacted] their practice for the hourly calls has been the same [redacted] started in Unit "I." [redacted] their practice for the hourly rounds was to visualize the patient unless they were on UG. [redacted] has not seen the policy regarding patient escapes.

- [redacted] skeptical of Saito's UG status and questioned his fitness to have this privilege. [redacted] staff has no control over the patient if they are on their own outside of the unit. [redacted] the staff goes along with what the Treatment Team and Administration decides.

- [redacted] security could have been increased.

12. Subject #3 – [redacted]

- [redacted] on 11-12-17, Unit "I" was staffed appropriately but could not remember if it was fully staffed. [redacted] the mandated overtime has helped with short staffing.

- [redacted] Saito never gave them problems and the nursing staff got laxed over the years. [redacted] Saito was a model patient and that staff was used to him not being in the unit and took it for granted that he would return.

- [redacted] Saito should be placed in the upper units that housed all male patients.

- [redacted] there was no log for Saito's check in calls and no procedures. [redacted] there was no policy regarding the accuracy of entries made on the hourly rounds form.

13. Subject #4 – [redacted]

- [redacted] Unit "I" was staffed appropriately but sometimes was short staffed.

- [redacted] Saito only called in between 5:00 pm and 6:00 pm during the evening shift. [redacted] this has been the procedure for [redacted] worked at the HSH and is unaware of written procedures regarding check in calls.

- [redacted] Saito should not have had UG status.

- [redacted] the escape was a hospital failure because it lacked policies and procedures for patients with UG status and their requirement to call the unit. [redacted] patient is out of the unit when they conduct hourly rounds so they just enter UG. [redacted] they do not log the hourly calls and there was no log for these calls.

14. Subject #5 – [redacted]

- [redacted] on 11-12-17, Unit "I" was fully staffed on the evening shift. [redacted] Unit "I" has been fully staffed since the mandated overtime and there has been no issues with the lack of patient supervision.

- [redacted] they had no problems with Saito but Unit "I" is for the elderly and that he should be placed in another unit.

- [redacted] was reluctant of his UG status because of his criminal history.

- [redacted] has followed past practice and [redacted] supposed to do in managing Saito's accountability. [redacted] a form to track Saito's calls would have helped.

15. Subject #6 – [redacted]

- [redacted] not remember if Unit "I" was fully staffed on 11-12-17 but stated that they had floaters working.

- [redacted] Saito needed to call the unit every hour while on UG then stated "Or not every hour, as long as he called when he's out." [redacted] there was no form to log in Saito's hourly calls to the unit.

- [redacted] they were not required to physically see Saito and he was marked as UG because he wasn't seen on the unit which has been past practice. [redacted]

- [redacted] an on view escape would be reported immediately contrary to Saito's circumstances where no one saw the patient.

- [redacted] it wasn't a failure of the staff and noted that Saito was probably tired of being at the HSH. [redacted] Saito's UG privilege contributed to his escape and questions whether he deserved those privileges.

Team Findings

1. Saito was on a daily UG status that the Unit "I" staff got accustomed to. They did not experience any problems with Saito on UG status and a sense of complacency set in. The staff's complacency towards Saito's UG status contributed to his escape.

2. Unit "I" is a module set up to care for the elderly and geriatric patients. The staff members interviewed agreed that Saito was a fully functioning patient. Staff stated that Saito did not belong in Unit "I" and should have been placed in a more secure unit.

3. The Unit "I" staff that was interviewed had some degree of knowledge of the HSH Policies and Procedures regarding Elopement & AWOL, Hospital Boundaries, Contraband & Searches, Personal Belongings/Valuables, Access to Personal Funds, Telephone & Mail, Relationship & Security, & Patient Rounds. Some staff members were not aware of the policies, although they had a practical or working knowledge of the procedures.

4. The HSH implemented a mandated overtime program to deal with staff shortages. The mandate allowed Unit "I" to be staffed at full capacity. A majority of the Unit "I" staff interviewed felt that the mandate has helped but they still work short at times. Administration claims that since the mandate, the units have run at 100% staffed. Although mandated overtime filled staffing shortages, according to statements, staff members working overtime were tired and not effective in performing their duties which now raised safety concerns.

5. Both outgoing and incoming [redacted] were responsible for conducting a census head count of the patients at the change of shift but it was not consistently done. The failure to conduct a census count on 11-12-17 was a major contributor to the late discovery of Saito's absence and notification to outside government agencies.

6. Unit "I" staff members stated that they searched Saito every time he returned to the unit from UG. Surveillance video showed Saito returning to the unit and was not searched. This questions whether staff consistently searched him or if it was the results of complacency.

7. An hourly log book to document the required hourly calls to the unit for UG status patients was not in place. This log would have reduced the opportunity for Saito to escape and improve patient accountability.

8. There was a lack of verbal communication between the staff who took the hourly calls from Saito, while on UG status, and the staff assigned to conduct the patient hourly rounds. The staff failed to communicate Saito's failure to call in hourly to the [redacted].

9. The perception between the HSH Administrators and the Unit "I" staff on the work environment and operations. How the Administration thought Unit "I" was operating versus the actual operations.

    - Regarding the patient hourly rounds, the administration states that staff was required to physically visualize the patient while on the but the unit personnel level states that this wasn't required and that the documentation was the status of whether the patient was on the unit or not. In Saito's case, he was not on unit and therefore marked as UG.

    - The administration states that the hourly check in calls from UG status patients were logged while on the unit level this was not the practice.

    - The administration states that policy and procedures were in place for patients with UG status such as the hourly calls. Unit level staff was unaware of such policy and procedures.

10. Special Agents reviewed the surveillance videos from the CCTV system and observed the following:

    - It appears that the security staff that monitored the CCTV was not familiar with Saito's restrictions or daily routine.

    - Security failed to observe or report Saito's boundary violation and allowed him to sit for prolong periods of time in Buildings "B" Ka Hua Iki Room (Lobby area) unattended.

    - Security failed to observe or report Saito placing and removing items in and around [redacted]

    - Security failed to observe or report Saito [redacted]

    - Security failed to observe or report Saito talking on a cell phone in the Building "B" Ka Hua Iki Room.

    - Security was not aware that Building "B" Ka Hua Iki Room was off limits to Saito without an escort.

    - The HSH failed to repair the broken CCTV cameras on [redacted]

    - The time stamp of HSH CCTV main console in the Telecom Room was not synchronized. [redacted]

- A [redacted] HSH staff member appeared to be acting as a "Look out" while Saito removed or appeared to conceal an item [redacted]

- Security failed to observe or report Saito making two trips to a locked cabinet by the aquaponics area between Building "K" and the Gym.

- Security failed to observe or report Saito [redacted] prior to his escape.

- Security failed to observe or report Saito [redacted] prior to his escape.

- Security camera labeled Building [redacted] should have been labeled as Building [redacted]

11. The staff interviewed stated that on occasion Saito was late in calling in to the unit for his hourly check and there was no disciplinary action taken nor were these incidents documented. Saito on occasion would come back late to Unit "I" and there was no disciplinary action taken nor were these incidents documented. According to some staff, Saito did not call every hour and consistently called only prior to lunch and dinner.

12. There was a lack of communication between the Unit "I" staff and the Koolau Club House staff in regards to Saito's activities at the clubhouse. The HSH staff did not know what Saito was allowed to do at the clubhouse especially with his use of computers there.

13. When documenting Saito's status on the Patient Hourly Rounds form the code should have been changed from the "UG" status to "U" indicating that Saito was back on the Unit. This should have been done as Saito was required to be back in Unit "I" during the day to evening shift change. The Patient Hourly Rounds form dated 11-12-17 did not have the "U" marked for Saito instead it was marked "UG". The staff members who were assigned to conduct the POD 3 hourly rounds checks assumed Saito was on UG status. This assumption was based on the fact that Saito had always been seen in the unit during this time in the past and they did not experience any discrepancies with him. Complacency on the staff's part contributed to this oversight.

    According to statements, this form merely documented the patient's status, whether they were on the unit or not, therefore Saito was marked as UG. Staff was not required to physically see Saito before marking him as UG and it appears that his privilege was common knowledge among staff so he was assumed to be on "UG" if not seen on the unit.

14. The information gathered in this investigation indicate that the reason for the eleven hours delay in reporting Saito's escape was basically that the staff did not know he

had left the HSH campus. The failure to account for Saito appears to be attributed to the lack of comprehensiveness in the procedures, lack of communication, past practice and complacency.

Based on the information gathered, there were no procedures in place to log or communicate Saito's hourly calls while on UG. The lack of these procedures for UG status patients appears to have allowed the unit and shifts to deal with Saito's accountability in a manner that accommodated the medical demands of Unit "I."

The administration states that the staff was required to physically see Saito when conducting the hourly rounds check, while unit level staff states that they were not. Based on the information gathered, the unit level staff states that if Saito was not seen on unit, they automatically marked him "UG" which has been acceptable past practice. Although Saito was required to be back on unit during shift change, there were times that he was legitimately not present and therefore marked as UG. Regardless, on the day in question, staff failed to confirm this.

The Unit "I" staff has a demanding workload, caring for elderly and medically challenged patients. It appears that the priority in Unit "I" was the accountability to medical issues considering their patient demographic. Saito, who was fully functional, independent and not medically challenged was probably welcomed by staff, as they viewed him as a reduction in their workload. The rapport between staff and Saito was good and everyone trusted him.

It appears that staff's complacency was due to Saito's good behavior and well mannered disposition which he was able to maintain over the years. Although there were no apparent boundary issues between present staff and Saito, a trust based patient/staff relationship appears to have been inevitable, based on his longevity at the HSH and plain human nature.

Although there are policies and procedures / SOP's regarding patient accountability and escapes (Refer to Attachments "R" #2 and "S" #16), it appears to lack specific language dealing with "UG" status patients, at times appearing vague, ambiguous, and open to interpretation. Based on the information gathered, the Unit "I" staff appears to have followed unit based procedures in terms of the way they were trained and past practices which have been the status quo for years. The fact that Saito gained their trust, along with the hectic regimen of Unit "I," allowed him the time to remain undetected for eleven hours. When Saito was confirmed missing, the staff appeared to have acted with a sense of denial and desperation. Staff interviews indicated that many of them felt a sense of betrayal which validates the medical environment that they have operated in for years.

In conclusion, the staff trusted Saito and it appears that the mentality of "Out of sight, out of mind" existed. Hence, like all the days prior, whether the Unit "I" staff accounted for Saito or failed to for whatever reason, they were confident that he would return at the end of the day.

TO: RUSSELL A. SUZUKI, ATTORNEY GENERAL

VIA: BOYD K. SAKAI, DEPUTY CHIEF SPECIAL AGENT

GEORGE DO, SUPERVISORY SPECIAL AGENT

FROM: DEAN SUZUKI, SPECIAL AGENT

SUBJECT: **STATE OF HAWAII, DEPARTMENT OF HEALTH, HAWAII STATE HOSPITAL, COMPLAINT AG #17-4571**

FOLLOW-UP REPORT

ASSIGNMENT

I am presently employed by the State of Hawaii Department of the Attorney General (AG) assigned to the Investigations Division as a Special Agent (SA).

[redacted]

INVESTIGATOR'S ACTIONS TAKEN

On Thursday, July 5, 2018, SSA George Do contacted SSA Paul Jones regarding cell phone information obtained during the criminal investigation of Randall Saito's escape.

Per SSA Jones, their criminal investigation revealed that the only cellular phones recovered from Saito were purchased by Saito in Stockton, California, just prior to his arrest by the San Joaquin County Sheriff's Department. Forensic call records analysis of the cellular phones recovered from Saito in California indicated that there were no incoming or outgoing calls, to or from, any of the cellular phone numbers of the Hawaii State Hospital employees.

Additionally, based upon HSH surveillance tapes showing Saito using a cellular phone on the hospital grounds, the cellular phones recovered from Saito did not match in terms of physical appearance to the phone Saito was video recorded using on the grounds of HSH just prior to his escape. This lead the criminal investigators to believe that Saito possibly

used a different cellphone(s) while still on Oahu and discarded them at some point during his escape route.

End of follow-up report.

DISPOSITION

Refer to the key report.

Report written by:

Dean Suzuki #55
Special Agent
07-11-18

George Do #11
Supervisory Special Agent
7/11/18

Boyd K. Sakai #3
Deputy Chief Special Agent
7-11-18

Attachments Legend

ATTACHMENTS

- Attachment "A" – Performance Improvement/Risk Management Department Allegation & List of Witness Form
- Attachment "B" – Patient Event Report #17-0928 (Progress Note Attached)
- Attachment "C" – Nursing Supervisor's Elopement/AWOL Worksheet (P&P #19.520 Attached)
- Attachment "D" – Assessment Risk in the Absence of Supervision/ Hospitalization (ARASH) (P&P #19.520 Attachment B)
- Attachment "E" – Patient Picture
- Attachment "F" – Notification of AG Investigation Memo to HSH Administrators
- Attachment "G" – Certified Mail – Notification Letter to Staff of Investigation
- Attachment "H" – Fax Transmittal with Confirmation and Copy of Patient Event Report to AG, Office of Health Care Assurance OHCA), Hawaii Disability Rights Center (HDRC)
- Attachment "I" – Written Statements
- Attachment "J" – Updated Community Assessment with Risk Management Recommendations
- Attachment "K" – Rehab Treatment Mall Memo
- Attachment "L" – Request for Administrative Approval of Patient Supervision Status (P&P #04.347 Attachment D)
- Attachment "M" – Physician's Order Form
- Attachment "N" – 11/12/17 Daily Staff Worksheet
- Attachment "O" – Unit Patient Hourly Rounds – POD 3
- Attachment "P" – Staff/Patient Care Assignment Sheet – 7-3 shift, POD 3
- Attachment "Q" – 10/10/17 Master Recovery Plan and Review (MRPR)
- Attachment "R" – Policies and Procedures / SOP
    1. #14.005 Patient Abuse and Neglect by Staff
    2. #23.995 Patient Rounds, SOP
    3. #23.992 Lines of Accountability/Responsibility of Direct Care Nursing Staff
- Attachment "S" – Policy and Procedures
    1. #03.800 Event Reporting with Attachments
    2. #04.225 Special Precautions with Attachments
    3. #04.270 Recovery (Treatment) Planning
    4. #04.505 Access to Personal funds
    5. #04.347 Supervision Status with Attachments
    6. #04.625 Visitors with Attachments
    7. #04.550 Telephone and Mail (Patient Related)
    8. #08.755 Key Control with Attachments
    9. #08.805 Grounds Security
    10. #09.235 Contraband and Searches with Attachments
    11. #12.020 Patient Trust Accounts
    12. #12.031 Patient Personal Belongings/Valuables with Attachments

13. #12.310 Relationship Security: Safe & Therapeutic Staff-Patient Interactions with Attachments
14. #13.060 Personal Mobile Devices, Voicemail and Telephone Etiquette
15. #19.300 Unit Security Officers with Attachments
16. #19.520 Elopement, Elopement Attempt and AWOL with Attachments
17. #19.525 Hospital Boundaries with Attachment

- Attachment "T" – Unit "I" Visitor Log Sign In Sheet for Saito/Unit "I" Patient Sign Out/In Sheet for Saito 05-01-17 to 11-12-17
- Attachment "U" – Multiple Patients' Sign Out Sheet on Unit "I"
- Attachment "V" – Medical Services Annual History & Physical
- Attachment "W" – Exhibits 'A' to 'V'
- Attachment "X" – Interview Questions and Initialed Exhibits
- Attachment "Y" – Administrative Subpoena [redacted]
- Attachment "Z" – Surveillance Video Timeline / Still Photographs
- Attachment "AA" – Miscellaneous Documents and Medical Records of Saito
- Attachment "BB" – Evidence Report

CASE DISCUSSED

On Friday, 04-27-18, I discussed this case with Supervisory Special Agent George Do and was instructed to submit my report for Administrative Review.

DISPOSITION

Investigation submitted for Administrative Review.

Report written by:

Dean Suzuki #55
Special Agent
04-30-18

Jerry Won #22
Special Agent
04-30-18

Wendell Takata #53
Special Agent
04-30-18

Reviewed and Approved by:

George Do #11
Supervisory Special Agent

Boyd K. Sakai #3
Deputy Chief Special Agent

CONFIDENTIAL

****

Not for Public Release

****

DO NOT COPY

****

DRAFT

A.G. No. 17-4571

ADMINISTRATIVE INVESTIGATION

HAWAII STATE HOSPITAL

Binder 2 of 4

A.G. 17-4571
ADMINISTRATIVE INVESTIGATION
HAWAII STATE HOSPITAL

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Attachment "U" – Multiple patients' sign-in/sign-out sheet Unit "I".....

Attachment "V" – Medical Services Annual History & Physical.....

Attachment "A"

Performance Improvement/Risk Management Department Allegation & List of Witness Form

Hawaii State Hospital
Performance Improvement/Risk Management Department
Allegation Form

ALLEGATION OF PATIENT NEGLECT BY STAFF, ADVERSE OUTCOME

Date of Event: November 12, 2017 **Time of Event:** Between 0900-1915

Unit: I **Location:** Patient is alleged to have exited at the lower Administrative Parking Lot

Name of Patient (victim): [redacted] **PER# for Allegation:** 17-0928
[Patient Neglect: Elopement]

Alleged Staff: [Patient Neglect: Elopement]

[redacted]

SPECIFIC ALLEGATION:

Description: Patient, [redacted] left Unit I as an Unescorted Grounds (UG) status at approximately 0900 hours and patient/staff did not check in hourly per 10/26/17 Physician's Orders and Nursing Standard Operating Procedure (SOP) #29.995 Patient Rounds. Staff reported patient missing at approximately 1915, and three days later, patient was found in Modesto, California on 11/15/17.

CD CLARIFICATION (i.e. date, time, where): Security footage is provided from multiple locations from HSH grounds.

Abuse and Neglect Allegation:

☒ Patient abuse ☐ Excessive Force ☐ Verbal/Emotional Abuse ☐ Sexual Abuse

☒ Staff Neglect ☒ Elopement ☐ Boundary Violation ☐ Other _____

Hawaii State Hospital
Performance Improvement/Risk Management Department
Allegation Form

Name and Job Title of Witnesses	Nursing Office (N.O.) or Home Unit	Date Staff Notified – Need to Fill Out	Date Witness Statement Received
[redacted]		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/13/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17

Hawaii State Hospital
Performance Improvement/Risk Management Department
Allegation Form

Name and Job Title of Witnesses	Nursing Office (N.O.) or Home Unit	Date Staff Notified – Need to Fill Out	Date Witness Statement Received
[redacted]		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17
		11/12/17	11/15/17

Attachment "B"

Patient Event Report
#17-0928
(Progress Note Attached)

HAWAI[redacted]TATE HOSPITAL QUALITY MANAGEMEN[redacted]

[redacted]EVENT REPORT

EVENT NO.: 170928

Patient's Name [redacted]
CR#: [redacted] Patient's Unit I
Date Reported 11/12/17 Time Reported (24HR) 1915
Date of Event 11/12/17 Time of Event (24HR) 1900
[redacted] Title Aide

AT THE TIME OF THE EVENT (CIRCLE ONE)	
Special Precautions	**Privileges**
(a) Routine b) q15 c) q30 d) 1:1 for a) Assault b) Elopement c) Fall d) Self-harm/injury e) Suicide	a) Restricted to Unit b) Escorted (c) Unescorted on grounds

PLACE OF EVENT ☒ (1) On-unit ☐ (2) HSH Grounds/ HSH Bldg. ☐ (3) Community ☐ Tx Mall ☐ (4) Other

Narrative Description of Event (**Print clearly**: include Who, What, When, How, Why & Patient's Behavior)

Pt. has not returned to unit I from unescorted ground. Left the unit from UG this morning c 0900 but has not returned since then. [redacted] Notified of HPD

◆*Serious Events are IMMEDIATELY reported to the Nursing Supervisor.*

Check all that apply — TYPE OF EVENT

- ◆ ☐ (E1) Allegation of Staff Neglect 600.02
- ◆ ☐ (E2) Alleg. Physical Abuse by Staff 600.04
- ◆ ☐ (E3) Alleg. of Sexual Abuse by Staff
- ◆ ☐ (E4) Alleg. of Staff Verbal/Emotional Abuse
- ◆ ☐ (E5) Elopement / ☒ AWOL 450 & 475
  - (E5a) Legal Status _____
  - (E5b) Date/Time Return ____/____
- ◆ ☐ (E6) Code 200 625 ◆ ☐ (E7) Code 500 650
- ◆ ☐ (E8) Death 650.04
- ◆ ☐ (E27) Acute Medical Condition
- ◆ ☐ (E9) Exposure / Blood and Body Fluids
- ◆ ☐ (E10) Patient to Patient Sex/Harassment
- ◆ ☐ (E11) Suicide Attempt 525.07
- ☐ (E12) Contraband 700.01
- ☐ (E13) Equipment/Medical Equip. Failure
- ☐ (E14) Fall / Un-witnessed 225
- ☐ (E15) Fall / Witnessed 200
- ☐ Adverse Drug Reaction
- ☐ (E16) Medication Error 275
- ☐ (E17) Patient Property Loss/Theft 700.05
- ☐ (E18) Patient-Patient Assault
- ☐ (E19) Patient-Staff Assault 525.03
- ☐ (E20) Property Destruction 700.04
- ☐ (E21) Safety 700.03
- ☐ (E22) Self-injurious Behavior 525.06
- ☐ (E23) Substance Use 525.08
- ☐ (E24) Treatment Error 350
- ☐ (E26) Extreme Agitation
- ☐ (E28) Threat
- ☐ (E25) Other _____

INTERVENTION

- ☐ (I1) Verbal Support
- ☐ (I2) Verbal Redirection
- ☐ (I3) Quiet Time
- ☐ (I4) Monitoring
- ☐ (I5) Vol. PRN/Stat Med Given
- ☐ (I6) Invol. PRN/Stat Med Given
- ◆ ☐ (I7) Manual Hold of >5 min.
- ◆ ☐ (I8) Ambulatory Restraints *(WWR, Shackles or WWR & Shackles)*
- ◆ ☐ (I9) Seclusion
- ◆ ☐ (I10) 4 or 5-Point Restraints
- ☐ (I11) Other: _____

ADVERSE DRUG REACTION / MEDICATION ERROR DUE TO:

Please note # of occurrences beside each error ("___")

- ☐ (A1) Extra Dose(s) ___
- ☐ (A2) Missed Dose(s) ___
- ☐ (A3) Wrong Dose ___
- ☐ (A4) Wrong Meds ___
- ☐ (A5) Wrong Patient ___
- ☐ (A6) Wrong Route ___
- ☐ (A7) Wrong Time ___
- ☐ (A8) Other and due to: ___
- ☐ (A9) Incomplete documentation ___
- ☐ (A10) Pharmacy Mislabeled ___
  - ☐ (A10a) *Notify Pharmacy & check box*
- ☐ (A11) Pharmacy Supply ___
- ☐ (A12) Transcription ___
- ☐ (A13) MAR misread/misinterpreted ___
- ☐ (A14) Forgot to administer medication ___
- ☐ (A15) Miscalculated/Measured dosage ___
- ☐ (A16) Incomplete/Confusing order ___
- ☐ (A17) Misread medication label ___
- ☐ (A18) Failed to check pt's ID info. ___
- ☐ (A19) No arrangement of meds for off unit patient ___

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CONFLICT with/

- (C1) Patient: _____
- (C2) Injury: _____
- (C3) Staff: _____
- (C4) Injury: _____
- (C5) Other _____
- (C6) Injury: _____

ASSESSMENT & TREATMENT OF PATIENT (NOT STAFF) *Must note injury, size, location, nature of injury and Tx.*

Level (1-6): 1 **(Severity of event)**
(Please see instructions on reverse for level # definitions)

Mental Status: Alert

RN Assessment (*physical findings*): ?

2

Is *PAIN* present? Circle one. Y N

MD Assessment: [redacted]

- ☐ (A1) No Injury/No Treatment
- ☐ (A2) Injury but no Treatment
  Brief Description (abrasions, lacerations, etc): _____
- ☐ (A3) Required First Aid
- ☐ (A4) Required Medical Intervention: Assessment and Treatment by a Physician at HSH
- ☐ (A5) Required Assessment and/or Treatment by an Outside Provider

Action by Charge Nurse (Required for all Events)

Notified [redacted] of police

Charge Nurse Name: [redacted] **Date/Time:** 11/12/17

NOTIFICATIONS

	DATE	TIME (24HR)	Person Notified	Notified By
Attending Psychiatrist/OD	11/12/17		[redacted]	
Chief, Department of Nursing	/ /			
Nursing Supervisor	11/12/17			
HSH Clinical Director	/ /			
HSH Administrator	/ /			
HSH Risk Management	/ /			
Security	/ /			
Parent/Guardian	/ /			
Hawaii Disability Rights Center	/ /			
AG Office/Spec. Investigations	/ /			
Law Enforcement	/ /			
Infection Control	/ /			

ACTION TAKEN

[redacted] Date 11/13/17

discussed incidents & improvements in the unit section.
PtP's reviewed w staff

[redacted] Date 11/13/17

[redacted] Date 11/20/17

Referred for investigations

Risk Management Department **Signature** _____ **Date** _____

ALL NURSING STAFF, PLEASE NOTE FLOWCHART FOR THE PATIENT EVENT REPORT

Chief, Dept. of Nsg. For review then to Risk Mgmt ⇐ *Attach Yellow NCR Copy to the Nursing 24 Hour Report* ⇐ ***Distribution from Charge Nurse*** ⇒ ***White Original to Nurse Mgr for Rounds with MD*** ⇒ *Review and Note by Nurse Mgr and MD* ⇒ *Route to Admin on Next 24 Hour Report* ⇒ *Review and Noted by Chief, Dept. of Nsg* ⇒ *To Risk Mgmt*

PATIENT EVENT REPORT INSTRUCTION SHEET

Header Section

1. The Event Number will be put on the form by Risk Management.
2. The form is to be written legibly. It may be returned to you if it is not easily read.

Basic Information Section

1. Print the patient's name, CR# and unit. This report is NOT USED FOR STAFF OR VISITOR EVENTS.
2. Circle Special Precautions and Privileges that apply, if any. Write in reason for precaution e.g. falls, assault, etc.
3. Times should be entered based on 24 hour clock notation.
4. The Narrative Description includes a clear short summary of WHO, WHAT, WHEN, and WHY and HOW if known.

Type of Event Section

1. **Immediately** notify the Nursing Supervisor of all Serious Events. The "✦" identifies those events with mandatory immediate reporting. The supervisor notifies the Director of Nursing of all serious events.
2. Check ALL the types of events that apply. If it is a medication event, check it in this section and describe it in the next section.
3. Legal Status means the admission or commitment type e.g. voluntary, MH-6,406, 707, etc.

Intervention, Type of Medication Event

1. More than one type of intervention may be checked; include the number of occurrences. **Each wrong medication administration** is counted as an error. (e.g. If a QID is not given for 5 days, this counts as 20 errors ***OR*** if 2 QID meds were missed during a period, this counts as 40 errors.)
2. Interventions with "✦" are serious events and require immediate notification of Nursing Supervisor.
3. Pharmacy must be notified as soon as possible for mislabeled medication. If after hours, page the on-call pharmacist via the telephone operator.

Conflict/with Section

1. Identifies the one who assaulted this patient or the one this patient assaulted. If the other person is a patient, a Patient Event Report will be filled out on them also. If the person is staff or a visitor, this may be the only place the name will be recorded.

Assessment and Treatment

1. Summarize important findings. Write a comprehensive note in the Clinical Record. This section is required of all events except property loss/theft or events without direct involvement with a patient. Assessment by RN is expected. Assessment by MD is based on need.

   SEVERITY LEVEL KEY:

   Level 1 – Event occurred but the patient was not harmed
   Level 2 – Event resulted in need for increased patient assessments but no change in vital signs and no patient harm
   Level 3 – Event resulted in need for treatment/intervention and caused temporary patient harm
   Level 4 – Event resulted in initial or prolonged hospitalization and caused temporary patient harm
   Level 5 – Event resulted in permanent patient harm or near-death, such as anaphylaxis
   Level 6 – Event resulted in patient death

Action by Charge Nurse

1. The Charge Nurse reviews all Patient Event Reports generated on the shift for completeness and initiates appropriate care.
2. The Charge Nurse shall begin the notification process as appropriate.
3. The Charge Nurse insures that the NCR copy of the Patient Event Report is included with the 24 hour nursing report and the Original copy of the Patient Event Report is made available to the Nurse Manager for AM review with physicians.

Notifications	Notified By	When Required (other times optional)
Attending Psychiatrist/OD	Charge Nurse or designee	The patient needs medical attention or assessment.
Chief, Dept of Nursing	Nursing Supervisor	All serious events ✦
Nursing Supervisor	Charge Nurse or designee	All serious events ✦
HSH Clinical Director	Nursing Supervisor or designee	All serious events ✦
HSH Administrator	Chief, Dept. of Nursing or Nursing Supervisor	Allegations of Abuse or Neglect and Elopement.
HSH Risk Management	Nursing Supervisor	Allegations of Abuse or Neglect and Elopement.
Security – Dept of Public Safety	Charge Nurse	Elopement, Contraband, loss or theft, property destruction
Parent/Guardian	Charge Nurse	Elopement, Serious Injury, transfer to outside facility.
Hawaii Disability Rights Center	Nursing Supervisor, Risk Management	All events
AG Office Spec. Investigations	Nursing Supervisor, Risk Management	At request of Hospital Administrator in cases of alleged abuse or neglect
Law Enforcement	Anyone	When a crime is thought to have been committed.
Infection Control	Charge Nurse	Exposure to Blood or Body Fluid
AMHD QI	Nsg Supervisor	Severity Level 5, 6 or elopement, or admitted to outside hospital due to medication error or serious injury to visitor or staff, or potential for adverse publicity

HAWAII STATE HOSPITAL

PROGRESS NOTES

SRVC. CODE	DATE & TIME
D4	11/12/17 2700

P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION
D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P = PLAN
SIGNATURE AND TITLE FOR EACH PROGRESS NOTE

[redacted]

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT	08 -OCCUPATIONAL THERAPIST
02 - OTHER PHYSICIAN	09 - RECREATIONAL THERAPIST
03 - PSYCHOLOGIST	10 - DIETICIAN
04 - REGISTERED NURSE	11 - CHAPLAIN
05 - LPN	12 - MISA
06 - PMA/PSYCH TECH	13 – OTHER (Students, Interns, UM, etc.)
07 - SOCIAL WORKER	14- OUTSIDE AGENCY/PROVIDERS (Case Mgr, etc.)

[redacted] [redacted]
[redacted] HSH M 03 06 81
I [redacted] [redacted]
[redacted]

Attachment "C"

[redacted]

Elopement/AWOL Worksheet (P&P #19.520 Attached)

Hawaii State Hospital

[redacted] Elopement/AWOL Worksheet

[redacted]

A. [redacted] [redacted] I

Patient Name | Patient (CR) Number | Unit

B. 11/12/17 0700 - Last documented observation on hourly rou By [redacted]

Date | Time Last Seen

C. 11/12/17 1913 By [redacted]

Date | Time Elope/AWOL Declared

D. Initial Response to Search:

1. [redacted] 1913 Time

2. [redacted] 1913 Time

3. Areas searched by declaring staff, security, assisting staff:
unit I and hospital grounds

4. Results:
Not found

E. Completion of Assessment of Risk in the Absence of Supervision/Hospitalization (ARASH - Attachment B)

[redacted] 1930 Time

[redacted] Time

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

F. Consultation with [redacted] (after completion of ARASH):

[redacted] at 11/12/17 (Date) 2240 (Time)

Results of conference call [redacted]

(1)	Patient voluntary	✓ Yes	___ No
(2)	Not dangerous to self/others	✓ Yes	___ No
(3)	Discharge recommended	___ Yes	✓ No
(4)	Patient court ordered	✓ Yes	___ No
(5)	Patient dangerous to self/others	___ Yes	✓ No
(6)	Law enforcement assistance needed	✓ Yes	___ No
(7)	Patient dangerous to others and Tarasoff warning to specific person/persons advisable (if so, inform law enforcement of potential victim(s) as well as potential victim(s) themselves.)	___ Yes	✓ No

G. Notifications:

[redacted]

4. Guardian

N/A
Name of Guardian ___ Phone No. ___ Date and Time Notified

5. Family/Significant Others

[redacted]
Name of Person Contacted Phone No. Date and Time Notified

Not yet directed to contact
Comments

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

Attachment A
P&P 19.520 01/12

6. [redacted] 11/12/17 1957
Date and Time Notified

Comments

7. Law Enforcement
HSH — Agency
M. Neth - Badge #3049 — Name of Officer
11/12/17 1930 — Date/Time
Report #17-428888, Charge: Escape 2 — Comments
911 — Phone No.

8. Other Notified
DPS Public Information officer - Toni Schwartz - notified @ 1944
Sheriff Dispatch (already aware when called) - notified @ 2004
Relationship to Patient — Name — Phone No.

H. Abuse/Neglect Allegation Reporting Consideration

Patient Supervision Status Escorted? ___ Yes ✓ No

If yes, staff assigned to patient
Name — Title — Unit

Staff Witnesses (if any)
Name — Title — Unit

Name — Title — Unit

Patient Event Report (PER) completed ✓ Yes ___ No

Abuse/Neglect Status discussed with: N/A

Director of Nursing or Associate Director of Nursing — Clinical Director — Administrator/ Administrator on Call

PER faxed to Attorney General Phone No. _____ Date/Time _____

PER faxed to Hawaii Disability Rights Center Phone No. _____ Date/Time _____

PER faxed to (OHCA) Phone No. _____ Date/Time _____

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

Attachment A
P&P 19.520 01/12

Attachment "D"

Assessment Risk in the Absence of Supervision/Hospitalization (ARASH)
(P&P #19.520 Attachment B)

Hawaii State Hospital

Assessment Of Risk In The Absence Of Supervision/Hospitalization (ARASH) Page 1

Patient Name	Patient CR Number	Date of Assessment
[redacted]		11/12/2017

Name of Physician completing assessment	Name of Nurse completing assessment
[ ] Attending [redacted] OD	[ ] Charge Nurse [ ] Designee
Print: [redacted]	Print: [redacted]
Signature:	Signature:

1. [redacted] in the community and in the hospital? Be specific with persons and dates whenever possible.

	Community	Hospital
Danger to Self	[redacted]	
Danger to Others (Assaults, threats, sexual abuse, etc.)		

2. What is the ro[redacted]

3. Did the patient have, or withdraw, funds which would permit him or her to access drugs.

[redacted]

4. Are there any known (by name) potential victims/class of victims or past victims/class of victims the patient may endanger? (Tarasoff warning is the issue here.)

Not known

[redacted]

[redacted] 03 06 81

Addressograph

5. What is the patient's current mental status and diagnosis. (Pay particular attention to paranoid disorders/ideation and violence - related hallucinations or delusions.)

[redacted]

Was the patient psychotic? (to the best of your knowledge) [redacted]

Had the patient been medication/treatment compli[redacted]

When was the last stat medication given?
[redacted]

When was the last episode of seclusion or restraints?
[redacted]

6. Has the patient eloped previously?

NO

Where did the patient go during prior elopement(s)?

N/A

Who located the patient during prior elopement(s)?

N A

7. What is the patient's legal status?

_____ Voluntary

_____ Family Court Ordered

__✓__ Criminal Court Ordered

_____ Status (404, 406, 411(1)(a), 413, etc.)

__✓__ Crime of Violence Against Another (707, non 707)

8. What was patient's supervision status/level at time of elopement?

Unescorted ground walk

How long had patient been on current status/level?

Since 9/25/2015

FILE THIS FORM IN THE ASSESSMENT SECTION OF THE PATIENT [redacted] PY OF THIS ARASH TO THE PATIENT EVENT [redacted]

[redacted] 3 06 8

Attachment "E"

Patient Picture

Attachment "F"

Notification of AG Investigation Memo to HSH Administrators

HAWAII STATE HOSPITAL
RISK MANAGEMENT DEPARTMENT
45-710 KEAAHALA ROAD
KANEOHE, HAWAII 96744-3597

DATE: November 16, 2017

TO: [redacted]

FROM: [redacted]

UNIT: I

SUBJECT: Notification of Attorney General Investigation
This is to notify you that a serious incident or allegation of patient neglect by staff has been referred to the Attorney General's Department.

Patient Event Report #	Date of Event	Patient Involved	Alleged Staff Involved	Type of Event
PER #17-0928	November 12, 2017	[redacted]	[redacted]	Allegation of Patient Neglect

Attachment "G"

Certified Mail – Notification Letter to Staff of Investigation

DAVID Y. IGE
GOVERNOR OF HAWAI'I

ADDRESS ONLY
ADMINISTRATOR
HAWAI'I STATE HOSPITAL

INFORMATION REGARDING PATIENTS
IS CONFIDENTIAL AND FURNISHED
FOR PROFESSIONAL PURPOSES ONLY

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
HAWAI'I STATE HOSPITAL
45-710 KEA'AHALA ROAD
KANE'OHE, HAWAI'I 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

November 17, 2017

NOV 20 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

CERTIFIED MAIL

[redacted]

The purpose of this letter is to inform you that an allegation of patient neglect has been made against you. This is a serious allegation that has been referred to the Investigations Division, Department of the Attorney General, for investigation and is a result of Patient Event Report #17-0928.

As part of the investigative process, you will be given an opportunity to respond to the allegations and to furnish evidence in support of your case. At the investigatory meeting you have the right to be represented by your Union or Union steward.

You will be contacted by the assigned investigator. Failure to cooperate with the investigator could result in being placed on leave without pay.

Be advised that you are prohibited from harassing, discriminating or taking retaliatory actions against any employee/patient who have been asked to provide statements of his/her knowledge surrounding the circumstances relative to the allegation.

If you have further questions regarding this matter, you may contact the HSH Risk Manager at 236-8240.

Sincerely,

ANTHONY J. FRAIOLA
Associate Administrator
Administrative & Support Services

c: Union Agent, Hawaii Government Employees Association
Chief Investigator, Investigations Division, Department of the Attorney General
HSH Risk Manager

DAVID Y. IGE
GOVERNOR OF HAWAI'I

ADDRESS ONLY
ADMINISTRATOR
HAWAI'I STATE HOSPITAL

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DEPARTMENT OF HEALTH
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45-710 KEA'AHALA ROAD
KANE'OHE, HAWAI'I 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

November 17, 2017

RECEIVED
NOV 20 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

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Associate Administrator
Administrative & Support Services

c: Union Agent, Hawaii Government Employees Association
Chief Investigator, Investigations Division, Department of the Attorney General
HSH Risk Manager

DAVID Y. IGE
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45-710 KEA'AHALA ROAD
KANE'OHE, HAWAI'I 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

November 17, 2017

RECEIVED
NOV 20 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

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c: Business Agent, United Public Workers
Chief Investigator, Investigations Division, Department of the Attorney General
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45-710 KEA'AHALA ROAD
KANE'OHE, HAWAI'I 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

November 17, 2017

RECEIVED
NOV 20 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

CERTIFIED MAIL

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Chief Investigator, Investigations Division, Department of the Attorney General
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45-710 KEA'AHALA ROAD
KANE'OHE, HAWAI'I 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

November 17, 2017

RECEIVED
NOV 20 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

CERTIFIED MAIL

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ANTHONY J. FRAIOLA
Associate Administrator
Administrative & Support Services

c: Business Agent, United Public Workers
Chief Investigator, Investigations Division, Department of the Attorney General
HSH Risk Manager

DAVID Y. IGE
GOVERNOR OF HAWAI'I

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45-710 KEA'AHALA ROAD
KANE'OHE, HAWAI' 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

November 17, 2017

RECEIVED
NOV 20 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

CERTIFIED MAIL

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Associate Administrator
Administrative & Support Services

c: Business Agent, United Public Workers
Chief Investigator, Investigations Division, Department of the Attorney General
HSH Risk Manager

DAVID Y. IGE
GOVERNOR OF HAWAI'I

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45-710 KEA'AHALA ROAD
KANE'OHE, HAWAI'I 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

December 5, 2017

CERTIFIED MAIL

[redacted]

The purpose of this letter is to inform you that an allegation of patient neglect has been made against you. This is a serious allegation that has been referred to the Investigations Division, Department of the Attorney General, for investigation and is a result of Patient Event Report #17-0928.

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Sincerely,

ANTHONY J. FRAIOLA
Associate Administrator
Administrative & Support Services

c: Chief Investigator, Investigations Division, Department of the Attorney General
HSH Risk Manager

Attachment "H"

Fax Transmittal with Confirmation and Copy of Patient Event Report to AG

AG, Office of Health Care Assurance (OHCA), Hawaii Disability Rights Center (HDRC)

ADDRESS ONLY
ADMINISTRATOR
HAWAI'I STATE HOSPITAL

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DEPARTMENT OF HEALTH
HAWAI'I STATE HOSPITAL
45-710 KEAAHALA ROAD
KANEOHE, HAWAI'I 96744-3528

PLEASE REFER TO
FILE NO.

FAX TRANSMITTAL

Please distribute to the appropriate person. Thank you for your assistance.

Date sent: 11/15/17
Time sent: 10:50am

Number of pages 2
(Including this page)

To: **George Do**, Supervisory Special Agent
Investigation Division, Dept. of Attorney General
Fax: (808) 586-1371

Client Services
Hawaii Disability Rights Center (formerly known as Protection and Advocacy)
Fax (808) 949-2928

Keith Ridley, Chief, OHCA
Hospital & Medical Facilities Branch, DOH
Fax: (808) 692-7447

From: ☐ Nursing Office ☑ **PI/RM Mgt Unit**

Document being sent: (brief description):

This is an investigation of abuse/neglect: elopement of [redacted] from Unit I on 11/12/17 from 0900-1915. The Patient Event Report (PER) #17-0928 has been attached for your reference.

Comments:

[redacted]

This communication is intended solely for the individual or the entity to which it is addressed, and may contain information that is privileged, confidential and/or prohibited from disclosure. If the reader of this communication is not the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address above via the U.S. Postal Service. Thank you.

HAWAII STATE HOSPITAL QUALITY MANAGEMENT

PATIENT EVENT REPORT

EVENT NO. 10928

Patient's Name [redacted]

Patient's Unit I

Date Reported 11/12/17 Time Reported (24HR) 1915

Date of Event 11/12/17 Time of Event (24HR) 1900

[redacted]

AT THE TIME OF THE EVENT (CIRCLE ONE)

Special Precautions	Privileges
a) Routine b) q15 c) q30 d) 1:1 for a) Assault b) Elopement c) Fall d) Self-harm/injury e) Suicide	a) Restricted to Unit b) Escorted c) Unescorted c) 9A Grounds

PLACE OF EVENT ☐ (01) On unit ☐ (02) HSH Grounds/ HSH Bldg. ☐ (03) Community ☐ (04) Mail ☐ (05) Other

Narrative Description of Event (**Print clearly**: include Who, What, When, How, Why & Patient's Behavior)

PT. has not returned to unit from unescorted ground. Left the unit from 4G this morning @ 0900 but has not returned since then. [redacted] Notified of HPD

Serious Events are IMMEDIATELY reported to the Nursing Supervisor

Check all that apply — TYPE OF EVENT

- ☐ (01) Allegation of Staff Neglect 600.02
- ☐ (02) Alleg. Physical Abuse by Staff 600.04
- ☐ (03) Alleg. of Sexual Abuse by Staff
- ☐ (04) Alleg. of Staff Verbal/Emotional Abuse
- ☐ (05) Elopement / ☒ AWOL 450 & 475
  - (06) Legal Status _____
  - (09) Date/Time Return ____/____
- ☐ (26) Code 200 625
- ☐ (27) Code 500 650
- ☐ (28) Death 650.04
- ☐ (29) Acute Medical Condition
- ☐ (29) Exposure / Blood and Body Fluids
- ☐ (30) Patient to Patient Sex/Harassment
- ☐ (31) Suicide Attempt 525.07
- ☐ (32) Contraband 700.01
- ☐ (33) Equipment/Medical Equip. Failure
- ☐ (34) Fall / Un-witnessed 225
- ☐ (35) Fall / Witnessed 200
- ☐ Adverse Drug Reaction
- ☐ (36) Medication Error 275
- ☐ (37) Patient Property Loss/Theft 700.05
- ☐ (38) Patient-Patient Assault
- ☐ (39) Patient-Staff Assault 525.03
- ☐ (40) Property Destruction 700.04
- ☐ (41) Safety 700.03
- ☐ (42) Self-injurious Behavior 525.06
- ☐ (43) Substance Use 525.08
- ☐ (44) Treatment Error 350
- ☐ (46) Extreme Agitation
- ☐ (48) Threat
- ☐ (25) Other _____

INTERVENTION

- ☐ (01) Verbal Support
- ☐ (02) Verbal Redirection
- ☐ (03) Quiet Time
- ☐ (04) Monitoring
- ☐ (05) Vol. PRN/Stat Med Given
- ☐ (06) Invol. PRN/Stat Med Given
- ☐ (07) Manual Hold of >5 min.
- ☐ (08) Ambulatory Restraints (*WWR, Shackles or WWR & Shackles*)
- ☐ (09) Seclusion
- ☐ (10) 4 or 5-Point Restraints
- ☐ (11) Other: _____

ADVERSE DRUG REACTION / MEDICATION ERROR DUE TO:

Please note # of occurrences beside each error (ex: ___)

- ☐ (01) Extra Dose(s) ___
- ☐ (02) Missed Dose(s) ___
- ☐ (03) Wrong Dose ___
- ☐ (04) Wrong Meds ___
- ☐ (05) Wrong Patient ___
- ☐ (06) Wrong Route ___
- ☐ (07) Wrong Time ___
- ☐ (08) Other and due to: ___
- ☐ (09) Incomplete documentation ___
- ☐ (10) Pharmacy Mislabeled ___
- ☐ (10a) *Notify Pharmacy & check box*
- ☐ (10) Pharmacy Supply ___
- ☐ (10) Transcription ___
- ☐ (10) MAR misread/misinterpreted ___
- ☐ (10) Forgot to administer medication ___
- ☐ (10) Miscalculated/Measured dosage ___
- ☐ (10) Incomplete/Confusing order ___
- ☐ (10) Misread medication label ___
- ☐ (10) Failed to check pt.'s ID info. ___
- ☐ (10) No arrangement of meds for off unit patient ___

RECEIVED
NOV 13 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

CONFLICT with/

- (12) Patient: _____
- (13) Injury: _____
- (14) Staff: _____
- (15) Injury: _____
- (16) Other _____
- (16) Injury: _____

ASSESSMENT & TREATMENT OF PATIENT (NOT STAFF) *Must note injury, size, location, nature of injury and Tx.*

Level (1-6): 1 (Severity of event)
(Please see instructions on reverse for level # definitions)

Mental Status: Alert

RN Assessment (*physical findings*): _____

Is *PAIN* present? Circle one. Y N

MD Assessment: [redacted]

- ☐ (01) No Injury/No Treatment
- ☐ (02) Injury but no Treatment
  Brief Description (abrasions, lacerations, etc): _____
- ☐ (03) Required First Aid
- ☐ (04) Required Medical Intervention: Assessment and Treatment by a Physician at HSH
- ☐ (05) Required Assessment and/or Treatment by an Outside Provider

* * * Communication Result Report (Nov. 15. 2017 9:59AM) * * *

1)
2)

Date/Time: Nov. 15. 2017 9:58AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2322	Memory TX	95861371	P. 2	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

ADMINISTRATOR
HAWAII STATE HOSPITAL

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STATE OF HAWAII
DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL

PLEASE REFER TO FILE NO.

FAX TRANSMITTAL

Please distribute to the appropriate person. Thank you for your assistance.

Date sent: 11/15/17
Time sent: 10:50am

Number of pages: 2
(including this page)

To: George Do, Supervisory Special Agent
Investigation Division, Dept. of Attorney General
Fax: (808) 586-1371

Client Services
Hawaii Disability Rights Center (formerly known as Protection and Advocacy)
Fax: (808) 949-2928

Keith Ridley, Chief, OHCA
Hospital & Medical Facilities Branch, DOH
Fax: (808) 692-7447

From: ☐ Nursing Office ☒ PVRM Mgt Unit

Document being sent: (brief description):

This is an investigation of abuse/neglect: elopement of [redacted] from Unit I on 11/12/17 from 0900-1915. The Patient Event Report (PER) #17-0928 has been attached for your reference.

Comments:

[redacted]

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PVRM Use 9/1/17

* * * Communication Result Report (Nov. 15. 2017 10:01AM) * * *

1)
2)

Date/Time: Nov. 15. 2017 9:59AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2323	Memory TX	99492928	P. 2	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

[redacted]

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
HAWAI'I STATE HOSPITAL
45-710 Keaahala Road
Kaneohe, Hawai'i 96744

[redacted]

FAX TRANSMITTAL

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Number of pages: 2
(including this page)

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PI/RM Unit 9/1/15

* * * Communication Result Report (Nov. 15. 2017 10:01AM) * * *

1)
2)

Date/Time: Nov. 15. 2017 9:59AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2324	Memory TX	96927447	P. 2	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

[redacted]
ADMINISTRATOR
[redacted]

[redacted]

STATE OF HAWAII
DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL
[redacted]

PLEASE REFER TO FILE NO.

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Number of pages: 2
(including this page)

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Keith Ridley, Chief, OHCA
Hospital & Medical Facilities Branch, DOH
Fax: (808) 692-7447

From: ☐ Nursing Office ☒ PI/RM Mgt Unit

Document being sent: (brief description):

This is an investigation of abuse/neglect: elopement of [redacted] from Unit I on 11/12/17 from 0900-1915. The Patient Event Report (PER) #17-0928 has been attached for your reference.

Comments:

[redacted]

This communication is intended solely for the individual or the entity to which it is addressed, and may contain information that is privileged, confidential and/or prohibited from disclosure. If the reader of this communication is not the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address above via the U.S. Postal Service. Thank you.

PI/RM Unit 8/1/15

Attachment "I "

Written Statements

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event:

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☒ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☒ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. ANY OTHER information?

RECEIVED
NOV 15 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

I was [redacted] assigned 7/3 that day. I saw [redacted] on my first round before breakfast. I'm not aware that patient signed out @ 0900 none of the staffs told me) and that he supposed to check in @ 1100. And towards the end of 7/3 shift. none of the staff informed me that he'd not back from unescorted. I left the Unit @ 1515 and the Unit was accepted.

Signature: [redacted] Date: 11/14/2017 Time: 0920

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event:

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☐ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☐ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

Was doing my hourly, saw patient a little after 7:00pm.

Signature: [redacted] Date: Nov 13, 17 Time: 9:25pm

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: _____

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☐ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other _____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☐ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other _____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

I was assigned POD I hourly g/s check. I did not see [redacted]

Signature: [redacted] Date: 11/15/17 Time: _____

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: Nursing office

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 07 - 15 shift

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

On November 12, 2017 I was working on unit I for the dayarea (pod 3) from 11:30 am - 15:15. Throughout the shift I noted that the patient [redacted] was on unescorted grounds as seen on the hourly boards. Around 1415 I returned the IMUA document for the patients in pod 3 (which included [redacted] to the [redacted] I gave a verbal report stating that I did not do the IMUA for [redacted] saito as he still had not returned from his unescorted grounds privileges like he usually does. I still continued to document that Randall Saito still did not return until my shift had ended at 1515 and he later gave the board to [redacted] at the end of the day.

Signature: [redacted] Date: 11/15/17 Time: 16:36

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 11:12/17

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☐ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other_____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☐ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other_____

Please give a detailed statement answering ALL the following questions:

1. Did you HEAR or SEE anything relevant to the event?
2. When DATE and TIME event occurred?
3. WHERE did it happen (treatment mall, village green, unit, etc.)?
4. WHO was involved (any other WITNESSES)
5. WHAT happened?
6. HOW did it happen?
7. WHY did it happen (prior events leading up to event)?
8. ANY OTHER information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

Patient has not returned from unescorted ground walk. Supervisor notified. HPD came for interview, communicated to operator.

Signature: [redacted] Date: 11/12/17 Time: 1

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 1900

Job Title [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☐ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U
☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green
☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you HEAR or SEE anything relevant to the event?
2. When DATE and TIME event occurred?
3. WHERE did it happen (treatment mall, village green, unit, etc.)?
4. WHO was involved (any other WITNESSES)
5. WHAT happened?
6. HOW did it happen?
7. WHY did it happen (prior events leading up to event)?
8. ANY OTHER information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

PT. [redacted] HAS NOT RETURN THE UNIT FROM UNESCORTED GROUNDS. ROOM SEARCH WAS DONE. GROUND SEARCH WAS DONE. PT. NOT FOUND. NOTIFIED [redacted]

Signature: [redacted] Date: 11/12/17 Time: 1900

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: F

Patient Name: [redacted] Date of Event: 11-12-17 Time of Event: 1915

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☐ Unit I ☐ Unit S ☑ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

I did not see pt. [redacted] come back from his unescorted grounds. According to the county check he left the unit I since 0900 but has not returned.

Signature: [redacted] Date: 11-12-17 Time: 2100

Attachment C, P&P No. 03.800

Hawaii State Hospital

[redacted]nt Form

Statement of Staff [redacted] Home Unit: I Unit

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 1:15 am

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other______

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other______

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

1. No
2. 11/12/17
3. Are it Happen at Unit I Location patient escape
4. Don't know
5. Don't know
6. Don't know
7. Don't know
8. None

Signature:______ Date:______ Time:______

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: _____

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other _____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other _____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

On 11/12/17, the writer was assigned on designated patient (C.C.) from 7-11 in the morning. Patient stayed in her room in POP-1 dorm area. After 11:30 A.M. the writer was assigned in POP-2. Right after patients lunch, patients and staff assigned in dorm had to go back in dorm area due weather outside and stayed there til the shift was over.

Signature: [redacted] Date: 11/15/17 Time: 0255

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: E

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event:

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☐ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

on sunday 11/12/17 I did not see [redacted] [redacted] I did one of the hourly checks + Iremeber looking in his room for him, I don't remember what time it was, I just assumed he was on his unescorted grounds. This was sometime in the morning.

Signature [redacted] Date: 11/14/17 Time: 09:58

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: DAY/EVENING SHIFT

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U
☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green
☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

ON 11/12/2017, I CAME TO WORK DAY-SHIFT FROM 7-3. I WAS ASSIGNED AS THE DESIGNATED STAFF FOR PATIENT [redacted] FROM 7:00A (3:30 PM. BECAUSE OF THIS, I DID NOT HEAR OR SEE ANYTHING RELEVANT TO THE EVENT [redacted] ELOPED FROM THE PREMISES OF HAWAII STATE HOSPITAL. AND ALSO I DO NOT HAVE ANY INFORMATION LEADING TO THE EVENT.

Signature [redacted] Date: 11/13/17 Time: 7:30 AM

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event:

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

1. I didn't hear or see anything related to event.
2. It occurred sunday 11/12/17. I do not know the time.
3. It happened on unit I
4. [redacted] was involved. I don't know of any witnesses.
5. [redacted] eloped from the unit
6. I am unaware of how it happened or
7. why it happened.
8. Other information - On saturday 11/11/17, patient [redacted] asked myself and front desk staff L.A. to ~~get his~~ assist him to get his boots in storage room. ~~He stated he needed~~ he stated "I need it, I don't want my feet to get wet, it's raining." He was brought to storage room and got his boots.

Signature: [redacted] Date: 11/13/17 Time: 0930

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/2017 Time of Event: unknown

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☒ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☒ Unit I (PI) ☐ Unit S ☐ Unit T ☐ Unit U
☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green
☐ Other unescorted ground

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

I did not hear or see anything. And I was assigned to Pod 2 hourly day area for the first 4hrs. "am" then after lunch I was assigned to designated to C.C for the rest of the day.

Signatu[redacted] Date: 11/13/2017 Time: 0930

Form No. 5B
Revised 09/02

RECEIVED
NOV 13 2017
HAWAII STATE HOSPITAL
ADMIN. & SUPPORT SERVICES

DEPARTMENT OF HEALTH
State of Hawaii
Hawaii State Hospital

EMPLOYEE INCIDENT REPORT
(Green, 1 copy)

EC #

Sub-Unit, Unit or Section	Initial	Date IN	Date OUT
[redacted]	[redacted]	11/13	11/13/17

Incident Date: 11/12/17 Sun, Time: 8:00 - 8:30 am Place: [redacted]

Employee(s) Involved: [redacted]

Description of Incident: Sunday morning between the time of 8-8:30 am, I remember seeing [redacted]

After that I don't recall when he left

11/13/17 I spoke with [redacted] regarding Sunday morning [redacted] told me that [redacted] and leans back down [redacted] At Approximately 8:30 AM on weekends and holidays. [redacted]

Submitted by: [redacted]
Name (*please print*)

[redacted]
Position Title

[redacted]

11/13/17
Date

This report will be used to report infractions of Civil Service or Hospital regulations, or to request administrative attention for any incident of concern. Information must be legible. The reviewing steps are as follows:

1. Reporting Employee
2. Immediate Supervisor
3. Program / Discipline Chief or Nursing Supervisor
4. Director of Nursing, Medical Director or Associate Administrator, as appropriate.
5. Associate Administrator for Administrative and Support Services

Each reviewer will investigate and/or submit comments as appropriate. Additional sheets may be attached as necessary.

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 915

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☒ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☐ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☒ Other On grounds

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

Pt in lobby asking to sign out for breakfast. Sign out time 750am. Pt approached me again at front desk to sign out for unescorted grounds around 915 am. I did not see [redacted] After.

Signature: [redacted] Date: 11/13/17 Time: 0944

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: _____ Time of Event: _____

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☐ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other _____

Event Location: ☑ Unit E ☐ Unit F ☐ Unit H ☐ Unit I ☐ Unit S ☐ Unit T ☐ Unit U
☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green
☐ Other _____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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HAWAII STATE HOSPITAL
RISK MANAGEMENT

Patient seen at the day area walking to his room between 8:30 am to 9 AM.

Signature: [redacted] Date: 11-13-17 Time: 9:20 am

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: E

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: _____

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☒ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other _____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☐ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other _____

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RISK MANAGEMENT

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

1) ~~Showed~~ Saw patient when we want to breakfast walking around by dining room and A Bld. @ 8 Am.

2) Then saw patient when we were out at church around 10 Am

3) Last time I saw patient was during lunch walking around by Village green then he walked towards dining room and Bld A + went down stairs.

Signature: [redacted] Date: 11/13/17 Time: 5 AM

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: Nursing office

Patient Name: [redacted] Date of Event: 11-12-2017 Time of Event: _____

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other _____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☐ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other _____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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The last time i saw the PT was in the morning around 7:30 to 8:30 i never saw PT after breakfast.

Signature: [redacted] Date: 11-13-2017 Time: 9:25 AM

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/13/17 Time of Event: 0800

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☐ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☑ Other unescorted grounds

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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The last time I seen patient [redacted] is when I checked [redacted] in from unescorted grounds at ~0900, Pt was not visually seen by anyone after [redacted] checked out again ~0915. I did not receive any calls from [redacted] during [redacted] unescorted grounds privileges [redacted] supposed to check in hourly while on unescorted grounds.

Signature [redacted] Date: 11/13/17 Time: 1005

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 12NOV17 Time of Event: 1915

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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WRITER WAS ASSIGNED AS A DESIGNATED STAFF FOR PATIENT [redacted]. [redacted] ASKED THIS STAFF TO HELP SEARCH THE CAMPUS UPON THE DISCOVERY OF THE ELOPEMENT.

Signature: [redacted] Date: 12NOV2017 Time: 2100

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 1918

Job Title: [redacted]

Type of Event: ☐ Allegation of Neglect ☐ Code 200
☐ Allegation of Physical Abuse ☐ Code 500
☐ Allegation of Sexual Abuse ☐ Medication Event
☐ Allegation of Verbal/Emotional Abuse ☐ Treatment Error
☑ Elopement ☐ Other_____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U
☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green
☐ Other_____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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RISK MANAGEMENT

[redacted] did not return from unescorted grounds. 1900 notified to charge nurse. Searched was done. patient was not found.

Signature: [redacted] Date: 11/12/17 Time: 2100

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name [redacted] Date of Event: 11.12.17 Time of Event: 1915

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

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Please give a detailed statement answering ALL the following questions:

1. Did you HEAR or SEE anything relevant to the event?
2. When DATE and TIME event occurred?
3. WHERE did it happen (treatment mall, village green, unit, etc.)?
4. WHO was involved (any other WITNESSES)
5. WHAT happened?
6. HOW did it happen?
7. WHY did it happen (prior events leading up to event)?
8. ANY OTHER information?

I WENT TO WORK AT HSH/UNIT I ON 11.12.17 (3-11 SHIFT), I WAS ASSIGNED IS POD 1 DAY AREA (HOURLY CHECK/Q'15 CHECK). EVERYTHING WENT WELL UNTIL THEY ([redacted]) WAS LOOKING FOR A CERTAIN PATIENT NAMED [redacted] THAT NEVER CAME BACK TO THE UNIT AT AROUND 1900, [redacted] HAS THE PRIVILEGE TO HAVE UNESCORTED GROUNDS, WE SEARCHED EVERYWHERE (UNIT I) ~~NOT TO BE FOUND~~. AND [redacted] WAS NEVER BEEN FOUND.

Signatur[redacted] Date: 11.12.17 Time: 2100

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11-12-17 Time of Event: 1915

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

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RISK MANAGEMENT

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

Was in the back ~~of~~ pods with dependent pt. for first 2 hr. Rest of the shift. Did not see him in day area, but ~~was~~ is not unusual during this time around 5pm At 1900, pt. did not come back from uncscored grounds. Normly comes back around 1930.

Signature: [redacted] Date: 11-12-17 Time: 2120

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 1900

Job Title: [redacted]

Type of Event: ☐ Allegation of Neglect ☐ Code 200
☐ Allegation of Physical Abuse ☐ Code 500
☐ Allegation of Sexual Abuse ☐ Medication Event
☐ Allegation of Verbal/Emotional Abuse ☐ Treatment Error
☑ Elopement ☐ Other_____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U
☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green
☐ Other_____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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RISK MANAGEMENT

I heard around medication time @ 1900 that there was something happening. IN unit I. [redacted] so not sure what happened. around time he was missing.

Signature: [redacted] Date: 11/12/17 Time: 22:25

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: _____ Time of Event: _____

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☐ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other_____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☒ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other_____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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RISK MANAGEMENT

This writer was assigned a Designated Staff position during 9:45-11:15 shift. PT I was watching is (C.C) from 3pm-8pm.

Signature [redacted] Date: 11/12/17 Time: 21:30

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 1915

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you HEAR or SEE anything relevant to the event?
2. When DATE and TIME event occurred?
3. WHERE did it happen (treatment mall, village green, unit, etc.)?
4. WHO was involved (any other WITNESSES)
5. WHAT happened?
6. HOW did it happen?
7. WHY did it happen (prior events leading up to event)?
8. ANY OTHER information?

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RISK MANAGEMENT

My post was dorm 2 day Area 3-11 Shift on 11/12/2017 Around 7:15 pm [redacted] was asking about [redacted] It Happen ON unit I Never Seen or Heard from [redacted]

Signature [redacted] Date: 11/12/2017 Time: 9:00 pm

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name [redacted] Date of Event: 11-12-17 Time of Event: 07:15 PM

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☒ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☒ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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RISK MANAGEMENT

[redacted] at around the time of about 07:10PM. Had gone into Pt(RS) room. Therefor in doing so, I have gone in the room to get another patient, that did not belong in there out. When noticed Pt(RS) has not come back from UG. I immediately notified [redacted]

Signature: [redacted] Date: 11-12-17 Time: 0200

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 1905

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☐ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other AWOL

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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RISK MANAGEMENT

Pt has not returned to unit-I from unescorted Grounds, checked out for unescorted grounds @ 0900 Ang ground Search done, pt not found, Notified [redacted] & HPD.

Signature: [redacted] Date: 11/12/17 Time: 1915

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: E

Patient Name [redacted] Date of Event: 11/12/17 Time of Event: 19:13

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- X Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other_____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H X Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other_____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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RISK MANAGEMENT

On 11/12/17 at 19:13 I received a phone call from [redacted] who reported the following to me: [redacted] on Unit I reported to [redacted] that [redacted] was late returning from his unescorted grounds pass and was supposed to return to the unit at 19:00. [redacted] if security could look for [redacted] on their cameras. [redacted] wanted to notify me [redacted] said no [redacted] did not call a Code 77. [redacted] told me that Unit I staff and security had begun searching the grounds for [redacted]

I started to go to Unit I but was then delayed by having to get medication out of the night cabinet that Unit F needed immediately. I then received a phone call from Unit I [redacted] who informed me that [redacted] had not returned from his unescorted grounds pass at 19:00. I arrived on Unit I at 19:25, spoke with [redacted] and found out the following information: No one had actually seen [redacted] during the 3-11 shift. Change of shift patient checks were not done at the 7-3 / 3-11 shift change because [redacted] "did not have time to do them". [redacted] signed out on for his unescorted grounds pass at 09:00 in the morning and there was no documentation that [redacted] had returned. The last documentation that [redacted]

was observed by staff on the patient hourly rounds sheet was at 07:00. From 08:00 until this time it was documented on the patient hourly rounds sheet that [redacted] was on unescorted grounds.

I called 911 at 19:33 to notify HPD that [redacted] had eloped. I called Toni Schwartz, Dept of Public Safety Public Information Officer at 19:44 to notify her of the elopement.

Signature [redacted] Date: 11/15/17 Time: 0100

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] **Home Unit:** T

Patient Name: [redacted] **Date of Event:** 11/12/17 **Time of Event:** 1913

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☑ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other_____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☒ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other_____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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MAY 3 2018
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RISK MANAGEMENT

On November 12, 2017, at 1913 [redacted] from Unit I called on the hospital switch board asking if we could see patient R.S. on any cameras. Post 2 looked on all cameras at lower administration and and village green cameras and could not see the patient. P3 searched [redacted] usual hang out, could not locate [redacted]. I informed the unit, [redacted] answered the phone I reported that we could not locate their patient, [redacted] hold to report to [redacted] Once I reported to [redacted] stated they were going to look on the unit more, I asked if they contacted [redacted], [redacted] said no they will look on the unit to make sure. I called the [redacted] [redacted] of what was going on. At 1933 [redacted] called me from unit I to put [redacted] through to HPD. I then notified Post 3 to escort HPD to unit I when they arrive. HDP on grounds at 1940. Post 3 escorted to unit I. At 1950 I then notified WCC security Faye about the incident and with the patient description.

Patient [redacted] did not check in with me at the operators' window from the start of my shift at 1500. I have never had a unit I staff call and ask if [redacted] has checked in at the window. I have never had a Unit I staff notify us that patient [redacted] was leaving the unit on [redacted] unescorted grounds time. Though Unit E does notify us when their unescorted on grounds patients leave the unit and unit E lets us know where the patient is going. Where unit I

Staff does not inform us when [redacted] leaves unit or is back on the unit. At 2022 [redacted] was on grounds, Post 3 opened [redacted] building for [redacted] to check the cameras. Throughout all of this, security kept up a continues search through all of campus for patient [redacted], under all bushes, double checked all buildings. At 2132 [redacted] called per [redacted] security to make thorough search of grounds for [redacted] P3 looked around college and skate park. P7 searched outside of unit I, village green and lower admin and Post 2 continuously searching all cameras.

Signature: [redacted] Date: 2/23/18 Time: 1825

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] **Home Unit:** Telecom

Patient Name: [redacted] **Date of Event:** 11/12/2017 **Time of Event:** _____

Job Title: [redacted]

Type of Event:
- ❑ Allegation of Neglect
- ❑ Allegation of Physical Abuse
- ❑ Allegation of Sexual Abuse
- ❑ Allegation of Verbal/Emotional Abuse
- ❑ Elopement
- ❑ Code 200
- ❑ Code 500
- ❑ Medication Event
- ❑ Treatment Error
- ❑ Other_____

Event Location: ❑ Unit E ❑ Unit F ❑ Unit H ❑ Unit I ❑ Unit S ❑ Unit T ❑ Unit U ❑ Cafeteria ❑ Community ❑ Gym ❑ Treatment Mall ❑ Village Green ❑ Other_____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

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MAR 11 2018
HAWAII STATE HOSPITAL
RISK MANAGEMENT

I did not have any interaction with the escape of [redacted]

Signature: [redacted] Date: 3 10 18 Time: 1108AM

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] **Home Unit:** Business Office

Patient Name: [redacted] **Date of Event:** 2/27/18 **Time of Event:** 12:45pm

Job Title: [redacted]

Type of Event:
- ❑ Allegation of Neglect
- ❑ Allegation of Physical Abuse
- ❑ Allegation of Sexual Abuse
- ❑ Allegation of Verbal/Emotional Abuse
- ❑ Elopement
- ❑ Code 200
- ❑ Code 500
- ❑ Medication Event
- ❑ Treatment Error
- ❑Other Statement of Conversation (requested by Sharon Littlejohn-Akiona, Chief of Risk Management

Event Location: ❑ Unit E ❑ Unit F ❑ Unit H ❑ Unit I ❑ Unit S ❑ Unit T ❑ Unit U ❑ Cafeteria ❑Community ❑Gym ❑Treatment Mall ❑Village Green ❑Other Business Office

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

RECEIVED
MAR 1 2018
HAWAII STATE HOSPITAL
RISK MANAGEMENT

On 2/27/18, at approximately 12:45pm, [redacted] was in a conversation with Risk Management Chief, [redacted]. I mentioned my experience with patient, [redacted] when I was on temporary assignment [redacted] between the period of 9/1/2016 – 2/8/2017. My shift was 3pm to 7pm, Monday – Friday, as a [redacted]

[redacted] would check in at approximately 4pm, when [redacted] and I would call Unit I staff to notify them that he was checking in [redacted]

Signature [redacted] Date: 3.1.18 Time: 10:50am

Attachment "J"

Updated Community Assessment with Risk Management Recommendations

HAWAII STATE HOSPITAL

Updated Community Risk Assessment with Risk Management Recommendations

Patient: [redacted] CR#: [redacted] Unit: I

Date of Birth: [redacted]

Date of Admission: 03/06/1981

[redacted]

[redacted]

[redacted]

Respectfully Submitted By,

[redacted]

11/23/2016
Date

Clinical Psychologist
Hawaii State Hospital, Unit-I

Attachment "K"

Rehab Treatment Mall Memo

HAWAI'I
STATE HOSPITAL

REHAB TREATMENT MALL

October 27, 2017

TO: [redacted], Administrator
[redacted], Interim Associate Administrator of Clinical Services
[redacted], Director of Nursing

FROM: [redacted], Treatment Mall Director

SUBJECT: Unescorted On-grounds Privileges during the Treatment Mall

I've attached the most current copies of "Request for Administration Approval of Patient Supervision Status" and "Physicians Orders" for unescorted on-grounds privileges. I thought a copy in your hands would be useful. In addition, please keep in mind that not all units and treatment teams are the same, but there are several that have no new/resubmitted Request for Administration Approval of Patient Supervision Status forms for this year and one is actually missing from the chart (I've informed that unit). With these forms in hand, the Treatment Mall will resume unescorted on-grounds during mall hours (classes and dining room), unless otherwise directed.

Thank you.

EC

Attachment "L"

Request for Administrative Approval of Patient Supervision Status (P&P #04.347 Attachment D)

A

REQUEST FOR ADMINISTRATIVE APPROVAL OF PATIENT SUPERVISION STATUS

Date: 6/1/10

[redacted]

SIGNATURE

[redacted]

Place in Recovery Plan Section of Chart
HSH/ADM-RAAI 10 rev 12/07

[redacted]

Hawaii State Hospital
Policy and Procedure for Patients' Supervision Status

P&P# 04.347: Attachment D

REQUEST FOR ADMINISTRATIVE APPROVAL OF PATIENT SUPERVISION STATUS

RECEIVED
17 OCT 11 P3:19

Date: 10/11/17

To: ☒ Medical Director
☐ Administrator

[redacted]

03 06 81 [redacted]

Place in Recovery Plan Section of Chart

HSH/ADM-RAAPSS 10 rev 11.10

Attachment "M"

Physician's Order Form

HAWAII STATE HOSPITAL

PHYSICIAN'S ORDERS

[redacted]

DATE & TIME	
9/27/1	
0804	

[redacted]

[redacted] HSH M 3/6/81

[redacted]

HAWAII STATE HOSPITAL

PHYSICIAN'S ORDERS

[redacted]

DATE & TIME	
9/26/1	[redacted]
080	

ADDRESSOGRAPH

[redacted] HSH M 3/6/81

I [redacted]

HAWAII STATE HOSPITAL

PHYSICIAN'S ORDERS

PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME	Monthly treatment recap for NOVEMBER 2017	NOTED BY
10/26/	[redacted]	
16		

[redacted]

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

[redacted]

DATE & TIME	
10/26/[illegible] 16[illegible]	

ADDRESSOGRAPH

[redacted]

HSH M 3/6/81

HSH/Psych 6-3/93

Attachment "N"

11/12/17
Daily Staff Worksheet

UNIT I

DAILY STAFF WORK SHEET

November 12, 2017

Sunday

7-3	3-11	11-7
Class, In-service, messages...	Class, In-service, messages...	Class, in-service, messages...
Float	Float	Float

RECEIVED
NOV 15 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

7-3	3-11	11-7
RN: [redacted]	RN: [redacted]	RN: [redacted]
RN:	RN:	RN:
RN:	RN:	RN:
RN:	RN:	RN:
RN:	RN:	RN:
LPN	LPN:	LPN:
LPN	LPN:	LPN:
LPN:	LPN:	LPN:
PT:	PT:	PT:
PT:	PT:	PT:
PT:	PT:	PT:
PT:	PT:	PT:
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PT:	PT:	PT:
PT:	PT:	PT:
PT:	PT:	PT:
PT:	PT:	PT:
PT:	PT:	PT:
PT:	PT:	PT:

Attachment "O"

Unit Patient Hourly Rounds
POD 3

UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, 2017

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
I-27-A	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	DR	U	DR	U	U	U	U	U	U	U	U	U	DR	DR	RQC	RQC
I-27-B	[redacted]	X	RQC	RQC	RQC	RQC	RQC	RQC	DR	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	AW	AW	AW	AW
I-27-C	[redacted]	X	X	RQC	RQC	RQC	X	X	U	U	U	U	U	M	U	U	U	U	U	U	U	DR	DR	RQC	RQC
I-27-D	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	DR	DR	DR	RQC	RQC
I-30-A	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
I-30-B	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	DR	DR	DR	U	U	U	U	DR	DR	RQC	RQC
I-30-C	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	DR	DR	U	M	DR	DR	U	U	U	U	DR	DR	DR	RQC	RQC
I-30-D	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	DR	U	M	DR	U	DR	U	U	U	DR	DR	DR	RQC	RQC
I-32-A	[redacted]	DR	RQC	RQC	RQC	RQC	RQC	RQC	U	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
I-32-	[redacted]																								
I-32-B	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	U	U	U	Church service	U	M	DR	U	U	U	U	U	U	DR	DR	RQC	RQC
	Check Lobby Bathrooms	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
	Check Exit Doors (3)	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Staff Initials:		[redacted]																							

Census: 34 (POD 3=10)

NIGHT: 2200-0600	ON UNIT	CODES	OFF UNIT	
A = Awake/Quiet	AG = Activities/Group	1:1 = 1:1 Supervision	AL = Administrative Leave	OA = Off Grounds Clinic/Appt
BR = Bathroom	BR = Bathroom	D/S = Designated	Caf = Cafeteria	OT = Occupational Therapy
D = Disruptive	CY = Courtyard	DISCHARGED	CT = Court	P = Pass
LN = Late Night	DR = Dorm	I = 1:1 w/staff or MD	DP = Day Program	PIP = PIP Store
RQC = Resting Quietly/ Respiration Confirmed	G = Grooming	QT = Quiet Time	E D/R = Esc. Dining Room	PT = Physical Therapy
	M = Meals	R = Restraints	EG = Esc. Grounds	RT = Recreational Therapy
* = Name Alert	U = Unit/Dayroom	SE = Seclusion	EL = Extended Leave	SC = Sick Call
	____ = ____	T = Transfer	EOF = Esc. Off Grounds	TM = Treatment Mall
√ = Doors Locked	____ = ____	TT = Tx. Team/RPR	FA= Fresh air	U D/R = Unesc. Dining Room
= Bathroom Checked		V = Visitor	HR = Home Room	UG = Unesc. Grounds
		____ = ____	IT = Work	UOG = Unesc. Off Grounds
		AW = AWOL	MC = On Grounds Clinic	VG = Village Green

My signature/initials certify that I have personally checked each patient in accordance with the "Patient Rounds SOP"

Signature	Title	Initials
[redacted]		

~~04/13/18~~

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
11.11	3	gods/lunch/gods	1010	1150
11.11	3	gods	1215	130
11.11	3	gds/dinn/gods	330	600
11.12	3	bi[illegible]	700	900
11.12	3	gods/lunch/gods	905	

RTS2011

Attachment "P"

Staff/Patient Care Assignment Sheet 7-3 shift, POD 3

Staff/Patient Care Assignment Sheet 7-3 Shift POD 3

Charge Nurse: [redacted] Meal/Break 1100 0900/1400 Relief: _____ Key/PMT #: _____

Team Leader: _____ Staff Names: [redacted] Date: 11/12/2017

Other Assignments: POD 3 : Monitor patients; brew 10 token coffee; serve coffee

Rm#	Patient	Medications	Special Precaution	Nursing Interventions/Treatment Goals	Patient's Behavior
I-27A	[redacted]				
I-27B	SAITO, RANDALL	[redacted]	ROUTINE CHECKS Unescorted ground Privileges as ordered Anti- social behavior	Goal: Comply with Tx plan [redacted] ☐ Yes ☐ No - DAP charting (If pt has new/changes in behavior)	☐ 1 IMU [redacted] Note: ~~Same~~ Same D, Same D, Patient calm, pleasant. ☐ 2 IMUA Unescorted ground privileges Note:
I-27C	[redacted]				
I-27D					

NOV. 13. 2017 1:4/AM MSH UNIT 1 NO. 7747 P. 1

UNIT 7 3-11 Shift Staff/ Patient Care Assignment Sheets-POD 3

Charge [redacted] Meal/Break: _____ Relief: _____ Key/PMT: _____

Team Leader: _____ Staff Names: [redacted] Date: 11-12-23

Other assignments: Monitor patients, Flow sheets, Assist with meals and ADLs, Unit activity, Close watch Supervision, Hourly checks of exit doors

Patient	Psych Medications	Special Precautions	Nursing Intervention/Treatment Goals	Patient's Behavior
[redacted]				

Door lock checks when passing exit doors

Attachment "Q"

10/10/17
Master Recovery Plan and Review (MRPR)

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan
[ ]	60-Day	[ ]	Transfer Review (72-Hour)
[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 10-10-17

1. CASE HISTORY / BACKGROUND AND FORMULATION:

(Succinct analysis and integration of interdisciplinary assessments, including risk evaluation, patient strengths, and cultural assessment that provides an understanding of the individual's situation based on information gathered on admission, treatment priorities, and recovery needs.)

[redacted]

ADDRESSOGRAPH

[redacted] HSH M 03 06 81 [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan
[ ]	60-Day	[ ]	Transfer Review (72-Hour)
[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 10-10-17

[redacted]

ADDRESSOGRAPH

[redacted] HSH M 03 06 81 [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day
[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

[redacted]

ADDRESSOGRAPH
[redacted]
M 03.06.81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan
[ ]	60-Day	[ ]	Transfer Review (72-Hour)
[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 10-10-17

[redacted]

ADDRESSOGRAPH

[redacted]

HSH M 03 06 81

[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

[redacted]

5. DISCHARGE AND TRANSITION PLAN: (Changes in individual symptoms, functional status that will lead to discharge.)

LEGAL STATUS

Circuit Court of the First Circuit
CR No. 53702
[HRS 707-701] Murder – Felony Ass
Admitting Legal Status: HRS 704-411(1)(a), Acquit & Commit
Current Legal Status: HRS 704-411(1)(a), Acquit & Commit

On 12/18/1979, the indictment of Murder was filed.

On 03/05/1981, the Judgment of Acquittal and Commitment was granted, and filed on 03/06/1981.

On 03/06/1981, patient was transferred to the Hawaii State Hospital.

--- -- ---

ADDRESSOGRAPH
[redacted]
HSH M 03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan	Date: 10-10-17
[ ]	60-Day	[ ]	Transfer Review (72-Hour)	
[ ]	90-Day	[ ]	Special Treatment Team Review	

On 11/16/2005, the Findings of Fact and Conclusions of Law; Order Denying Application for Conditional Release was granted and filed.

On 05/21/2010, the Director for the Department of Health, State of Hawaii's Motion for an Unescorted Off-Ground Pass was filed.

On 06/08/2010, the Order Continuing Hearing on Motion for Unescorted Off-Ground Pass And Appointing Three-Panel Board of Examiners to Examine Defendant was granted, and filed on 06/09/2010.

On 10/21/2010, the Withdrawal without Prejudice of the Director of the Department of Health, State of Hawaii's Motion for Approval of Unescorted Off-Grounds Privileges was granted, and filed on 10/25/2010.

Next court date: To be determined, pursuant to HRS 704-412.

Deputy Prosecuting Attorney:	Jeffrey Albert	Phone: 808-768-7433	Fax: 808-
Deputy Public Defender:	Darcia Forester	Phone: 808-586-2100	Fax: 808-586-2222
Probation Officer:		Phone: 808-	Fax: 808-
Court Examiners:	Dr. Leonard Jacobs, MD	Dr. Gene Altman, MD	Dr. Dennis Donovan, PhD
Legal guardian:	None	Order to Treat:	None

CONTINUITY OF CARE PLAN

[redacted]

ADDRESSOGRAPH
[redacted]
HSH M 03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

J. Gregory Turnbull, PsyD, JD
1188 Bishop Street, Suite 3309, Honolulu, Hawaii 96813
Phone: 808-398-8666; Fax: 888-544-1091
Email: greg@gregturnbull.com

[redacted]

ADDRESSOGRAPH
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

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[ ]	60-Day	[ ]	Transfer Review (72-Hour)
[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 10-10-17

[redacted]

ADDRESSOGRAPH
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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- [X] 30-Day
- [ ] 60-Day
- [ ] 90-Day
- [ ] Admission Treatment Plan
- [ ] Transfer Review (72-Hour)
- [ ] Special Treatment Team Review

Date: 10-10-17

[redacted]

ADDRESSOGRAPH
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

assessments.

RECOVERY GOAL STATUS: ☐MET ☐MET/CONTINUE ☐MAKING PROGRESS ☒PARTIALLY MET ☐NOT MET

[redacted]

ADDRESSOGRAPH

[redacted]

HSH M 03 06 81

[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

- [X] 30-Day
- [ ] 60-Day
- [ ] 90-Day
- [ ] Admission Treatment Plan
- [ ] Transfer Review (72-Hour)
- [ ] Special Treatment Team Review

Date: 10-10-17

[redacted]

ADDRESSOGRAPH
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[X]	30-Day	[ ]	Admission Treatment Plan
[ ]	60-Day	[ ]	Transfer Review (72-Hour)
[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 10-10-17

[redacted]

ADDRESSOGRAPH

[redacted]

HSH M 03 06 81

[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day
[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

[redacted]

8. REVIEW: (As formulation, LTG, STG and Interventions are considered, note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH
[redacted]
HSH M 03.06.81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH

[redacted]

HSH M 03 06 81

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan
[ ]	60-Day	[ ]	Transfer Review (72-Hour)
[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 10-10-17

8. REVIEW: (As formulation, LTG, STG and interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan
[ ]	60-Day	[ ]	Transfer Review (72-Hour)
[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 10-10-17

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH

[redacted] HSH M 03 06 81 [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

8. REVIEW:

(As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH

[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH
[redacted]
HSH M 03 06 81

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH
[redacted]
HSH M 03 06 81

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan
[ ]	60-Day	[ ]	Transfer Review (72-Hour)
[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 10-10-17

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH

[redacted]

HSH M 03.06.81

[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 09/12/2017

10 [redacted] NATURES:

NAME (Print)		Discipline	Date
[redacted]		Patient	09/12/2017
[redacted]			09/12/2017
[redacted]			09/12/2017
[redacted]			09/12/2017
[redacted]			09/12/2017
[redacted]			09/12/2017
[redacted]			09/12/2017
[redacted]			09/12/2017
[redacted]			09/12/2017
[redacted]			09/12/2017
[redacted]			09/12/2017

ADDRESSOGRAPH
[redacted]
03 06 81
06 06 58

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-2017

10. SIGNATURES:

NAME (Print)	(S[redacted]	Discipline	Date
[redacted]		Patient	10-10-2017
[redacted]			10-10-2017
[redacted]			10-10-2017
[redacted]			10-10-2017
[redacted]			10-10-2017

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
[redacted]

Attachment "R"

Policy and Procedure
SOP

1) #14.005 Patient Abuse and Neglect by Staff
2) #23.995 Patient Rounds, SOP
3) #23.992 Lines of Accountability/Responsibility Direct-Care Nursing Staff, SOP

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (PI) Performance Improvement SUBJECT: PATIENT ABUSE AND NEGLECT BY STAFF REFERENCE: HRS §346-222, §334E-5; HAR 11-175; Joint Commission RI.01.07.01, PC.01.02.01	Number: 14.005 Effective Date: 12/28/92 History: Rev. 11/93, 03/95, 04/95, 06/95, 07/97, 06/98, 10/00, 02/01, 10/01, 10/02, 12/03, 04/04, 10/07, 08/15 Page: 1 of 6 Approved: Title: Administrator Date

PURPOSE:

To ensure that all patients are treated with dignity and respect at all times and protected from risk of bodily, psychological and emotional harm.

POLICY:

Abuse of patients is prohibited. Patient neglect is a form of patient abuse. All staff are responsible for reporting incidents of suspected or alleged abuse of patients. Incidents are reported immediately and investigated promptly. No one is subject to adverse action for reporting known or suspected abuse in good faith in a timely fashion. The identities of individuals reporting allegations of abuse are kept confidential if the individuals so desire and it is operationally possible. All staff receive this P&P prior to working with patients.

RESPONSIBILITY:

All HSH staff are responsible for following this policy.

PROCEDURE:

REPORTING AND DOCUMENTING

1. All allegations or suspicions of patient abuse or neglect are reported to the patient's Charge Nurse and documented on a Patient Event Report (PER).

2. The Charge Nurse on duty immediately assesses the patient's condition, takes whatever steps are necessary to protect the patient from any type of abuse or neglect and insures that the Nursing Supervisor and the Physician are notified. These actions are documented in the progress notes of the patient record and summarized on the PER. The progress

note includes the time of the event and subsequent activities, condition of the patient, the patient's subjective statements, clinical observations, what was witnessed, care provided to the patient, and actions taken to safeguard the patient.

3. The physician provides immediate treatment to a patient who has been physically injured as well as immediate counseling of a patient who has been psychologically or emotionally affected. These actions are documented in the progress notes of the patient record and summarized on the PER.

4. The Nursing supervisor collects information relating to the specific event. This includes obtaining witness statements from those who have observed or were within earshot of the event. The Nursing Supervisor also makes a copy of all documents relevant to the event (1:1 monitoring sheets, M.D. Orders, progress notes, Medication Administration Record, etc.).

5. The Administrator or Director of Nursing determines whether to place an alleged perpetrator on leave, with or without pay, as necessary to ensure patient and staff safety and to facilitate the investigative process. The Administrator or Director of Nursing also takes whatever other actions deemed necessary to protect the patient and staff members (e.g. increase staffing, assign the employee to responsibilities that do not include patient contact).

6. Patients are advised by the Charge Nurse or designee that they can call the police if they want to press charges. The patient and staff may consult with the Patient Rights Advisor regarding the patient's rights in the particular situation. All staff have the responsibility to inform the Charge Nurse when a patient wants to notify the police about abuse or neglect. The Charge Nurse facilitates the patient making the call.

7. Photographs are taken by the Nursing Supervisor or Risk Manager of any physical injuries. The photographs are attached to the PER and sent to Risk Management. The camera is kept in the nursing office.

8. Allegations of rape require encouraging the patient to consent to evaluation by the Kapiolani Sexual Abuse Treatment Center. It is essential that the evaluation/examination by Kapiolani Sexual Abuse Treatment Center be done within 72 hours of the rape allegation. Initially the physician writes the order and encourages the patient to consent. The discussion including refusal or consent is documented in the progress notes

SURVEILLANCE CAMERA REVIEW/CD RECORDING

9. Nursing Supervisors or designee reviews the surveillance cameras through Telecom, the

Clinical Safety Coordinator, or designee and notes specific date, time and location of the allegation.

10. Telecom, the Clinical Safety Coordinator or designee records a CD of the allegation. The recording parameter should include ten minutes of video prior to the event and ten minutes following the event. The Risk Manager or designee is notified when the CD is ready for pick up.

INTERNAL NOTIFICATIONS

11. The Nursing Supervisor notifies the Director of Nursing, Medical Director, and Administrator immediately.

12. Upon notification of a patient abuse or neglect allegation, the Administrator or designee determines if an investigation is warranted and assigns it accordingly to a contracted investigator, the Attorney General's (AG) Investigations Division or Hawaii State Hospital (HSH) Risk Management.

13. Once an investigation is determined, the Nursing Supervisor gathers the PER and witness statements and provides it to the Risk Manager or designee.

14. Investigation notification letters are generated when the alleged staff are identified.

15. After the witness statements are turned in to the Risk Manager or designee, he or she puts together a packet for the AG's Investigations Division (i.e., allegation form including list of witness statements, patient event report, medical records and CD) and notifies the AG Supervisor when all the above information is ready for pick up.

EXTERNAL NOTIFICATIONS

16. The Risk Manager or designee faxes the PER to the Hawaii Disability Rights Center HDRC) and the Department of Health (DOH) Office of Health Care Assurance (OHCA) immediately.

17. If the PER is received by Risk Management, when authorized by the Administrator, Risk Manager or designee follows the procedure as described in #11-16.

INVESTIGATIVE PROCESS:

1. The Administrator authorizes the notification of a contracted investigator, the AG's Office, Risk Manager or designee to begin an investigation of patient abuse or neglect.

The investigations are not hindered, influenced, or supervised by the HSH, DOH Administration, HSH staff or any other state agency or official.

2. The investigator interviews the witnesses, the alleged victim, the alleged perpetrator, and all other relevant staff and/or patients, and reviews documents. Investigations are conducted in accordance with standard investigatory protocol and tailored to the nature of the allegation.

3. Interviews of patients and staff are conducted in private and are considered privileged information. While the hospital and special investigator attempt to protect the identities of witnesses who come forward in abuse and neglect investigations, the hospital's primary mission is to treat and protect patients.

4. Any person who willfully hinders the lawful actions of the DOH pursuant to an investigation, or willfully refuses to comply with its lawful demands is reported to the Office of the Attorney General for possible legal action. Hawaii Revised Statutes (HRS) §334E-5 provides for fines of up to $1,000 for such actions.

5. Investigations are completed as soon as possible and not later than 10 days after a report of alleged abuse is received.

6. Immediately upon completion of the investigation, the investigative report is submitted to the Patient Protection Committee (PPC) and the HDRC.

7. At its next regularly scheduled meeting, the PPC reviews the report, as well as any other relevant documents, including investigative reports by HDRC, if available, to determine if the allegation of abuse or neglect is substantiated.

8. All written materials concerning alleged incidents of abuse or neglect are stored in a locked file within the office of the Risk Manager.

9. Feedback is provided to the patient, the alleged perpetrator and the immediate supervisor of the alleged perpetrator after a resolution has been made by the PPC.

DEFINITIONS:

ABUSE – is intentional maltreatment of an individual which may cause injury, either physical or psychological.

ADMINISTRATOR – is the person appointed by the Director of Health as the Chief Executive Officer with the authority to operate the hospital and to carry out policies and programs

approved by the Governing Body. In the absence of the Administrator, the Administrator designates an Acting Administrator.

EXCESSIVE FORCE – is physical action using more force than necessary for the protection of staff and patients.

EXPLOITATION – is unjust or improper use of another person for one's own benefit, or advantage.

FINANCIAL ABUSE – is exploitation and /or use of a patient's funds and/or other resources. It also includes boundary violations of a business nature.

NEGLECT – is an impaired quality of life for an individual resulting from the absence of minimal services or resources to meet basic needs. Neglect includes withholding or inadequately providing food and hydration (without physician, patient, or surrogate approval), clothing, medical care, and good hygiene. It may also include placing the individual in unsafe or unsupervised conditions.

PATIENT PROTECTION COMMITTEE – refer to P&P 02.406 for further information.

PERPETRATOR – is the staff member suspected of abusing or neglecting a patient.

PHYSICAL ABUSE – includes but is not limited to hitting, slapping, pinching, kicking, bruising, cutting, burning, sexually abusing or unauthorized secluding/restraining of a patient.

PSYCHOLOGICAL ABUSE – is the infliction of mental anguish including but not limited to humiliating, intimidating, threatening with punishment or harm, speaking disrespectfully or profanely, name calling or harassing. This also includes restricting rights or privacy without authorization by HSH policy and/or the patient's treatment team, or any unreasonable rescinding of patient privileges.

SEXUAL ABUSE – is unwanted physical touch or verbal language sexual contact by staff with any patient, regardless of whether the patient gives consent. Sexual abuse includes but is not limited to sexual touching or sexual harassment.

SEXUAL ABUSE – is physical or verbal sexual contact by staff with any patient, regardless of whether the patient gives consent. Sexual abuse includes but is not limited to sexual touching or sexual harassment.

SEXUAL HARASSMENT – is unwelcome sexual advances, requests for sexual favors, and

other verbal language or unwanted physical contact that can be of a sexual nature that is intimidating, hostile or offensive. (See Sexual Harassment policy and procedure.)

ATTACHMENT:

Attachment A – Abuse/Neglect Notification System Flow Chart
Attachment B – Allegation Form

RELATED POLICIES AND PROCEDURES:

03.800 Event Reporting
02.406 Patient Protection Committee
12.310 Relationship Security: Safe and Therapeutic Staff-Patient Interactions
04.011 Abuse, Neglect, Sexual Harassment and Exploitation Prevention

SKL/skl 07/15

HAWAII STATE HOSPITAL
STANDARD OPERATING PROCEDURES

NURSING

SUBJECT: **PATIENT ROUNDS**

REFERENCE:

HSH P&P #04.347 Supervision Status;
National Patient Safety Goal #15 (The Joint Commission)

Nursing SOP No. 23.995
Effective Date: 10/96
History:
Revised: 4/97, 5/01, 6/01, 9/01, 5/05; 7/07; 8/14
Reviewed: 8/09, 10/11, 04/13

APPROVED:

Leona A. Guest, MSN, MEd, PMHCNS-BC
Director of Nursing Services

William P. Sheehan, M.D.
HSH Medical Director

PURPOSE: To describe the method used for monitoring and documenting the status of patients at Hawaii State Hospital. Patients are accounted for using an hourly checklist for the following reasons:

1. To observe and monitor assigned patients for deviations from baseline behavior.
2. To report and document changes from baseline in a timely manner so that appropriate interventions can be implemented.
3. To provide all shift staff and senior clinicians an overview of patients' status for a 24-hour period.
4. To maintain a therapeutic milieu.

DEFINITIONS:

Nursing Staff – Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Psychiatric Technicians (Psych. Techs), Para Medical Assistants (PMAs)

Rounds – the act of seeing patients in the hospital or another in-patient setting

RESPONSIBILITY:

1. Charge nurses are responsible for assigning staff to do patient rounds and for personally completing patient rounds at least twice per shift.

2. Nursing staff are responsible for ensuring the patient's condition/status are recorded. Staff doing rounds when the patient is sleeping must actually see (visualize) the patient's face or body part to ensure the patient is actually there and breathing.

PROCEDURE:

1. Frequency
   A. On Unit
      - All units will conduct rounds every shift
      - Rounds occur at a minimum of once every hour

   B. Transportation to and from the Rehabilitation Treatment Mall
      - Before leaving the units, all patients are accounted for by a unit staff member, with another head count being taken upon arrival to the assigned Rehab Mall homeroom
      - At the end of the Mall day, a head count of the patients is taken at the assigned Rehab Mall homeroom and then patients are escorted or driven back to their units, with another head count conducted once on the units.

   C. During Mall
      - Attendance checks are performed throughout the day and recorded on rosters that are collected and kept in the Mall Office.
      - At a minimum, attendance checks occur at every homeroom and class location. These checks are completed by homeroom staff and class instructors respectively.

   Note:
   Frequency may be increased if the patient's acuity or other circumstances change. A change in frequency can be for a period as recommended by the treatment team.

2. Documentation will identify the patient's presence or absence as well as the patient's activity at the time of the check. If the patient is sleeping, a check is done on the patient's breathing by checking the patient's respiration through observation (rise and fall of chest or movement of patient), listening for breath sounds or snoring.

3. Patients that are unaccounted for are reported immediately to the patient's team leader, charge nurse, or Response Team nurse, and a search is done to locate the patient. Staff reporting unaccounted patients via phone transmissions must verify that the message was received, so that a thorough search will be conducted immediately.

PERSONNEL: RPNs, LPNs, Psych. Techs, PMAs

ATTACHMENT:

- Guidelines for Completing Patient Rounds
- Patient Hourly Rounds Form
- Hourly Rounds Definition

AUTHOR/REVIEWING GROUP: NEC/RB 06/20/07
Reviewed: NEC/RB 08/04/09 (added NPSG 15)
Reviewed: NEC/RB 10/07/11; NEC/RB 04/08/13
Revised: NEC/EG 8/08/14

GUIDELINES FOR COMPLETING PATIENT ROUNDS

ALL STAFF ARE RESPONSIBLE FOR DEMONSTRATING PATIENT ROUNDS TO THE CHARGE NURSES AND SIGNING THE DEMONSTRATION SHEET. ALL QUESTIONS WILL BE DIRECTED TO THE CHARGE NURSES WHILE ROUNDS ARE DONE.

1. QUIETLY ENTER THE DORM ROOM.

2. IF UNABLE TO SEE THE PATIENT, SHINE THE FLASHLIGHT ON THE CEILING OR THE WALL AND NOT DIRECTLY ON THE PATIENT.

3. CHECK TO SEE (EYEBALL) THE PATIENT IS IN THE ROOM AND CHECK FOR BREATHING BY THE RISE AND FALL OF THE CHEST OR MOVEMENT OF THE PATIENT OR LISTENING FOR BREATH OR SNORING SOUNDS.

4. IF UNABLE TO CHECK THE PATIENT BY DOING #2 AND #3 ABOVE, SHINE THE FLASHLIGHT DIRECTLY (PREFERABLY NOT ON THE FACE) ON THE PATIENT TO DO CHECKS.

5. LOG OBSERVATIONS ON THE PATIENT ROUNDS CHECKLIST ONLY AFTER ENSURING YOU HAVE SEEN THE PATIENT AND HAVE CHECKED FOR BREATHING.

UNIT______

PATIENT HOURLY ROUNDS

DATE______

Room	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
CN / RN Designee Initials (twice per shift):																									
Staff Initials:																									
CENSUS:									11-7 / 7-3 Initials								7-3 / 3-11 Initials								3-11 / 11-7 Initials

NIGHT: 2200-0600

A= Awake
BR= Bathroom
D= Disruptive
LN= Late night
RQC= Resting quietly/ Respiration confirmed

Other:______

Other:______

ON UNIT CODES

AG= Activities/Groups
BR= Bathroom
CY= Courtyard
DR= Dorm
G= Grooming
M= Meals
U= Unit/Dayroom

Other:______

Other:______

CODES

1:1= 1:1 Supervision
DS= Designated Staff
Q15= Q15 minute checks
DISCHARGED= Discharged
I= 1:1 w/staff or MD
QT= Quiet Time
R= Restraints
SE= Seclusion
T= Transfer
V= Visitor

Other:______

OFF UNIT CODES

AL= Administrative Leave
CT= Court
DP= Day Program
EDR= Esc. Dining Room
EG= Escorted Grounds
EL= Extended Leave
EOF= Esc. Off Grounds
HR= Home Room
IT= Work
MC= On Grounds Clinic
OA= Off Grounds Clinic/Appt.
OT= Occupational Therapy

P= Pass
PIP= PIP store
PT= Physical Therapy
RT= Recreational Therapy
SC= Sick Call
TM= Treatment Mall
UDR= Unescorted Dining Room
UG= Unescorted Grounds
UOG= Unescorted Off Grounds
VG= Village Green

Other:______

My signature/ Initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995

SIGNATURE and Title	Init.

HOURLY ROUNDS DEFINITION

	CODES	MEANING	DEFINITION
NIGHT SHIFT	A	Awake/Quiet	Patient is awake, but not disruptive.
	BR	Bathroom	Patient is in the bathroom.
	D	Disruptive	Patient is awake and disruptive.
	LN	Late Night	Patient is participating in late night activity.
	RQC	Resting Quietly/Respiration Confirmed	Patient appears to be sleeping and breathing was visually confirmed.
ON UNIT	AG	Activities/Groups	Patient is attending a planned activity.
	BR	Bathroom	Patient is in the bathroom.
	CY	Courtyard	Patient is in the courtyard.
	DR	Dorm	Patient is in their unit assigned room.
	G	Grooming	Patient is participating in ADL's.
	M	Meals	Patient is eating their meal on the unit.
	U	Unit/Dayroom	Patient is on the unit and/or in the dayroom.
CODES	1:1	1:1 Supervision	Patient is supervised by a 1:1 staff. When code is used, refer to the Special Precautions Checklist form.
	D/S	Designated	Patient is supervised by a designated staff. When code is used, refer to the Special Precautions Checklist form.
	I	1:1 w/staff or MD	Patient is meeting with a staff for a 1:1 session. (Psychiatrist, psychologist, social worker, etc.)
	QT	Quiet Time	Patient taking voluntary time alone in a decreased stimuli area.
	R	Restraints	Patient is in restraints. When code is used, refer to the seclusion/restraint monitoring form.
	SE	Seclusion	Patient is in seclusion. When code is used, refer to the seclusion/restraint monitoring form.
	TT	Tx. Team/RPR	Patient is meeting with their treatment team regarding an issue or monthly RPR.
	V	Visitor	Patient is meeting with a visitor.
OFF UNIT	AL	Administrative Leave	Patient has been discharged to another facility for medical reasons, but is expected to return when stable.
	CT	Court	Patient is attending court.
	DISCHARGED	Discharged	Patient is in the process of being discharged or has been discharged.
	DP	Day Program	Patient is attending day programming on a different unit.
	E D/R	Esc. Dining Room	Patient is escorted to the cafeteria.
	EG	Esc. Grounds	Patient is escorted on hospital grounds.
	EL	Extended Leave	Patient is on extended leave relating to preparation for discharge.
	EOF	Esc. Off Grounds	Patient is escorted off grounds with hospital staff.
	HR	Home Room	Patient is in the treatment mall's homeroom.
	IT	Work	Patient is at work.
	MC	On Grounds Clinic	Patient is in building "G" for clinic (Dental, dermatology, etc.).
	OA	Off Grounds Clinic/Appt.	Patient is escorted off grounds with hospital staff to a clinic or other type of appointment.
	OT	Occupational Therapy	Patient is at an occupational therapy class or clinic.
	P	Pass	Patient is on an off grounds pass with family, case manager, care home operator, etc.
	PIP	PIP Store	Patient is at the PIP Store.
	PT	Physical Therapy	Patient is attending physical therapy with the therapist.
	RT	Recreational Therapy	Patient is attending recreational therapy with the therapist.
	SC	Sick Call	Patient is at Medical Services Unit for sick-call.
	T	Transfer	Patient is in the process of being transferred or has been transferred.
	TM	Treatment Mall	Patient is attending the treatment mall.
	U D/R	Unesc. Dining Room	Patient is unescorted to the cafeteria.
	UG	Unesc. Grounds	Patient is unescorted on non-restricted hospital grounds areas.
	UOG	Unesc. Off Grounds	Patient is unescorted off grounds. Limitations specified on physician's order.
	VG	Village Green	Patient is in the village green.

Rev. 06/04/13ka

HAWAII STATE HOSPITAL
STANDARD OPERATING PROCEDURES

NURSING

SUBJECT: LINES OF ACCOUNTABILITY / RESPONSIBILITY OF DIRECT-CARE NURSING STAFF

REFERENCE: Joint Commission PC.01.03.01

Nursing SOP No. 23.992
Effective Date: 05/01
History: Revised 09/05; 10/07; Reviewed 09/12

APPROVED:

Leona A. Guest, MSN, PMHCNS-BC ,MEd,
Title: Director of Nursing Services

James R. Westphal, M.D.
Title: Acting HSH Medical Director

PURPOSE: To describe the chain of command, and lines of authority and communication within the department of Nursing Services at Hawaii State Hospital.

RESPONSIBILITY: All nursing staff are responsible to know the lines of authority and communication and the chain of command within the department of nursing.

PROCEDURE:

A. TEAM MEMBER
1. Responsible for observing, monitoring and delivering care to assigned patients.
2. Escorts, transports, promotes patient attendance in activities; assists other staff.
3. Develops therapeutic alliances/boundaries with patients.
4. Reports and documents unusual behaviors, adverse drug reactions, and acute dental/medical conditions.
5. Reports directly to the team leader and/or charge nurse.

B. TEAM LEADER
1. Supervises assigned nursing personnel within the shift.
2. Ensures documentation of patient care by assigned team members.
3. Actively engages in hospital and unit programs, activities, treatments, or treatment planning.
4. Assesses and reassesses assigned patients throughout the shift. Reports unusual occurrences.
5. Keeps Kardex up-to-date. Reports directly to the charge nurse.

C. CHARGE NURSE
1. Writes staff assignments/rosters and deploys staff within the unit appropriately.
2. Responsible for delivery of care to the patients, supervises staff in conjunction with the team leaders.

3. Responsible for adherence to on/off unit schedules and programming for the shift.
4. Completes nursing shift reports (Kardex, Acuity, computer), and ensures an oral report is given to the next shift.
5. Reports directly to the Nurse Manager or Supervisor in the Nurse Manager's absence.

D. NURSE MANAGER
1. Oversees the delivery of nursing care to the patients and has overall supervision of all nursing staff within the unit.
2. Reports directly to the Director of Nursing.

E. NURSING SUPERVISOR
1. Oversees the delivery of nursing care and supervision of all staff in the units during the shift.
2. Reports directly to the Director of Nursing and to the Associate Chief Nurse.

F. CLINICAL NURSE SPECIALIST
1. Collaborates with the Nurse Manager provide supervision of all nursing staff within the unit.
2. Is assigned by the Director of Nursing to nursing units, teams, and projects.
3. Assists with the delivery of nursing care of complex patients
4. Reports directly to the Director of Nursing

AUTHOR/REVIEWING TEAM: NEC/PT/MQ/LT Revised 10/16/07
NEC/EW 9/20/12 (title and reference change only)

Attachment "S"

Policy and Procedures

1. thru 17.

Attachment "S"

Policy and Procedures

1. #03.800
Event Reporting with Attachments

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (PI) Improving Organization Performance SUBJECT: EVENT REPORTING REFERENCE: JCAHO PI.3.1.1, IM.3.2; Consumer Sentinel Events, AMHD Policy #60.105	Number: 03.800 Effective Date: 3/1/91 History: Rev. 9/91, 9/92, 7/97, 2/00, 12/01, 4/01, 7/02, 6/03, 12/06 Page: 1 of 4 Approved: Title: Administrator Date

PURPOSE:

To establish a reporting system designed to identify, investigate, track and trend unusual and/or significant events. The system provides a mechanism for clinical and administrative action and disclosure of unanticipated outcomes as well as providing factual data for performance improvement activities.

POLICY:

All unusual occurrences, incidents, or events involving patients, employees or visitors that deviate from normal, routine operations in any area of the hospital or its environs shall be reported immediately. Examples include but are not limited to the following: ACCIDENTS; AWOLs; ELOPEMENTS; MEDICATION ERRORS; ABUSE, NEGLECT; ILLNESS; INJURY; PROPERTY DAMAGE OR LOSS; CONTRABAND; CONFIRMED POSITIVE URINE DRUG SCREEN.

Patients and, when appropriate, their families and guardians are informed about the outcomes of care, including unanticipated outcomes.

RESPONSIBILITY STATEMENT:

The individual who experiences, witnesses, or discovers the event initiates the report.
The Charge Nurse is responsible for notifying the Nursing Supervisor of all serious events.

The patient's treatment team regularly discusses outcomes of care with the patient. The treatment team and the medical director are responsible for identifying the best way of informing a patient, the family and guardian about unanticipated outcomes of care and medical errors.

PROCEDURE:

1. All untoward or unusual occurrences, incidents or events that deviate from normal, routine operations in any area of the hospital or its environs are reported immediately. Events involving patients are reported on the Patient Event Report. Events involving staff or visitors are reported on Accident Reports and Employee Incident Reports. All report forms are available from supervisors, unit charge nurses, and, if the event is an injury or illness, the dispensary. The individual who experiences, discovers or witnesses the event initiates the report.

2. Sentinel events are investigated. A sentinel event is any unexpected occurrence involving death or serious physical or psychological injury or circumstances or actions which if continued could result in serious harm.

3. The Nursing Supervisor/designee will notify the Adult Mental Health Division (AMHD) by completing the Consumer Sentinel Event Report Form. The form is to be faxed to the AMHD Performance Improvement Department within 24 hours.

4. The Nursing Supervisor/designee will initiate the investigation immediately and complete item A-F below.

5. The Nursing Supervisor/designee will:
   A. **Ensure safety and patient care;** For example:
      - Make/change assignments as needed
      - Ensure medical care is initiated; and,
      - Appropriate psychiatric care as needed for the specific case (e.g. trauma reaction)

   B. Make notifications as outlined in policy and/or on the Patient Event Report Form;
      - Attending physician
      - Director of Nursing
      - Administrator/Administrator on Call
      - Clinical Director
      - Nurse Manager

   C. Photograph the injury as appropriate.

   D. Secure the record and make copies of relevant documents at the time of incident; For example:
      - Functional Analysis - Psychologist determines antecedents and consequences of patient's behavior in an attempt to understand the contingencies surrounding the behavior.
      - Patient Grievance Form - Patients written complaint.

- Mental Status Exam
- Clinical Assessment as part of event
- Medication Administration Record
- Dr.'s Orders
- Checklists (Closewatch, hourly, S/R monitoring form)
- Assignment sheets (Staff assignments)

E. **Distribute witness statement forms to all witnesses.** All statements are to be signed/dated prior to the end of the shift in which the event occurred.

F. **Grievance procedure:** the Nursing Supervisor/designee will check the grievance boxes on each unit every shift.
- If there is documentation of abuse or neglect, a patient event report is completed and this procedure is followed.
- If there is NO documentation of abuse or neglect, note grievance in grievance log and place grievance in box at Nursing Office.
- Patient Rights Advisor will pick up grievance on the next business day.

6. The Administrator determines upon notification and/or any point in the process that a referral will be made:
- To the Attorney General's Office;
- To a Hospital Team for a Root Cause Analysis and recommendation
- To the Police for criminal investigation;
- Other actions as required

7. Disclosure of unanticipated outcomes of care and medical errors.
   A. Outcomes are classified into 6 levels:
      1. Level 1 - An event occurred but the patient was not harmed
      2. Level 2 - An event occurred that resulted in the need for increased patient assessments but no change in vital signs and no patient harm
      3. Level 3 - An event occurred that resulted in the need for treatment/intervention and caused temporary patient harm
      4. Level 4 - An event occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm
      5. Level 5 - An event occurred that resulted in permanent patient harm or near-death, such as anaphylaxis
      6. Level 6 - An event occurred that resulted in patient death

   B. The attending physician or his or her designee, clearly explains the outcome of any treatment or procedures to the patient and family or guardian. Level 1 or level 2 outcomes are discussed at or before the next treatment plan review. The family is included with the patient's permission and the guardian is included as appropriate.

Documentation of the discussion is in the progress notes of the patient's medical record. (Note: this was added as a result of the discussion in PIC that centered upon not adding another thing to the TPR review form.)

C. The treatment team and the Clinical Director identify the best way to inform the patient and family or guardian of level 3 - 6 outcomes. The higher the level, the more immediate the need for rapid notification. In general, notification of level 3 outcomes takes place within 72 hours or as soon as is reasonable. Notification of level 4-6 outcomes is within 24 hours or as soon as is reasonable.

ATTACHMENTS:

A. Patient Event Report Form ***[Request from IT]***
B. Guidelines for Use of Patient Event Report Form
C. Witness Statement
D. HSH Internal Investigation Report Format
E. AMHD Consumer Sentinel Event Report Form (24 hour Notification) ***[Request from Risk Management Unit]***

RELATED POLICIES AND PROCEDURES:

04.033 Sentinel Event Reporting to JCAHO

RMU/skl 8/11/06

HAWAII STATE HOSPITAL QUALITY MANAGEMENT

PATIENT EVENT REPORT

EVENT NO.: _____

Patient's Name _____

CR#: _____ Patient's Unit _____

Date Reported ___/___/___ Time Reported (24HR) _____

Date of Event ___/___/___ **Time of Event** (24HR) _____

Person Filing Report - Do not sign: _____ Title

AT THE TIME OF THE EVENT (CIRCLE ONE)	
Special Precautions	**Privileges**
a)Routine b)q15 c)q30 d)1:1 for a) Assault b) Elopement c) Fall d) Self-harm/injury e) Suicide	a) Restricted to Unit b) Escorted c) Unescorted

PLACE OF EVENT ☐ (1)On-unit ☐ (2)HSH Grounds/ HSH Bldg. ___ ☐ (3)Community ☐ Tx Mall ☐ (4)Other _____

Narrative Description of Event (**Print clearly**: include Who, What, When, How, Why & Patient's Behavior)

_____

_____

_____

_____

Serious Events are IMMEDIATELY reported to the Nursing Supervisor.

Check all that apply — **TYPE OF EVENT**

- ☐ (E1)Allegation of Staff Neglect 600.02
- ☐ (E2)Alleg. Physical Abuse by Staff 600.04
- ☐ (E3)Alleg. of Sexual Abuse by Staff
- ☐ (E4)Alleg. of Staff Verbal/Emotional Abuse
- ☐ (E5)Elopement / ☐ AWOL 450 & 475
  - (E54)Legal Status _____
  - (E58)Date/Time Return _____/_____
- ☐ (E6)Code 200 625 ☐ (E7)Code 500 650
- ☐ (E8)Death 650.04
- ☐ (E27) Acute Medical Condition
- ☐ (E9)Exposure / Blood and Body Fluids
- ☐ (E10)Patient to Patient Sex/Harassment
- ☐ (E11)Suicide Attempt 525.07
- ☐ (E12)Contraband 700.01
- ☐ (E13)Equipment/Medical Equip. Failure
- ☐ (E14)Fall / Un-witnessed 225
- ☐ (E15)Fall / Witnessed 200
- ☐ Adverse Drug Reaction
- ☐ (E16)Medication Error 275
- ☐ (E17)Patient Property Loss/Theft 700.05
- ☐ (E18)Patient-Patient Assault
- ☐ (E19)Patient-Staff Assault 525.03
- ☐ (E20)Property Destruction 700.04
- ☐ (E21)Safety 700.03
- ☐ (E22)Self-injurious Behavior 525.06
- ☐ (E23)Substance Use 525.08
- ☐ (E24)Treatment Error 350
- ☐ (E26)Extreme Agitation
- ☐ (E28)Threat
- ☐ (E25)Other _____

INTERVENTION

- ☐ (I1)Verbal Support
- ☐ (I2)Verbal Redirection
- ☐ (I3)Quiet Time
- ☐ (I4)Monitoring
- ☐ (I5)Vol. PRN/Stat Med Given
- ☐ (I6)Invol. PRN/Stat Med Given
- ☐ (I7)Manual Hold of >5 min.
- ☐ (I8)Ambulatory Restraints *(WWR, Shackles or WWR & Shackles)*
- ☐ (I9)Seclusion
- ☐ (I10)4 or 5-Point Restraints
- ☐ (I11)Other: _____

ADVERSE DRUG REACTION / MEDICATION ERROR DUE TO:

Please note # of occurrences beside each error ("___")

- ☐ (M1)Extra Dose(s) ___
- ☐ (M2)Missed Dose(s) ___
- ☐ (M3)Wrong Dose ___
- ☐ (M4)Wrong Meds ___
- ☐ (M5)Wrong Patient ___
- ☐ (M6)Wrong Route ___
- ☐ (M7)Wrong Time ___
- ☐ (M8)Other and due to: _____
- ☐ (M19)Incomplete documentation ___
- ☐ (M9)Pharmacy Mislabeled ___
- ☐ (M9A)*Notify Pharmacy & check box*
- ☐ (M10)Pharmacy Supply ___
- ☐ (M11)Transcription ___
- ☐ (M12)MAR misread/misinterpreted ___
- ☐ (M13)Forgot to administer medication ___
- ☐ (M14)Miscalculated/Measured dosage ___
- ☐ (M15)Incomplete/Confusing order ___
- ☐ (M16)Misread medication label ___
- ☐ (M17)Failed to check pt.'s ID info. ___
- ☐ (M18)No arrangement of meds for off unit patient ___

CONFLICT with/

- (C1)Patient: _____
- (C3)Injury: _____
- (C4)Staff: _____
- (C6)Injury: _____
- (C4)Other _____
- (C6)Injury: _____

ASSESSMENT & TREATMENT OF PATIENT (NOT STAFF) *Must note injury, size, location, nature of injury and Tx.*

Level (1-6): _____ (Severity of event)
(Please see instructions on reverse for level # definitions)

Mental Status: _____

RN Assessment (*physical findings*): _____

_____

_____

Is *PAIN* present? Circle one. Y N

MD Assessment:

- ☐ (PA1)No Injury/No Treatment
- ☐ (PA1a)Injury but no Treatment
  Brief Description (abrasions, lacerations, etc):
  _____
- ☐ (PA2)Required First Aid
- ☐ (PA3)Required Medical Intervention: Assessment and Treatment by a Physician at HSH
- ☐ (PA3)Required Assessment and/or Treatment by an Outside Provider

Action by Charge Nurse (Required for all Events)

_____

_____

_____

Charge Nurse Name: _____ Date/Time: _____

NOTIFICATIONS

	DATE	TIME (24HR)	Person Notified	Notified By
Attending Psychiatrist/OD	___/___/___	_____	_____	_____
Chief, Department of Nursing	___/___/___	_____	_____	_____
Nursing Supervisor	___/___/___	_____	_____	_____
HSH Clinical Director	___/___/___	_____	_____	_____
HSH Administrator	___/___/___	_____	_____	_____
HSH Risk Management	___/___/___	_____	_____	_____
Security	___/___/___	_____	_____	_____
Parent/Guardian	___/___/___	_____	_____	_____
Hawaii Disability Rights Center	___/___/___	_____	_____	_____
AG Office/Spec. Investigations	___/___/___	_____	_____	_____
Law Enforcement	___/___/___	_____	_____	_____
Infection Control	___/___/___	_____	_____	_____

ACTION TAKEN
(AS APPROPRIATE)

Nurse Manager Signature _____ Date _____

Attending Psychiatrist/Tx Team Signature _____ Date _____

Chief, Dept. of Nursing Signature _____ Date _____

Risk Management Department Signature _____ Date _____

ALL NURSING STAFF, PLEASE NOTE FLOWCHART FOR THE PATIENT EVENT REPORT

Distribution from Charge Nurse ⇒ *White Original to Nurse Mgr for Rounds with MD* ⇒ *Review and Note by Nurse Mgr and MD* ⇒ *Route to Admin on Next 24 Hour Report* ⇒ *Review and Noted by Chief, Dept. of Nsg* ⇒ *To Risk Mgmt*

⇐ *Attach Yellow NCR Copy to the Nursing 24 Hour Report* ⇐ *Chief, Dept. of Nsg. For review then to Risk Mgmt*

GUIDELINES FOR USE OF PATIENT EVENT REPORT FORM

1. Patient Event Report forms are located on each patient unit and can also be obtained from the nursing shift supervisor or by ordering from the print shop (I.T.).

2. The individual who initially discovers or witnesses an untoward patient event initiates a Patient Event Report.

3. Before the end of the shift, the Charge Nurse on the patient's unit reviews all Patient Event Reports generated on the shift to insure that comprehensive and accurate reports are filed on all untoward patient related events which occurred during the shift.

4. The Chief, Department of Nursing or designee is notified of all serious Patient Events and other notifications are made according to procedures related to the type of event.

5. The yellow copy of the Patient Event Report is forwarded to the Chief, Department of Nursing with the 24-hour Nursing Report for review by the Chief and Nurse Managers at the next Nursing Morning Report.

6. The white copy of the Patient Event Report is reviewed on the Unit by the Nurse Manager and Attending Physician the next working day. Follow-up, as needed, is reported on the back side of the form.

7. Serious Events are addressed by the patient's Treatment Team.

8. The completed white copy of the Patient Event Report is forwarded to the Chief, Department of Nursing with the next 24-hour Report.

9. Completed Patient Event Reports are reviewed by the Chief, Department of Nursing who records any additional follow-up on the event.

10. The Chief, Department of Nursing forwards the completed white copy of the Patient Event Report to the Risk Management Department.

11. The Clinical Risk Manager may add additional follow-up information to the report.

12. Data from the completed Patient Event Report is entered into the computer by the Risk Management Department staff.

13. Monthly Patient Event Report summaries are prepared by the Risk Management Department staff and sent to Unit Managers; Chief, Department of Psychiatry; Clinical Director; Chief, Department of Nursing; Hospital Administrator; and Associate Administrator for Quality Management, Risk Management Committee, Safety Committee.

14. The form is to be written legibly. It may be returned to the author if it is not easily read.

Section One - Header

1. This section is left blank when the report is initiated by the individual with direct knowledge of the event.

Later On... *1. Unit Chief and Nurse Manager initial the form when they have seen it.* *2. The Event Number will be put on the form by Risk Management.*

Section Two - Basic Information (This section must be filled out completely.)

1. The form is always filled out in the name of a patient or, on rare occasions, a group of patients. Clearly write the patient's name and unit. This report is not used for staff or visitor events*. In events where there is an aggressor and a victim, the report is filled out in the name of the victim. If the aggressor is injured, an event report is filled out in his/her name as well.

Staff or visitor injuries are reported on the HSH Injury/Accident Report form available in all departments, Personnel, and Risk Management Department.

2. Legal Status is the admission or commitment type e.g. voluntary, MH-6, 406, 707, etc. It is included on reports of elopement.

3. **Special Precautions.** Indicate a special precaution if the patient is on 1:1, q 15 minute, fall, suicide or escape risk precautions. **Privileges.** Indicate if the patient has escorted or unescorted privileges or is restricted to unit (RTU). See examples below.

4. Times should be entered based on 24 hour clock notation.

5. The Narrative Description includes a short clear summary of WHO, WHAT, WHEN, WHY and HOW if known. It does not need to repeat data noted elsewhere on the form e.g. the type of event, interventions or notifications made.

Section Three - Type of Event

Definitions

Neglect - Allegations of patient neglect are serious incidents. Any neglect of a patient's safety, well-being, or protection from harm, including intentional failure to implement a patient's treatment plan constitutes patient neglect. Staff sleeping on duty, staff failing to insure 1:1 staff coverage and staff leaving their duty stations without permission from their supervisor also constitutes patient neglect.

Abuse - Allegations of staff physical, sexual, verbal and emotional abuse of patients are especially serious untoward patient-related events. Abuse includes (but is not necessarily limited to) the following staff behaviors or actions:

- Engaging in or any report of sexual activity with a patient.
- Threatening a patient with physical or sexual harm; speaking to a patient in a disrespectful, profane, or threatening manner.
- Placement of a patient in restraint and seclusion without authorization by a physician or a nurse.
- Failure to release a patient from restraint or seclusion in accordance with a physician's order.
- Hitting a patient.
- Any restriction of patient's right to use the telephone, have visitors, write and receive mail and enjoy reasonable privacy in bathing and toileting which is not authorized in HSH policy and/or the patient's treatment plan.
- Restricting a patient's right to file a grievance and/or allegation of staff abuse or neglect.
- Any imposition of adverse consequences on a patient which is not authorized by the patient's treatment team and specified in the patient's treatment plan.
- Any intentional action which is designed to harm or threaten a patient.
- Any corporal punishment of a patient.
- Any unreasonable rescinding of patient privileges contrary to HSH policy.

Elopement/AWOL - includes all events in which a patient is missing from his/her assigned location (i.e., not in the line of sight of staff) without staff authorization. Patients on off-grounds or on-grounds authorized privileges who do not check in at the designated time are also classified as being Elopement/AWOL. (See P&P 19.520.000)

Code 200 - A Code 200 is called when there is imminent danger of physical aggression by a patient towards self, others, or property in order to maintain a safe environment. Calling the Code summons help. (See P&P 09.030.001)

Code 500 - A Code 500 is called when a patient is found without spontaneous respiration's or palpable pulse. Calling the Code summons help.(see P&P 09.040.001)

Contraband - All dangerous instruments, drugs, or illegal items.(See P&P 09.235.001)

Medication Event - A discrepancy between what the physician ordered and what was actually administered, or not administered, to the patient is considered a medication error. Other medication events are reported but may not fit the definition of "medication error" above e.g. a mislabeled container that was identified before the patient was administered the medication. .

1. Some patient-related events are more significant than others and have been defined as Serious Events. **Immediately** notify the Chief, Department of Nursing of all Serious Events. The υ identifies those events with mandatory

immediate reporting. On evening and night shift or days when the Chief is not on site, the Nursing Supervisor is notified.

2. Check ALL the types of events that apply. If the event is an **attempted** AWOL or Elopement, check AWOL/Elopement. If it is a medication event, check it in this section and further describe it in the next section.

Section Four - Intervention, Type of Medication Error, and Conflict with:

Definition of Interventions:

Quite Time *- Voluntary use of an unlocked room by a patient for a limited period of time. (see P&P 04.248.000)*

Monitoring *- Periodic observation of the patient in routine prescribed by the physician or RPN. (see P&P 04.225.002)*

Physical Management *- The use of holds, escorting and physical containment techniques consistent with the HSH CPMR program manual. Provide a short description of this intervention on the form. Other interventions do not need more explanation than the 4.*

Ambulatory Restraints *- Usually wrist/waist restraints. (see P&P 04.250.003)*

Seclusion *- Simultaneous confinement and isolation of the patient. (see P&P 04.250.003)*

1. More than one type of intervention may be checked.

2. Interventions with υ are serious events and require immediate notification of Chief, Department of Nursing or designee.

Definition of Medication Event Types:

Medication Event Due to*: Error in one of the Five R's; Right Patient, Right Dose, Right Drug, Right Route, and Right Schedule as result of...*

Pharmacy Mislabeled
Pharmacy Supply
Transcription
MAR Misread/Misinterpreted
Forgot to Administer
Miscalculated Measured Dose
Incomplete/Confusing Order
Misread Medication Label
Failed To Check Patients ID
No Arrangement For Meds For Off-Unit Patient

3. Pharmacy wants to be notified as soon as possible for mislabeled, supply, and transcription or MAR problems.

4. **Conflict/with** identifies the one who assaulted this patient or the one this patient assaulted. If the other person is a patient, a Patient Event Report will be filled out on both patients. If the person is staff or a visitor, this may be the only place the name will be recorded. If the staff or visitor sustained an injury, the HSH INJURY/ACCIDENT REPORT is completed.

Physical Assessment Section

1. This section documents that the staff took appropriate action to determine whether or not the patient sustained any physical injury in the event and, if so, initiated appropriate care. Summarize the important findings. A comprehensive note is written in the Clinical Record. This section is required of all events except property loss/theft and similar events without direct involvement with a patient.

2. Physical assessment by an RN is expected. Assessment by an MD is based on need.

When Must a Physical Assessment be Done by the RN?
All patient event reports will include a physical assessment by an RN except:
a. Actual event occurred more than 48 hours prior to notification.
b. Event had no aspect of patient involvement e.g. unit safety issue
c. Physician immediately present, documented the assessment on the patient event report and RN has nothing to add.

When Must the Physician be Called to assess the patient?

1. A change in vital signs
2. A change in level of consciousness
3. Any allegation of abuse or neglect
4. Upon return from AWOL/Escape
5. Exposure to Blood and/or body fluids
6. Fall, assault or other injury resulting in pain, reduced range of multiple bruises, frank bleeding, burn or eye injury.

Action by Charge Nurse

1. Insure that there is an immediate physical assessment of all patients named on Patient Event Reports regardless of whether an injury is immediately evident.

2. Before the end of the shift, the Charge Nurse insures that reports are filled out accurately and comprehensively on all untoward events that occurred during the shift.

3. The Charge Nurse begins the notification process as appropriate.

4. The Charge Nurse insures that the yellow copy of the Patient Event Report is forwarded to the Chief, Department of Nursing and the white copy of the Patient Event Report is made available to the Nurse Manager for review with physicians.

Notifications	Notified By	When Required (other times optional)
Attending Psychiatrist/OD	Charge Nurse or designee	The event is significant, the patient needs medical attention or assessment.
Chief, Dept. of Nursing	Charge Nurse (Supervisor will page Chief if necessary on Evenings, Nights, or days when the Chief is off site.)	All serious events υ
Nursing Supervisor	Charge Nurse or designee	All serious events υ
HSH Clinical Director	Nursing Supervisor or designee	All serious events υ
HSH Administrator	Chief, Dept. of Nursing or Nursing Supervisor	Allegations of Abuse or Neglect including AWOL/Escape.
HSH Risk Management	Nursing Supervisor	Allegations of Abuse or Neglect including AWOL/Escape
Security - Department of Public Safety.	Charge Nurse	AWOL/Escape, Contraband, loss or theft, property destruction
Parent/Guardian	Charge Nurse	AWOL/Escape, Serious Injury, transfer to outside facility.
Protection and Advocacy	Nursing Supervisor, Risk Management	Abuse or Neglect allegation
AG Office Special Investigations	Nursing Supervisor, Risk Management	At request of Hospital Administrator in cases of alleged abuse or neglect
Law Enforcement	Any	When a crime is thought to have been committed.
Infection Control	Charge Nurse	Exposure to Blood or Body Fluid

Review Notes

1. The Nurse Manager and Physician review the Patient Event Report the following morning and write notes related to follow-up on all Serious Events υ. Other events may not be considered serious. For events that are not serious a note is optional. The completed white copy of the report is sent to Administration with the next 24 hour nursing report.

2. The Chief, Department of Nursing reviews the completed original white copy of the report and makes notes regarding follow-up on all Serious Events υ.

3. The Risk Manager reviews all events and makes notes regarding follow-up on all Serious Events υ.

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: _____ **Home Unit:** _____

Patient Name: _____ **Date of Event:** _____ **Time of Event:** _____

Job Title: ❑ Psych Tech ❑ LPN ❑ RN ❑ Nurse Manager ❑ Nursing Supervisor
❑ Attending/O.D. ❑ Psychologist ❑ Social Worker ❑Other_____

Type of Event:
❑ Allegation of Neglect
❑ Allegation of Physical Abuse
❑ Allegation of Sexual Abuse
❑ Allegation of Verbal/Emotional Abuse
❑ Elopement
❑ Code 200
❑ Code 500
❑ Medication Event
❑ Treatment Error
❑Other_____

Event Location: ❑ Unit E ❑ Unit F ❑ Unit H ❑ Unit I ❑ Unit S ❑ Unit T ❑ Unit U
❑ Cafeteria ❑Community ❑Gym ❑Treatment Mall ❑Village Green
❑Other_____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ Date: _____ Time: _____

Attachment D
P&P No. 03.800

Hawaii State Hospital

Internal Investigation Report Format

Title of Investigation: _____

Date/Time of Event: _____

Date Investigation Started: _____

Investigative Team: _____

1. **INCIDENT SUMMARY:** A short paragraph that briefly describes the event and refers to attached flow charts, if any.

2. **INITIAL CONDITIONS:** Facility/Unit status at time of incident, including any abnormal conditions that contributed to the sentinel event.

3. **PRECIPITATING CAUSES:** Circumstances leading up to the event and/or the initial failure that triggered the event or led to its discovery.

4. **IMMEDIATE CORRECTIVE ACTION:** List any actions that took place immediately following he event, prior to the root cause analysis.

5. **RECOMMENDATIONS:**

Attachment "S"

Policy and Procedures

2. #04.225
Special Precautions with Attachments

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (PC) Provision of Care, Treatment and Services Special Interventions SUBJECT: SPECIAL PRECAUTIONS (1:1; Designated; q15 or q30 Minute Checks) REFERENCE: Joint Commission PC.01.02.01, 01.02.05, 01.02.08, 01.02.09	Number: 04.225 Effective Date: 09/27/96 History: Rev. 09/97, 03/99, 02/01, 10/02, 08/03, 10/04, 11/07, 05/11, 01/15, 10/17 Page: 1 of 4 Approved: Title: Administrator Date

PURPOSE:

To provide guidance to staff monitoring patients at high risk for harm to self or others.

POLICY:

When a patient's behavior poses a serious threat to the safety of self or others, the patient is placed on special precautions and assigned to a higher level of staff supervision. ***A higher level of staff supervision, including q15 and q30 minute checks, may be initiated by a Registered Nurse (RN) as a nursing intervention and are according to the clinical justifications and parameters written by a physician's order.***

RESPONSIBILITY STATEMENT:

- Treatment teams are responsible for identifying high-risk patients. Those patients whose behavior or co-morbid conditions (mental illness and substance abuse) put them at an increased danger or likelihood of harm to themselves or others are placed on special precautions.

- The Charge Nurse/Team Nurse is responsible to ensure that the clinical justifications and parameters of the special precautions MD orders are provided to the assigned staff by:

  - Reviewing the clinical justifications and parameters with the staff and
  - Providing the assigned staff with a current copy of the physician's order if applicable.

- Staff assigned to 1:1, designated staffing, q15, or q30 minute checks are responsible for ensuring that clinically relevant information is documented and passed on to the next

assigned staff.

- Treatment teams are responsible to regularly reassess the need for continuation of 1:1 and designated staffing.

PROCEDURE:

A. 1:1 or Designated Staffing

1. The treatment team identifies the need for a patient to be placed on 1:1 or designated staffing.
2. The nurse obtains a physician order and assigns staff to monitor the patient according to protocols (see Attachment A).
3. The physician order describes the parameters of observation and monitoring (see Attachment B). ***The physician writes the rationale for the special precautions as ordered.***
4. Assigned staff initiates the Special Precautions Checklist (see Attachment C) and monitors the patient according to protocols and the most current physician's order (see Attachment B).
5. A physician renews the ***Special Precautions*** order every 24 hours.
    a. The treatment team during the unit daily report reviews the clinical necessity for 1:1 or designated staffing and documents review of alternative lesser restrictive interventions in the patient's chart.
    b. The treatment team continues to meet regularly to review and document in the medical record the necessity for these interventions unless/until the need for 1:1/designated staffing is discontinued, or after consultation with the Director of Nursing or designee and/or the Chief of Psychiatry or designee, the team determines that the need for use of 1:1/designated staffing is long-standing. ***Documentation of the use of Special Precautions is done by nursing staff in the progress notes and by physicians in their Psychiatry Weekly Progress notes.***
    c. If the need is determined to be long-standing, the evaluation is documented in the treatment plan and ***reviewed every 30 days*** at each regularly scheduled MRPR.
6. Supervision above the 1:1 level is considered for some patients, as clinically indicated. In these instances, consultation with the Associate Administrator, Clinical Services or designee and the Director of Nursing, or designee is

recommended as soon as possible after the order is written.

a. The treatment team meets regularly to discuss the needs and progress of the patient.

b. The Associate Administrator, Clinical Services or designee is consulted if the increased supervision continues for more than seven (7) days, and documentation is made by the Associate Administrator, Clinical Services or designee in the patient's record.

B. Q15 or Q30 Minute Checks

1. When clinically indicated the nurse places a patient on q15 or q30 minute checks. ***The physician is notified and a physician's order is required.***
2. The nurse writes a progress note describing the patient's behavior and the reason for initiating checks; the nurse also writes a note at the end of the shift evaluating progress.
3. An assigned staff completes the Special Precautions Checklist (see Attachment C) noting the patient's behavior/activities during the shift.
4. Nursing staff report all q15 and q30 minute checks on their nursing shift report.

DEFINITIONS:

1:1 Supervision - An assignment for nursing staff to continuously observe and supervise a high risk patient using specific protocols (see Attachment A).

Designated Staffing - An assignment for nursing staff to monitor and supervise a patient as needed to support pro-social behavior, increase adaptive behaviors, reduce the incidence, or mitigate the intensity of maladaptive behaviors (see Attachment B).

Q15 or Q30 Minute Checks - A specific assignment for nursing staff to observe a patient every 15 or 30 minutes due to behaviors that require frequent monitoring.

ATTACHMENTS:

Attachment A – Protocol for 1:1 or Designated Staffing
Attachment B – Physician Order: Special Precautions (Writable and Computer Versions)
Attachment C – Special Precautions Checklist

RELATED POLICIES AND PROCEDURES:

04.275 Behavior Management Procedures
19.520 Elopement, Elopement Attempt and AWOL
04.022 Hand-Off Communication
04.270 Recovery (Treatment) Planning
04.250 Seclusion and Restraint
04.370 Suicide Risk Assessment and Management
04.347 Supervision Status

PCFT 10/17

Hawaii State Hospital

PROTOCOL FOR 1:1 or DESIGNATED STAFFING

- The Charge Nurse (CN) notifies the nursing supervisor upon initiation (and discontinuation) of an MD order for Designated Staffing (D/S) or 1:1.
- The Special Precautions Checklist and physician's order form is used to indicate the reason for D/S or 1:1, the frequency of observation and/or specific activities.
- ***The nurse ensures that the assigned staff understands the clinical justifications and parameters of the order. The nurse provides the staff with a copy of the most current physician's order at the start of the shift or monitoring period.***
- ***Ensure that the assigned room/bathroom and patient are checked for safety and contraband items.***
- The D/S or 1:1 documents the patient's status/behavior on the Special Precautions Checklist. The CN/team nurse co-signs the documentation.
- Any significant changes in the patient's status/behavior are documented and reported as soon as possible. The D/S or 1:1 are to verbally report to the CN/team nurse prior to the end of the shift or monitoring period.
- The CN/team nurse and staff initial the back of the Special Precautions checklist at the beginning and at the end of each shift/monitoring period to confirm that hand-off communication and documentation were completed.
- The Special Precautions Checklist is placed in the Progress Note section of the chart when all sections are completed or the order is discontinued.
- Additional parameters may be individualized by the treatment team and are provided by the physician's order.

SPECIAL PRECAUTIONS:

Suicide Ideation or Self-Harm/Self-Injurious Behavior (SIB):

- Patient should be observed in line of sight, closely at all times, especially when the patient is sleeping, in the shower, using the toilet, in the dining area, etc., unless otherwise noted in parameters ordered.
- Safe room or transfer to a safe Unit is considered if patient is High Risk.
- Ensure patient's room, bathroom and person have been searched for safety/contraband.

- Staff use the Suicide/Self-Harm Assessment Checklist (P&P 4.730 Attachment A) when a patient reports suicidal ideations or self-harm behaviors.

Assault, Safety of Others, Sexually Inappropriate or Elopement Risk:

- Staff stays in line of sight of the patient at all times.
- Unless otherwise ordered in Parameters, staff remains within 2 arm's length for Assault Precautions, and one arm's length for the other precautions.
- Staff provides verbal support and redirection.
- Staff are to avoid isolated areas and being alone with the patient.
- Patient to use individual bathroom (no shared bathroom unless opposing door is locked).
- Ensure patient's room, bathroom and person have been searched for safety/contraband.

Safety of Self from Others, Fall Risk, Choking/Aspiration, Disorientation or Medical:

- Patient should be observed closely at all times.
- Provide support and assistance.
- At the mall, sick bay may be used (with a physician's order) when the patient is unable to attend classes.
- Ensure patient's room, bathroom and person have been searched for safety/contraband.

Hawaii State Hospital
PHYSICIAN ORDERS: Special Precautions *(Computer Version)*

Date: Time: *MD to enter if not telephone order (T.O.)*

SPECIAL PRECAUTIONS:

- ☐ Self-harm/ Self-injurious
- ☐ Suicide risk
- ☐ Safety of others
- ☐ Assault
- ☐ Sexually inappropriate
- ☐ Elopement
- ☐ Safety of self from others
- ☐ Fall risk
- ☐ Choking/Aspiration risk
- ☐ Disorientation
- ☐ Medical condition:
- ☐ Other:

1:1 STAFFING:

☐ ATC ☐ 7-3 ☐ 3-11 ☐ 11-7
☐ Other:

DESIGNATED STAFF:

☐ ATC ☐ 7-3 ☐ 3-11 ☐ 11-7
☐ Other:

Q 15 MINUTE CHECKS:

☐ ATC ☐ 7-3 ☐ 3-11 ☐ 11-7
☐ Other:

RATIONALE:

ENVIRONMENTAL CHECK PARAMETERS:

☐ Check room, bathroom and person for safety/contraband items ☐ Other:

PARAMETERS FOR DESIGNATED STAFF AND 1:1:

☐ Patient **in line of sight at all times** ☐ Staff to remain within ____ feet from patient
☐ Staff to remain within 1 arm's length from patient ☐ Staff to remain within 2 arm's length from patient
☐ Patient to remain 10 feet from peer(s) *(specify peer's initials):*
☐ Other:

STAFF SPECIFIC:

☐ Female staff only ☐ Male Staff only ☐ Not Clinically Indicated

PROTOCOL for Designated Staffing and 1:1 *(RN explains assignment to staff and provides order copy for clipboard.)*

Suicide or Self-Harm/Self-Injurious Behavior (SIB) Precautions: *Patient should be observed closely at all times, especially when the patient is sleeping, in the shower, using the toilet, in the dining area, etc. Safe room is considered if High Risk. Patient's room, bathroom and person have been searched for safety/contraband. Use Suicide/Self-Harm Assessment Checklist (P&P 4.730 Attachment A) when a patient reports suicidal ideations or self-harm behaviors.*

Assault, Safety of Others, Sexually Inappropriate or Elopement Precautions: *Staff stays in visual range of the patient at all times. Unless otherwise ordered in Parameters, staff remains within 2 arm's length for Assault Precautions, and one arm's length for the other precautions. Staff provides verbal support and redirection. Staff are to avoid isolated areas and being alone with the patient. Patient to use individual bathroom (no shared bathroom unless opposing door is locked).*

Safety of Self from Others, Fall Risk, Choking/Aspiration, Disorientation or Medical Precautions: *Patient should be observed closely at all times. At the mall, sick bay may be used (with a physician's order) when the patient is unable to attend classes.*

Telephone Order (T.O.) MD:	Date/Time:	Nurse Receiving T.O.:	Date/Time:	Order Read Back: ☐ Yes
MD Signature:	Date/Time:	Noted by (Nurse Signature): Date/Time:		

Addressograph

Hawaii State Hospital
PHYSICIAN ORDERS: Special Precautions *(Writable Version)*

Date: _____ Time: _____ *MD to enter if not telephone order (T.O.)*

SPECIAL PRECAUTIONS:

- ☐ Self-harm/ Self-injurious
- ☐ Suicide risk
- ☐ Safety of others
- ☐ Assault
- ☐ Sexually inappropriate
- ☐ Elopement
- ☐ Safety of self from others
- ☐ Fall risk
- ☐ Choking/Aspiration risk
- ☐ Disorientation
- ☐ Medical condition: _____
- ☐ Other: _____

1:1 STAFFING:

☐ ATC ☐ 7-3 ☐ 3-11 ☐ 11-7

☐ Other: _____

DESIGNATED STAFF:

☐ ATC ☐ 7-3 ☐ 3-11 ☐ 11-7

☐ Other: _____

Q 15 MINUTE CHECKS:

☐ ATC ☐ 7-3 ☐ 3-11 ☐ 11-7

☐ Other: _____

RATIONALE:

_____

_____

ENVIRONMENTAL CHECK PARAMETERS:

☐ Check room, bathroom and person for safety/contraband items ☐ Other: _____

PARAMETERS FOR DESIGNATED STAFF AND 1:1:

- ☐ Patient **in line of sight at all times**
- ☐ Staff to remain within _____ feet from patient
- ☐ Staff to remain within 1 arm's length from patient
- ☐ Staff to remain within 2 arm's length from patient
- ☐ Patient to remain 10 feet from peer(s) *(specify peer's initials):* _____
- ☐ Other: _____

STAFF SPECIFIC:

☐ Female staff only ☐ Male Staff only ☐ Not Clinically Indicated

PROTOCOL for Designated Staffing and 1:1 *(RN explains assignment to staff and provides order copy for clipboard.)*

Suicide or Self-Harm/Self-Injurious Behavior (SIB) Precautions: *Patient should be observed closely at all times, especially when the patient is sleeping, in the shower, using the toilet, in the dining area, etc. Safe room is considered if High Risk. Patient's room, bathroom and person have been searched for safety/contraband. Use Suicide/Self-Harm Assessment Checklist (P&P 4.730 Attachment A) when a patient reports suicidal ideations or self-harm behaviors.*

Assault, Safety of Others, Sexually Inappropriate or Elopement Precautions: *Staff stays in visual range of the patient at all times. Unless otherwise ordered in Parameters, staff remains within 2 arm's length for Assault Precautions, and one arm's length for the other precautions. Staff provides verbal support and redirection. Staff are to avoid isolated areas and being alone with the patient. Patient to use individual bathroom (no shared bathroom unless opposing door is locked).*

Safety of Self from Others, Fall Risk, Choking/Aspiration, Disorientation or Medical Precautions: *Patient should be observed closely at all times. At the mall, sick bay may be used (with a physician's order) when the patient is unable to attend classes.*

Telephone Order (T.O.) MD:	Date/ Time:	Nurse Receiving T.O.:	Date/ Time:	Order Read Back: ☐ Yes
MD Signature:	Date/Time:	Noted by (Nurse Signature): Date/Time:		

Addressograph

Patient's Name:

SPECIAL PRECAUTIONS CHECKLIST

ADDITIONAL INFORMATION ABOUT TARGET BEHAVIORS BEING MONITORED:

1. _____
2. _____
3. _____

ADDITIONAL INFORMATION ABOUT NURSING INTERVENTIONS:

1. _____
2. _____
3. _____

SHIFT PROGRESS NOTES:

Shift: **11-7**

Signature/Title: *RN Co-signature:*

Shift: **7-3**

Signature/Title: *RN Co-signature:*

Shift: **3-11**

Signature/Title: *RN Co-signature:*

Shift	Time	Initial	Signature/Title	Shift	Time	Initial	Signature/Title

Attachment "S"

Policy and Procedures

3. #04.270 Recovery (Treatment) Planning

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (PC) Provision of Care, Treatment and Services: Treatment Planning SUBJECT: RECOVERY (TREATMENT) PLANNING	Number: 04.270 Effective Date: 07/01/96 History: Rev. 09/98, 99, 11/00, 06/02, 08/04, 09/05, 11/06, 07/07, 06/08, 06/10, 10/10, 01/12, 02/15 Page: 1 of 7
REFERENCE: Joint Commission PC.01.03.01; CMS; State Licensure Requirements	Approved: Title: Administrator Date

PURPOSE:

To ensure that the recovery (treatment) planning process and documentation meet recognized professional standards and result in effective, person-centered, collaborative and coordinated care of the patient.

POLICY:

An initial recovery plan is developed for each patient within 24 hours of admission to Hawaii State Hospital (HSH). Thereafter, a recovery plan is developed by an interdisciplinary team of professional staff within seven days of admission to HSH. The recovery plan contains the following elements: a case formulation, statements describing the specific problems and needs of the patient, the patient's strengths and treatment preferences, clear, objective, behaviorally written goals with time frames for completion, a program of treatment that includes individualized, specific treatment interventions and a comprehensive discharge plan. The patient's recovery plan is formally re-evaluated at least every 30 days, unless the team documents that the following criteria are met:

A. The current admission has lasted two years or longer
B. The patient is making progress towards goals as expected in the recovery plan
C. The patient agrees

In these cases, recovery plan reviews are held on a regular basis up to every 90 days. Any patient whose progress toward goals fails to meet or exceeds expectations is returned to a 30 day review schedule. Patients who fall in the extended review category may request a recovery plan meeting at any time to address concerns that would otherwise be addressed in a scheduled recovery plan review.

The plan is revised as appropriate to reflect the patient's current status, progress and treatment needs. At a minimum, there is an update of the case formulation at least every 90 days for patients with every 30 day reviews and every 180 days for patients with 90 day reviews. All team members come prepared to each treatment plan review so that the data needed to update the case formulation is available in a timely manner. The Master Recovery Plan is then implemented according to the revisions.

RESPONSIBILITY STATEMENTS:

- The psychiatrist is the leader of the recovery team, has the ultimate authority for all clinical decisions, and is responsible and accountable for ensuring that the recovery plan is implemented.

- The psychiatrist ensures that the patient and all the disciplines are involved in the recovery planning process as directed by each patient's needs.

- All members of the interdisciplinary team come prepared to the meeting and collaborate with the patient to formulate the case, plan for recovery and follow through on treatment interventions.

- All disciplines represented at the recovery plan meeting are responsible to ensure that information from the meeting is appropriately disseminated as needed to their respective staff members.

- The patient is the focal point of the interdisciplinary treatment process. The patient's role and responsibilities are delineated in the patient handbook.

- The psychiatrist ensures that the recovery plan is the result of collaboration between the patient's own expressed goals for recovery and the interdisciplinary recovery plan process and that the plan fully reflects, integrates, and guides all care and treatment.

- To facilitate the planning and documentation process, the psychiatrist leads the team in deciding which members are responsible for updating the various components of the recovery plan.

PROCEDURE:

A. INITIAL TREATMENT PLAN

The Initial Plan of Care, developed by Nursing within 24 hours of admission to HSH, consists of the nurse's Initial Plan of Care and the admitting psychiatrist's orders. The

Initial Plan of Care is used to direct the patient's care until the Master Recovery Plan is developed. The focus of the Initial Plan of Care is to meet the patient's immediate health and safety needs. The admitting nurse's Initial Plan of Care is attached to the nursing admission assessment and is filed in the assessment section of the medical record.

B. COMPOSITION OF THE TREATMENT TEAM

1. The interdisciplinary treatment team, at a minimum, consists of the following professional members: Psychiatry, Social Work, Nursing (Registered Nurse and Psychiatric Technician), Psychology, Rehabilitation (Occupational Therapy or Recreational Therapy, and Physical Therapy if indicated), and the Community Case Manager, when assigned. Representatives from other disciplines providing treatment to the patient may also attend meetings as needed or requested.
2. The recovery team has consistent and enduring staff assignments.
3. The patient is considered part of the recovery team, is present at his or her recovery team meetings, and is encouraged to participate actively.
4. Family members/significant others are invited and encouraged to participate in the recovery plan review meetings or have input into recovery planning with the consent of the patient.

C. RECOVERY PLANNING PROCESS

1. Interdisciplinary planning is based on multiple assessments, is individualized, patient-focused, and incorporates the patient's strengths, recovery goals and preferences.
2. The planning process identifies and describes the patient's strengths and goals, behavioral problems and needs, prioritizes problem areas, establishes measurable long- and short-term goals as appropriate to the length of stay and identifies interventions based on identified strengths. The recovery plan review evaluates the patient's progress toward those goals on identified target dates throughout the course of care.
3. The patient's medical/dental problems are identified and significant medical/dental problems are included in the recovery plan in coordination with medical services
4. Recovery plan meetings occur on a scheduled basis, are coordinated hospital-wide, and are structured to maximize patient, family and community involvement.
5. New problems and associated goals are documented in the progress notes and evaluated for possible inclusion in the recovery plan.

D. CONTENT OF THE RECOVERY PLAN

The recovery plan consists of various components including, but not limited to those described below. Recovery plan forms are available on the HSH website. The MRP includes:

1. **Case Formulation:** The case formulation is an integration of the team's assessments and other clinical information. As the treatment plan gathers more information and experience with the patient, the formulation changes. The formulation drives the recovery plan and includes:
   a. Diagnostic considerations
   b. Patient recovery goals and treatment contract
   c. Prioritization of treatment interventions
2. **Legal Status:** This indicates the patient's legal status on admission and is updated to reflect court actions over the hospital course.
3. **Diagnosis:** The diagnoses are documented on the recovery plan. Rule/out or deferred diagnoses are resolved within 90 days. During the first MRPR after 90 days of hospitalization, the team formally reviews the diagnosis and documents the DSM criteria that the patient fulfills for each DSM diagnosis given and rules out any NOS diagnosis and clarifies and meets the criteria as noted in the DSM. In addition, if the patient does not have an eligibility determination (ED) completed, the ED is due on the date of the first MRPR after 90 days of hospitalization. If changes in the diagnosis occur after the 90 day MRPR, the team documents the change in a similar manner.
4. **Discharge and Transition Plan**: The team develops a discharge plan for the patient on admission. The discharge plan includes legal resolution, medical needs, special dietary needs, MI/SA and MI/DD/ID needs, MH needs, living needs, financial needs, family and social support, educational, vocational and self actualization. The discharge plan is updated as new information becomes available. Prior to discharge, relevant plans are updated to include community risk management recommendations.
5. **Problem/Needs List:** The team creates a prioritized list of problems/needs based upon the goal of discharge from HSH. The date the problem/need is identified and the date the problem/need is resolved are also indicated on the list. High risk behaviors, including, but not limited to, dangerousness to self or others and elopement are identified and included in the plan as needed. To assist in prioritizing the problems, the following sequence should be considered: Danger (including risk reduction), forensic (including fitness restoration), medical/organic (including substance use, and developmental disabilities), psychiatric,

psychological, social (including daily living, education, occupation, family and community relations, leisure) and cultural issues. If a problem is not considered active, this is identified, with reasons, in the case formulation. Elements of the Problem list are:

a. Title that is brief, but descriptive.
b. The initial date is included when the problem is identified (and, when applicable, the date the problem is resolved).
c. For each problem, at least one long-term goal is identified that is objective, behavior-related.
d. A statement of patient strengths related to the long-term goal.
e. At least one clear, objective, behavior-related short-term goal that is measurable and includes the time frame for completion.
f. At least one specific treatment intervention for each short-term goal .

6. **Behavior Management Plans** (BMPs) and **Clinical Safety Plans** (CSPs), when present, are integrated into the overall recovery plan (refer to P&P 04.275 Behavior Management Procedures.)

7. **Nursing Plans of Care** are an integral part of the recovery plan and are developed by nursing staff for complex medical problems

8. **Signatures:** The team, the patient (or the patient's guardian), family members (when present), and community case manager (when present) sign and date the "Signatures" section in the MRPR. This set of signatures verifies participation in the meeting and knowledge of the elements of the MRPR. It is permissible for team members not present at the meeting to later review the MRPR and indicate their agreement with its content by adding the word "reviewed" to their signature line, signing the MRPR, and dating their line with the date of their review.

E. MASTER RECOVERY PLAN REVIEW

1. Recovery plan review meetings are scheduled and convened by the patient's Treatment Team one month after the initial recovery plan is written and at least every 30 days thereafter, unless the criteria described in the Policy section above are met, in which case the time frames described above would apply. After a patient transfers from one unit to another, a recovery plan review meeting is held within the timeframe specified in the policy on Intra-hospital Transfer of Patients (P&P 04.007 Triage / Transfer).

2. If a patient is frequently or consistently refusing treatment (e.g., medication, groups/classes), the team updates/changes the recovery plan. The team establishes a plan to address the refusals and considers initiating a BMP and/or offering alternative interventions.

3. Master Recovery Plan Review meetings may be convened following any medically significant event. The treatment team makes the determination as to whether any event is medically significant, based on such factors as medical urgency, medical risk, the need for assessment and treatment external to HSH, the impact on the patient's psychiatric status and treatment, etc.
4. At the MRPR, the team, including the patient, considers and evaluates the patient's progress toward each goal.
5. The MRPR is used to document review and updating of key information and is used to document specific changes to interventions or goals. At a minimum, this review includes:
   a. A review and update, if necessary, of the case formulation.
   b. A review of each problem, noting response to treatment, data supporting the change(s), and making necessary adjustments to the goals and interventions. (Note: Where a patient appears to be meeting goals, the goals should be considered for change and where there has been no progress, goals and interventions should be considered for change.)
   c. Other MRP elements, including the Discharge Plan, BMP, CSP and/or Nursing Plan(s) are also reviewed and updated as needed.
6. The treatment team clinicians, patient/representative, community case manager, and family member(s), if present, also sign and date the MRPR document.

F. DOCUMENTATION OF THE RECOVERY PLAN

After each master recovery plan meeting, the plan is updated, signed and printed. The printed plan is filed in the HSH paper chart. Only the most current revision is included in the HSH paper chart. It is the responsibility of the treatment team leader (attending psychiatrist) to assure that all necessary documents are in place.

ATTACHMENTS:

Refer to Recovery Plan Forms on HSH Intranet.

RELATED POLICIES AND PROCEDURES:

02.409 Morning Rounds for Clinical Leadership
04.007 Intra-Hospital Transfer of Patients
04.009 Multidisciplinary Admission Assessment
04.015 Discharge Planning and Implementation
04.250 Seclusion and Restraints
04.271 Patient and Family Education

04.272 Programming: Psychosocial Rehabilitation
04.275 Behavior Management Procedures
04.503 Hawaii State Hospital Clinical Lines of Authority
23.750 Nursing Standard Operating Procedure: RN Assessment of Patients

PCFT/jw/1/17/12; rz/mg/PCFT 9/14

Attachment "S"

Policy and Procedures

4. #04.505
Access to Personal funds

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (RI) Rights and Responsibilities of the Individual SUBJECT: ACCESS TO PERSONAL FUNDS REFERENCE: Joint Commission LD.04.02.05, LD.04.01.01; HRS 334E(23); HAR 11-175-35	Number: 04.505 Effective Date: 12/21/92 History: Rev. 10/95, 9/96, 3/01, 3/11 Page: 1 of 1 Approved: Title: Administrator Date

PURPOSE:

To protect the rights of each patient to have access to his/her funds; to assist the patient in the safekeeping of such funds.

POLICY:

- The amount of money a patient is allowed to keep on the unit is determined by the unit and by the patient's treatment team.
- A larger amount of money will be permitted for patients prior to exercising off-grounds privileges (shopping trips, etc.).

RESPONSIBILITY STATEMENT:

Patient units are responsible for having written rules regarding the amount of money patients may keep on the unit and the process patients and staff will use for patients accessing their funds kept in the HSH business office and in private accounts.

PROCEDURE:

1. Each unit makes arrangements for patients who are unable to make their own withdrawals to withdraw cash from the Business Office.
2. The Business Office will be open for patients' deposits and withdrawals from 9:00 a.m. to 2:00 p.m., Monday through Friday (holidays excluded).
3. Patients wanting to access funds complete a Request Form on the patient unit and submit to treatment team. The treatment determines if the amount is appropriate for the purpose of the funds and money is withdrawn from the Business Office.
4. Some patients may be asked to provide receipts for purchases.
5. Excess money is re-deposited into the Business Office.

Attachment "S"

Policy and Procedures

5. #04.347 Supervision Status with Attachments

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (PC) Provision of Care, Treatment and Services: Treatment Planning SUBJECT: SUPERVISION STATUS REFERENCE: Joint Commission PC.01.02.03, PC.02.02.01; EC.02.01.01; HRS 334-75, 706-607, 707	Number: 04.347 Effective Date: 8/17/98 History: Rev. 5/02, 9/05, 10/07, 6/09, 8/11, 1/15 Page: 1 of 8 Approved: Title: Administrator Date

PURPOSE:

To provide a method of determining patients' supervisory status so that staff and patient expectations are consistent across the continuum of care/treatment, and the risk of harm to patients and others is minimized while care/treatment is provided in the least restrictive environment.

POLICY:

Hawaii State Hospital (HSH) determines patients' needs for supervision, support, protection or containment based upon ongoing assessment of their history, behavior, clinical condition and legal status. Work activities, Mental Illness and Substance Abuse (MI/SA) treatment, and other clinical programs are not considered a "privilege" but rather an essential part of treatment. Our goal at HSH is to have every patient participate actively in their recovery and re-integrate into the community when their illness has stabilized and their legal encumbrances have been resolved.

RESPONSIBILITY STATEMENT:

- It is the responsibility of the Treatment Team to 1) determine the patient's on-going need for supervision, support, protection or containment, and 2) to provide the necessary supervision, support, protection or containment.

- It is the responsibility of administrators to review requests for supervision status and approve as appropriate.

- It the responsibility of the Treatment Team to review the patient's clinical status prior to any authorized privilege being used, and to modify the supervision level when the patient's clinical condition has changed, even though administrative approval has been rendered.

PROCEDURE:

A. Initial Observation Period - Minimum 24 Hours

1. The responsible physician and registered nurse (RN) assess the patient upon admission or transfer to a new unit.
2. The assessment focuses on the risk of harm to self or others, any need for special precautions, likelihood of elopement, etc. (See Attachment A - Risk Factors).
3. The patient remains on Building Level for at least 24 hours to allow for orientation and closer observation (exceptions are for court appearances, necessary medical tests or treatments, or when clinically contraindicated).
4. During the initial observation period, Treatment Team members gather the information necessary to determine the patient's on-going need for supervision, support, protection or containment.
5. As soon as the patient is admitted to the hospital, nursing staff input the new patient's supervision status as:

Level	Building
Off Grounds	None
Grounds Escort	Restricted
Mall Escort	Restricted to Acute Unit

B. Determination of Patient's Need for Supervision

1. Following the initial observation period, Treatment Team members discuss the patient's safety and supervision needs and determine the patient's supervision status.
2. The responsible physician has the final responsibility for:
   a. Determining the patient's supervision status (See Attachment B - General Criteria for Supervision Levels, for criteria to be followed).
   b. Communicating such to the nursing staff and Treatment Team
   c. Writing a progress note summary of the relevant information and clinical reasoning relied upon to determine the patient's supervision status.
3. If administrative approval is not required:
   a. The physician writes the order changing supervision status.
   b. Nursing transcribes the order into the EMR.
   c. The patient is permitted the new level of supervision.

4. Changes in status can occur in non-emergency or emergency situations. The attached flowchart (Attachment N - Supervision Status Flowchart) illustrates both processes.

   a. Non-emergency

      1) When the Treatment Team determines that a change in supervision status is appropriate, they first determine whether administrative approval is required.
      2) If administrative approval is required, a member of the Treatment Team completes and forwards the form to administration for review.

         a) Upon receipt of documentation of approval:

            I. The physician writes the order changing supervision status.
            II. Nursing transcribes the order into the EMR.
            III. The patient is permitted the new level of supervision.
            IV. Once a patient has been granted a specific level of supervision, new approval does not need to be sought if the team feels the need to increase the supervision level, then later is ready to return to the level previously granted. Administrative approval needs to be sought if an even lower level of supervision is requested.

         b) If the request is denied, the Treatment Team is informed and the supervision status remains unchanged.

   b. Emergency

      1) When clinical staff determine that an increase in supervision status is immediately necessary, they:

         a) Inform other staff verbally of the change
         b) Update the Supervision Status screen by changing status to "Suspended"
         c) The Treatment Team reviews the patient's supervision status on the next working day.

5. The basic categories of supervision status include (in descending order of intensity):

a. 1:1 constant observation (See Attachment K - Protocol for 1:1 Supervision).
b. Designated Staffing (See Attachment L - Protocol for Designated Staffing).
c. Frequent checks, i.e., every 15 min., every 30 min.
d. Escorted to Building A during Mall hours, restricted to unit outside Mall hours.
e. Escorted to Mall activities wherever they occur and to dining room for lunch. Restricted to unit outside Mall hours.
f. Escorted on-grounds status (See Attachment E - Escorted On-Grounds Contract, and F: Escorted On-Grounds Status Staff Responsibilities).
g. Escorted off-grounds status (See Attachment G - Escorted Off-Grounds Contract and H - Escorted Off-Grounds Status Staff Responsibilities).
h. Unescorted on-grounds status [may be phased in gradually] (See Attachment I - Unescorted On-Grounds Contract).
i. Unescorted off-grounds status [may be phased in gradually] (See Attachment J - Unescorted Off-Grounds Contract).

6. For escorted status, the standard level of staff supervision is one (1) staff for every five (5) patients. The physician order gives the specific ratio if the patient requires higher level of supervision when off the unit (e.g., 1:2, 1:3, etc.). When patients with escorted status go off grounds in a vehicle, the driver is not counted in the staff ratio, unless the physician's order specifies an exception.

C. Legal Status and Approval(s) Needed for Supervision Status (see Attachment C)

1. Patients with certain legal statuses require administrative or court approval in addition to Treatment Team approval for off-unit or off-grounds supervision. The only exceptions are for circumstances such as court appearances or necessary medical interventions.

2. Attachment C - Decision Making Grid for Supervision Status indicates the highest level at which approval for a patient's supervision status is required according to the patient's legal status. Each decision-making body/person at the lower level must agree with the recommended/requested supervision level before passing the request up to the next level.

3. Administrative approval is obtained by completing the Request for Administrative Approval of Patient Supervision Status form (Attachment D).

4. The request form with the decision indicated is returned promptly to the requesting physician and filed in the patient's chart. A copy is also retained in

Administration.

5. Court permission for supervision status is requested in writing by the requesting physician.

D. Patient Education and Participation

1. The Treatment Team makes reasonable efforts to inform and educate the patient about his/her supervision status and responsibilities, particularly for off-unit activities.
2. Education takes the form of pre-escort patient briefings, written instructions, a patient contract, or other information (e.g., a map of the hospital grounds for unescorted grounds status).
3. The patient is informed about any changes in supervision status.
4. The Treatment Team may decide to have the patient sign the appropriate contract after discussion in which the patient has had the opportunity to ask questions (see Attachments E, G, I, or J).

E. Implementation of Patient Supervision Status, General Guidelines for Nursing

1. Upon admission to HSH, nursing staff input the patient's supervision status as "Building Level" into the Centralized Supervision Status screen in the EMR. When supervision status changes, nursing staff input the new supervision status into the Centralized Supervision Status screen as described in Attachment C as soon as possible. The current supervision status of each patient is posted in a location easily accessible by the unit staff.
2. Changes in the supervision status of any patient are discussed in the change of shift report.
3. Nursing checks and maintains the Centralized Supervision Status Report daily for accuracy.
4. Nursing staff familiarize themselves with the current supervision status of each patient under their care/treatment.
5. Staff consistently provides the supervision for the patient in accordance with the physician order.
6. Although staff do not reduce the level of supervision below that documented in the physician order, staff may increase the level of supervision if there are safety concerns based on the patient's recent behavior or statements made by the patient.

The charge nurse is made aware of any such concerns as soon as possible, and then evaluates the patient's risk and determines whether to increase the level of supervision until the patient has been evaluated by a physician. In cases of suspected or confirmed serious situations or actions (i.e., threats or acts of violence, self-harm, elopement, etc.), the charge nurse immediately notifies the responsible physician or Officer of the Day, Nurse Manager/designee and Nursing Supervisor and provides details of the situation.

7. Staff members maintain a reasonable distance so they are aware of the situation (e.g., who is there, what they are doing, what are the potential risks) and have the ability to intervene when necessary.

F. Ongoing Assessment and Changes in Supervision Status

1. On an ongoing basis, the responsible physician and other Treatment Team members review the recent behavior of all patients under their care/treatment with the nursing staff in order to determine whether changes in supervision status are indicated.
2. Monthly at the Master Recovery Plan Review (MRPR), and as needed, the team assesses the patient's risk by reviewing recent and upcoming events that may contribute to elopement or dangerousness. The team documents its assessment and action on the MRPR form.
3. The responsible physician documents changes in the patient's supervision status in the physician orders and patient's progress notes.
4. Nursing staff transcribe physician orders and enter changes to patient's supervision status in the Centralized Supervision Status Screen.
5. The revised Centralized Supervision Status Report showing the current supervision status of each patient is placed in a location easily accessed by clinical staff, and new information is disseminated to staff responsible for patient supervision.

G. Special Circumstances

1. All reasonable attempts are made by the Treatment Teams and the Hospital Administration to provide necessary support, supervision and containment to allow patients to participate in off-unit or off-grounds activities which are particularly important (i.e., medical tests and procedures, court hearings, important family events, case conferences, important psychosocial treatments, etc.).

2. In such cases, the responsible physician determines the supervision status and other provisions necessary for the patient's safety.

H. Except in cases when an individual is experiencing a psychiatric emergency that prevents him or her from safely attending scheduled treatment activities, unit staff arrange for the transportation of the individual to and from all scheduled treatments, activities and classes. When necessary, arrangements for enhanced supervision of high risk individuals during treatment activities (e.g., 1:1 in the classroom) are made with activity leaders, who are expected to accommodate the need for increased security.

DEFINITIONS:

Elopement: An elopement is an event for any length of time in which a patient, whether voluntary or involuntary, leaves the facility grounds, or leaves from a community outing, without authorization and without notifying the staff of their intention to do so.

AWOL (Absent Without Leave): Refers to a patient who is not in his or her assigned location, but is on grounds. For example, an unescorted patient who is assigned to attend an off-unit Occupational Therapy class but doesn't go to the class and is on the Village Green instead.

Work: Work is a normalizing activity that is not a privilege but rather an essential part of patient care/treatment.

ATTACHMENTS:

Attachment A - Risk Factors
Attachment B - General Criteria for Supervision Levels
Attachment C - Decision Making Grid for Supervision Status
Attachment D - Request for Administrative Approval of Patient Supervision Status
Attachment E - Escorted On-Grounds Contract
Attachment F - Escorted On-Grounds Status Staff Responsibilities
Attachment G - Escorted Off-Grounds Contract
Attachment H - Escorted Off-Grounds Status Staff Responsibilities
Attachment I - Unescorted On-Grounds Contract
Attachment J - Unescorted Off-Grounds Contract
Attachment K - Protocol for 1:1 Supervision
Attachment L - Protocol for Designated Staffing
Attachment M - Off-Grounds Outing Information Sheet
Attachment N - Supervision Status Flowchart

RELATED POLICIES AND PROCEDURES:

04.022 Clinical Hand-Off Communication
04.225 Special Precautions
19.520 Elopement, Elopement Attempt and AWOL

PCFT/lg/rz/mg 8/11, 7/14

RISK FACTORS
(Consider Type and Severity)

Legal Status: (See Decision-Making Grid, Attachment C)

History of Repeated Serious Crime/Acting Out: (shoplifting once versus multiple rapes)

Danger to Others:
- Assault (threw magazine versus punch to the face)
- Seclusion/Restraint/Physical Intervention (quick release versus prolonged time)
- Possession of dangerous contraband (pencil versus gun)
- Property destruction ($5 versus $5,000)
- Threatened harm to others ("I might kick you" versus "I will kill you")
- Sexual abuse (brushed up against someone versus rape)

Danger to Self:
- Suicide attempt (superficial scratches versus near fatality from hanging or jumping off building)
- Reckless behavior (accidental abrasion versus accidental near fatality)
- Suicidal ideation (vague, no plan versus plan, energy to carry it out, and good-bye gestures)
- Alcohol/substance abuse (caffeinated coffee versus crystal methamphetamine)
- Threatened self-harm ("I feel like hurting myself" versus "I will kill myself this week")

Psychosis:
- Disoriented (doesn't know day of week versus delirium)
- Confused (forgot appointment versus not sure if their thoughts belong to them)
- Hallucinations (occasional soft voices versus loud dangerous non-stop command hallucinations)
- Bizarre speech ("alien beings" versus word salad)
- Delusional ("My husband's having an affair" versus "You're trying to poison me")
- Grandiose ("The ladies all love me" versus "I am God and I'll kill you if you disobey")

Treatment Non-Compliance:
- Refused medications (didn't take one dose last week versus has not taken for years despite severe symptoms)
- Refused therapeutic activities (skipped a class below their level of functioning versus hasn't tried anything for weeks)

Elopement:
- History of elopement
- Verbalizing intention to elope
- Other contributing factor such as an approaching or recent court date or discharge date; patient upset or anxiety about an upcoming or recent event such as a family visit, privilege or level change; history of substance abuse; history of impulsive behavior; or symptom exacerbation.

Interpersonal:

- Disruptive behavior on community outing (asking more than once about stopping at a store versus threatening cashier at store)
- Verbal abuse (swore one time in response to provocation versus repeated derogatory racial or sexual remarks to staff and peers)
- Loud voice (one brief shout versus screaming several times each day)
- Inappropriate touching (hand versus genitals)

Other:

- Need for PRN psychotropic medications (P.O. Benadryl for sleep versus I.M. Haldol for psychotic agitation)

Medical:

- Medically unstable (hypertension versus chest pain)
- AIDS-related complex; dementia-Alzheimers disease; vascular dementia, traumatic brain injury (TBI), or acquired brain injury (ABI)

Non-Compliance with Unit Rules:

- Possession of contraband (food in room versus crystal methamphetamine)
- Prior history of Escape/AWOL/ (single brief AWOL five years ago versus three escapes in the past month)
- Returned late from an unescorted pass (five minutes versus five days)
- Inappropriate dress (large hat versus stark naked)
- Other inappropriate sexual behavior (talking about sex when people don't want to hear it versus masturbating in public)
- Miscellaneous rules pertaining to off-limits areas, designated times for activities, telephone, television, mail, money, fire alarm, returning borrowed items (occasional and remorseful versus chronic and unremorseful)

Grooming:

- Poor personal hygiené (hasn't bathed after sweaty recreational therapy activity versus hasn't bathed in weeks)
- Dirty clothes (hasn't changed after gym versus hasn't changed in weeks)

Lack of Therapeutic Alliance: (Doesn't want weekly counseling versus belligerent and noncompliant with all interventions)

Insight:

- Denial and minimization versus acceptance of illness ("a vast conspiracy to put me in the hospital" versus "I'm noticing some warning signs of decompensation - please evaluate my medications")

New on Unit:

- Need more time for assessment (well-known patient who is cooperative when stable, did well on more restrictive unit versus got transferred to ASU after many seclusions/restraints)

GENERAL CRITERIA FOR SUPERVISION LEVELS

1. Restriction

Criteria: Patients are so floridly psychotic or mood disordered that imminent risk of harm to self or others is present; imminent arson, violence, suicide risk; suicidal/homicidal ideation; high elopement or walk away risk as indicated by verbal intent or recent history; severe impulse control problems; inability to adjust to unfamiliar surroundings due to severe confusion or disorientation; acute medical problems; bed rest due to physical deterioration; need for special precautions; need for considerable staff supervision and assistance; patient's behavior still being evaluated by treatment team; patient is on 48-hour hold (MH-4) or 72-hour hold.

2. Escorted Mall Status

Criteria: Patient may be extremely psychotic or disorganized, but poses acceptably low risk of harm to self or others, and acceptably low risk of elopement. For patients judged at a higher risk of elopement, restriction to Building A is an option.

3. Escorted Grounds Status

Criteria: Follows basic program rules; attends assigned activities according to treatment plan; requires staff supervision and assistance; has been observed on unit long enough for the treatment team to assess stability; no longer high suicide, elopement, assault or medical risk; if psychotic symptoms or mood disturbances are present, patient does not act in response to them in such a way as to create an imminent risk of harm; able to control impulses, except perhaps when severely stressed; follows general directions and has signed contract (Attachment E). Able to adapt to unfamiliar surroundings; may need staff support for medical problems or to prevent risk of accidental self harm, e.g., by falling; Administrator approval for MH-9. Medical Director approval of 404 (707) and 406 (707).

4. Escorted Off-Grounds Status

Criteria: Not 404, MH-4, MH-6 (hearing pending), MH-9, 72 Hour Hold. Patient has demonstrated ability to tolerate escorted grounds activities and has signed a contract (Attachment G). Medical Director approval for 607, 406 (707); 411 (707), and 413 (707).

5. Unescorted Grounds Status

Criteria: Not MH-4, 72-hour hold, MH-9, 404, and 406 (707). Follows program rules. Not on precautions. Attends assigned activities according to treatment plan. Capable of independent decision making. Goal directed and generally treatment compliant. Has been on escorted grounds status long enough for treatment team to assess stability. Patient needs Medical Director approval for 406 (non 707). Patient needs Administrator approval for 411(1)(a) {707}, 413 (707), and 607 (707).

6. Unescorted Off-Grounds Status

Criteria: Not MH-4, 72 Hour Hold, MH-9, 404, and 406. Attends assigned activities according to treatment plan. Has insight into condition and need for treatment. Has established a realistic discharge plan. Staff escort is not indicated. Treatment compliant. Patient exhibits accountability and responsibility through adherence to treatment plan and program schedule. No recent incidents of substance abuse. Patient exhibits sound judgment under reasonable conditions. Oriented to and capable of utilizing community resources and/or community transportation services. No physical or medication contra-indications. Has been on unescorted grounds status long enough for treatment team to assess stability. Clinically ready for discharge. Patient needs court permission for 411(1)(a) {707} and 413 (707), and 607 (707), and Administrator approval for 413(non-707), 411(1)(a){non-707}, 607(non-707), and MH-6 (Committed).

DECISION MAKING GRID FOR SUPERVISION STATUS

Legal Status			*Mall Escort	Escorted On-Grounds	Escorted Off-Grounds	Unescorted On-Grounds	Unescorted Off-Grounds
MH-4	48-hour emergency hold	Civil	No	No	Exceptions/ Medical Director	No	No
MH-5	Voluntary	Civil	Team	Team	Team	Team	Team
MH-6	Involuntary: Pending Hearing	Civil	Team	Team	Exceptions/ Medical Director	No	No
MH-6	Involuntary: Commitment	Civil	Team	Team	Team	Team	Administrator
MH-9	Transfer from Corrections	Civil	Administrator	Administrator	Administrator	No	No
706-607 (707/708)	Civil commitment in lieu of prosecution	Civil	Team	Team	Medical Director	Administrator	Administrator
706-607 (Non-707/708)	Civil commitment in lieu of prosecution	Civil	Team	Team	Team	Team	Administrator
404 (707/708)	Exam	Penal	Medical Director	Medical Director	Exceptions/ Medical Director	No	No
404 (Non-707/708)	Exam	Penal	Team	Medical Director	Exceptions/ Medical Director	No	No
406 (707/708)	Unfit to proceed	Penal	Team	Medical Director	Exceptions/ Medical Director	No	No
406 (Non-707/708)	Unfit to proceed	Penal	Team	Medical Director	Exceptions/ Medical Director	No	No
406 (707/708)	Found fit, awaiting trial	Penal	Team	Medical Director	Exceptions/ Medical Director	No	No
406 (Non-707/708)	Found fit, awaiting trial	Penal	Team	Medical Director	Exceptions/ Medical Director	No	No
411(1)(a) (707/708)	Acquit & commit	Penal	Team	Team	Medical Director	Administrator	COURT
411(1)(a) (Non-707/708)	Acquit & commit	Penal	Team	Team	Team	Team	Administrator
413(1) 72 hr.	72-hour Probation Officer Hold	Penal	No	No	Exceptions/ Medical Director	No	No
413(1) 72°+ 707/708	Probation Officer Hold extension	Penal	Team	Team	Medical Director	Administrator	COURT
413(1) 72°+ (Non-707/708)	Probation Officer Hold extension	Penal	Team	Team	Team	Team	Administrator
413 (707/708)	Revoc. Of Conditional Release	Penal	Team	Team	Medical Director	Administrator	COURT
413 (Non-707/708)	Revoc. Of Conditional Release	Penal	Team	Team	Team	Team	Administrator
415	Granted Conditional Release	Penal	Team	Team	Team	Team	Team

Notes:

*Mall Escort refers to: Escorted to Mall activities wherever they occur and to dining room for lunch, and restricted to unit outside of Mall hours.

1) This grid is advisory and does not take precedence over the specifics of any patient's court order nor of any statute.
2) HRS Section 334-75 provides for authorized absences (= unescorted off-grounds status) for periods up to 30 days from the hospital for non-707/708 patients with the permission of the Administrator or the Administrator's Deputy.
3) Any authorized absence for periods beyond 30 days must be court authorized. <u>Any absence for patients charged with 707/708 crimes must be court authorized</u>.
4) **708 = Robbery ONLY (treat same as 707 Charges)**

REQUEST FOR ADMINISTRATIVE APPROVAL OF PATIENT SUPERVISION STATUS

Date: _____

To: ☐ Medical Director
☐ Administrator

From: _____, M.D.

Regarding:

Patient Name _____ Unit _____

CR # _____ Charges _____

Legal Status _____

Current Supervision Status: _____

Requested Supervision Status: _____

Reason(s) for requested status: _____

Evidence of current compliance with treatment *(attach a current risk assessment addressing violence, suicide, and elopement)*: _____

Proposed discharge plan: _____

ADMINISTRATIVE RESPONSE

Date _____

☐ Approved

☐ Approved with the following limitations _____

☐ Deferred _____

☐ Rejected _____

_____ ☐ Administrator
SIGNATURE

_____ ☐ Medical Director
SIGNATURE

(ADDRESSOGRAPH)

Place in Recovery Plan Section of Chart

ESCORTED ON-GROUNDS CONTRACT

NAME: _____ CR NO.:_____ DATE:_____

TREATMENT OBJECTIVE:
1. Affirm a sense of self control by promoting responsible behaviors under less restrictive conditions.
2. Provide an opportunity for integration and socialization with mainstream population.

LONG-TERM GOALS:
Adequate functioning within the community reflected by patient's law abiding and socially appropriate behavior.

ELIGIBILITY:
Patient has been determined by HIS/HER treatment team to be at low risk for elopement and has met the following criteria for minimum period of two (2) weeks.

1. Has attended all assigned groups, programs and activities on a daily basis.
2. Has taken all medications as prescribed.
3. Has had no episodes of assaultive or threatening behavior.
4. Has been compliant with Unit Rules.

CONDITIONS THAT MUST BE MAINTAINED BY PATIENT:
1. Must continue to meet all conditions under "Eligibility" on a daily basis.
2. Must be neatly groomed and appropriately dressed.
3. Must comply with all directions given by escort.
4. Must cooperate with urinalysis for drug screen when requested.

STAFF RESPONSIBILITIES:
1. Must be with patient at all times during walks.
2. Search patient upon return to unit if indicated.
3. Document all pertinent observations in patient's chart.

CONDITIONS FOR SUSPENSION OF CONTRACT:
1. Infraction of Unit Rules may result in suspension of Escorted On-Grounds status through the Level system as specified in the Token Economy Manual.
2. The use of drugs or alcohol as evidenced by a confirmatory positive drug test or refusal of drug screen may result in suspension of Escorted On-Grounds status through the Level system as specified in the Token Economy Manual.
3. Escorted On-Grounds status may be suspended for clinical reasons or for failure to comply with escort directions.
4. In situations where the Token Economy does not pertain, patient's treatment team may suspend and subsequently reinstate the contract for clinical reasons in accordance with the Master Recovery Plan.

REVOCATION OF CONTRACT:

1. Revocation for any attempt to escape.
2. Revocation for assaultive behavior.
3. Patient must meet eligibility criteria to be given a new contract after a revocation.

This contract has been discussed with the patient who has had an opportunity to ask questions and receive clarification about any concerns.

Patient	Date	Primary Nurse	Date
Occupational Therapist	Date	Primary PMA	Date
Recreational Therapist	Date	Psychologist	Date
Social Worker	Date	Psychiatrist	Date

ADDRESSOGRAPH

To be placed in Recovery Plan section of chart
HSH/ADM-EON 11 rev 12/07

ESCORTED ON-GROUNDS STATUS STAFF RESPONSIBILITIES

The charge nurse **assigns patients** to their staff escorts who confirm each patient's current escorted grounds status by checking the kardex, display board or assignment sheet prior to departure. Assigned staff bring a **walkie-talkie** and use it to notify the HSH operator of their departure (and re-entry) to the unit (i.e., "Unit F transportation to control, one (1) staff and three (3) residents to dining room"). Staff does not use patient names on the walkie-talkie, but rather patient initials or coded numbers listed on the walkie-talkie.

Patients are educated on their responsibility to follow the directions of their staff escort and failure to do so is communicated to the treatment team. Staff members maintain a reasonable distance so they are aware of the situation (e.g., who is there, what they are doing, what are the potential risks) and have the ability to intervene when necessary. Assigned staff provides verbal redirection as needed. If a patient does not comply, staff notifies the unit to make arrangements to return the patient to the unit. If a patient needs to temporarily leave the staff's eyesight (i.e., to go to the restroom), the assigned staff positions themselves where they can observe the restroom entrance(s) and still observe their other assigned patient(s). If necessary, staff members ask for assistance from another staff member or they ask their other assigned patient(s) to move with them. When patients are escorted to an off-unit therapeutic activity led by other staff, the escort remains with the patient(s) until another HSH staff personally takes charge.

For **recreational activities**, it is recommended that participating patients be assigned to a participating staff, and spectator patients to a non-participating staff. Additionally, the charge nurse may send extra staff to allow staff participation in recreational activities. For certain recreational activities (i.e., gym and dances), the charge nurse may increase the staff-to-patient ratio due to increased difficulty in providing adequate supervision due to the large number of patients present.

If an assigned staff member loses track of a patient or sees a **patient running** away and attempts to get the patient to return (i.e., by yelling their name) and is unsuccessful, staff immediately notify HSH operator of the patient's name and description, time and place last seen, and other clues of their possible whereabouts. Staff then notifies the charge nurse of this information and account for the other patients under supervision. Assigned staff searches for the missing patient only if they are able to get coverage for any remaining assigned patients. Staff's primary responsibility is to the patients remaining with them.

Example:

You are assigned three (3) patients in the gym. You look for three (3) and only see two. You quickly check the restroom and look outside the doors. No patient. You notify the operator and the charge nurse, secure the two (2) remaining patients and see if there is another staff member who can safely watch them or start looking for the missing one.

ESCORTED OFF-GROUNDS CONTRACT

NAME: _____ CR NO.:_____ DATE:_____

TREATMENT OBJECTIVE:
1. Affirm a sense of self control by promoting responsible behaviors under less restrictive conditions.
2. Provide an opportunity for integration and socialization with mainstream population.

LONG-TERM GOALS:
Adequate functioning within the community reflected by patient's law abiding and socially appropriate behavior.

ELIGIBILITY:
Patient has been determined by HIS/HER treatment team to be at low risk for elopement and has met the following criteria for minimum period of two (2) weeks.

1. Has attended all assigned groups, programs and activities on a daily basis.
2. Has taken all medications as prescribed.
3. Has had no episodes of assaultive or threatening behavior.
4. Has been compliant with Unit Rules.

CONDITIONS THAT MUST BE MAINTAINED BY PATIENT:
1. Must continue to meet all conditions under "Eligibility" on a daily basis.
2. Must be neatly groomed and appropriately dressed.
3. Must comply with all directions given by escort.
4. Must cooperate with urinalysis for drug screen when requested.

STAFF RESPONSIBILITIES:
1. Must be with patient at all times during walks.
2. Search patient upon return to unit if indicated.
3. Document all pertinent observations in patient's chart.

CONDITIONS FOR SUSPENSION OF CONTRACT:
1. Infraction of Unit Rules may result in suspension of Escorted Off-Grounds status through the Level system as specified in the Token Economy Manual.
2. The use of drugs or alcohol as evidenced by a confirmatory positive drug test or refusal of drug screen may result in suspension of Escorted Off-Grounds status through the Level system as specified in the Token Economy Manual.
3. Escorted Off-Grounds status may be suspended for clinical reasons or for failure to comply with escort directions.
4. In situations where the Token Economy does not pertain, patient's treatment team may suspend and subsequently reinstate the contract for clinical reasons in accordance with the Master Recovery Plan.

REVOCATION OF CONTRACT:

1. Revocation for any attempt to escape.
2. Revocation for assaultive behavior.
3. Patient must meet eligibility criteria to be given a new contract after a revocation.

This contract has been discussed with the patient who has had an opportunity to ask questions and receive clarification about any concerns.

Patient	Date	Primary Nurse	Date
Occupational Therapist	Date	Primary PMA	Date
Recreational Therapist	Date	Psychologist	Date
Social Worker	Date	Psychiatrist	Date

ADDRESSOGRAPH

To be placed in Recovery Plan section of chart
HSH/ADM-EOFF 12 rev 12/07

ESCORTED OFF-GROUNDS STATUS STAFF RESPONSIBILITIES

Staff who escort patients for off-grounds activities are also familiar with and abide by the protocol for escorted on-grounds status.

All staff who drive cars or vans on escorted off-grounds community outings or trips have a valid Hawaii driver's license, and no conviction within the past 12 months for reckless driving, driving while intoxicated or under the influence of drugs or alcohol, or any other serious driving violation. It is the responsibility of all HSH staff members to report to the Hospital Administrator within one (1) workday, any driving violations or permanent or temporary revocation of their driver's license.

The charge nurse ensures that the patient's participation in off-grounds activities is consistent with the physician's orders and that the patient has signed a Escorted Off-Grounds Contract. Assigned escorting staff (including recreational and other professional staff) prepare the community outing itinerary sheet, and give a copy to the charge nurse on the unit for filing.

All staff members accompanying patients on community outings and trips work as a team to ensure that the patients, staff and other community members are protected from harm. This includes, but is not necessarily limited to, carrying a mobile/cellular telephone, using seat belts in all vehicles by patients and staffs, maintaining supervision of patients at all times, contacting law enforcement for assisting in emergency situations, and returning immediately to the hospital if a patient demonstrates dangerous behavior.

Staff make all attempts to follow the community outing itinerary. Except in case of emergency, the staff leader of the outing contacts the charge nurse **prior to making a change in the itinerary**. Any changes are documented on the community outing itinerary form.

The staff leader of the outing files a **Patient Event Report** detailing any untoward incidents or situations presenting actual or potential harm to patients, upon return to the hospital.

It is the responsibility of the charge nurse to provide oversight of the conduct of all staff on all community outings and trips. Nurse managers are responsible for ensuring the appropriate and timely reporting of any violation of escorted off-grounds protocols to the attending psychiatrist, Chief of Nursing, Chief of Psychiatry and/or Chief of Recreational Therapy Services.

UNESCORTED ON-GROUNDS CONTRACT

NAME: _____ CR NO.:_____ DATE:_____

TREATMENT OBJECTIVE:

1. Affirm a sense of self control by promoting responsible behaviors under less restrictive conditions.
2. Provide an opportunity for integration and socialization with mainstream population.

LONG-TERM GOALS:

Adequate functioning within the community reflected by law abiding and socially appropriate behavior.

ELIGIBILITY:

Patient has been determined by HIS/HER treatment team to be at low risk for elopement/AWOL and has met the following criteria for minimum period of two (2) weeks.

1. Has attended all assigned groups, programs and activities on a daily basis.
2. Has taken all medications as prescribed.
3. Has had no episodes of assaultive or threatening behavior.
4. Has been compliant with Unit Rules.

CONDITIONS THAT MUST BE MAINTAINED BY PATIENT:

1. Must continue to meet all conditions under "Eligibility" on a daily basis.
2. Must be neatly groomed and appropriately dressed.
3. Must comply with all directions given by escort.
4. Must cooperate with urinalysis for drug screen when requested.

STAFF RESPONSIBILITIES:

1. Search patient upon return to unit if indicated.
2. Document all pertinent observations in patient's chart.

CONDITIONS FOR SUSPENSION OF CONTRACT:

1. Infraction of Unit Rules may result in suspension of Unescorted On-Grounds status through the Level System as specified in the Token Economy Manual.
2. The use of drugs or alcohol as evidenced by a confirmatory positive drug test or refusal of drug screen may result in suspension of Unescorted On-Grounds status through the Level system as specified in the Token Economy Manual.
3. Escorted On-Grounds status may be suspended for clinical reasons.
4. In situations where the Token Economy does not pertain, patient's treatment team may suspend and subsequently reinstate the contract for clinical reasons in accordance with the Master Recovery Plan.

REVOCATION OF CONTRACT:

1. Revocation for any attempt to escape.
2. Revocation for assaultive behavior.
3. Patient must meet eligibility criteria to be given a new contract after a revocation.

This contract has been discussed with the patient who has had an opportunity to ask questions and receive clarification about any concerns.

Patient	Date	Primary Nurse	Date
Occupational Therapist	Date	Primary PMA	Date
Recreational Therapist	Date	Psychologist	Date
Social Worker	Date	Psychiatrist	Date

ADDRESSOGRAPH

To be placed in Recovery Plan section of chart
HSH/ADM-UEON 13 rev 12/07

UNESCORTED OFF-GROUNDS CONTRACT

NAME: _____ CR NO.:_____ DATE:_____

TREATMENT OBJECTIVE:
1. Affirm a sense of self control by promoting responsible behaviors under less restrictive conditions.
2. Provide an opportunity for integration and socialization with mainstream population.

LONG-TERM GOALS:
Adequate functioning within the community reflected by law abiding and socially appropriate behavior.

ELIGIBILITY:
Patient has been determined by HIS/HER treatment team to be at low risk for elopement/AWOL and has met the following criteria for minimum period of two (2) weeks.

1. Has attended all assigned groups, programs and activities on a daily basis.
2. Has taken all medications as prescribed.
3. Has had no episodes of assaultive or threatening behavior.
4. Has been compliant with Unit Rules.
5. Has received court approval if necessary.

CONDITIONS THAT MUST BE MAINTAINED BY PATIENT:
1. Must continue to meet all conditions under "Eligibility" on a daily basis.
2. Must be neatly groomed and appropriately dressed.
3. Must comply with all directions given by escort.
4. Must cooperate with urinalysis for drug screen when requested.

STAFF RESPONSIBILITIES:
1. Search patient upon return to unit if indicated.
2. Document all pertinent observations in patient's chart.

CONDITIONS FOR SUSPENSION OF CONTRACT:
1. Infraction of Unit Rules may result in suspension of Unescorted Off-Grounds status through the Level System as specified in the Token Economy Manual.
2. The use of drugs or alcohol as evidenced by a confirmatory positive drug test or refusal of drug screen may result in suspension of Unescorted Off-Grounds status through the Level system as specified in the Token Economy Manual.
3. Escorted On-Grounds status may be suspended for clinical reasons.
4. In situations where the Token Economy does not pertain, patient's treatment team may suspend and subsequently reinstate the contract for clinical reasons in accordance with the Master Recovery Plan.

REVOCATION OF CONTRACT:

1. Revocation for any attempt to escape.
2. Revocation for assaultive behavior.
3. Patient must meet eligibility criteria to be given a new contract after a revocation.

This contract has been discussed with the patient who has had an opportunity to ask questions and receive clarification about any concerns.

Patient	Date	Primary Nurse	Date
Occupational Therapist	Date	Primary PMA	Date
Recreational Therapist	Date	Psychologist	Date
Social Worker	Date	Psychiatrist	Date

ADDRESSOGRAPH

To be placed in Recovery Plan section of chart
HSH/ADM-UEOFF 14 rev 12..07

PROTOCOLS FOR 1:1 SUPERVISION

A. Self-Harm Precautions (suicidal, self-mutilation, head banging)

1. Obtain shift report on the patient from the nurse or off-going 1:1 staff.
2. Ensure the Special Precautions Checklist has the patient's name, reason for 1:1, and frequency of observation on the front page. Check the back of the sheet for any additional information on target behaviors and nursing or team recommended interventions.
3. Be aware of or ask about the parameters of observing the patient and especially when the patient is sleeping, in the shower, using the toilet, in the dining area, etc.
4. Document and verbally report significant changes in the patient's condition to the nurse. Provide verbal support and redirection to reduce stimulation or escalation.
5. Do an end-of-shift progress note on the back of the sheet. Also sign and initial at the bottom.
6. Ensure the patient and his/her room (on the unit) have been searched for contraband before leaving.

B. Assault Precautions

1. Obtain shift report on the patient from the nurse or off-going 1:1 staff.
2. Ensure the Special Precautions Checklist has the patient's name, reason for 1:1, and frequency of observation. Check the back of the sheet for target behaviors and recommended interventions.
3. Unless otherwise noted, staff will stay within two arms length and within visual range of the patient at all times. Staff will provide verbal support and redirection to reduce stimulation or escalation. Avoid isolated areas and being alone with the patient.
4. Document and verbally report significant changes in the patient's condition to the nurse.
5. Do an end-of-shift progress note on the back of the sheet. Also sign and initial at the bottom.
6. Ensure the patient and his/her room (on the unit) have been searched for contraband before leaving.

C. Elopement Precautions

1. Obtain shift report on the patient's behavior from the nurse or off-going 1:1 staff.
2. Ensure the Special Precautions Checklist has the patient's name, reason for 1:1, and frequency of observation. Check the back of the sheet for target behaviors and recommended team interventions.
3. Unless otherwise noted, staff will stay within one arm length and visual range of the patient at all times. Staff will provide verbal support and redirection to reduce stimulation or escalation. Avoid isolated areas and being alone with the patient.
4. Document and verbally report significant changes in the patient's condition to the nurse.
5. Do an end-of-shift progress note on the back of the sheet. Also sign and initial at the bottom.

D. Medical Precautions

1. Obtain shift report on the patient's behavior from the nurse or off-going 1:1 staff.
2. Ensure the Special Precautions Checklist has the patient's name, reason for 1:1, and frequency of observation. Check the back of the sheet for recommended nurse or team interventions for the patient's medical condition(s). Ask questions when in doubt.
3. Provide verbal support and attempt to reduce stimulation and fatigue whenever possible. At the mall, sick bay may be used when the patient is unable to attend classes. An MD order is required.
4. Document and verbally report significant changes in the patient's medical condition to the nurse.
5. Do an end-of-shift progress note on the back of the sheet. Also sign and initial at the bottom.

PROTOCOL FOR DESIGNATED STAFFING AND 1:1

Protocol:

1. The charge nurse (CN) notifies the nursing supervisor upon initiation (and discontinuation) of an MD order for Designated Staffing (D/S) or 1:1.
2. The Special Precautions Checklist and physician's order form is used to indicate the reason for D/S or 1:1, the frequency of observation and/or specific activities.
3. The nurse ensures that the assigned staff understands the clinical justifications and parameters of the order. The nurse provides the staff with a copy of the most current physician's order at the start of the shift or monitoring period.
4. The D/S or 1:1 documents the patient's status/behavior on the Special Precautions Checklist. The CN/team nurse co-signs the documentation.
5. Any significant changes in the patient's status/behavior are documented and reported as soon as possible. The D/S or 1:1 are to verbally report to the CN/team nurse prior to the end of the shift or monitoring period.
6. The CN/team nurse and staff initial the back of the Special Precautions checklist at the beginning and end of each shift/monitoring period to confirm that hand-off communication and documentation were completed.
7. The Special Precautions Checklist is placed in the Progress Note section of the chart when all sections are completed or the order is discontinued.

Designated Staffing:

- Observe and monitor patient(s) to support pro-social behaviors and reduce maladaptive behaviors.
- Additional parameters may be individualized by the treatment team and are provided by the physician's order.

1:1 for Self-Harm Precautions (e.g., suicidal, self-mutilation, head banging):

- Be aware of the observation parameters of observing the patient especially when the patient is sleeping, in the shower, using the toilet, in the dining area, etc.
- Ensure the patient's room and person has been searched for contraband prior to leaving.

1:1 for Assault Precautions

- Unless otherwise noted, staff stays within two arm's length and in visual range of the patient at all times. Staff provides verbal support and redirection. Staff are to avoid isolated areas and being alone with the patient.
- Ensure the patient's room and person has been searched for contraband prior to leaving.

1:1 for Elopement Precautions

- Unless otherwise noted, staff stays within one arm length and visual range of the patient at all times. Staff provides verbal support and redirection. Avoid isolated areas and being alone with the patient.

1:1 for Medical Precautions

- Provide support and attempt to reduce fatigue whenever possible. At the mall, sick bay may be used (with a physician's order) when the patient is unable to attend classes.

HAWAII STATE HOSPITAL
OFF-GROUNDS OUTING INFORMATION SHEET

(To be filled out by the activity leader and given to the charge nurse for review.)

TODAY'S DATE: _____ DATE OF OUTING: _____

ACTIVITY LEADER : _____ PROGRAM / UNIT: _____

PURPOSE OF OUTING: _____

_____

STOP! CHECK! DO ALL PATIENTS HAVE A DOCTOR'S ORDER FOR OFF GROUNDS OUTING ?

DEPARTURE TIME: _____ EXPECTED RETURN TIME: _____

DESTINATION / ALTERNATE DESTINATION _____

_____

NAME OF VEHICLE DRIVER: _____ VEHICLE LICENSE #: _____

WHO IS RESPONSIBLE _____ PHONE NUMBER: _____

THE FOLLOWING MUST BE WITH YOU:

☐ VALID DRIVER'S LICENSE ON PERSON ☐ FIRST AID SUPPLIES IN VEHICLE ☐ CPR MICROSHIELDS ON PERSON

☐ INSURANCE FORMS IN VEHICLE ☐ NEXTEL PHONE

PATIENTS	To be alert for		To be alert for
1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	

STAFF ESCORTS (LIST ALL NAMES)

1. _____ 3. _____

2. _____ 4. _____

Assessment for appropriateness of outing includes the following:

- REQUESTS BY PHYSICIANS FOR ANY SPECIFIC LIMITATIONS IN ACTIVITY, ETC.
- UNUSUAL OR UNMANAGEABLE BEHAVIOR
- PT IS MEDICALLY COMPROMISED (CARDIAC CONDITION, HYPERTENSION, OTHER MEDICAL CONDITION)
- CLOTHING WORN IS UNUSUAL/INAPPROPRIATE FOR ACTIVITY (LAYERING CLOTHES?)
- PATIENT IS CARRYING LARGE SUMS OF MONEY
- RECENT COURT DATE
- RECENT ELOPEMENT
- RECENT LOSS, PRN MEDS, ETC.

All patients listed above have been assessed and found to be appropriate for the outing

_____
CHARGE NURSE ((Signature & date)

_____
Actual Return Time

_____
MEDICATION NURSE (Signature & date)

*Copy for Charge Nurse & Activity Leader

_____
ACTIVITY LEADER (Signature & date)

USE BACK TO NOTE ADDITIONAL INFORMATION ON PATIENTS

SBAR charting is to notify the activity leader of any specific issues regarding the patients they are taking on an outing.

S	WHAT IS THE SITUATION OF CONCERN WITH PT?
B	WHAT IS THE CLINICAL BACKGROUND OF PT? GIVE PERTINENT INFO RELATING TO THE SITUATION.
A	WHAT IS YOUR ASSESSMENT OF PT? WHAT IS YOUR CONCLUSION ABOUT THE SITUATION?
R	WHAT IS YOUR RECOMMENDATION?

PATIENT NAME

S	
B	
A	
R	

PATIENT NAME

S	
B	
A	
R	

PATIENT NAME

S	
B	
A	
R	

PATIENT NAME

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PATIENT NAME

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PATIENT NAME

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B	
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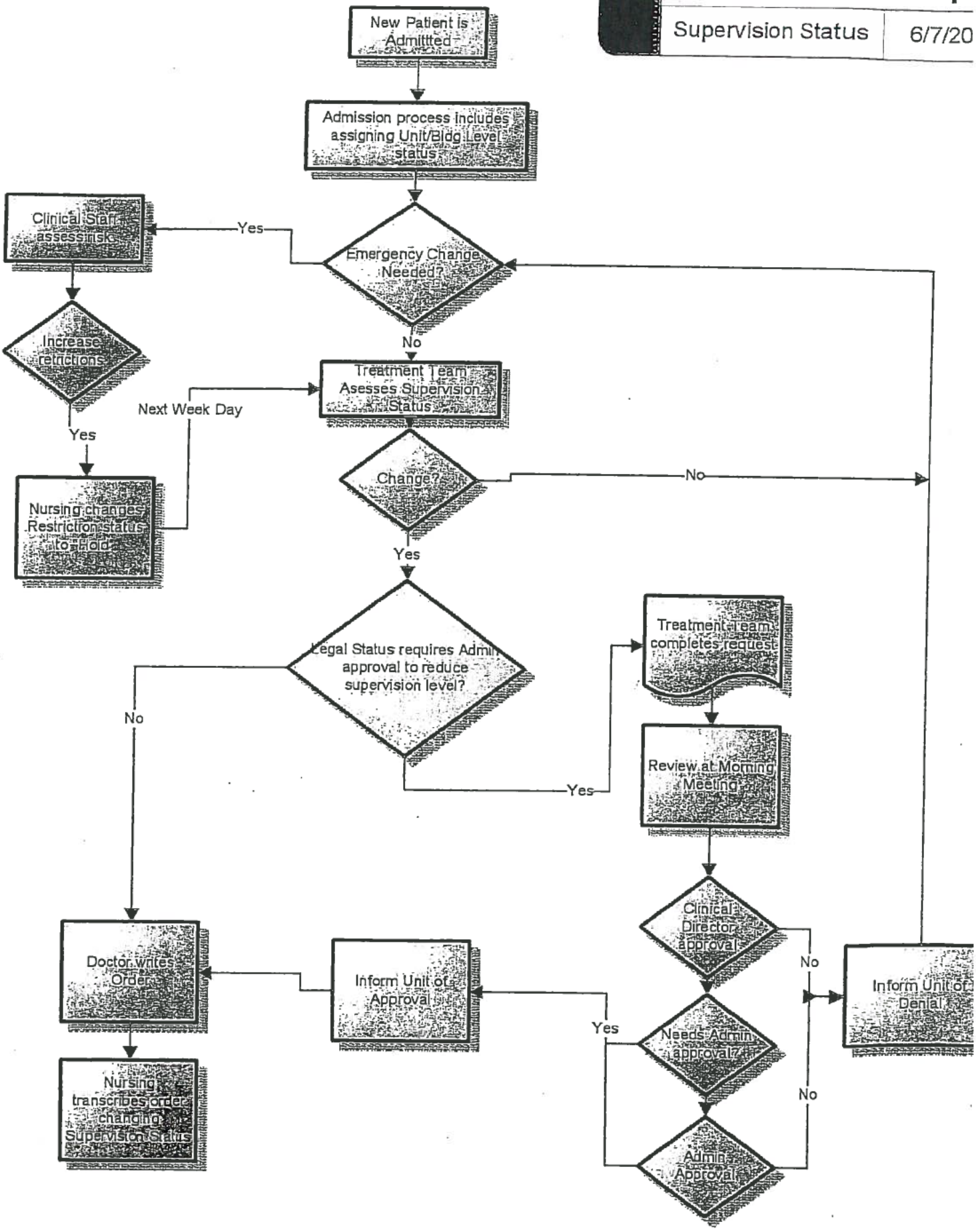
Hawaii State Hosp

Supervision Status | 6/7/20



Attachment "S"

Policy and Procedures

6. #04.625
Visitors with Attachments

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (RI) Rights and Responsibilities of the Individual SUBJECT: VISITORS REFERENCE: Joint Commission RI.01.02.01; HRS 334E-2(21)	Number: 04.625 Effective Date: 12/21/92 History: Rev. 9/96, 12/00, 5/02, 11/02, 9/03, 11/04, 4/10, 8/11 Page: 1 of 2 Approved: Title: Administrator Date

PURPOSE:

To provide guidelines for visitors, visitation, using information such as a Visitor's Brochure and a Visitor Log.

POLICY:

- **Visiting hours are from 9:00 a.m. to 9:00 p.m. on weekends and holidays, and 4:00 p.m. to 9:00 p.m. on weekdays. Visits with attorneys, legal representatives, or legal guardians are granted during normal visiting hours unless an exception is requested.**
- All visitors must sign the visitor log (Attachment B) upon arrival and departure.

RESPONSIBILITY STATEMENT:

The Medical Director and the Director of Nursing are responsible for implementing this policy.

PROCEDURE:

1. Visiting hours are conspicuously posted both on the unit and outside of the unit. Individual exceptions can be made with treatment team approval. Exceptions require notification of security to allow access.
2. Visits from a patient's attorney, legal representative, or legal guardian outside of visiting hours must be approved by the treatment team and/or hospital administration. Attorneys, legal representatives, and legal guardians are required to produce photo identification. Other visitors may be requested to provide photo identification upon request.

3. A family member, friend or other individual may visit with the patient for emotional support unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated.
4. A Visitor Guidelines Brochure (Attachment A) will be provided.
5. All visitors must obtain a visitor's badge. Visitors to the units sign the unit visitors' log upon unit entry and exit.
6. Visitors must be appropriately attired. No swimsuits or see-through attire is allowed. Footwear is required.
7. Patients have the right to refuse to see any visitor at any time.
8. Visits may be supervised by member(s) of the hospital staff based on clinical indications as ordered by the physician and documented in the medical record.
9. Former patients may not visit on hospital grounds except for authorized vocational or treatment purposes, or exceptions as granted by the Administrator.
10. Individuals under the age of 18 must be supervised by an adult at all times during the visit. Children under 12 are not allowed on the units. Exceptions may be made with permission of the Treatment Team.
11. Visitors are strongly encouraged to keep their personal belongings in their vehicles. If visitors bring their personal belongings onto the unit they are required to lock them in a designed locked cabinet.
12. Any items brought onto the unit; i.e. bags of food/gifts, are subject to search by nursing staff and items are documented/listed on the Visitor Log (Attachment B).
13. When contraband is suspected, staff of the same gender will pat search the visitor.
14. If a visitor becomes unruly, nursing staff contact the security officer to escort the visitor off campus and notification is made to the patient's treatment team.

ATTACHMENT:

Attachment A: Visitor Guidelines Brochure (Final rev 4/10)
Attachment B: Visitor Log Sign In Sheet -Unit

RELATED POLICIES AND PROCEDURES:

08.808 Visitor Badge
09.235 Contraband and Search
23.775 Nursing SOP - Patient Access to Outside Food

We value you taking the time to visit your family and friends here. Please review this brochure before entering the units.

Hawaii State Hospital provides a safe and therapeutic environment for all patients, visitors and staff. To achieve these goals, all patient care units must be vigilantly maintained as a safe, secure living and working quarters, free from dangerous or illegal substances or materials that may threaten the integrity of the therapeutic milieu, including tobacco and tobacco products of any kind.

The possession of *contraband items* and/or illegal items on the Hawaii State Hospital premises is not allowed.

Contraband includes, but not limited to:

- ✓ *tobacco products*
- ✓ *dangerous instruments - guns, knives, or anything intended as a weapon*
- ✓ *lighters, matches or incendiary objects*
- ✓ *drugs, drug paraphernalia*
- ✓ *pornography and/or illegal items*

Your belongings may be searched by staff. Please let staff know if you have any of the items listed above. If you do not want your belongings to be searched, please do not bring them onto the hospital grounds. Nursing staff are required to search all visitors' personal belongings brought onto the units. Visitors may also be subject to pat search by a staff member of the same gender. At times, photo identification may be required for adult visitors.

Thank you for your consideration in this matter.

Please call the unit in advance so we can be sure your family member is available.

Telephone Operator – 247-2191

Unit E – 236-8301
Unit H (Admissions) – 236-8360
Unit S – 236-8728
Unit U – 236-8747
Unit F- 236-8326
Unit I- 236-8370
Unit T- 236-8742

Here are a few guidelines we ask you to keep in mind while you visit with your family and/or friends. Please feel free to talk to staff about any concerns you may have.

1. Visitors are asked to limit their visits to one hour with 3 or fewer visitors at one time.
2. We encourage all our patients to participate in programming. We ask for your kokua in coming only during visiting hours. Visitations are not allowed during normal programming hours. For unusual circumstances, approval of the treatment team is required. You may arrange for this by contacting the patient's doctor or social worker through the HSH operator.
3. Upon arrival at the unit, all visitors must sign in on the unit visitor's log prior to the visit. This is required even when visits take place outside the unit.
4. Visitors must be appropriately attired. No swimsuits, see-through attire, tube-tops, visible underwear, etc. Footwear is required.
5. It is strongly recommended that visitors keep all of their personal belongings in their vehicles.
6. Visits may be discontinued by staff if clinically indicated.
7. All monies (cash, check, money orders, etc.) intended for patients should be given to the unit staff to be taken to the Telephone Operator for a receipt, or taken to the Telephone Operator directly. Monies will be deposited into the patient's business office account.
8. All items brought for patients must be presented to staff that will check for appropriateness and note them on the patient's personal belonging sheet. If you have any questions about an item you would like to bring for a patient, please check with staff prior to your visit.

9. Many of our patients are on special diets, we require all visitors to check with nursing staff for any diet restrictions for your family members before bringing food onto the unit.

10. Food/Drink brought onto the unit must be consumed during the time of the visit. Any excess food not consumed must be taken home with the visitor. Only non-caffeinated drinks are allowed. *All food/drink items are inspected and logged in by staff.* Food items and/or other consumables originating from an outside source are not allowed onto the ASU unless these items are pre-arranged and an MD order is written.

11. Children under the age of 12 are not allowed in the patient areas. Other arrangements may be made for special circumstances.
12. On-unit visits will take place in a visitor's area.

We encourage you to meet with the treatment team that cares for your family member! Please let any of the staff know you want to come!

We are always interested in your input as to how we are doing as a hospital. You may share your feedback through the units or you may contact Administration at 247-2191.

Thank you for coming!

(Attachment A)

Please show respect for all patients' rights to privacy and confidentiality.

HAWAII STATE HOSPITAL

VISITOR GUIDELINES

Visiting Hours

Monday-Friday: 4pm-9pm

Weekends & Holidays: 9 am-9pm

Visitor Log Sign In Sheet – Unit _____

Attachment B, Policy # 04.625

Date	Time IN	Time OUT	Patient Name	Visitor Name and Relationship	Phone Number	INSPECTION COMPLETED List the Items (Food/Drink/Clothes/Things) Brought In	Note Patient's Diet in column below as per Diet List (example: chopped, regular, soft, etc.)	Comments	Staff Name Print name

PI/RM Unit 4-27-2010

Attachment "S"

Policy and Procedures

7. #04.550
Telephone and Mail
(Patient Related)

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 04.550 Effective Date: 12/21/92 History: Supers. 12.024, 13.015; Rev. 9/96, 11/00, 11/04, 7/10
(RI) Rights and Responsibilities of the Individual	
SUBJECT: TELEPHONE AND MAIL (PATIENT RELATED)	Page: 1 of 2
REFERENCE: Joint Commission RI.01.01.01	Approved: Title: Administrator Date

PURPOSE:

To clarify the rights of patients to uncensored communication as well as permissible limitations on those rights and to establish procedures for ensuring these rights.

RESPONSIBILITY STATEMENT:

The Business Manager and/or PIP Store Manager are responsible for maintaining and distributing telephone cards for patient use for long distance calls. The Telecommunications Supervisor is responsible for the management of long distance calls. All direct care staff are responsible for ensuring the access of patients to telephone calls and the sending and receipt of mail.

PROCEDURE:

A. PHONE CALLS:

1. All units establish daily telephone hours as set by the Nursing Executive Committee. The admission unit may differ from other units. Patients may use the phone during these hours except during their scheduled treatment activities.
2. The right to make phone calls may be limited only to prevent a patient from:
   a. breaking the law;
   b. being seriously hurt, physically or mentally; or
   c. disrupting the facility.
3. If a request to prevent a patient from calling a person is received, the request is documented in the progress notes. An oral request is valid for seven (7) days. This may be followed by a written request, which is valid until discharge of the patient. **Once a request has been received, staff monitors all calls made by the patient. Calls to attorneys, Hawaii Disability Rights Center, the Patient Hot Line and the Patient Rights Advisor are not limited.**
4. Long distance calls are placed through the HSH telephone operator and require the authorization of staff. Calls charged to HSH are for official business only. Calling

cards may be purchased by patients at the Business Office.

B. MAIL:

1. Patient mail is not to be opened by staff. A patient may be required to open incoming mail in the presence of a staff member if contraband is reasonably suspected.
    a. When observing patients opening their mail, staff remains vigilant for vital documents such as **State Identification Card, Drivers License, Medical Insurance cards**, etc. If a vital document is found, as pursuant to the policy Patient Personal Belongings/Valuables (12.031), it is kept in the Business Office in a Valuables Envelope.
2. The right to send and receive mail may be limited only to prevent a patient from breaking the law. Any letters not posted must be returned to the patient or held in the patient's stored belongings until discharge.
3. Any restriction on communications is a Treatment Team decision, and part of a treatment plan. The restriction is to be reviewed at each treatment team meeting, and the review is documented in the Treatment Plan Review.

C. PAGERS AND CELLULAR PHONES:

Pagers and cellular phones are stored in a non-patient accessible area and are not allowed in the possession of patients unless in the event of authorized absence. The Treatment Team may allow and control use of pagers or cellular phones for unescorted, off-ground patients for the purpose of check-ins, location checks and general patient tracking.

D. EMAIL AND INTERNET:

Email is not available for patients. Internet access may be available for treatment purposes.

RELATED POLICIES AND PROCEDURES:

12.031 Patient Personal Belongings / Valuables, HSH Policy

ERRFT 5/10

Attachment "S"

Policy and Procedures

8. #08.755
Key Control
with Attachments

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 08.755 Effective Date: 04/29/92 History: Supers. 34060; Rev. 09/06, 10/99, 10/01, 10/02, 9/07
(EC) Management of the Environment of Care	
SUBJECT: KEY CONTROL	Page: 1 of 3
REFERENCE: Joint Commission EC.2.10	Approved: Title: Administrator Date

PURPOSE:

To establish and maintain key accountability within the hospital.

POLICY:

Maintenance of 100% key accountability within the hospital is essential to Hawaii State Hospital's program of physical security.

RESPONSIBILITY STATEMENTS:

1. The Associate Administrator of Support Services has the administrative authority to approve requests for issuing keys to authorized personnel.

2. Employees are responsible and held accountable for their keys as assigned.

PROCEDURE:

1. Department of Public Safety Security Services personnel process all requests for keys.

2. Keys issued for personal retention are limited to the minimum number required to facilitate orderly client services. Requests for personally retained keys are submitted and approved using the "Personally Retained Key Request" form (Attachment A).

3. Master keys for personal retention are only issued upon direction of the Hospital Administrator.

4. Master keys, control keys and keys to "sensitive areas" are only issued upon direction of the Hospital Administrator or designee.

5. Sensitive area classification is requested and approved using the "Request for Sensitive Area Classification" form (Attachment B).

   Multiple Occupant Areas:

   a. Unit, Department, and Section Chiefs or Managers submit a roster to the security office of individuals who are authorized access to areas under their authority using the "Authorized Access Roster" (Attachment C).
   b. Security provides access to individuals who require entry and appear on validated rosters by using security passkeys.
   c. Each organization unit is responsible for relaying roster changes, in writing, to security.

6. Lost Keys:
   a. Staff members are personally responsible for the cost of replacing keys that they lose.
   b. Staff members who lose keys are responsible for making every effort to locate it/them.
   c. An employee incident report is completed and submitted to the staff member's immediate supervisor for each lost key/keys incident within 24 hours of the time of loss.
   d. Staff members report the loss of master, control, or sensitive area keys immediately at the time of loss directly to security services, as well as to their supervisor.
   e. Security services procedures require obtaining information concerning details of the circumstances under which keys were lost, the approximate location of the loss, and what efforts were undertaken to locate the key/keys.

7. Return keys upon employment Termination:
   When an employee terminates hospital employment, return all assigned keys to the security office. The employee's signature is required by Security and noted on the master checklist when returning keys.

8. Employees who leave the area on vacation or plan extended absences return personally retained keys to their supervisors, who assign custody of the keys during the term of absence.

9. Requests to replace broken keys are submitted using the "Personally Retained Key Request" form (Attachment A). Security services replace most keys from their key stock. When a replacement isn't immediately available, the "Personally Retained Key Request" is forwarded to the HSH Plant Operations office and they will make a new key.

10. Other key replacements (i.e., desk, file cabinet, etc.), require the submission of a work request to HSH Plant Operations to have the lock changed.

DEFINITIONS:

Personally retained keys: Those keys that are necessary to perform a function requiring that key be held by a responsible individual.

Daily issue keys: Those keys which are only necessary for the performance of a function requiring that key be held temporarily by a responsible individual for performance of the duties during normal workdays.

Sensitive areas: Areas, which because of the functions they house, such as the Business Office, Medical Records or Pharmacy, require the additional security of having a keying system different from the rest of the hospital.

ATTACHMENTS:

Attachment A: Personally Retained Key Request
Attachment B: Request for Sensitive Area Classification
Attachment C: Authorized Access Roster

HAWAI'I
STATE HOSPITAL

PERSONALLY RETAINED KEY REQUEST
(Please print or type)

DATE: _____

TO: Plant Operations

THROUGH: Associate Administrator, Administrative and Support Services

_____
(Requestor's Supervisor – Print name, title, and sign.)

FROM: _____
(Requestor – Print name, title, and sign.)

_____
(Unit/Section)

Request issue of personally retained key(s):

LOCK LOCATION(S): _____

BUILDING(S): _____

JUSTIFICATION: _____

_____

_____

☐ APPROVED ☐ DISAPPROVED

_____ _____
Associate Administrator Date
Administrative and Support Services

☐ KEY ISSUED: ____ / ____ / ____ _____
Key Control Officer

HAWAI'I
STATE HOSPITAL

REQUEST FOR SENSITIVE AREA CLASSIFICATION
(Please print or type)

DATE: _____

TO: Associate Administrator, Administrative and Support Services

FROM: _____
(Requestor – Print name, title, and sign.)

_____
(Unit/Section)

Request that keys to the following area be classified sensitive and secured within the security safe. No duplicate will be held within the key box or issued on a daily issue basis. Lock shall further be restricted from building master key access.

LOCK LOCATION: _____

BUILDING: _____

JUSTIFICATION: _____ Cash Storage Area

_____ Medicine Storage Area

_____ Other: _____

NOTE: "Other" requires the signature of the Hospital Administrator.

☐ APPROVED ☐ DISAPPROVED

_____ _____
Associate Administrator Date
Administrative and Support Services

Route to: PSD Security Services
Telecommunication Services

Attachment "S"

Policy and Procedures

9. #08.805
Grounds Security

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (EC) Management of the Environment of Care SUBJECT: GROUNDS SECURITY REFERENCE: Joint Commission EC.02.01.01	Number: 08.805 Effective Date: 02/01/94 History: Rev. 09/96, 12/98, 10/02, 03/08, 02/13, 03/13 Page: 1 of 2 Approved: Title: Administrator Date

PURPOSE:

To provide security guidelines for employee presence on Hawaii State Hospital (HSH) grounds.

POLICY:

HSH employees are on HSH grounds only during work times authorized by their supervisor and are to leave the grounds when they are through with their work-related activities. Prohibited items are not brought onto the grounds.

RESPONSIBILITY STATEMENT:

The program is planned, implemented, and enforced under the general direction of the Associate Administrator for Administrative and Support Services.

PROCEDURE:

1. HSH employees and persons providing transportation are on HSH grounds no sooner than fifteen minutes before the beginning and no later than fifteen minutes after the end of their authorized work shift. The hospital administrator, unit head, supervisor or authorized representative may change authorized beginning and end of work shift times as needed.
2. HSH employees always wear their HSH identification badges ***in plain view*** while on HSH grounds.
3. HSH employees who work in offices with established office hours, and who plan to work during periods other than the posted office hours for official business, notify both assigned security (contracted or State) and Telecommunications. Authorization for working such hours must come from the hospital administrator, unit head, supervisor, or authorized representative.

4. No intoxicating or illegal substances, animals, lethal and non-lethal weapons, explosives, contraband or materials that could be dangerous to humans are brought onto HSH grounds in any form, even if locked in a private vehicle, unless specifically authorized by separate policy, the Hospital Administrator, or Associate Administrators.

5. Employees who are not in compliance with the above are asked to leave HSH grounds and an Employee Incident Report is generated.

RELATED POLICIES AND PROCEDURES:

09.235 Contraband and Searches

ECFT/dad – 5/9/07

Attachment "S"

Policy and Procedures

10. #09.235
Contraband and Searches
with Attachments

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (EC) Management of the Environment of Care SUBJECT: CONTRABAND AND SEARCHES REFERENCE: HRS Chapter 329; HRS Sections 707-700, 710-1000, 710-1022, 710-1040; HAR 11-175-40	Number: 09.235 Effective Date: 03/18/93 History: Rev. 04/96, 02/99, 09/99, 10/02, 01/05, 11/06, 03/13 Page: 1 of 5 Approved: Title: Administrator Date

PURPOSE:

To promote a safe and healthy environment for patients, visitors and employees, thereby fulfilling the requirements of the reference statute **Custody of Patients** which states, "*The Director of Health shall be responsible for the safekeeping of all patients who may be admitted to the state hospital and for the enforcement of proper order among and concerning patients.*"

POLICY:

Hawaii State Hospital provides a safe and therapeutic environment for all patients, visitors and staff. Every effort is to be made to preserve the rights and privileges of individuals, to grant the greatest possible personal freedom consistent with the special needs of hospital patients, and to provide patient care and treatment in an atmosphere of mutual respect and human dignity. To achieve these goals, all patient care units must be vigilantly maintained as safe, secure living and working quarters, free from dangerous or illegal substances or materials that may threaten the integrity of the therapeutic milieu, including tobacco and tobacco products of any kind.

The possession of dangerous instruments (guns, knives, lighters, or other dangerous objects), drugs, drug paraphernalia, pornography and/or illegal items on the Hawaii State Hospital premises is not tolerated. When it is reasonably believed dangerous or illegal materials may be present on a unit or hospital premises, a search may be conducted.

When an unsafe condition involving several individuals or an entire unit is reasonably believed to exist, the unit supervisor or other person in charge of the unit is to report to the Hospital Administrator or designee. The Hospital Administrator or designee determines whether the problem can be resolved through the intervention of regular hospital clinical and security staff or whether the assistance of outside law enforcement agency personnel is to be requested to assist in re-establishing a safe, therapeutic environment.

All materials that are the lawful or permitted belongings of any individual are to be returned to the owner as soon as it is safe to do so. Materials that must be temporarily confiscated during a period of emergency are to be inventoried and stored until the emergency is declared by the

Hospital Administrator or designee to be satisfactorily resolved. Exceptions are on the order of the Hospital Administrator or designee only.

If, due to the nature of the emergency, visitation hours or telephone use must be restricted, all patients are to be allowed to call or visit with their attorney or guardian without restriction.

The unauthorized possession of drugs or dangerous instruments by patients hospitalized pursuant to a court order may be prosecuted as promoting prison contraband pursuant to Hawaii Revised Statutes Section 710-1022 through 710-1023. Voluntary patients, employees and visitors may be charged with possession. Patient possession of a dangerous instrument for therapeutic purposes, such as vocational or horticultural therapy, requires treatment team approval.

RESPONSIBILITY STATEMENT:

All employees, volunteers, visitors and patients are responsible for the implementation of this policy.

PROCEDURE:

1. Notification:

   When contraband is discovered, a unit staff immediately notifies the Charge RN, who notifies the Nursing Supervisor. The Nursing Supervisor immediately notifies the Administrator, Medical Director, treating physician, Medical Officer of Day (MOD) and State Narcotics Enforcement Division (phone # 594-0150) as appropriate.

2. Contraband is handled as follows:

   Dangerous instruments, drugs, tobacco and/or tobacco products of any kind, poison, and alcohol are confiscated from a patient, employee or visitor and turned over to the Nursing Supervisor or Unit Manager. Pornographic materials are confiscated from a patient, and given to the Nursing Supervisor who forwards these items to the Administrator or designee. Items are placed in plastic bags to avoid excessive handling and labeled. The person receiving the contraband retains possession until they are able to turn it over to the Nursing Supervisor. The Nursing Supervisor places the item(s) in the locked safe located in their office until the Narcotics Enforcement Division or Honolulu Police Department takes possession.

   The Nursing Supervisor brings a camera to the area and a photograph of the contraband item(s) is taken. The photo is attached to the Patient Event Report or Employee Incident Report.

3. Documentation:

   a. A progress note is entered in the patient's medical record including the indication for the search, the time of the discovery, the type of contraband discovered, and the exact location contraband was found and by whom. If contraband discovered is not positively identified, it is described in the progress note. For example, the progress note should indicate the presence of "a green leafy substance" or "white powdered substance" pending positive identification by Narcotics Enforcement Division. (See Attachment C.)

   b. A Patient Event Report or Employee Incident Report is completed indicating the item(s) found, the persons notified, the disposition of the item(s), and persons involved in the search.

4. Follow-up:

   a. The patient's treating physician or MOD conducts a psychiatric evaluation of the patient and enters a progress note in the patient's medical record.

   b. If the patient is arrested, a psychiatric clinical assessment is done prior to the officer taking the patient, to see if a transfer is clinically appropriate at the time.

   c. If the contraband found is a drug or drug paraphernalia, the patient is asked to provide a urine sample for drug screen. If the patient refuses to provide a sample, the refusal is documented in the progress notes.

   d. If contraband is found and the patient is not arrested, the patient is restricted to the unit.

   e. The Treatment Team reviews the event and identifies the appropriate consequence, which may include transfer of the patient to a more restrictive unit.

   f. Visitors in possession of contraband are to be escorted from the premises by security. If the visitor refuses to leave the property, security calls the Honolulu Police Department (HPD) and charges the person with trespassing on hospital property.

   g. Employees who are in violation of the Contraband policy can be asked to leave hospital grounds, and may be subject to disciplinary action.

5. Procedure for Searches:

   a. Security assists unit staff in conducting searches and confiscating contraband. Patients and their belongings are thoroughly searched upon admission, after an unescorted off grounds activity, in a life-threatening emergency, or if there is reasonable cause to believe that contraband has been hidden in the patient's living area, belongings, or on the patient's person.

b. A search of a patient's belongings and/or living area is conducted by two staff members, in the presence of the patient and a witness (HAR 11.175.40.6). A facilities maintenance worker may be asked to assist in room or building searches. If the patient refuses to be present during the search, staff documents the patient's refusal in the patient's chart and continue with the search. (See Attachment B.)

c. All pat searches of a patient's person are conducted in private in a designated area near the unit entry and only by a staff member or security guard of the same sex as the patient. A second staff member or security guard is present as a witness. Continuity of observation needs to be maintained from the time of entry until the search is effected in private. Patients are given a receipt for confiscated items that are turned over to the Nursing Supervisor (see Attachment C), and the items rendered are described in progress notes.

d. If a patient or visitor refuses to be pat searched, the refusal issue is explored to determine the reason. If no accommodation can be made (i.e. different pat searcher, more privacy, etc.) without jeopardizing unit/hospital security, the Nursing Supervisor is to be consulted. Depending on the seriousness of the situation, such as a threat to safety, HPD may be called to assist.

e. In doing searches of a person, nursing staff and security staff do not go beyond pat search as described in Attachment A.

DEFINITIONS:

"**Contraband**" means all dangerous instruments, drugs, tobacco and tobacco products of any kind, pornography, illegal items or items that are prohibited based on hospital/unit rules, guidelines or policies.

"**Dangerous instrument**" means any firearm, or other weapon, device, instrument, material, or substance capable of producing death or serious bodily injury.

"**Drug paraphernalia**" means all equipment, products, and materials of any kind which are used, intended for use, or designed for injecting, inhaling, or otherwise introducing into the human body a controlled substance in violation of Hawaii Revised Statutes Chapter 329.

"**Drugs**" includes all substances identified as Schedule I through V substances by Chapter 329 of Hawaii Revised Statutes, as well as intoxicating compounds as defined by HRS 712-1240, intoxicating liquor, marijuana and marijuana concentrate.

"**Pornography**" means material that depicts erotic behavior and is intended to cause sexual excitement.

"**Pat Search**" means a non-invasive search for contraband items limited to the general area of a person's clothing. (See Attachment A)

"**Serious bodily injury**" means bodily injury, which creates a substantial risk of death or which causes serious, permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.

ATTACHMENTS:

Attachment A - Pat Search Guidelines
Attachment B - Search of a Building or Patient Room
Attachment C - Confiscated Contraband Property Receipt

RELATED POLICIES AND PROCEDURES:

04.625 Visitors
08.805 Grounds Security
08.808 Visitor Badge System
09.220 Tobacco Free Environment

BE 11/06

HAWAII STATE HOSPITAL

PAT SEARCH GUIDELINES

General Guidelines

1. Treat the person to be pat searched with dignity and respect. You are invading his/her personal space.
2. Be business-like; explain to the person what you are doing and why. Give the rationale for the search. It might be routine procedure because of hospital wide policy regarding patient absences from the unit. It might be because of a specific other reason, such as a suspicion that the person possesses contraband or other unauthorized items.

Procedure

[redacted]

Reference: HPD, Vice Division, Officer Debra Kissinger. Presentation 12-13-95 at HSH.

HAWAII STATE HOSPITAL

SEARCH OF A BUILDING OR PATIENT ROOM

General Guidelines

[redacted]

Pre-Search Activities/Organization

[redacted]

Search Procedure

[redacted]

When Contraband is Discovered:

[redacted]

REFERENCE: Search Operations, Dept. of Attorney General, & Unit R Search Checklist

HAWAII STATE HOSPITAL

CONFISCATED CONTRABAND PROPERTY RECEIPT

Name of the owner of
the unauthorized item: _____ Unit _____

No.	Name of Item	General Description

I hereby certify that I am turning contraband item(s), as described above, that have been in my possession over to the Nursing Supervisor.

_____ _____ | _____
Signature of Staff Date Time

I hereby certify that I am the owner of the above described property and acknowledge that the Nursing Supervisor is taking possession and safeguarding it according to HSH policy.

_____ _____ | _____
Signature of Patient/Visitor/Staff Date Time

I hereby certify that I am taking possession of the above item(s), and securing it/them according to HSH policy.

_____ _____ | _____
Signature of Nursing Supervisor Date Time

ORIGINAL – Nursing Supervisor COPY - Patient/Visitor/Staff

Attachment "S"

Policy and Procedures

11. #12.020
Patient Trust Accounts

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (RI) Rights and Responsibilities of the Individual SUBJECT: PATIENT TRUST ACCOUNTS REFERENCE: Joint Commission RI.01.06.05 EP4	Number: 12.020 Effective Date: 1/25/93 History: Rev. 7/96, 6/97, 2/99, 1/01, 9/04, 12/07, 11/11 Page: 1 of 4 Approved: Title: Administrator Date

PURPOSE:

- To establish a method of managing patient's funds using Individual Trust Accounts
- To provide a convenient and immediate system for the deposit and withdrawal of patients' funds.
- To protect the rights of each patient for the safekeeping of and access to his/her funds.

POLICY:

A revolving fund is maintained in the Business Office for the purpose of immediate cash withdrawals of patients' funds. Funds may be deposited into the Trust Accounts by the patient, family, staff, or others. The Trust Account will be maintained by Hawaii State Hospital Business Office (HSH B/O) through the current banking service provider.

Patients have a right to access their funds for discretionary purposes. A guardian is to be sought before denial of access to money if it appears necessary to prevent unreasonable and significant dissipation of assets. Use of discretionary spending is not considered a dissipation of assets.

RESPONSIBILITY STATEMENT:

- The Business Manager is responsible for the overall administration and maintenance of the policy.
- The patient units are responsible for the process used for patients to access their Business Office accounts.

PROCEDURE:

1. Deposits
   a. Each unit is responsible for their own patient deposit record keeping. Unit staff logs the deposit type, amount and date on the patient's Personal Belonging Sheet.
   b. Unit staff brings Personal Belonging Sheet and deposit to cashier.
   c. Cashier stamps Personal Belonging Sheet, acknowledging receipt of deposit.
   d. Cashier issues original HSH receipt to the depositor.
   e. Cashier posts transactions on a computerized ledger account.
   f. Deposits are secured in Business Office safe until transported to bank via armored car service.

2. Withdrawals
   a. Patient Cash Withdrawals
      1) Patient is required to sign a withdrawal form, which is witnessed and countersigned by authorized unit staff. Withdrawal forms are supplied by the cashier.
      2) Cashier, prior to releasing cash, confirms account balance.
      3) Cashier posts the transaction on a computerized ledger account.
      4) Refer to 3a(1), 3a(2), and 3a(6) for restrictions.

   b. Staff Cash Withdrawals
      1) Withdrawal form is pre-signed by patient, witnessed and countersigned by authorized unit staff to authorize withdrawal from the account.
      2) Withdrawal form is presented to cashier to confirm balance before releasing cash.
      3) Staff member signs a receipt for the money received.
      4) Cashier posts the transaction on a computerized ledger account.
      5) Refer to 3a(1), 3a(2), and 3a(6) for restrictions.

   c. Check Withdrawals
      1) Same as Patient Cash Withdrawals see instruction 2A.
      2) Refer to 3a(3), 3a(4) and 3a(5) for restrictions.

   d. Discharge Withdrawals
      1) All patients must go through clearance process.
      2) HSH B/O must clear patient on property sheet.
      3) Valuables and Cash Discharge Withdrawals:
         a) Valuables: Request to Release Patient Valuables form must be signed by patient.

b) Cash: $99 maximum, balance can be provided in check upon notification to Business Office.
c) Custodian Accounts: Can not be closed until a new Representative Payee is established.

3. Restrictions
   a. Withdrawal Restrictions
      1) Daily Withdrawal Limit:
         a) Under $99: Patient's daily withdrawal limit is $99 or less per day.
         b) Over $99: Cashier must be notified for withdrawals over $99.

      2) Special Withdrawal restriction:
         a) Special withdrawal restrictions may be placed on account with written notice to cashier.
         b) With written authorization to cashier, patients can withdraw beyond restrictions.
         c) Special withdrawal restrictions may be removed upon written notification from the patient's Treatment Team or upon expiration date noted on the restriction.

      3) Check Withdrawals:
         a) Patients can request withdrawals in check form.
         b) Check turnaround time:

      4) Check Cashing
         a) NO CHECK CASHING. Patient deposits check and only withdraws daily amount allowed.

      5) Withdrawals Against Checks Deposited (Pertaining to checks over $50):
         a) Local Checks: Must wait 5 working days before withdrawing on check deposit.
         b) Out of State Checks: Must wait 10 working days before withdrawing on check deposit.

      6) Restricted Patients:
         a) Some patients are restricted from cashier window. Withdrawal transactions for such patients are completed by authorized staff. Cashier may refuse service to such patients unless staff accompanies them or patients have written notice to do so.

7) Custodian Accounts:
   a) Withdrawal Limit: $15 or less per week
   b) Withdrawals over $15:
      (1) Requires written request with clinical approval to cashier accompanied with withdrawal request form.
      (2) Patient Account Manager must approve request before funds are released.
   c) Withdrawals over $50:
      (1) Same as 3b(1)b.
      (2) Receipts from fund use must be returned to Business Office.

FOOTNOTE:

In extreme circumstances where a client is unable to sign the withdrawal slip, any one of the patient's treatment team members, usually the Social Worker attaches a written explanation of this circumstance to the withdrawal slip and submits to the Business Office for issuance of a check payable to the patient.

Business Office/ja 2010

Attachment "S"

Policy and Procedures

12. #12.031 Patient Personal Belongings/Valuables with Attachments

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (LD) Leadership SUBJECT: PATIENT PERSONAL BELONGINGS / VALUABLES REFERENCE: Joint Commission LD.04.01.01, LD.04.04.01	Number: 12.031 Effective Date: 02/24/99 History: Rev. 06/99, 09/99, 03/00, 03/01, 05/04, 12/07, 07/10, 04/17 Page: 1 of 4 Approved: Title: Administrator Date

PURPOSE:

To account for patient personal belongings/valuables.

POLICY:

A patient Personal Belongings Form is used to record each patient's personal belongings and valuables.

RESPONSIBILITY STATEMENT:

The nursing staff is responsible to document patient's belongings/valuables in/out on the patient belonging form. Business Office is responsible to log and verify each valuable deposited into Business Office for safekeeping.

PROCEDURE:

1. Staff logs on the Patient Personal Belonging form, with two (2) staff witnessing, all valuables and personal belongings of the patient at the time of:

   A. Admission

   B. Transfer

   C. When new items are brought in, taken home, disposed of

   D. Unauthorized absence of 30 days

2. Patient Personal Belongings on Unit

   A. Personal belongings placed in storage are limited to one (1) medium box (approximately 2ft. x 2ft. x 3ft.).

B. The patient's personal belongings in the room are checked out according to Nursing SOP "Items Allowed on the Unit".

C. The patient is informed that Hawaii State Hospital is not liable for loss, theft, or damage.

3. Patient Belongings Deposited Into Business Office

A. Patient valuables such as, but not limited to, jewelry, cellular phones, vital documents(i.e., State Identification Card, Drivers License, Medical Insurance cards, etc.), checks and cash, are deposited in a Valuables Envelope (see Attachment B).

B. Unit staff lists valuables for storage on Valuables Envelope and Personal Belongings Form (see Attachment A/B).

C. Staff brings Valuables Envelopes and Personal Belongings Form to the Business Office cashier during regular business hours or to the Telephone Operator after business hours. Envelopes to the Telephone Operator are stamped and initialed by the operator then deposited into the Business Office box located in the Telecommunications office. Business Office retrieves the envelopes daily except on weekends and holidays

D. In cases when an item is rejected by the cashier or other Business Office staff, the Unit is contacted to pick up and sign for the rejected item transferring the responsibility of that item back to the Unit.

E. Cashier verifies items listed on Valuables Envelope and Personal Belongings Form and initials with unit staff to verify receipt of valuables.

F. Valuables deposited to Business Office are limited to items that can fit in a 10"x11" storage bag.

4. Patient Valuables Withdrawal From Business Office

A. Unit staff completes a Request to Release Patient Valuables Form (Refer Attachment C).

B. Unit staff brings the Request to Release Patient Valuables Form and Personal Belongings Form to cashier.

C. Business Office logs release of valuables and date stamp the personal belonging form.

D. Patient signs the Personal Belongings Form verifying receipt of valuables with two (2) staff signatures as witnesses.

5. Patient Discharge

   A. All patient's personal belongings are accounted for and cleared with patient's signature and two (2) staff witnesses.

   B. Unit staffs fill out Request to Release Patient Valuables Form in order to clear a patient's account from Business Office.

   C. Cashier initials the discharge stamp, Personal Belongings Form and Valuables Envelope to indicate completion and release of property to patient.

   D. All belongings are given to patient upon discharge. Belongings left beyond 30 days are disposed of.

6. Patient Personal Belongings / Valuables Restrictions

   A. No contraband. Contraband is confiscated and turned over to the Associate Administrator, Administrative and Support Services or designee (refer to P&P #09.235 Contraband and Searches).

   B. The Associate Administrator issues a written notification and forwards the contrabands to a designee. The designee is provided a copy of "Confiscated Contraband Property Receipt, Attachment C – P&P 09.235". The designee retains possession until further notice by the Associate Administrator or designee.

   C. Electronic devices or personal belongings and valued items such as, but not limited to, computers of any size, printers, and other computer equipment, and television sets, are not permitted on hospital grounds.

   D. Patients are not permitted to keep, store, or operate vehicles on Hawaii State Hospital grounds.

   E. The treatment team reserves the right to withhold other personal belongings deemed to be counter-therapeutic to patient's recovery.

7. Unauthorized Absence

   A. All personal property is accounted for with two (2) staff signing the personal belongings forms and placed in storage during unauthorized absence. Documents such as ID cards, passports, and credit cards, are retained in a Certificates Envelope.

DEFINITIONS:

Valuables and/or Personal Belongings - Items on deposit with the Business Office for storage/safekeeping purposes while he/she is a patient of the Hawaii State Hospital such as but not limited to, jewelry, cellular phones, vital documents, checks (unless outdated or not bearing patient name) and cash, small cameras or other electronic devices (MP-3, etc.) or anything else that may not have monetary values to others but are valuable to the individual patient (i.e. expired bus pass, cards, cancelled checks (bearing patient name). These items are limited in size and must fit in a 10"x11" storage bag.

Basic items for rejections – Anything not properly endorsed with patient name, items not listed, except those covered in contraband policy, may be authorized by the treatment team, with the Business Office verification, to ensure that the team understands and has applied standard business practices in making their decision. Items not fitting into the 10"x 11" storage bag are not be accepted by the Business Office.

Unsafe/dangerous items – These are items considered unsafe or dangerous as defined in the hospital's contraband policy and procedure and any item determined by the treatment team capable of causing harm or injury to a person or deemed unsafe for the hospital's environment. Questionable items submitted to Business Office are brought to the attention of hospital administration for a final decision on storage in the Business Office.

ATTACHMENT(S):

Attachment A: Personal Belongings Form
Attachment B: Valuables Envelope
Attachment C: Request to Release Patient Valuables Form

RELATED POLICIES AND PROCEDURES:

HSH P&P #09.235 Contraband and Searches
HSH Nursing SOP #23.731 Items Allowed on the Unit

BO 3/17/17 HEC

HAWAII STATE HOSPITAL

PERSONAL BELONGINGS FORM

LIST AND DESCRIPTION OF ITEMS	RECEIVED BY: (date and signature)	

Closure Notations:

Admissions: "All my belongings are in the above list."

Discharge: "All items checked above are accounted for at the time of my discharge."

Name _____

C R _____ Hosp. No. _____

Unit _____

HSH-7A

VALUABLES ENVELOPE

HAWAII STATE HOSPITAL

KANEOHE, OAHU, HAWAII

Unit ..... **Date** .....

Received this day on account of .....
the following items of personal properties, valuables and/or cash;

ITEM NO.	DESCRIPTION	RECEIVED FROM	DATE	RECEIVED BY	DATE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

REQUEST TO RELEASE PATIENT VALUABLES

Date _____

To: Business Office
Hawaii State Hospital

Please release the following valuables on deposit for me in the Business Office:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

to me personally or to be delivered to me by _____
Ward Staff Name

for my use while in the hospital or to be returned to me upon discharge.

_____ _____
Unit Charge Nurse Signature Patient's Signature

Attachment "S"

Policy and Procedures

13. #12.310 Relationship Security: Safe & Therapeutic Staff-Patient Interactions with Attachments

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (LD) Leadership	Number: 12.310 Effective Date: 09/10/04 History: Rev. 12/07, 04/12, 07/12, 08/15
SUBJECT: RELATIONSHIP SECURITY: SAFE & THERAPEUTIC STAFF-PATIENT INTERACTIONS	Page: 1 of 4 Approved:
REFERENCE: Joint Commission LD.03.01.01, .03.06.01, .04.02.01	Title: Administrator Date

PURPOSE:

The purpose of this policy is to provide guidelines to promote appropriate, safe and therapeutic staff-patient relationships.

POLICY:

All Hawaii State Hospital (HSH) employees honor professional boundaries and maintain staff-patient relationship security by having only appropriate and professional staff-patient interactions and refraining from inappropriate staff-patient interactions.

RESPONSIBILITY STATEMENT:

All HSH employees are responsible to maintain safe and therapeutic relationships with patients that are supportive of treatment and within appropriate boundaries. They report to their supervisor any concerns about questionable staff-patient interactions they observe.

PROCEDURE:

A. Self Monitoring: All staff:

1. Maintain safe, professional, and therapeutic relationships with patients that observe, apply and reinforce appropriate limits and therapeutic boundaries, as described in the "Therapeutic Rules" attached to this policy. Safe, professional, therapeutic relationships are free of violations or dual relationships characterized by any of the following:
   a. Close friendships.
   b. Inappropriate or unprofessional conduct, including inappropriate gestures and/or touching and the use of unprofessional language or dialogue.

c. Providing services, favors or assistance to hospital patients that exceed or extend outside the course of treatment, or have not been ordered or recommended by a licensed clinician, team leader or supervisor.
d. Engaging in reciprocal ("quid pro quo") relationships with patients (relationships that involve payment or fees for services rendered).
e. Engaging in romantic relationships with patients, including sexual intimacy.
f. Engaging in violent, threatening or intimidating behavior.

2. Set limits on staff-patient relationships consistent with best practice standards for professional relationships in state hospital environments.

3. Report any concerns about questionable interactions they observe to their supervisor or designee.

4. Seek out support and discuss the reactions they are having with their supervisor, or the treatment team, when they experience difficulty in managing safe and therapeutic boundaries with a patient.

5. Support peers in adhering to safe and therapeutic rules.

B. Treatment Team Responsibility: The treatment team:

1. Identifies patients considered to be high risk for boundary issues based on history and clinical characteristics.

2. Ensures that appropriate alerts and appropriate clinical information are communicated to both on-unit and off-unit staff.

3. Ensures that the clinical issues regarding a relationship security breach or dual relationships are incorporated into the patient's treatment/recovery plan.

C. Supervisor/Manager Responsibilities: The supervisor/manager:

1. Ensures that all staff members have been trained in relationship security.

2. Addresses any potential or real threat to relationship security with the employee.

3. Consults with Risk Management as needed.

4. Follows the hospital's protocol for disciplinary action when appropriate.

5. Requests patient or staff transfer as needed to minimize the possibility and/or impact of boundary violations.

DEFINITIONS:

Relationship Security is defined as the safety and treatment potential gained from the appropriate maintenance and monitoring of therapeutic staff-patient interactions. The HSH responsibility for treatment, evaluation, and public protection must be based upon an effective Relationship Security program. The hospital's Relationship Security program is monitored by the clinical leadership and management and the Clinical Safety Coordinator.

Appropriate staff-patient interactions are those interactions that are based upon and purposefully support the patient's treatment plan. They are one-way helping interactions for the patient's benefit. The parameters for determining whether or not an interaction with a patient is appropriate are defined by the patient's treatment plan, the employee's duty statement, professional role and work assignment, as well as ethical considerations and the law.

Inappropriate staff-patient interactions exist on a continuum from careless or ill-informed boundary inattention to exploitive dual relationships where the employee is using his or her position and the patient's condition or confinement for personal gain. Dual relationships, typically the end point of a progression of boundary crossings over time, are unethical, compromise a patient's treatment plan, and/or deviate significantly from an employee's professional role. Examples of dual relationships include (but are not limited to): romantic/sexual involvement, contraband or drug exchange, business relationships, religious counseling by non-clergy staff, and physical and/or psychological abuse of any kind. Overly social interactions, in which the staff member is deriving personal gratification and/or is meeting personal needs for admiration, social support, condolence, or friendship through interactions with patients, also fall in the category of dual relationships. The hospital expressly forbids and does not tolerate staff engaging in dual relationships with patients.

Therapeutic Rules define the parameters of helping relationships and distinguish helping relationships from other types of relationships. Each staff member who works directly with patients is familiar with the "Therapeutic Rules" discussed in the attachment to this policy. The attachment may be used as a resource for teaching patients about safe and therapeutic staff-patient relationships.

ATTACHMENT(S):

"Therapeutic Rules – Working with Staff to Make the Most of Your Treatment"

RELATED POLICIES AND PROCEDURES:

- Code of Conduct
- 14.503 Hawaii State Hospital Clinical Lines of Authority
- 14.005 Patient Abuse and Neglect by Staff
- 14.038 Resolution of Conflict

HEC 8/15

Therapeutic Rules - Working With Staff to Make the Most of Your Treatment

The Hawaii State Hospital (HSH) is designed to treat persons with mental illness. It is different from a prison in many ways.

One important way is that staff and patients work together as part of treatment.

Boundaries are Important to Our Success at HSH

- Staff will talk with patients about **"boundaries"** and **"appropriate"** behavior.
- It is very important for patients and staff to be able to tell the difference between what is **"OK"** and **"Not OK"** in terms of what is said and done, personal feelings, respect for the personal space of others, and the ability to maintain a treatment relationship with the staff.
- The ability to learn about appropriate interactions with others and respect therapeutic boundaries is an important skill for patients and staff to master.

Staff-Patient Relationships are One-Way Helping Relationships

- Staff-patient relationships here at HSH are different from other kinds of relationships.
- They are "helping" relationships.
- Staff will encourage patients to talk about personal issues and help patients solve problems.
- Staff will expect patients to work with them on their problems, but patients not expected to help staff with their issues.

What does behavior look like that is 'OK' (appropriate) or 'Not OK'?

OK

- Talking to staff about treatment and discharge goals
- Telling the treatment team if a patient feels a staff member has crossed professional boundaries
- Actively participating in your treatment and learning
- Maintaining therapeutic interactions with staff
- Treating staff with courtesy & respect

Not OK

- Touching staff, staring
- Asking staff personal questions
- Commenting on staff's appearance
- Flirting with staff or making sexual comments
- Expecting staff to keep your secrets
- Expecting staff to bend rules for you
- Expecting special favors from staff
- Doing special favors for staff
- Giving gifts to staff
- Romantic or business relationships

'Helping' Relationships are Different from Friendships

Sometimes, when you begin to share your problems with staff you may feel like you are talking to a friend. It is even possible that you may find yourself attracted to a staff member or think you have loving feelings for a staff member. These feelings of attraction are not uncommon for people receiving therapy. It is important not to act on these feelings.

Remember:

- Staff are not here to share their personal information with you.
- Staff are not here to ask you for help with their problems.
- It is against hospital rules for staff to become romantically involved with you.
- It is against hospital rules for staff to provide you with special favors.
- If you begin to have strong feelings for a particular staff you should discuss this with your treatment team.

Love, 2002
Rev. 06/15

Attachment "S"

Policy and Procedures

14. #13.060
Personal Mobile Devices, Voicemail and Telephone Etiquette

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (IM) Information Management SUBJECT: PERSONAL MOBILE DEVICES, VOICEMAIL AND TELEPHONE ETIQUETTE REFERENCE: Replaces Administrative Directive No. -06; Honolulu City and County Bill 4	Number: 13.060 Effective Date: 04/13/04 History: Rev. 05/07, 01/09, 06/09, 07/11, 08/13, 09/15 Page: 1 of 4 Approved: Title: Administrator Date

PURPOSE:

This policy outlines the use of personal mobile devices or hands free technology at work by the employees of the Hawaii State Hospital (HSH). This includes special issues related to camera phones, devices with audio recording functions, and the personal and safe use of personal mobile devices while driving vehicles on hospital grounds and state vehicles off hospital grounds. It further serves to protect against those using personal mobile devices or hands free technology in a hurtful and harassing way in the workplace.

To establish conditions and guidelines related to voicemail communication and telephone etiquette at HSH. HSH maintains voice mail to assist employees in communicating efficiently for the purpose of achieving the mission and goals of the hospital.

POLICY:

All employees are to use personal mobile devices or hands free technology devices only as indicated in the procedures below. This especially relates to operating vehicles on hospital grounds and state vehicles off hospital grounds. Employees are to practice proper voicemail and telephone etiquette in the hospital. Inappropriate use, including any violation of this policy, may result in, but is not limited to, cancellation of privileges, disciplinary action including discharge, revocation of professional credentialing or license, or notification to proper authorities for criminal/civil proceedings, depending upon the level and seriousness of violation.

RESPONSIBILITY STATEMENT:

It is the responsibility of the supervisor to ensure staff's compliance with this policy and procedure.

PROCEDURE:

A. Personal Mobile Devices or Hands Free Technology

1. Personal mobile devices or hands free technology is not to be used for personal purposes during work duty

2. Personal mobile devices or hands free technology is not to be used when operating vehicles on hospital grounds and when operating State owned vehicles off hospital grounds.

3. Employees are required to keep their personal mobile devices off of their person during their work hours, except as approved by the supervisor. Direct care nursing staff are required to keep personal cell phones out of patient care areas, including the Treatment Mall.

4. Employees may use personal mobile devices when on duty free break and meal periods and only in approved staff lounge or break areas. If an employee is experiencing a special emergency that may require use of a personal mobile device at a time other than scheduled breaks or meal periods, the employee should discuss the situation with their supervisor at the beginning of the work shift if possible. When authorized by your supervisor this privilege does not extend if you are involved in operating vehicles on hospital grounds and State owned vehicles off hospital grounds. The hospital notifies employees in case of emergencies. Calls should be directed to the hospital switchboard at 247-2191. The on-duty operator immediately informs the employee or in the employee's absence, the employee's supervisor for appropriate action.

5. HSH is not responsible for the loss of personal mobile devices or hands-free technology brought to the workplace or personal injury or damages occurring on State property due to an individual operating a State owned or personal vehicle while using a personal mobile device.

6. Personal Mobile Devices with a Camera Function

   HSH prohibits the use of camera functions on personal mobile devices when in the workplace in order to secure the patient, employee, and other business information privacy.

7. Personal Mobile Devices with Audio Recording Function

   HSH prohibits the use of audio recording functions on personal mobile devices when in the workplace in order to secure the patient, employee, and other business information privacy.

8. Personal Use of Hospital Provided Personal Mobile Device

   a. When job or business needs demand immediate access to an employee, HSH issues a hospital-owned personal mobile device to an employee for work related communications. To protect the employee and the hospital from potential liability related concerns, such devices are to be used for work related reasons only and call records may be audited.

   b. If an employee experiences a severe personal emergency that results in the need to use the hospital's personal mobile device, he or she is required to reports this use to their supervisor within 24 hours via an Employee Incident Report (EIR) Form. The employee may be asked to reimburse HSH for the cost of the call when the bill is received. Failure to report such use and/or reimbursement of the cost of the call may result in disciplinary action as deemed appropriate.

   c. Employees in possession of a HSH issued personal mobile device protect the equipment from loss, damage, or theft. Upon request or resignation or termination of employment, the employee may be asked to produce the personal mobile device for return and/or inspection. Employees unable to present the personal mobile device in good working condition on their last day of employment may be expected to bear the cost of repair or replacement.

   d. Resigned or terminated employees with outstanding debts for equipment loss and/or unauthorized charges are considered to have left employment on unsatisfactory terms and may be subject to legal action for recovery of the loss.

9. Safety Issues for Personal Mobile Device Use

   a. Employees that are issued a hospital personal mobile device for work purposes are not to use their device while operating a vehicle on hospital grounds and when operating a state vehicle off hospital grounds.

   b. In situations where job responsibilities include regular driving or occasional driving the person operating the vehicle must pull off the road and stop the vehicle before taking a call. Hands-free equipment may be utilized to provide the safest environment possible, but in very limited situations, as approved by the Associate Administrator for Administrative and Support Services.

   c. While operating a vehicle to fulfill work related needs, under no circumstances are employees allowed to place themselves and others at risk in order to answer a call.

B. Voice Mail and Telephone Etiquette

1. Employees are familiar with the Telephone Features Booklet to get the most effective use from their desk phone.
2. Employees at their desks answer the phone when it rings. Possible exceptions are when participating in a work related meetings, telephone conversations, or tasks or projects where interruptions would delay efficient service.
3. Employees check their voice mail messages each time they return to their desk if the message feature is blinking.
4. Employees return calls promptly. If they are unable to completely respond to a message in their mailbox, give a reply call. State your name, confirm that the message was received and is being addressed, and lastly, that you are going to call again when you have an answer.
5. Employees forward their phone to voice mail when they leave their desks and cancel it upon return. If employees expect to be out of the office for a day or more due to travel or vacation, etc., leave an extended personal greeting on the voice mailbox. The message includes:
    a. Length of absence and return date.
    b. Alternate point of contact if there is one.
    c. Whether they are going to retrieve and respond to messages during the absence.

C. Violations

Violations of this policy are subject to the disciplinary process. If a citation results from violations outside the hospital grounds, the employee committing the violation is responsible for all fines and penalties. Furthermore, this may result in a revocation of phone privileges.

Attachment "S"

Policy and Procedures

15. #19.300
Unit Security Officers
with Attachments

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (LD) Leadership SUBJECT: UNIT SECURITY OFFICERS REFERENCE: LD.03.01.01, .03.03.01; EC.01.01.01, .02.01.01, .02.01.03, 02.06.01	Number: 19.300 Effective Date: 06/19/17 History: NEW Page: 1 of 4 Approved: Title: Administrator Date

PURPOSE:

This policy establishes organizational procedures for unarmed security officers assigned to the units. This policy and procedure is developed in compliance with:

- Department of Health and Human services (DHHS)
- Department of Labor/ Occupational Safety and Health Administration (OSHA) and Hawaii Occupational Safety and Health Administration (HIOSH)

POLICY:

Hawaii State Hospital (HSH) utilizes Unit Security Officers to assist in the protection of staff, patients, visitors, building, equipment and property. Unit Security Officers are to support nursing staff throughout a patient's stay, from admission to discharge.

RESPONSIBILITY STATEMENT(S):

- Hospital Executive Committee (HEC) is responsible for coordinating responsibilities between the HSH and security personnel.

- Staff Development is to provide orientation and to ensure competencies are completed when a Unit Security Officer is assigned to the unit. Staff Development is to collaborate with Administration, Nursing and the security company to provide 2 hours quarterly training on such issues as mental health training (mental health training, Patient Centered Approach (IMUA), medications, Patient's Rights and Responsibilities, Crisis Prevention Management Response (CPMR), pat and room searches).

- The security supervisors are responsible for delegating the unit security's assigned area and their adherence to their assigned duties.

- The unit security is responsible for adherence to pertinent HSH policies and procedures (i.e. dress code, CPMR, conduct, electronics, etc.).

- The Nursing Supervisor is responsible for communicating, directing as well as coordinating, with the security supervisor, to safely provide patient care throughout HSH.

- The Nurse Manager or Charge Nurse or designee is responsible to direct the assignment of the unit security in assisting the unit staff to safely provide patient care.

PROCEDURE:

A. Procedure for Beginning Shift

1. Each security officer assigned to the units is to report to their security supervisor prior to reporting to their assigned unit. Unit Security shifts are as follows:
   a. 0600-1400
   b. 1400-2200
   c. 2200-0600
2. Unit Security Officer, upon reporting to an assigned unit, introduces themselves to the charge nurse or nurse manager prior to starting rounds.
3. Shift Reports: The Unit Security Officer attends unit shift reports and/or receives report from the charge nurse or nurse manager. The shift reports and/or verbal reports include:
   a. Information regarding patients who recently demonstrated dangerous or questionable behavior.
   b. Any specific issues regarding unit safety
   c. Any or unit or milieu concerns which the charge nurse or nurse manager deems relevant
4. An information sheet of duties and Unit Checklist is to be completed by the Unit Security Officer each shift. The unit information sheet has the duties and tasks particular to that unit(s) for the unit security to follow. In addition, the information sheets may include subject matters such as areas to patrol (both within and outside the units), unit activities, etc. The Nurse is to review the sheet and sign off at least twice a shift. The completed Checklist includes where the Unit Security Officer went and includes their observations while on and off the unit(s). Once completed it is to be given to the nurse manager of the unit. When there is more than one unit that it covers, the unit checklist is given to the Unit S, F and I nurse manager if there is more than one unit assigned.
5. Security is to be allowed to patrol on and off the units, and to take direction from the charge nurse on the unit in assisting the staff to safely provide patient care.

B. Escorting

1. If necessary, with the approval of the nursing supervisor, the charge nurse may assign the Unit Security Officer to accompany hospital staff in escorting patients both on and off the unit premises. This includes, but is not limited to, the PIP store, VTC, and other hospital activities.
2. At the direction of the charge nurse, the Unit Security Officers can be asked to accompany a contracted building or maintenance worker when they are on the units. They are not to be assigned to watch any equipment or supplies. They are to report any problems with the building or equipment to the charge nurse or their security supervisor.

C. Reporting and Documentation

1. The Unit Security Officer enforces hospital security in all areas and notifies lead security officer of activities, including any needs and problems which may arise in relation to patients.
2. The Unit Security Officer documents their findings in their reports to their supervisor. Names of patients are not be included in these reports, initials may be used when possible.
3. The Unit Security Officer reports patients' needs or observations to employees.

D. Emergency Interventions

1. The Unit Security Officer works with the Charge nurse on the unit to quickly address any issues on the units as they arise.
2. If emergency uses of physical restraints are required, the Unit Security Officer works with the unit staff to physically restrain a patient.
3. Unit Security Officers attends codes on their units and in the mall when assigned. They may be deployed to off unit codes and Code 77 (elopement) by their security supervisor, in cooperation with the charge nurse/nurse manager.

E. Other Tasks and Assignments

1. Unit Security Officer is available to assist nursing staff as well as other disciplines as needed when working with patients. This includes, but is not limited to, pat

searches, room searches, transferring patients on and off the units, escorting patients to VTC and sitting with agitated patients in the treatment team meetings.

2. The timing of Unit Security Officer breaks and meals is coordinated with the charge nurse and security supervisor.
3. Unit Security Officers are not assigned to patient care or break coverage of staff.
4. Unit Security Officers are encourage to attend any training drills on the unit including Code 200 and Code Blue.
5. If visitors become unruly, Unit Security Officers, at the direction of the charge nurses, are to escort the visitors off the units.
6. If there are any conflicts between staff and Unit Security Officers, the charge nurse is to call nursing supervisor to resolve the issue. Documentation of the conflict is reflected on an Employee Incident Report (EIR).

ATTACHMENTS:

Attachment A - Unit H (ASU) Duties
Attachment B - Unit F (Admission and Acute) Duties
Attachment C - Unit E & I Duties
Attachment D - Unit S, T & U (Guensberg) Duties

LT/KH/AF/Star Protection 05/17

DATE:_____

Unit H Security Checklist

	Security Initials	RN Initials (Init. twice per shift)	LOCATION (See back for assignment)
0600	/		
0700			
0800			
0900			
1000			
1100			
1200			
1300			
1400	/		
1500			
1600			
1700			
1800			
1900			
2000			
2100			
2200	/		
2300			
2400			
0100			
0200			
0300			
0400			
0500			

INFORMATION & NOTES

Unit H: 236-8360

7-3 H Charge Nurse: _____

Shift Summary by Unit Security (0600-1400):

Security Signature:

3-11 H Charge Nurse: _____

Shift Summary by Unit Security (1400-2200):

Security Signature:

11-7 H Charge Nurse: _____

Shift Summary by Unit Security (2200-0600):

Security Signature:

SHIFT	Initial	Security Staff Assigned	Initial	Security Staff Assigned
0600-1400				
1400-2200				
2200-0600				

UNIT H (ASU) SECURITY DUTIES/RESPONSIBILITIES:
Connected to the Unit Support Role

TIME:	DUTIES:
[redacted]	

SIDE NOTES:

[redacted]

ALL VISITORS MUST SIGN IN UPON ARRIVAL.

DATE:_____

Unit F Security Checklist

	Security Initials	RN Initials (Init. twice per shift)	LOCATION (See back for assignment)
0600	/		
0700			
0800			
0900			
1000			
1100			
1200			
1300			
1400	/		
1500			
1600			
1700			
1800			
1900			
2000			
2100			
2200	/		
2300			
2400			
0100			
0200			
0300			
0400			
0500			

INFORMATION & NOTES

Unit F: 236-8326

7-3 F Charge Nurse: _____

Shift Summary by Unit Security (0600-1400):

Security Signature:

3-11 F Charge Nurse: _____

Shift Summary by Unit Security (1400-2200):

Security Signature:

11-7 F Charge Nurse: _____

Shift Summary by Unit Security (2200-0600):

Security Signature:

SHIFT	Initial	Security Staff Assigned	Initial	Security Staff Assigned
0600-1400				
1400-2200				
2200-0600				

UNIT F (Admission & Acute) SECURITY DUTIES/RESPONSIBILITIES: Connected to the Unit Support Role

1. Check in with Unit Charge nurse when you start your shift to receive information about unit activities, acute patients, and special attention needed patients on the unit.
2. Attend Unit shift change reports: 0645-0700; 1445-1515; 2300–2305.
3. Find out the Key # 3 staff – who is in charge of all activities on the unit.
4. Please no personal cell phone usage on unit.
5. Please do not stay at front nursing station.
6. Stay where the patients are located, day area, hall area, courtyard, during the 7-3 shift Mondays - Fridays
7. Ensure all areas are safe (dorms, front day areas, hallways), be alert where patients are located, during the non-acute mall times.
8. May attend unit shift change report.
9. If Rehab mall on Mall Break, the 3rd class is canceled and replaced with courtyard, no 4th class.
10. Unit F has Garden class at inside of front gate.
11. All fence gate doors including the courtyard to Unit E (total: 3 fence gate doors) need to be locked at all times.

Monday – Friday Schedule:

Time:	Activity:
0630	Wake up, Wednesday is linen strip day.
0715	Patients out of dorm – Front day area dorm's doors' will be locked.
0705-0745	Medline (breakfast served after all meds passed)
0800	Community meeting
0840-0930	First class
0945-1015	PIP store (Monday, Wednesday, Friday)
1015-1105	Second class
1110	Lunch (Rehab Mall break – Lunch will be served around noon)
1220	Third class
1310-1405	Courtyard
1410	Dorms open
1430-1530	Restoration time
1530-1700	Dorm open
1700	Dinner
1845-2000	Medline and snack
2100	Return back to dorm areas
2200	Light out

Weekend Schedule:

0815	Dorm open
0815	Med line open
0845	Breakfast
1200	Lunch
1230	Dorm open
1430-1530	Restoration time
1530	Dorm open
1700	Dorm close
1700	Dinner
1800	Dorm close
1900	Medline open
2100	Back to dorm
2200	Lights out

DATE:_____

Unit E and I Security Checklist

	Security Initials	E RN Initials (Init. twice per shift)	I RN Initials (Init. twice per shift)	Location
0600				
0700				
0800				
0900				
1000				
1100				
1200				
1300				
1400				
1500				
1600				
1700				
1800				
1900				
2000				
2100				
2200				
2300				
2400				
0100				
0200				
0300				
0400				
0500				

INFORMATION & NOTES

Unit E: 236-8301 **Unit I:** 236-8370

7-3 E Charge Nurse: _____

7-3 I Charge Nurse: _____

Shift Summary by Unit Security (0600-1400):

Security Signature:

3-11 E Charge Nurse: _____

3-11 I Charge Nurse: _____

Shift Summary by Unit Security (1400-2200):

Security Signature:

11-7 E Charge Nurse: _____

11-7 I Charge Nurse: _____

Shift Summary by Unit Security (2200-0600):

Security Signature:

SHIFT	Initial	Security Staff Assigned	Initial	Security Staff Assigned
0600-1400				
1400-2200				
2200-0600				

Unit E and I Unit Security Duties

Shift responsibilities connected to the Unit support role

1. Check in with each Unit Charge nurse within the first hour of their shift beginning (0645, 1445, 2300).

During this check in with the Charge RN:

a) Ask about any high risk patients or unit situations.

b) Any off unit activities involving patients and staff.

c) Any patients who will leave the unit unescorted.

d) Any activities that need assistance with escort of patient/s to and from the activity.

e) Any assignments that need special attention (help with monitoring the perimeter with only 1 staff available).

f) Make sure they have your phone contact number.

g) Check the cubbyhole assigned to Unit Security.

2. Make walk through rounds hourly through the exterior parking lot areas and the building/units internal hallways; checking security of entry/exit doors.

3. Make walk through rounds twice a shift through the unit's courtyards and parking area.

4. Inform the Charge Nurse when leaving the unit to go to the other assigned unit and upon return to the unit.

5. Maintain contact with Post 1 and your security supervisor/Operator's office. Keep the unit's charge RNs informed of Public officers, professionals, and visitors coming up to the unit and be prepared to assist them onto the appropriate unit, i.e. search, appropriate attire, and sign in.

6. Be available to respond to unit needing assistance with a show of support, Code 200 or any other emergent situations identified by the charge nurse. Calls for support are the priority and these requests for assistance supersede the hourly walking rounds responsibilities.

7. Be aware of unescorted patients and their activities in the area. Supervising the routes of travel of unescorted patients is a responsibility coordinated between the charge RNs and the security shift supervisor.

8. Secure the parking lots and exterior portions of our building (Example: identifying, removing/securing potentially dangerous items, reminding individuals not to violate HSH policy, and not park in marked red curbed fire lanes).

9. File the complete check list daily in the folder (0600 - 0500).

DATE:_____

Guensberg Security Checklist (Units S, T & U)

	Security Initials	S RN Initials (Init. twice per shift)	T RN Initials (Init. twice per shift)	U RN Initials (Init. twice per shift)	Perimeter
0600					
0700					
0800					
0900					
1000					
1100					
1200					
1300					
1400					
1500					
1600					
1700					
1800					
1900					
2000					
2100					
2200					
2300					
2400					
0100					
0200					
0300					
0400					
0500					

INFORMATION & NOTES

Unit S: 236-8728 **Unit T:** 236-8741 **Unit U:** 236-8746

7-3 S Charge Nurse: _____

7-3 T Charge Nurse: _____

7-3 U Charge Nurse:

Shift Summary by Unit Security (0600-1400):

Security Signature:

3-11 S Charge Nurse: _____

3-11 T Charge Nurse: _____

3-11 U Charge Nurse:

Shift Summary by Unit Security (1400-2200):

Security Signature:

11-7 S Charge Nurse: _____

11-7 T Charge Nurse: _____

11-7 U Charge Nurse:

Shift Summary by Unit Security (2200-0600):

Security Signature:

SHIFT	Initial	Security Staff Assigned	Initial	Security Staff Assigned
0600-1400				
1400-2200				
2200-0600				

Guensberg Security Responsibilities (Units S,T & U)

Shift responsibilities connected to the Unit support role.

1. Check in with each Unit Charge nurse within the first hour of their shift beginning (0645, 1445, 2300).

During this check in with the Charge RN:

a) Ask about any high risk patients or unit situations.

b) Any off unit activities involving patients and staff.

c) Any patients who will leave the unit unescorted.

d) Make sure they have your phone contact number.

2. Make walk through rounds hourly through the exterior parking lot areas and the building/units internal hallways, connecting stairwells; checking security of entry/exit doors.

3. Make walk through rounds twice a shift through the unit's courtyards and around the forest side of Guensberg building.

4. Maintain contact with Post 1 and your security supervisor/operators office. Keep the unit's charge RNs informed of public officers, professionals, and visitors coming up to the unit and be prepared to assist them onto the appropriate unit.

5. Be available to respond to unit needing assistance with a show of support, Code 200 or any other emergent situations identified by the charge nurse. Calls for support are the priority and these requests for assistance supersede the hourly walking rounds responsibilities.

6. Be aware of unescorted patients and their activities in the area. Supervising the routes of travel of unescorted patients is a responsibility coordinated between the charge RNs and the security shift supervisor.

7. Secure the parking lots and exterior portions of our building (Example: identifying, removing/securing potentially dangerous items, reminding individuals not to violate HSH policy and not park in marked red curbed fire lanes).

Attachment "S"

Policy and Procedures

16. #19.520 Elopement, Elopement Attempt and AWOL with Attachments

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (LD) Leadership	Number: 19.520 Effective Date: 10/24/94 History: Rev. 2/01, 5/02, 5/03, 12/07, 1/12, 9/14
SUBJECT: ELOPEMENT, ELOPEMENT ATTEMPT AND AWOL	Page: 1 of 8
	Approved:
REFERENCE: HRS Section 334; Joint Commission LD.03.01.01, .04.01.07; EC.01.01.01	Title: Administrator Date

PURPOSE:

To delineate reporting requirements and staff responsibilities as well as, identify search procedures when a patient elopes, attempts to elope, or is AWOL from Hawaii State Hospital (HSH), on Hawaii State Hospital grounds, or while in the community.

POLICY:

HSH clinicians complete individual assessments at the time of admission and throughout the course of hospitalization including assessments of personal and community safety. These clinical evaluations are used to determine patient supervision and privilege status. The risks and benefits to the patient, related to patient supervision status are documented in the interdisciplinary progress notes section of the chart.

Patient supervision and privilege status is assigned and community outings are conducted according to related policies. Patients are monitored at regular intervals as appropriate to their risk level. In the event of an unauthorized absence, hospital staffs adhere to elopement procedures.

RESPONSIBILITY STATEMENTS:

- All employees are responsible to report to the Unit Charge Nurse if a patient has expressed a plan for elopement from HSH or while in the community.
- All employees are responsible to know and follow this policy and procedure.
- All employees are responsible to be current in CPMR training.
- All staff taking patients in the community is responsible to have and primarily use a hospital assigned handheld device, if not, other means of communication to notify HSH of a patient's elopement or attempted elopement.

PROCEDURE:

A. Initial Response and Search Procedure Regarding HSH Patient Elopement, Elopement Attempt or AWOL

1. In the event that a patient is not located during a routine check while on the unit or other designated location on grounds, the staff notifies the patient's unit charge nurse and mall director, if mall is in session. They in turn, notify the telephone operator to call a Code 77 to alert all staff and the response team to organize and initiate a search for the patient.
2. In the event that a patient is seen walking off grounds, staff is to stay within eyesight of the patient while contacting the patient's unit charge nurse and the mall director, if mall is in session, through the use of PTT Talk Group 22 and/or radio. The telephone operator is notified to call a Code 77 to alert all staff and the response team to organize and initiate a search for the patient.
3. Once the operator receives the notification, he/she confirms receipt of this information via the hospital PTT Talk Group 22 and/or radio. This is done to ensure that staff outside of the hospital grounds and outside the earshot of the overhead are aware that a Code 77 has been called.
4. The Code 77 information includes:
    a. Patient's unit
    b. Patient's complete name and physical description of patient
    c. Patient's attire
    d. Patient's location when last seen
    e. Direction the patient was headed if known.
5. Each building develops a Search Plan, to use in response to all Code 77 pages/calls. During daytime hours of operation each unit or service unit checks an assigned area around their building, searching for a patient who is not authorized to be there.
    a. If mall is in session, then searches are conducted around the mall area, which includes all surrounding buildings, as well as the Aloha Garden or plant nursery.
    b. Units E, F, H, I search around their respective buildings and the adjacent road.
    c. Unit T looks out over the campus from the upstairs windows and around the outside of Unit T exercise court.
    d. Unit U looks around the outside of the Unit U exercise court and the upper Guensberg parking area.
    e. Unit S looks around the lower Guensberg parking area and office wing.

f. PSR searches around Cooke and the adjacent roads.
g. OT searches around Building K and the adjacent parking lot and road.
h. RT searches around the gym area.
i. Using an assignment system of their own design, service units with offices in Building A search around Building A and the adjacent parking lots.
j. Using an assignment system of their own design, service units with offices in Building L search around Building L and the adjacent parking lots

6. If the patient is located, staff when possible, verbally encourages and re-directs the patient to return to the hospital. If the patient does not respond to verbal redirection and de-escalation techniques, but the staff and/or the response team believe that they can return the patient to the hospital using CPMR techniques, they may do so. Staff is only allowed to use CPMR if they believe that they can do so safely.

7. The Nursing Supervisor may allow for staff to place patient in restraints if it is safe and reasonable to do so. The Nursing Supervisor calls the attending physician for the order.

8. All units and service units report the results of their search to the Telephone Operator. If the unit has a PTT Talk Group 22 and/or radio, it is taken on the search so that if the staff sees the patient they can maintain the patient in line of sight while they call.

9. Staff informs the Telephone Operator and the unit Charge Nurse (if not already notified) that patient is returning to the unit.

10. If a patient is not found, then the unit staff on the patient's home unit enters elopement data into the AVATAR system prior to the midnight census of the same day.

11. The Nursing Supervisor who is notified documents the elopement or AWOL data in the Nursing Daily Supplement Report.

12. The Nursing Supervisor completes the attachments A and B per this policy: the Nursing Supervisor's Elopement/AWOL Worksheet (Attachment A) and ensure that all the other forms such as the Assessment of Risk in the Absence of Supervision/Hospitalization (ARASH – Attachment B), completed by the MD, the Charge Nurse's Patient Return from Elopement/AWOL Worksheet (Attachment C), and the Patient Elopement/AWOL Debriefing Form (Attachment D) are completed.

B. Initial Response and Search Procedure Regarding Patient Elopement or Attempted to Elope While in the Community

1. If the patient has eloped or attempts to elope while on an escorted outing in the community, the staff immediately secures the safety of the other patients and contacts the Honolulu Police Department (HPD) by calling 911.

2. Staff provides the police officer with the necessary information needed to assist in searching for and recovering the patient. This includes but is not limited to the patient's name, physical description, legal status, clothing, other remarkable identifiers, last location seen, and the direction the patient was headed if known.
3. Staff notifies the Nursing Supervisor of the elopement or the elopement attempt of the patient and provides a description of the patient, location of staff and the direction the patient was headed if known.
4. If the patient is seen in the community, staff maintains line of sight and monitor's his/her location without jeopardizing the safety of any other patient who may be with the staff. Staff keeps the Nursing Supervisor informed of the patient's location when known.
5. If pursuing the eloped patient causes staff and other patients harm or creates an unsafe situation, staff reports to the Nursing Supervisor that they cannot continue and return to the hospital with the other patients.
6. The Nursing Supervisor upon getting the call from the staff that a patient has eloped while in the community:
    a. Calls the police as soon as possible, if the staff on the outing has not done so already. The staff on the outing or the Nursing Supervisor provides the police officer with the patient's name, physical description, legal status, clothing, other remarkable identifiers, last location seen and the direction the patient was headed if known.
    b. Notifies HSH administration, and the patient's unit nurse manager, as soon as possible.
7. If the patient is found or seen in the community, staff when possible, verbally encourages the patient to return to the hospital with staff. If patient is uncooperative, agitated and refusing verbal redirection, staff calls 911 and requests for HPD response. If the patient does not respond to verbal redirection and de-escalation techniques, but the staff and/or the response team believe that they can return the patient to the hospital using CPMR techniques, they may do so. Staff is only allowed to use CPMR if they believe that they can do so safely.
8. As appropriate, the Administrator or designee authorizes staff to attempt to find the patient in the community. Authorization may or may not include orders for the use of restraints. If a patient returns with staff, staff transports the patient back to HSH.

C. Internal Notifications

1. The Nursing Supervisor notifies the Director of Nursing (or designee), Administrator (or designee), and the Medical Director (or designee).
2. The Administrator (or designee) notifies the Administrator of the Adult Mental Health Division (AMHD) and/or Designee.
3. A Patient Event Report (PER) is completed and the Nursing Supervisor's Elopement/AWOL Worksheet (Attachment A) is attached to the PER.
4. Medical Director in collaboration with the HSH Administrator or designee determines:
   a. Whether to initiate a Tarasoff warning to specific potential victims.
   b. Whether to discharge, if the patient is voluntary and determined not to require detention for the protection of themselves or others. Discharge is not an option when the patient is court ordered to the custody of the Director of Health/HSH.
   c. Whether to notify the patient's relatives/correspondents/significant others/guardians.
   d. Whether to place the patient on unauthorized absence status (elopement).
   e. Whether the patient is charged with escape.

D. External Notifications

1. Upon direction from the Medical Director, the Nursing Supervisor notifies the patient's family/significant others or the legal guardian, the Community Case Manager, or other relevant persons as appropriate of the elopement.
2. After the police have been called, the Nursing Supervisor goes to the patient's unit, where a photograph of the patient or description is available, and provides this information to HPD to assist with the identification of the patient.
3. The Nursing Supervisor provides the responding HPD Officer with the following:
   a. Copy of committing order (civil or criminal)
   b. Recent picture or detailed description (e.g. name, age, sex, ethnic/racial status, scars, hair color/style, physical description, etc.)
   c. Completed HPD form #252 "Honolulu Police Department Statement Form" (copies are available on the units).
   d. Medical record patient health information regarding diagnosis, treatment, or evaluation of the patient's physical or mental health cannot be released to HPD unless such disclosure is deemed necessary by the HSH Medical Director to ensure the safety of the patient or others.

4. As soon as possible, or within 48 hours, a decision on whether to press charges or to prosecute is made by the Administrator in collaboration with clinical staff and the treatment team.
    a. If HSH is not going to prosecute (or charge patient with escape), HPD form #172 "Withdrawal of Complaint and Release" is completed by the Nursing Supervisor and placed in the patient's chart to be given to HPD when the patient is found and returned to HSH.
    b. If HSH is going to prosecute, HPD may need additional information about the patient. The Nursing Supervisor coordinates the obtaining of additional information. Staff witnesses may be called to testify in court.

E. Forensic Notifications

For patients in custody pursuant to HRS 704-404 or 704-406 ("pre-trial patients"), 411(1)(a) (post acquittal) and 413 (Revocation of Conditional Release), the Social Worker notifies the Prosecuting Attorney, Public Defender, and the Court.

F. Abuse/Neglect Allegation Reporting

1. The Nursing Supervisor in collaboration with the Director of Nursing/designee and/or the HSH Administrator/designee decides whether the elopement/AWOL involves potential patient abuse or neglect and follows the procedures as identified in P&P 14.005 Patient Abuse and Neglect by Staff.
2. If an allegation of Abuse and Neglect is determined, the Nursing Supervisor faxes a copy of the PER report within 24 hours of the event to the AG Investigations Division, the Hawaii Disability Rights Center (HDRC) and to the Office of Health Care Assurance (OHCA) as per P&P 14.005.

G. Sentinel Event Reporting

In the event that a patient elopement or elopement attempt from HSH results in permanent injury/harm or death of the patient, the Nursing Supervisor ensures that a PER is completed and the HSH Administrator/designee, HSH leadership, clinical staff, and the Performance Improvement/Risk Management (PI/RM) unit is notified as soon as possible. The PI/RM Unit is responsible to report the sentinel event to The Joint Commission and completes a Root Cause Analysis (RCA) Investigation as per P&P 04.033 Sentinel Events and Significant/Serious Events.

H. Return of the Patient

1. In the event that a patient is returned to HSH, the Nursing Supervisor contacts the

patient's unit Charge Nurse. The Charge Nurse initiates the return procedures which includes the immediate notification of the patient's Attending Psychiatrist or On-call Doctor to perform a physical examination/assessment and to input orders such as a urine drug screen, restrictions, etc. Other procedures include a search for contraband and coordination of a treatment team meeting. The Charge Nurse with assistance from the Nursing Supervisor completes the Charge Nurse's Patient Return From Elopement/AWOL Worksheet (Attachment C).

2. The Charge Nurse also completes a Patient Event Report (PER). If feasible, information regarding the patient's return may be included on the original PER if it is still on the unit.

3. The patient's psychologist meets with the patient and completes the Patient Elopement/AWOL Debriefing Form (Attachment D).

4. The unit staff provides the patient elopement or AWOL information to the Nursing Supervisor who records and reports the status of the patient's event on the Nursing Daily Supplement Report.

5. The Nursing Supervisor upon notification of a patient's return to HSH also notifies:

   a. The Director of Nursing (or designee), Administrator (or designee), the Medical Director (or designee) and the patient's Unit Nurse Manager.
   b. HPD Officers are also notified if they are not already aware.
   c. Upon direction from the Medical Director, the Nursing Supervisor notifies the patient's family/significant other, legal guardian, the Community Case Manager or other relevant persons as appropriate.

I. The Medical Record

1. When the patient has been on Elopement Status for 15 days, the HSH Administrator (or designee) makes a determination as to whether or not to discharge patient. At the time of the discharge, the clinical summary and all other forms for eloped patients are completed similar to the regular discharge process.

2. The medical record is checked for deficiencies by the Medical Record Services Unit and any deficiencies are completed by appropriate clinicians.

3. After the medical record is completed, it is filed in the medical record department.

4. When and if the patient is returned, clinical care is continued to comply with the legal and mental health treatment requirements. An exception would be if the patient was not initially returned to HSH and was discharged to the custody of some other entity, i.e., a correctional facility. In that case it would be a re-admission when the patient is returned to HSH.

DEFINITIONS:

ELOPEMENT: An elopement is an event for any length of time in which a patient, whether voluntary or involuntary, leaves the hospital grounds, or leaves from a community outing, without authorization and without notifying the staff of their intention to do so.

ELOPEMENT ATTEMPT: An elopement attempt is an event for any length of time in which a patient whether voluntary or involuntary leaves the hospital grounds without authorization and without notifying staff of their intention to do so, however, the patient was in line of sight of staff or the staff had basic knowledge of the general whereabouts of the patient and pursued this general area until such time that the patient was re-directed to willingly return to the hospital safely.

AWOL: AWOL refers to the term Absent Without Leave, which describes a patient who is not in his or her assigned location but is on grounds. For example, an unescorted patient who is assigned to attend an off-unit Occupational Therapy class but doesn't go and is on the Village Green instead.

ATTACHMENTS:

Attachment A: Nursing Supervisor's Elopement/AWOL Worksheet
Attachment B: Assessment of Risk in the Absence of Supervision/Hospitalization (ARASH)
Attachment C: Charge Nurse's Patient Return from Elopement/AWOL Worksheet
Attachment D: Patient Elopement/AWOL Debriefing Form

RELATED POLICIES AND PROCEDURES:

04.347 Supervision Status
03.800 Event Reporting
14.005 Patient Abuse and Neglect by Staff
04.011 Abuse, Neglect, Sexual Harassment and Exploitation Prevention
04.033 Sentinel Events and Significant/Serious Events
19.525 Hospital Boundaries

KKA/LG 04/14

Hawaii State Hospital

Nursing Supervisor's Elopement/AWOL Worksheet

Nursing Supervisor completing this form _____

A. _____ _____ _____
Patient Name | Patient (CR) Number | Unit

B. _____ _____ By _____
Date | Time Last Seen | Name of Staff

C. _____ _____ By _____
Date | Time Elope/AWOL Declared | Name of Staff

D. Initial Response to Search:

1. Charge Nurse Notified _____ _____
Name | Time

2. Security Officer Notified _____ _____
Name | Time

3. Areas searched by declaring staff, security, assisting staff:

_____

_____

_____

4. Results:

_____

_____

_____

E. Completion of Assessment of Risk in the Absence of Supervision/Hospitalization (ARASH - Attachment B)

_____ _____
Name of Attending M.D. or O.D. Notified (when Attending MD is not available) | Time

_____ _____
Name of Charge Nurse/or designee Notified | Time

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

F. Consultation with Clinical Director (after completion of ARASH):

_____ Notified By_____ at _____ _____
Clinical Director Name of Staff Date Time

Results of conference call between Clinical Director, Attending Psychiatrist/O.D., Treatment Coordinator/Charge Nurse and Nursing Supervisor:

(1)	Patient voluntary	____ Yes	____ No
(2)	Not dangerous to self/others	____ Yes	____ No
(3)	Discharge recommended	____ Yes	____ No
(4)	Patient court ordered	____ Yes	____ No
(5)	Patient dangerous to self/others	____ Yes	____ No
(6)	Law enforcement assistance needed	____ Yes	____ No
(7)	Patient dangerous to others and Tarasoff warning to specific person/persons advisable (if so, inform law enforcement of potential victim(s) as well as potential victim(s) themselves.)	____ Yes	____ No

G. Notifications:

1. Director of Nursing or Associate Director of Nursing (Date/Time Notified) _____

2. Unit Manager (Date/Time Notified) _____

3. Medical Records (Date/Time Notified) _____

4. Guardian

_____ _____ _____
Name of Guardian Phone No. Date and Time Notified

5. Family/Significant Others

_____ _____ _____
Name of Person Contacted Phone No. Date and Time Notified

_____
Comments

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

6. Administrator or Administrator on Call

Name of Person Contacted _____ Date and Time Notified _____

Comments _____

7. Law Enforcement

Agency _____ Name of Officer _____ Date/Time _____

Comments _____ Phone No. _____

8. Other Notified

Relationship to Patient _____ Name _____ Phone No. _____

H. Abuse/Neglect Allegation Reporting Consideration

Patient Supervision Status Escorted? ____ Yes ____ No

If yes, staff assigned to patient _____ Name _____ Title _____ Unit

Staff Witnesses (if any) _____ Name _____ Title _____ Unit

_____ Name _____ Title _____ Unit

Patient Event Report (PER) completed ____ Yes ____ No

Abuse/Neglect Status discussed with:

_____ Director of Nursing or Associate Director of Nursing

_____ Clinical Director

_____ Administrator/ Administrator on Call

PER faxed to Attorney General Phone No. _____ Date/Time _____

PER faxed to Hawaii Disability Rights Center Phone No. _____ Date/Time _____

PER faxed to (OHCA) Phone No. _____ Date/Time _____

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

Attachment A
P&P 19.520 01/12

Hawaii State Hospital

Assessment Of Risk In The Absence Of Supervision/Hospitalization (ARASH) Page 1

Patient Name	Patient CR Number	Date of Assessment

Name of Physician completing assessment [ ] Attending [ ] OD Print: Signature:	Name of Nurse completing assessment [ ] Charge Nurse [ ] Designee Print: Signature:

1. What is the patient's history of dangerousness to self/others in the community and in the hospital? Be specific with persons and dates whenever possible.

	Community	Hospital
Danger to Self		
Danger to Others (Assaults, threats, sexual abuse, etc.)		

2. What is the role of substance abuse in these prior acts.

3. Did the patient have, or withdraw, funds which would permit him or her to access drugs.

4. Are there any known (by name) potential victims/class of victims or past victims/class of victims the patient may endanger? (Tarasoff warning is the issue here.)

Addressograph

5. What is the patient's current mental status and diagnosis. (Pay particular attention to paranoid disorders/ideation and violence - related hallucinations or delusions.)

   The patient's most recent assessment note was made by: _____ on _____. As of the date of assessment:
   Name of clinician
   Date

   Was the patient psychotic? (to the best of your knowledge) ____Yes ____No

   Had the patient been medication/treatment compliant? ____Yes ____No

   When was the last stat medication given?

   When was the last episode of seclusion or restraints?

6. Has the patient eloped previously?

   Where did the patient go during prior elopement(s)?

   Who located the patient during prior elopement(s)?

7. What is the patient's legal status?

   _____ Voluntary

   _____ Family Court Ordered

   _____ Criminal Court Ordered

   _____ Status (404, 406, 411(1)(a), 413, etc.)

   _____ Crime of Violence Against Another (707, non 707)

8. What was patient's supervision status/level at time of elopement?

   How long had patient been on current status/level?

FILE THIS FORM IN THE ASSESSMENT SECTION OF THE PATIENT RECORD AND ATTACH A COPY OF THIS ARASH TO THE PATIENT EVENT REPORT

Hawaii State Hospital

Charge Nurse's Patient Return from Elopement/AWOL Worksheet

Patient_____ (CR. No.)_____

Unit Returned To_____ Return Date/Time_____ Returned by_____

Contraband Search By_____ _____ _____
Staff Witness Time

Immediate Notifications:

(1) Attending Psychiatrist/O.D._____/_____*
Name Time

*Notified for physical examination, urine drug screen order, supervision status, etc.

(2) Administrator/Administrator on Call _____/_____

(3) Director of Nursing/designee _____/_____
Name Time

*Consider pressing charges of escape for non-psychotic, court committed patients

(4) Law Enforcement Agency

_____/_____/_____
Name Officer Time

Other Notifications (to be made during business hours including weekends):

(1) Nurse Manager _____/_____Time/Date

(2) Medical Director _____/_____Time/Date

(3) Medical Records _____/_____Time/Date

(4) Patient's Guardian _____/_____Time/Date

(5) Patient's Family/Significant Other _____/_____Time/Date

(6) Tarasoff Potential Victim(s)

_____ _____ _____
Name(s)

(7) Other_____

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

Hawaii State Hospital

Patient Elopement/AWOL Debriefing Form

Patient Name	Patient CR Number	Date of Incident	Date of Return
Psychologist *(Signature and Title)*		Date	Time

Describe the elopement in behavioral terms:

1. How did the patient leave?

2. Where did patient go?

Describe potential reinforcers for the elopement:

3. What did patient do? (Ask specifically regarding sexual encounters, substance abuse, illegal activity)

4. What reasons did the patient give for eloping?

Describe potential antecedents:

5. Any precipitating/trigger events?

6. What does the patient think might have prevented elopement/AWOL?

*****FILE THIS FORM IN THE PROGRESS NOTES SECTION OF THE CHART.***

Use the information to update the case formulation, modify behavioral support plans, modify the patient's level or make other needed modifications to the treatment plan

Addressograph

Attachment "S"

Policy and Procedures

17. #19.525
Hospital Boundaries
with Attachment

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (EC) Management of the Environment of Care SUBJECT: HOSPITAL BOUNDARIES REFERENCE: HRS Section 334	Number: 19.525 Effective Date: 09/27/96 History: Rev. 10/02, 11/06, 04/13 Page: 1 of 2 Approved: Title: Administrator Date

PURPOSE:

To clarify the boundaries that are considered "Hospital Grounds" for the purposes of elopement, Absent Without Leave (AWOL), tobacco or smoke-free areas.

POLICY:

1. Elopement: An elopement is an event for any length of time in which a patient, whether voluntary or involuntary, leaves the facility grounds, or leaves from a community outing, without authorization and without notifying the staff of their intention to do so.
2. Elopement Attempt: It is an event for any length of time in which a patient whether voluntary or involuntary leaves the hospital grounds without authorization and without notifying staff of their intention to do so, however, the patient was in line of sight of staff or the staff had basic knowledge of the general whereabouts of the patient and pursued this general area until such time that the patient was re-directed to willingly return to the hospital safely.
3. AWOL: Refers to the term Absent Without Leave, which describes a patient who is not in his or her assigned location but is on grounds. For example, an unescorted patient who is assigned to attend an off-unit Occupational Therapy class but doesn't go and is on the Village Green instead.
4. Tobacco or Smoke-Free Areas: Hospital boundaries are considered tobacco and smoke free areas.

RESPONSIBILITY STATEMENT:

All staff, patients and visitors are responsible for complying with the boundaries set forth in this policy and procedure.

PROCEDURE:

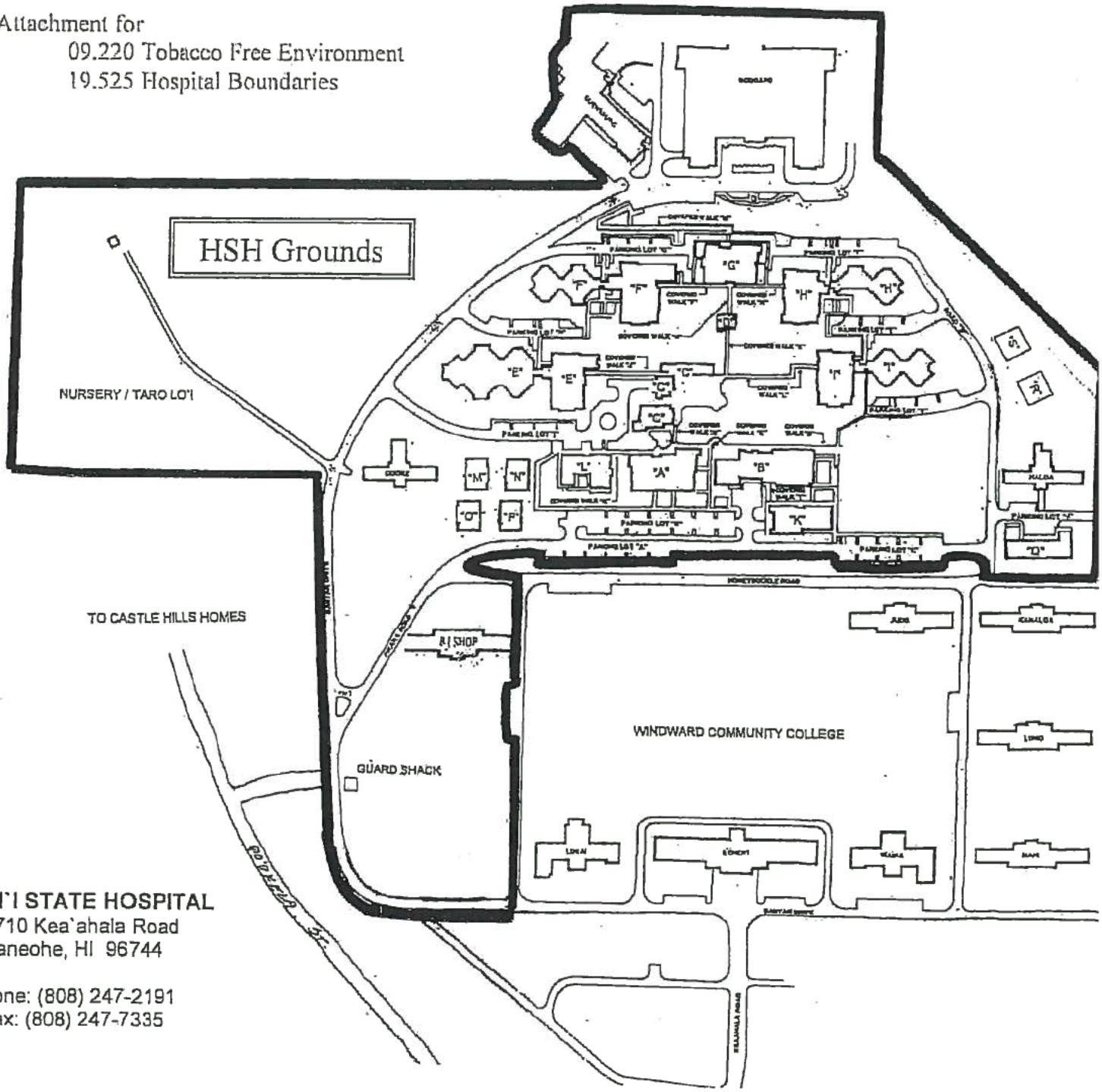
1. The attached map of Hawaii State Hospital delineates "Hospital Boundaries" for the purpose of determining AWOL and elopements, tobacco and smoke-free areas, and any other instances where "Hospital Boundaries" are in dispute regarding patients and staff at Hawaii State Hospital.
2. The "Hospital Boundaries" are adequately marked through signage to inform those entering and leaving the authorized Boundaries established in this policy and procedure.
3. A copy of the attached map of "Hospital Boundaries" is posted on each unit in an appropriate place to ensure each patient is aware of the grounds.
4. The "Hospital Boundaries" are reviewed with patients prior to issuance of patient passes/authorized absences, etc.

ATTACHMENT:

Map of HSH highlighting boundaries.

BE 11/06

Attachment for
09.220 Tobacco Free Environment
19.525 Hospital Boundaries



HAWAI`I STATE HOSPITAL
54-710 Kea`ahala Road
Kaneohe, HI 96744

Phone: (808) 247-2191
Fax: (808) 247-7335

Attachment "T"

Unit "I" Visitor Log
Sign In Sheet for Saito

Unit "I" Patient
Sign Out/In Sheet for Saito
05-01-17 to 11-12-17

Unit I
Visitor Log Sign In Sheet

16

PATIENT NAME: [redacted]

Date	Time IN	Time OUT	Visitor Name (Please PRINT)	Relationship	Phone #	Search/List of Items Brought In	Comments	Staff Nam
120	15:2[illegible]	17:30	[redacted]			Sushi		
1/21	15:2[illegible]	17:30						
1/22	15:2[illegible]	17:30						
1/25	12:45	14:30						
1/28	12:45	14:30						
~~[illegible]~~	~~[illegible]~~							
10/30	8:45pm	9:35pm						QC
10/30	8:45pm	9:35pm						QC

[redacted]

COPY

#16 [redacted]

DATE	LEVEL	DESTINATION	OUT	IN
11·11	3	grds/lunch/grds	1010	1150
11·11	3	grds	1215	130
11·11	3	grds/din/grds	330	600
11·12	3	bkfast	750	900
11·12	3	grds/lunch/grds	900	

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
10-30	3	gds/din/gym	440	60
10 31	3	bkfst	650	740
10-31	3	gds/din/gds	400	555
11.1	3	bkfst /	650	740
11.1	3	gds/din/gym	330	600
11.2	3	bkfst	740	745
11-2	3	gds/din/gym	330	600
11.3	3	bkfst /	650	735
11.3	3	gds/din/gds	330	525
11.4	3	bkfst /	750	859
11.4	3	gds/lunch/gds	1005	130
11.4	3	gds/din/gds	400	520
11-5	3	bkfst /	800	830
11.5	3	gds/lunch/gds	920	220
11.5	3	gds/din/gds	330	630
11.6	3	bkfst /	650	750
11.6	3	gds din/gym	330	540
11.7	3	bkfst /	700	745
11.7	3	gds/din/gym	330	614
11.8	3	bkfst /	650	725
11-8	3	gds/din/gym	330	550
11.9	3	bkfst /	1050	740
11.9	3	gds/din/gym	330	580
11-10	3	bkfst /	800	835
11.10	3	gds/lunch/gds	1005	1105
11.10	3	gds/lunch/gds	1125	1220
11.10	3	gds/din/gym	330	520
11.11	3	bkfst	750	85

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
10·20	3	bkfst	650	730
10·20	3	gods/dinn/gym	330	530
10·21	3	bkfst	800	830
10·21	3	gods/lunch/gods	915	1255
10·21	3	gods/dinn/gods	445	530
10·22	3	bkfst	750	830
10·22	3	gods/lunch/gods	915	155
10·22	3	gods/dinn/gym	330	455
10·23	3	bkfst	650	740
10·23	3	lunch	1110	200
10·23	3	gods/dinn	330	530
10·24	3	bkfst	700	810
10·24	3	gods/dinn/gods	330	555
10·25	3	bkfst	650	715
10·25	3	lunch	1110	1200
10·25	3	gods/dinn/gym	330	650
10·26	3	bkfst	650	740
10·26	3	lunch	1115	1150
10·26	3	gods/dinn/gym	330	600
10·27	3	bkfst	650	735
10·27	3	gods/dinn/gym	330	600
10·28	3	bkfst	758	830
10·28	3	gods/lunch/gods	915	1200
10·28	3	gods/dinn/gym	330	535
10·29	3	bkfst	950	1100
10·29	3	gods/lunch/gods	915	1150
10·29	3	gods/dinn/gods	330	600
10·30	3	bkfst	650	730

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
10·08	3	bkfst	750	825
10·08	3	gods/lunch/gods	1116	1216
10·08	3	gods/din/gods	1730	1855
10·09	3	bkfst	650	750
10·09	3	gods/din/Gym	330	500
10·10	3	bkfst	700	740
10·10	3	gods Din/gym	330	540
10·11	3	bkfst	1050	1135
10·11	3	gods/din/Gym	330	545
10·12	3	bkfst	1150	1230
10·12	3	gods/din/gym	1800	515
10·13	3	bkfst	650	735
10·13	3	gods/din/gym	330	644
10·14	3	bkfst	700	730
10·14	3	NAMI walk	750	1300
10·14	3	gods	1200	1250
10·14	3	gods/dinner/gym	330	535
10·15	3	bkfst	800	835
10·15	3	gods/lunch/gods	945	1225
10·15	3	gods/din/Gym	330	1600
10·16	3	bkfst	650	750
10·16	3	gods/din/gym	330	540
10·17	3	bkfst	650	730
10·17	3	gods/din/gym	330	945
10·18	3	bkfst	655	730
10·18	3	gods/din/gym	330	540
10·19	3	bkfst	650	735
10·19	3	gods/din/gym	330	735

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
9.23	3	gyde/din/gym	1410	530
9.24	3	brkfst	750	840
9.24	3	gyds/lunch/gyds	1015	135
9.24	3	gyds/din/gym	405	630
9.25	3	brkfst	705	735
9.25	3	gyds/din/gym	330	540
9.26	3	brkfst	650	735
9.28	3	gyds/din/gym	330	545
9.29	3	gyds/din/gym	330	545
9.30	3	brkfst	800	845
9.30	3	gyds/lunch/gyds	1015	1230
9.30	3	gyds/din/gyds	330	530
10.01	3	brkfst	800	850
10.01	3	gyds/lunch/gyds	915	230
10-01	3	gyds/din/gym	330	530
10.02	3	brkfst	700	740
10.02	3	gyds/din/gym	330	550
10.03	3	brkfst	715	750
10.03	3	gyds/din/gym	330	600
10.04	3	brkfst	700	735
10.04	3	gyds/din/gyds	330	535
10.05	3	brkfst	705	730
10.05	3	gyds/din/gym	330	545
10.06	3	brkfst	655	740
10.06	3	gyds/din/gym	330	530
10.07	3	brkfst	745	835
10.07	3	gyds/lunch/gyds	1040	100
10.07	3	gyds/din/gyds	330	540

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
9.11	3	brkfst	655	740
9.11	3	grds/din/ggm	330	525
9.12	3	brkfst	650	747
9.12	3	grds/din/grds	330	525
9.13	3	brkfst	650	740
9.13	3	grds/din/ggm	330	650
9.14	3	brkfst	650	745
9.14	3	grds/din/ggm	330	550
9.15	3	brkfst	650	730
9.15	3	grds/din/ggm	330	550
9.16	3	brkfst	700	815
9.16	3	grds/lunch/ggm	1030	1240
9.16	3	grds/din/ggm	330	520
9.17	3	brkfst	715	830
9.17	3	grds/lunch/grds	1210	205
9.17	3	grds/din/ggm	345	605
9.18	3	brkfst	650	740
9.18	3	grds/din/ggm	330	545
9.19	3	brkfst	650	740
9.19	3	grds/din/ggm	330	560
9.20	3	brkfst	650	720
9.20	3	grds/din/ggm	330	545
9.21	3	brkfst	650	735
9.21	3	grds/din/ggm	330	600
9.22	3	brkfst	650	735
9.22	3	grds/din/ggm	330	600
9.23	3	brkfst	835	850
9.23	3	grds/lunch/grds	1000	125

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
8:30	3	gds/din/gym	330	500
8:37	3	brkfst	645	745
8:31	3	gds/din/gym	330	530
9:1	3	brkfst	715	700
9:1	3	gds/din/gym	330	500
9:2	3	brkfst	710	710
9:2	3	gds/lunch/gds	1015	136
9:2	3	gds/din/gym	330	559
9:3	3	brkfst	830	900
9:3	3	gds/lunch/gds	1030	130
9:3	3	gds/din/gym	335	659
9:4	3	brkfst	800	855
9:4	3	gds/lunch/gds	915	150
9:4	3	gds/din/gds	415	530
9:5	3	brkfst	650	650
9:5	3	gds/din/gym	330	553
9:6	3	brkfst	650	743
9:6	3	gds/din/gym	330	500
9:7	3	brkfst	650	740
9:7	3	gds/din/gym	330	556
9:8	3	brkfst	650	741
9:8	3	gds/din/gym	330	545
9:9	3	brkfst	830	840
9:9	3	gds/lunch/gds	1030	130
9:10	3	gds/din/gym	330	600
9:10	3	brkfst	800	835
9:10	3	gds/lunch/gds	1000	105
9:10	3	gds/din/gym	330	545

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
8.18	3	gds/lunch/gds	1150	1430
8.18	3	gds/din/ggs	400	550
8.19	3	bkfst	745	830
8.19	3	gds/lunch/gds	1035	1205
8.19	3	gds/din/gds	400	600
8.20	3	bkfst	750	845
8.20	3	gds/lunch/gds	930	1130
8.20	3	gds/din/gds	330	500
8.21	3	bkfst	700	745
8.21	3	gds/din/gds	330	540
8.22	3	bkfst	650	730
8.22	3	gds/din/ggs	330	459
8.23	3	bkfst	700	750
8.23	3	gds/dinn/ggs	330	700
8.24	3	bkfst	710	745
8.24	3	gds/din/ggs	330	615
8.25	3	bkfst	655	730
8.25	3	gds/din/ggs	330	600
8.26	3	gds/lunch/gds	1000	110
8.26	3	gds/din/gds	330	500
8.27	3	bkfst	810	845
8.27	3	gds/lunch/gds	1000	1130
8.27	3	gds/din/gds	430	600
8.28	3	bkfst	655	730
8.28	3	gds/din/ggs	330	555
8.29	3	bkfst	600	730
8.29	3	gds/din/ggs	330	600
8.30	3	bkfst	655	745

RTS2011

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
05	3	gds/dinner/gds	400	540
7.6	3	brkfst	[illegible]	830
7.6	3	gds / lunch/gds	915	1230
7.6	3	gds/din/gym	530	700
7.7	3	brkfst	710	755
7.7	3	gds/din/gym	330	600
8.7	3	brkfst	650	750
8.8	3	gds/din/gym	330	545
8.9	3	brkfst	650	740
8.9	3	gds/din/gym	330	559
8.10	3	brkfst	650	745
8.10	3	gds/din/gym	330	557
8.11	3	brkfst	650	750
8.11	3	gds/din/gym	430	558
8.12	3	brkfst	800	1220
8.12	3	gds/din/gds	330	556
8.13	3	brkfst	750	850
8.13	3	gds/lunch/gds	950	230
8.13	3	gds/din/gym	530	900
8.14	3	brkfst	650	750
8.14	3	gds/din/gym	535	610
8.15	3	brkfst	650	752
8.15	3	gds/din/gym	530	658
8.16	3	brkfst	650	745
8.16	3	gds/din/gds	400	530
8.17	3	brkfst	650	730
8.17	3	gds/din/gym	330	535
8.18	3	brkfst	806	830

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
7.23	3	gyms/lunch/gyms	945	1[illegible]5
7.23	3	gyms/din/gym	330	600
7.24	2	breakfast	630	745
7.24	3	gyms/din/gym	330	[illegible]
7.25	3	breakfast	650	[illegible]
7.25	3	gyms/din/gym	300	[illegible]
7.26	3	breakfast	650	745
7.26	3	gyms/din/gym	340	558
7.27	3	breakfast	700	745
7.27	3	gyms/din/gyms	330	[illegible]
7.28	3	breakfast	650	735
7.28	3	gyms/din/gym	330	[illegible]
7.29	3	gyms/lunch/gyms	1030	1000
7.29	3	gyms/din/gym	330	[illegible]
7.30	3	breakfast	600	650
7.30	3	gyms/lunch/gyms	930	115
7.30	3	gyms/din/gym	330	[illegible]
7.31	3	breakfast	650	745
7.31	3	gyms/din/gyms	[illegible]	535
8.1	3	breakfast	645	[illegible]
8.1	3	gyms/din/gym	330	[illegible]
8.2	3	breakfast	650	[illegible]
8.2	3	gyms/din/gym	330	548
8.3	3	breakfast	650	745
8.3	3	gyms/din/gym	330	540
8.4	3	breakfast	650	735
8.4	3	gyms/din/gym	530	[illegible]
8.5	3	breakfast	754	800
8.5	3	gyms/lunch/gyms	1000	150

RTS2011

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
7.11	3	bkfst.	545	700
7.11	3	grds/din/gym	530	550
7.12	3	bkfst	645	735
7.12	3	grds/din/gym	330	545
7.13	3	bkfst	645	745
7.13	3	grds/din/gym	330	850
7.14	3	bkfst	650	735
7.14	3	grds/din/gym	330	700
7.15	3	bkfst	650	855
7.15	3	grds/lunch/grds	925	225
7.15	3	grds/din/grds	340	540
7.16	3	bkfst	800	825
7.16	3	grds/lunch/grds	945	1250
7.16	3	grds/din/gym	330	700
7.17	3	bkfst	650	730
7.17	3	grds/din/gym	330	505
7.18	3	bkfst	650	730
7.18	3	grds/din/gym	340	600
7.19	3	bkfst	650	745
7.19	3	grds/din/gym	330	600
7.20	3	bkfst	645	740
7.20	3	grds/din/gym	330	600
7.21	3	bkfst	650	740
7.21	3	grds/din/gym	330	545
7.22	3	bkfst	750	835
7.22	3	grds/lunch/grds	1030	1250
7.22	3	grds/din/grds	330	550
7.23	3	bkfst	800	850

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
6.30	3	lunch	1135	1159
6.30	3	grds/dism/grds	330	555
7.1	3	brkfst	830	840
7.1	3	grds/lunch/grds	1130	1155
7.1	3	grds/dism/grds	330	547
7.2	3	brkfst	740	840
7.2	3	grds/lunch/grds	100	130
7.2	3	grds/dism/grds	330	555
7.3	3	brkfst	600	730
7.3	3	[redacted]/dism/[redacted]	1115	[illegible]
7.3	3	grds/dism/gym	400	1000
7.4	3	brkfst	810	835
7.4	3	clubhouse	900	1045
7.4	3	dism/grds	446	530
7.5	3	brkfst	650	745
7.5	3	grds/dism/gym	330	[illegible]
7.6	3	brkfst	[illegible]	745
7.6	3	grds/dism/gym	330	600
7.7	3	brkfst	[illegible]	740
7.7	3	grds/dism/gym	330	558
7.8	3	brkfst	830	850
7.8	3	grds/lunch/grds	1000	1125
7.8	3	grds/dism/grds	330	555
7.9	3	brkfst	750	820
7.9	3	grds/lunch/grds	915	1140
7.9	3	grds/dism/gym	1100	1138
7.10	3	brkfst	[illegible]	750
7.10	3	grds/dism/gym	330	600

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
6.18	3	gds/lunch/gds	1130	730
6.18	3	gds/din/ggm	330	620
6.19	3	brkfst	650	750
6.19	3	gds/din/ggm	330	600
6.20	3	brkfst	645	735
6.20	3	gds/din/ggm	330	600
6.21	3	brkfst	600	740
6.21	3	gds/din/ggm	330	600
6.22	3	brkfst	650	730
6.22	3	gds/din/ggm	330	600
6.23	3	brkfst	650	740
6.23	3	gds/din/ggm	330	600
6.24	3	brkfst	750	830
6.24	3	gds/lunch/gds	1100	1155
6.24	3	gds/din/gds	400	525
6.25	3	brkfst	815	850
6.25	3	gds/lunch/gds	1115	100
6.25	3	gds/din/gds	415	600
6.26	3	brkfst	705	735
6.26	3	lunch	1110	1200
6.26	3	gds/din/ggm	325	548
6.27	3	brkfst	700	780
6.27	3	gds/lunch/ggm	330	600
6.28	3	brkfst	650	730
6.28	3	gds/din/ggm	330	554
6.29	3	brkfst	650	750
6.29	3	gds/din/ggm	348	545
6.30	3	brkfst	655	750

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
6.7	3	brkfst	650	745
6.7	3	gods/dinn/ggm	330	600
6.8	3	brkfst	725	755
6.8	3	gods/dinn/ggm	330	600
6.9	3	brkfst	650	735
6.9	3	gods/dinn/ggm	330	600
6.10	3	brkfst	805	900
6.10	3	gods/lunch/gods	1040	135
6.10	3	gods/dinn/ggm	330	600
6.11	3	brkfst	705	800
6.11	3	gods/lunch/gods	1015	230
6.11	3	gods/dinn/ggm	330	600
6.12	3	brkfst	750	820
6.12	3	gods/lunch/gods	1115	155
6.12	3	gods/dinn/gods	400	558
6.13	3	brkfst	655	747
6.13	3	gods/dinn/ggm	330	600
6.14	3	brkfst	710	740
6.14	3	gods/dinn/gods	330	800
6.15	3	brkfst	650	743
6.15	3	gods/dinn/ggm	330	600
6.16	3	brkfst	705	800
6.16	3	gods/dinn/ggm	330	600
6.17	3	brkfst	835	855
6.17	3	gods/lunch/gods	1105	100
6.17	3	gods/dinn/gods	400	600
6.18	3	brkfst	700	800
6.18	3	gods/lunch/gods	915	1075

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
5.26	3	brkfst	650	745
5.26	3	gyms/diw/gym	330	600
5.27	3	brkfast	730	830
5.27	3	gyms/lunch/gyms	930	1040
5.27	3	gyms/diw/gym	330	545
5.28	3	brkfast/lunch/gym	915	1015
5.28	3	gyms/diw/gym	330	700
5.29	3	brkfst	750	830
5.29	3	gyms/lunch/gyms	1130	1250
5.29	3	gyms/diw/gyms	330	535
5.30	3	brkfast	700	740
5.30	3	gyms/diw/gym	330	600
5.31	3	brkfst	650	735
5.31	3	gyms/diw/gym	330	558
6.1	3	brkfast	650	730
6.1	3	gyms/diw/gym	330	500
6.2	3	brkfast	705	730
6.2	3	gyms/diw/gym	330	545
6.3	3	brkfast	805	830
6.3	3	gyms/lunch/gyms	1030	1200
6.3	3	gyms/diw/gyms	330	540
6.4	3	brkfst	745	845
6.4	3	gyms/lunch/gyms	1015	1155
6.4	3	gyms/diw/gym	336	659
6.5	3	brkfst	710	745
6.5	3	gyms/diw/gym	330	600
6.6	3	brkfast	650	745
6.6	3	gyms/diw/gym	330	557

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
5.13	3	gyms/din/gym	330	600
5.[redacted]	3	brkfst	740	830
5.14	3	gyms/lunch/gyms	915	150
5.14	3	gyms/din/gym	335	500
5.15	3	brkfst	711	750
5.15	3	gyms/din/gym	330	600
5.16	3	brkfst	545	758
5.16	3	gyms/din/gym	330	600
5.17	3	brkfst	650	760
5.17		gym/din/gym	730	1000
5.18	3	brkfst	705	750
5.18	3	gyms/din/gym	330	600
5.19	3	brkfst	650	745
5.19	3	gyms/din/gym	330	600
5.20	3	brkfst	815	900
5.20	3	gyms/church/gyms	1045	1220
5.20	3	gyms/din/gyms	330	426
5.21	3	brkfst	760	805
5.21	3	gyms/lunch/gyms	915	1240
5.21	3	gyms/din/gyms	330	521
5.22	3	brkfst	750	745
5.22	3	gyms/dinner/gyms	330	600
5.23	3	brkfst	750	745
5.23	3	gyms/din/gym	330	515
5.24	3	brkfst	650	750
5.24	3	gyms/din/gym	330	600
5.25	3	brkfst	650	745
5.26	3	gym/dinn/gym	330	600

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
5·1	3	bkfst	655	740
5·1	3	[redacted] lunch	1115	1700
5·1	3	gym/din/gym	320	600
5·2	3	bkfst	650	730
5·2	3	gym/din/gym	330	600
5·3	3	bkfst	650	730
5·3	3	gym/din/gym	330	600
5·4	3	bkfst	650	745
5·4	3	gym/din/gym	330	550
5·5	3	bkfst	650	730
5·5	3	gym/din/gym	330	600
5·6	3	bkfst	750	830
5·6	3	gym/lunch/gym	955	130
5·6	3	gym/din/gym	405	555
5·7	3	bkfst gym/lunch/gym	1000	230
5·7	3	gym/din/gym	330	600
5·8	3	bkfst	650	740
5·8	3	gym/din/gym	330	600
5·9	3	bkfst	650	750
5·9	3	gym/din/gym	330	600
5·10	3	bkfst	650	747
5·10	3	gym/din/gym	330	600
5·11	3	bkfst	650	730
5·11	3	gym/din/gym	330	600
5·12	3	bkfst	720	750
5·12	3	gym/din/gym	330	600
5·13	3	bkfst	750	840
5·13	3	gym/lunch/gym	946	200

Attachment "U"

Multiple Patients' Sign Out Sheet Unit "I"

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 8

Date	Level	Destination	Time OUT	Time IN
7/23/2021	1	PIP	4:00	
7/24/2021	1	PIP	4:00	
7/25/2021	1	PIP	4:00	
7/26/2021	1	PIP	4:00	
7/26/2021	1	PIP	4:00	
7/27/2021	1	PIP	4:00	
7/28/2021	1	PIP	4:00	
7/29/2021	1	PIP	4:00	
7/30/2021	1	PIP	4:00	
8/2/2021	1	PIP	4:00	
8/3/2021	1	PIP	4:00	
8/4/2021	1	PIP	4:00	
8/5/2021	1	PIP	4:00	
8/6/2021	1	PIP	4:00	
8/9/2021	1	PIP	4:00	
8/10/2021	1	PIP	4:00	
8/10/2021	2	PIP	4:00	
8/11/2021	2	PIP	4:00	
8/12/2021	2	PIP	4:00	
8/13/2021	1	PIP	4:00	
8/16/2021	1	PIP	4:00	
8/17/2021	1	PIP	4:00	
8/18/2021	1	PIP	4:00	
8/19/2021	1	PIP	4:00	
8/20/2021	1	PIP	4:00	
8/23/2021	1	PIP	4:00	

	1	P,P	4:00
	3	P,P	4:00
	3	P,P	4:00
	3	P,P	4:00
	3	P,P	4:00

3	P,P	4:00
3	P,P	4:00
3	Chord	4:00

PATIENT Sign-Out Sheet

PATIENT NAME [redacted] TOKEN # 14

Date	Level	Destination	Time OUT	Time IN
9/13	B	NA	6:50	8:00
9/17	B	DDA	6:48	8:00
9/18	B	Roberto PIP	4:00	5:00
9/19	B	NA	6:50	8:00
9/20	B	DDA	6:50	8:00
09/24	B	Church	0945	1045
10/01	B	Church	9:54	10:30
10/04	B	NA Meeting	8:55	8:00
10/08	B	Church	9:55	10:40
10/08	B	NA	8:55	10:00
10/15	B	church/VG	9:55	
10/17	B	AA Walking	6:50	8:30
10/24	B	AA	6:55	8:00
10/31	B	AA	7:00	8:00
11/01	B	NA	4:00	8:00
11/01	B	DDA	4:00	8:00
11/5/17	B	Church	10:00	10:35
11/7/17	B	AA	6:50	8:00

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 14

Date	Level	Destination	Time OUT	Time IN
7/09/17	B	Church	9:55	10:35
7/12/17	B	NA	6:55	8:00
7/13/17	B	DDA	6:55	8:00
7/16/17	B	Church	9:55	10:45
7/18/17	B	AA	6:58	8:00
7/19/17	B	DDA	6:55	8:00
7/30/17	B	Church	9:55	10:40
8/01/17	B	AA	7:0	8:00
8/6/17	B	Church	10:00	10:45
8/7/17	1	Movie	12:10	2:30
8/7/17	1	PIP	4:00	4:15
8/8/17	1	PIP	4:00	4:10
8/14/17	1	DDA	6:55	8:00
8/21/17	1	AA	6:50	8:00
8/27	1	NA	6:50	8:00
8/28	1	DDA	6:55	8:00
8/27	1	Church	9:55	10:45
8/29	1	AA	6:55	8:00
8/30	B	NA	6:50	8:00
9/6/17	B	NA	7:00	8:00
9-9	B	Church	10:00	
9-12	B	AA	6:50	

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 3

Date	Level	Destination	Time OUT	Time IN
11/1/17	3	PiPStart	4:03	4:43
11/2/17	3	PiPStart	4:03	
11/3/17	3	PiPStart	4:03	
11/5/17	3	church	10:23	10:32
11/6/17	3	PiPStart	4:03	
11/7/17	3	PiPStart	4:03	
11/8/17	3	PiPStart	4:03	
11/9/17	3	PiPStart	4:03	
11/12/17	3	church	10:02	10:52

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # _____

Date	Level	Destination	Time OUT	Time IN
9/6/17	1	PIP start	4:00	
9/3/17	1	church	10:00	
9/3/17	1	Movie	12:02	
9/5/17	1	PIP start	4:02	
9/6/17	1	PIP start	4:02	
9/7/17	1	PIP start	4:02	
9/8/17	1	PIP start	4:02	
9/10/17	1	church	10:02	
9/11/17	2	PIP start	4:02	
9/12/17	2	PIP start	4:03	
9/14/17	2	PIP start	4:02	
9/15/17	2	PIP start	4:03	
9/17/17	2	Movie	12:02	2:02
9/18/17	2	PIP start	4:02	
9/19/17	2	PIP start	4:03	
9/20/17	2	PIP start	4:03	
9/21/17	2	PIP start	4:03	
9/22/17	2	PIP start	4:02	
9/24/17	2	church	10:03	1pm
9/25/17	2	PIP start	4:03	
9/26/17	2	PIP start	4:03	
9/28/17	2	PIP start	4:03	

PATIENT Sign-Out Sheet

PATIENT NAME: _____ TOKEN # 11

Date	Level	Destination	Time OUT	Time IN
9-11	2	pip	4:05 pm	
9-12	2	pip	4:03 pm	
9-13	2	pip	3:55 pm	
9-13	2	Auditor	5:55 pm	
9-14	2	pip	4:11 pm	
9-15	2	pip	3:55 pm	
9-18	2	pip	3:55 pm	
9-19	2	Bingo	4:50 pm	
9-19	2	pip	4:00 pm	
9-20	2	pip	4:00 pm	
9-21	2	pip	3:56	
9-22	2	pip	4:03	
9-25	2	pip	4:01	
10-1	2	Church	9:50 am	
10-2	2	pip	4:00	
10-5	1	pip	4:00 pm	
10-11	1	pip	3:55 pm	
10-22	1	Church	10:00 am	
11-5	1	pip	4:05 pm	
11-6	1	pip	4:00 pm	
11-6	1	GYM	6:00 pm	7:66 pm
11-7	1	pip	3:56 pm	

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN #

Date	Level	Destination	Time OUT	Time IN
8-20	1	Church	9:55 AM	
8-21	1	pip st	4:00 pm	
8-21	1	Bingo	6:35 pm	
8-22	1	pip	4:00 pm	
8-23	1	pip	4:00 pm	
8-23	1	Audubon	6:00 pm	
8-24	1	pip	4:00 pm	
8-25	1	pip	4:03 pm	
8-26	1	Church	9:55 AM	10:45 AM
8-28	1	pip	3:55 pm	
8-28	1	Karaoke	6:00 pm	
8-29	1	pip	4:00 pm	
8-30	1	pip	4:00 pm	
4:00 8-31 pm	1	pip	4:00 pm	
4:05 pm 9-1	1	pip	4:05 pm	
9-3	1	movie	12:20 pm	
9-5	1	pip	4:05 pm	
9-6	1	pip	4:00 pm	
9-7	1	pip	4:00 pm	
9-8	1	pip	4:00 pm	
9-9	1	pip	4:01 pm	

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 6

Date	Level	Destination	Time OUT	Time IN
7/3/17	3	GYM	6:00 pm	7:20 pm
7/7/17	3	PIP STORE	4:00 pm	4:30 p
7/6/17	3	DDAD	7:00 pm	8:10 pm
7/10/17	3	PIP STORE	4:00 pm	4:20 p
7/13/17	3	DDAD	7:00 pm	8:10 pm
7/17/17	3	~~PIP STORE~~ PIP STORE	~~4:00 pm~~ 4:00 pm	~~4:30 pm~~ 4:30 pm
7/17/17	3	GYM	6:00 pm	7:00 p
7/20/17	3	DDAD	7:01 p	8:10 p
7/24/17	3	GYM	6:00 pm	7:10 pm
7/27/17	3	DDAD	7:00 pm	8:15 pm
7/28/17	3	PIP STORE	4:00 pm	4:25 p
7/30/17	3	CHURCH	10:00 am	11:00 am
7/31/17	3	GYM	6:00 p	7:00 p
8/3/17	3	DDAD	7:00 pm	8:10 pm
8/6/17	3	CHURCH	10:00 am	
8/7/17	3	GYM	6:00 pm	7:15 pm
8/10/17	3	DDAD	7:00 p	8:10 p
8/11/17	3	PIP STORE	4:00 pm	4:30 pm
8/13/17	3	CHURCH	10:00 am	11:00 am
8/17/17	3	DDAD	7:00 pm	8:10 pm
8/20/17	3	CHURCH	10:00 am	
8/24/17	3	DDAD	7:00 pm	8:10 pm

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 6

Date	Level	Destination	Time OUT	Time IN
8/28/17	3	PIP STORE	4:00pm	4:30 p
8/28/17	3	GYM	6:00 p	7:10 p
8/30/17	3	D.D.A.D	7:00p	8:10pm
9/3/17	3	CHURCH	10:00a	11:00 a
9/7/17	3	D.D.A.D.	7:00 pm	8:10 pm
9/11/17	3	CHURCH	10:00 a	11:00 a
9/13/17	3	PIP STORE	4:00 pm	4:35 pm
9/13/17	3	PIP STORE	4:00p	4:35p
9/14/17	3	D.D.A.D	7:00 pm	810 pm
9/18/17	3	GYM	6:00 pm	7:10 pm
9/19/17	3	PIP STORE	4:00 pm	4:30 pm
9/21/17	3	D.D.A.D	7:00 pm	8:10 pm
9/24	3	Church	0945	1035
9/25/17	3	GYM	6:00 p	7:10 pm
10/1/17	3	CHURCH	09:45a	10:35a
10/2/17	3	GYM	6:00p	7:10p
10/9/17	3	PIP STORE	4:00p	4:30p
10/16	3	GYM	6:00p	7:10p
11/19/17	3	D D A	7:00p	8:10p
10/23/17	3	GYM	6:00 pm	7:10 pm
10/24/17	3	PIP STORE	4:00 pm	4:30 p
10/26/17	3	D.D.A.D.	7:00 pm	8:10 p

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] ____________ TOKEN # 6

Date	Level	Destination	Time OUT	Time IN

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted]KEN # 4

Date	Level	Destination	Time OUT	Time IN
11/9	B	DDA	7:00	8:15

Adam R. #3

PATIENT SIGN OUT SHEET

DATE	PATIENT NAME	LEVEL: (B,1,2,3,4)	DESTINATION	TIME OUT	TIME IN
6-12-15	[redacted]		PiP	4:00	
07-22-15			Pip —	4:00	
10/7/2015		4:00	PiP Store	4:00	
12/1/15		" "	" "	N	

PATIENT Sign-Out Sheet 20 19

PATIENT NAME: [redacted] TOKEN # 19

Date	Level	Destination	Time OUT	Time IN
08/23/2017	2	PIP Store	04:00	04:20
08/23/2017	2	DDA	06:00	08:00
08/25/2017	2	PIP Store	04:00	04:20
8/29/2017	2	AA meeting	07:00	08:00
08/30/2017		AA meeting	07:00	
9/03/2017	B	Church	0710	0:11
9/05/2017	1	PIP Store	04/00	04/20
9/5/2017	1	AA meeting	07/00	08/00
9/6/2017	1	PIP store	4:00	4:40
9/6/2017	1	meeting	7:00	8:00
9/7/2017	1	PIP	4:00	4:20
9/7/2017	1	meeting	7:00	8:00
9/8/2017	2	PIP Store	4:00 PM	4:200 PM
9/10/2017	2	Church	10:00AM	
9/11/2017	2	PIP Store	4:00 PM	4:20
9/12/2017	R3	PIP Store	4:00	4:20
9/13/2017	3	Karaoke	6:00	7:00
9/14/2017	3	PIP store	4:00	4.20
9/17/2017	03	"	"	"
9/18/2017	3	"	"	"
9/18/2017	3	Bingo	5:45	
9/18/17	3	PIP store	4:00	4:20
9/20/17	3	AA meeting	6:00	7:00
9/21/17	2	PIP store	4:00	4:20
9/22/17	2	"	"	"

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 19.

Date	Level	Destination	Time OUT	Time IN

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 19

Date	Level	Destination	Time OUT	Time IN
1/28/17 2/14/17	3	Pip Store	4pm	
2/14/17	3	Pip Store	4p.m.	
2/14/17	3	Pip Store	4pm	
2/14/17	3	Pip Store	4pm	
9/25/17	2	Pip Store	4p.m	
2/14/17	3	Pip Store	4pm	
2/14/17	3	Pip Store	4p.m	
2/14/17	3	Pip Store	4pm	
2/14/17	3	Pip Store	4pm	
2/14/17	3	Pip Store	4pm	
2/14/17	3	Pip Store	4pm	

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 17

Date	Level	Destination	Time OUT	Time IN
6/07/17	B	DDA	6:45	
6/15/17	1	Day Stay	6:00	2pm
7/18/17	B	DDA	7:00	
7/19/17	B	NA	6:500	
7/20/17	B	DDA	6:50	
7/23/17	B	AA	6:50	
7/24/17	B	NA	6:50	
8/2/17	B	NA	6:50	
8/6/17	B	AA	6:50	
8/7/17	B	NA	6:50	
8/15/17	B	AA	6:45	
8/16/17	B	NA	6:45	
8/22/17	B	AA	6:50	
8/23/17	B	NA	6:45	
9/6/17	B	NA	7:05	

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 20

Date	Level	Destination	Time OUT	Time IN
9/12/2017	2	AA meeting	6:00	7:05
9/13/2019	2	PIP Store	4:00 PM	4:20PM
9/15/2017	"	"	"	"
9/20/17	3	"	"	"
9/24/17	2	church	09:45	10:35
9/25/17	2	PIP store	4:00	4:25
9/24/17				
9/24/17				
9/24/17				
9/24/17				
9/24.				
9/28/17.	2	PIP stor.	4:00	4:20
10/01/17	3	Church	9:50	10:35
10/01/2017	2	movie	12:10	4
10/03/2017	2	PIP Stoer	4:00	4:20
10/03/2017	2	AA meeting	07:00	8:00
10/04/2017	2	PIP store	04:00	4:20
10/04/2017	2	AA meeting	07:00	
10/05/2017	2	PIP store.	04:00	04:20
10/05/2017	2	AAmeeting	07:00	08:00
10/7/2017	2	PIP store	04:00	04/20
10/26/17	2	PIP store	04:00	04/20

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 21

Date	Level	Destination	Time OUT	Time IN
JUN 21 2017	2	GYM	6:00	7:00
JUL 17 11	11	11	11	11
JUL 19 2017	11	OUTING	11:45	7:00
7/24/17	11	GYM	6:00	7:00
8/16/17	11	outing	1400	
8/23		outing	1345	
11/30/17	11	11	11	11
SEP 18 2017	11	GYM	6:00	7:00
28 11	11	11	11	11
11 29 11	11	PIP STORE	4:00	4:15
OCT 2 11	11	GYM	6:00	7:00
OCT 12 11	11	PIP STORE	4:00	4:15
OCT 13 11	11	11	11	11
OCT 16 11	11	11	6:00	700
11 30 11	11	11	4:00	4:15
11 22 11	11	GYM	6:00	7:00
11 24 11	11	PIP STORE	4:00	4:15
11 28 11	11	11	11	11
11 30 11	11	11	11	11
11 11 11	11	GYM	6:00	7:00
11 3 11	11	PIP STORE	4:00	4:15
NOV 6 2017	11	11	11	11

PATIENT Sign-Out Sheet

PATIENT NAME: ______________________ TOKEN # **21**

Date	Level	Destination	Time OUT	Time IN
NOV 6	-2	GYM	6:00	7:00
11/7/17	11	PIP STORE	4:00	4:15

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 24

Date	Level	Destination	Time OUT	Time IN
8-23-17	1	PIP store	4:01	
8-24-17	1	P.I.P. Store	4:01	
8-25-17	1	PIP store	4:03	
8-27-17	1	Church	10:00	
8-27-17	1	KARAOKE AUDITORIUM	6:00	
8-27-17	1	PIP STORE	4:00	
8-29-17	1	PIP STORE	4:00	
9-1-17	1	PIP STORE	4:04	
9-3-17	1	MOVIE	12:17	
9-4-17	1	PAP store		
9-5-17	1	PIP Store	4:00	
9-5-17	1	Karaoke	6:19	
9-6-17	1	PIP store	4:00	
9-8-17	1	PIP store	4:00	
9-9-17	1	PIP Store	4:00	
9-12-17	1	PIP Store	4:00	
9-13-17	2	Karaoke	5:55	
9-14-17	2	PIP STORE	4:00	
9-15-17	2	PIP Store	4:00	
9-17-17	2	AUDITORIUM MOVIE	12:10	2:08
9-18-17	2	PIP STORE	4:00	
9-19-17	2	PIP Store	4:00	

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 8

Date	Level	Destination	Time OUT	Time IN
9/5/2016	1	7VP	4:00	
9/6/2016	1	7N2P	4:00	
9/7/2016	1	7N1P	4:00	
9/8/2016	1	7N1P	4:00	
9/9/2016	1	7N2P	4:00	
9/10/2016	1	7N1P	4:00	
9/12/2016	1	7N1P	4:00	
9/13/2016	1	7N1P	4:00	
9/16/2016	1	7N1P	4:00	
9/17/2016	1	7N1P	4:00	
9/17/2016	1	7N1P	6:01	
9/17/2016	1	7N1P	4:00	
9/18/2016	1	7N1P	4:00	
9/21/2016	1	7VP	4:00	
9/22/2016	1	7N1P	4:00	
9/25/2016	1	7N1P	4:00	
9/27/2016	1	7VP	4:00	
9/28/2016	1	7N1P	4:00	
9/29/2016	1	7N1P	4:00	
9/30/2016	1	7N2P	4:00	
10/1/2016	1	7VP	4:00	
10/2/2016	1	7N1P	4:00	
10/3/2016	1	7VP	4:00	
10/4/2016	1	7VP	4:00	
10/5/2016	1	7VP	4:00	

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 27

Date	Level	Destination	Time OUT	Time IN
11/17/2017	1	Church	1000	1340
11/19	1	[illegible]	430	

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 27

Date	Level	Destination	Time OUT	Time IN
8/10/17	D	Church	1000	10:47
9/10/17	[illegible]	[illegible]	[illegible]	[illegible]
9/17/17	1	Movies	12:06	2:03
9/24	1	Church	0945	1025
[illegible]	1	[illegible]	[illegible]	
10/1/17	1	Church	9:50	
10/1/17	1	Movies	12 10	
10/8/17	[illegible]	[illegible]		430
[illegible]		[illegible]	[illegible]	7:32
11/5/17	B	church	10:00	
11/15	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]		[illegible]		

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 29

Date	Level	Destination	Time OUT	Time IN
10/13/2017	1	PIP STORE	4 pm	420 pm
10/24	1	PIP STORE	4 pm	
10/25	1	Pip Store	4 PM	
10/26	1	pip store	4pm	
10/29	1	CHURCH	9:45 a.m	
10/30	1	Pip store	4 PM	
10/31	1	PIP STORE	4 pm	
~~10/~~ 11/1	1	pip store	4pm	420 pm
11/2	1	Pip Store	4pm	
11/3	1	pip store	4PM	
11/5/17	2	Church	10:00	1035
11/6	2	pip store	4pm	425 pm
11/7	2	PIP STORE	4 pm	425 pm
11/8	2	Pip STORE	4 pm	425 pm
11/9	2	pip store	4 pm	425 pm
11/12	2	church	10 am	1050 am

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 30

Date	Level	Destination	Time OUT	Time IN
JN	1	PIP STORE	10	45
JN 5th	1	12	11	37
6	1	21	21	35
7	1	12	01	11
8	1	11	12	16
9-12	11	1	10	51
9-13	11	11	11	17
9-14	9	11	11	11
9-15	11	11	11	11
111	11	11	11	11
9-10	11	11	10	1
9-15	11	11	11	11
9-16	11	11	13	15

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 31

Date	Level	Destination	Time OUT	Time IN
5-16-17	2	Bingo	6 OC.	
5-27-17	2	P/P store	4 OO	
6-18-17	3	movie	12:04	2:C
6-19-17	3	Bingo	5:53	
7/6-17	3	Church	10.00	20-35
7-17-17	3	P/P store	4:00	4.22
7-17-17	3	Bingo	6.00	4:24
7-18-17	3	P/P store	4.00	4.1C
7-19-17	3	P/P store	4 0.0	4 2>
7-20-17	3	P/P store	4 1.0	4 D
7-24-17	3	P/P store	4 0.00	4.00
7-24-17	3	P/P store	4 0.00	
8-21-17	3	Bingo Park	6:25	
8-18-17	3	Bingo	6-00	
~~10-4-17~~	~~3~~	~~Bingo~~	~~5.00~~	

PA[redacted] Sheet

TOKEN # ________

Date	Level	Destination	Time OUT	Time IN
9/13/17	1	Pip Stage	4:00	
9/14/17	1	Pip Stae	4pm	

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 32

Date	Level	Destination	Time OUT	Time IN
10/1/17	1	P.S.	4:09	
10/5/17	1	P.S.	4:07	
8/8				
10/11/17	1	Pip store	4:05	4:25
10/13/17	1	Qwik.	4:55	
9/13/17	1	Pip store	4:15	
9/22/17	2	Pip st.	4:40	
9/24	B	Church	0945	1021
10/1		church	955	

PATIENT Sign-Out Sheet

PATIENT NAME: [redacted] TOKEN # 33

Date	Level	Destination	Time OUT	Time IN
9/6/17	1	NA Meeting	7:00	
9/21/17	0	"	"	
10/9/17	2	P. Store	4:00	
10/4/17	2	P. Store	4:00	
10/13/17	2	P. Store	4:00	
10/27/17	2	P. Clark	4:00	
10/20/17	2	P. Clark	4:10	
10/23	2	P. Clark	4:15	
10/26	3	P. Clark	4:15	
10/31	3	P. Clark	4:10	
11/1/17	3	P. Clark	4:15	
11/6/17		P. Clark	4:10	
11/7/17	2	P. Clark	4:00	
11/9/17	2	P. Clark	4:06	

Attachment "V"

Medical Services Annual History & Physical

HAWAII STATE HOSPITAL

MEDICAL SERVICES
ANNUAL HISTORY & PHYSICAL

Patient Name: [redacted] CR#: [redacted]

[redacted]

[redacted]

CONFIDENTIAL

****

Not for Public Release

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DO NOT COPY

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DRAFT

A.G. No. 17-4571

ADMINISTRATIVE INVESTIGATION

HAWAII STATE HOSPITAL

Binder 3 of 4

A.G. 17-4571
ADMINISTRATIVE INVESTIGATION
HAWAII STATE HOSPITAL

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Attachment "W"

Exhibits 'A' to 'V'

Exhibits Legend

A – Patient Rounds SOP / Blank Patient Hourly Rounds Form

B – Elopement, Elopement Attempt & AWOL

C – Unit "I" Filled-In Patient Hourly Rounds Form

D- Nursing Supervisor's Elopement/AWOL Worksheet

E – Witness Statement Form – [redacted]

F – Lines of Accountability/Responsibility of Direct Care Nursing Staff

G – Staff/Patient Care Assignment Sheet POD 3 Unit "I" 7-3 & 3-11 Shifts

H – Master Patient /Staff Assignment Sheet, 7-3 & 3-11 Shifts

I- Patient Call-In Log Sheet Patients on Unescorted Status

J – HSH P&P Visitors #4.625

K – HSH P&P Contraband & Searches 9.235/Items Allowed in Unit 23.731

L – HSH P&P Pt. Personal Belongings/Valuables 12.031

M – HSH P&P Pt. Trust Accnt. 12.020/Access Personal Funds 4.505

N – HSH P&P Telephone & Mail (Pt. Related) 4.550

O – HSH P&P Personal Mobile Devices 13.060

P – HSH P&P Relationship Security 12.310

Q – HSH P&P Hospital Boundaries 19.525

R – Unit "I" Sign In/Out Log

S – HSH Patient Event Report

T – Unit I POD 1 Patient Hourly Rounds (Revised Post Escape)

U – Photo of [redacted] Signing Log Unit "I"

V – Master Recovery Plan for [redacted]

HAWAII STATE HOSPITAL
STANDARD OPERATING PROCEDURES

NURSING

SUBJECT: PATIENT ROUNDS

Nursing SOP No. 23.995
Effective Date: 10/96
History:
Revised: 4/97, 5/01, 6/01, 9/01, 5/05; 7/07; 8/14
Reviewed: 8/09, 10/11, 04/13

REFERENCE:

HSH P&P #04.347 Supervision Status; National Patient Safety Goal #15 (The Joint Commission)

APPROVED:

[redacted]
Director of Nursing Services

[redacted]
HSH Medical Director

PURPOSE: To describe the method used for monitoring and documenting the status of patients at Hawaii State Hospital. Patients are accounted for using an hourly checklist for the following reasons:

1. To observe and monitor assigned patients for deviations from baseline behavior.
2. To report and document changes from baseline in a timely manner so that appropriate interventions can be implemented.
3. To provide all shift staff and senior clinicians an overview of patients' status for a 24-hour period.
4. To maintain a therapeutic milieu.

DEFINITIONS:

Nursing Staff – Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Psychiatric Technicians (Psych. Techs), Para Medical Assistants (PMAs)

Rounds – the act of seeing patients in the hospital or another in-patient setting

RESPONSIBILITY:

1. Charge nurses are responsible for assigning staff to do patient rounds and for personally completing patient rounds at least twice per shift.

2. Nursing staff are responsible for ensuring the patient's condition/status are recorded. Staff doing rounds when the patient is sleeping must actually see (visualize) the patient's face or body part to ensure the patient is actually there and breathing.

HAWAII STATE HOSPITAL STANDARD OPERATING PROCEDURES NURSING	Nursing SOP No.: 23.995 PATIENT ROUNDS Page: 2 of 3

PROCEDURE:

1. Frequency
   A. On Unit
      - All units will conduct rounds every shift
      - Rounds occur at a minimum of once every hour

   B. Transportation to and from the Rehabilitation Treatment Mall
      - Before leaving the units, all patients are accounted for by a unit staff member, with another head count being taken upon arrival to the assigned Rehab Mall homeroom
      - At the end of the Mall day, a head count of the patients is taken at the assigned Rehab Mall homeroom and then patients are escorted or driven back to their units, with another head count conducted once on the units.

   C. During Mall
      - Attendance checks are performed throughout the day and recorded on rosters that are collected and kept in the Mall Office.
      - At a minimum, attendance checks occur at every homeroom and class location. These checks are completed by homeroom staff and class instructors respectively.

   Note:
   Frequency may be increased if the patient's acuity or other circumstances change. A change in frequency can be for a period as recommended by the treatment team.

2. Documentation will identify the patient's presence or absence as well as the patient's activity at the time of the check. If the patient is sleeping, a check is done on the patient's breathing by checking the patient's respiration through observation (rise and fall of chest or movement of patient), listening for breath sounds or snoring.

3. Patients that are unaccounted for are reported immediately to the patient's team leader, charge nurse, or Response Team nurse, and a search is done to locate the patient. Staff reporting unaccounted patients via phone transmissions must verify that the message was received, so that a thorough search will be conducted immediately.

PERSONNEL: RPNs, LPNs, Psych. Techs, PMAs

HAWAII STATE HOSPITAL STANDARD OPERATING PROCEDURES NURSING	Nursing SOP No.: 23.995 PATIENT ROUNDS Page: 3 of 3

ATTACHMENT:

- Guidelines for Completing Patient Rounds
- Patient Hourly Rounds Form
- Hourly Rounds Definition

AUTHOR/REVIEWING GROUP: NEC/RB 06/20/07
Reviewed: NEC/RB 08/04/09 (added NPSG 15)
Reviewed: NEC/RB 10/07/11; NEC/RB 04/08/13
Revised: NEC/EG 8/08/14

GUIDELINES FOR COMPLETING PATIENT ROUNDS

ALL STAFF ARE RESPONSIBLE FOR DEMONSTRATING PATIENT ROUNDS TO THE CHARGE NURSES AND SIGNING THE DEMONSTRATION SHEET. ALL QUESTIONS WILL BE DIRECTED TO THE CHARGE NURSES WHILE ROUNDS ARE DONE.

1. QUIETLY ENTER THE DORM ROOM.

2. IF UNABLE TO SEE THE PATIENT, SHINE THE FLASHLIGHT ON THE CEILING OR THE WALL AND NOT DIRECTLY ON THE PATIENT.

3. CHECK TO SEE (EYEBALL) THE PATIENT IS IN THE ROOM AND CHECK FOR BREATHING BY THE RISE AND FALL OF THE CHEST OR MOVEMENT OF THE PATIENT OR LISTENING FOR BREATH OR SNORING SOUNDS.

4. IF UNABLE TO CHECK THE PATIENT BY DOING #2 AND #3 ABOVE, SHINE THE FLASHLIGHT DIRECTLY (PREFERABLY NOT ON THE FACE) ON THE PATIENT TO DO CHECKS.

5. LOG OBSERVATIONS ON THE PATIENT ROUNDS CHECKLIST ONLY AFTER ENSURING YOU HAVE SEEN THE PATIENT AND HAVE CHECKED FOR BREATHING.

UNIT______

PATIENT HOURLY ROUNDS

DATE______

Room	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
	CN / RN Designee Initials (twice per shift):																								
	Staff Initials:																								
	CENSUS:								11-7 / 7-3 Initials								7-3 / 3-11 Initials								3-11 / 11-7 Initials

NIGHT: 2200-0600	ON UNIT CODES	CODES	OFF UNIT CODES		My signature/ initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995
A= Awake BR= Bathroom D= Disruptive LN= Late night RQC= Resting quietly/ Respiration confirmed Other:______ Other:______	AG= Activities/Groups BR= Bathroom CY= Courtyard DR= Dorm G= Grooming M= Meals U= Unit/Dayroom Other:______ Other:______	1:1= 1:1 Supervision DS= Designated Staff Q15= Q15 minute checks DISCHARGED= Discharged I= 1:1 w/staff or MD QT= Quiet Time R= Restraints SE= Seclusion T= Transfer V= Visitor Other:______	AL= Administrative Leave CT= Court DP= Day Program EDR= Esc. Dining Room EG= Escorted Grounds EL= Extended Leave EOF= Esc. Off Grounds HR= Home Room IT= Work MC= On Grounds Clinic OA= Off Grounds Clinic/Appt. OT= Occupational Therapy	P= Pass PIP= PIP store PT= Physical Therapy RT= Recreational Therapy SC= Sick Call TM= Treatment Mall UDR= Unescorted Dining Room UG= Unescorted Grounds UOG= Unescorted Off Grounds VG= Village Green Other:______	SIGNATURE and Title / Init.

01/13/17HV

HOURLY ROUNDS DEFINITION

	CODES	MEANING	DEFINITION
NIGHT SHIFT	A	Awake/Quiet	Patient is awake, but not disruptive.
	BR	Bathroom	Patient is in the bathroom.
	D	Disruptive	Patient is awake and disruptive.
	LN	Late Night	Patient is participating in late night activity.
	RQC	Resting Quietly/Respiration Confirmed	Patient appears to be sleeping and breathing was visually confirmed.
ON UNIT	AG	Activities/Groups	Patient is attending a planned activity.
	BR	Bathroom	Patient is in the bathroom.
	CY	Courtyard	Patient is in the courtyard.
	DR	Dorm	Patient is in their unit assigned room.
	G	Grooming	Patient is participating in ADL's.
	M	Meals	Patient is eating their meal on the unit.
	U	Unit/Dayroom	Patient is on the unit and/or in the dayroom.
CODES	1:1	1:1 Supervision	Patient is supervised by a 1:1 staff. When code is used, refer to the Special Precautions Checklist form.
	D/S	Designated	Patient is supervised by a designated staff. When code is used, refer to the Special Precautions Checklist form.
	I	1:1 w/staff or MD	Patient is meeting with a staff for a 1:1 session. (Psychiatrist, psychologist, social worker, etc.)
	QT	Quiet Time	Patient taking voluntary time alone in a decreased stimuli area.
	R	Restraints	Patient is in restraints. When code is used, refer to the seclusion/restraint monitoring form.
	SE	Seclusion	Patient is in seclusion. When code is used, refer to the seclusion/restraint monitoring form.
	TT	Tx. Team/RPR	Patient is meeting with their treatment team regarding an issue or monthly RPR.
	V	Visitor	Patient is meeting with a visitor.
OFF UNIT	AL	Administrative Leave	Patient has been discharged to another facility for medical reasons, but is expected to return when stable.
	CT	Court	Patient is attending court.
	DISCHARGED	Discharged	Patient is in the process of being discharged or has been discharged.
	DP	Day Program	Patient is attending day programming on a different unit.
	E D/R	Esc. Dining Room	Patient is escorted to the cafeteria.
	EG	Esc. Grounds	Patient is escorted on hospital grounds.
	EL	Extended Leave	Patient is on extended leave relating to preparation for discharge.
	EOF	Esc. Off Grounds	Patient is escorted off grounds with hospital staff.
	HR	Home Room	Patient is in the treatment mall's homeroom.
	IT	Work	Patient is at work.
	MC	On Grounds Clinic	Patient is in building "G" for clinic (Dental, dermatology, etc.).
	OA	Off Grounds Clinic/Appt.	Patient is escorted off grounds with hospital staff to a clinic or other type of appointment.
	OT	Occupational Therapy	Patient is at an occupational therapy class or clinic.
	P	Pass	Patient is on an off grounds pass with family, case manager, care home operator, etc.
	PIP	PIP Store	Patient is at the PIP Store.
	PT	Physical Therapy	Patient is attending physical therapy with the therapist.
	RT	Recreational Therapy	Patient is attending recreational therapy with the therapist.
	SC	Sick Call	Patient is at Medical Services Unit for sick-call.
	T	Transfer	Patient is in the process of being transferred or has been transferred.
	TM	Treatment Mall	Patient is attending the treatment mall.
	U D/R	Unesc. Dining Room	Patient is unescorted to the cafeteria.
	UG	Unesc. Grounds	Patient is unescorted on non-restricted hospital grounds areas.
	UOG	Unesc. Off Grounds	Patient is unescorted off grounds. Limitations specified on physician's order.
	VG	Village Green	Patient is in the village green.

Rev. 06/04/13ka

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (LD) Leadership SUBJECT: ELOPEMENT, ELOPEMENT ATTEMPT AND AWOL REFERENCE: HRS Section 334; Joint Commission LD.03.01.01, .04.01.07; EC.01.01.01	Number: 19.520 Effective Date: 10/24/94 History: Rev. 2/01, 5/02, 5/03, 12/07, 1/12, 9/14 Page: 1 of 8 Approved: Title: Administrator Date

PURPOSE:

To delineate reporting requirements and staff responsibilities as well as, identify search procedures when a patient elopes, attempts to elope, or is AWOL from Hawaii State Hospital (HSH), on Hawaii State Hospital grounds, or while in the community.

POLICY:

HSH clinicians complete individual assessments at the time of admission and throughout the course of hospitalization including assessments of personal and community safety. These clinical evaluations are used to determine patient supervision and privilege status. The risks and benefits to the patient, related to patient supervision status are documented in the interdisciplinary progress notes section of the chart.

Patient supervision and privilege status is assigned and community outings are conducted according to related policies. Patients are monitored at regular intervals as appropriate to their risk level. In the event of an unauthorized absence, hospital staffs adhere to elopement procedures.

RESPONSIBILITY STATEMENTS:

- All employees are responsible to report to the Unit Charge Nurse if a patient has expressed a plan for elopement from HSH or while in the community.
- All employees are responsible to know and follow this policy and procedure.
- All employees are responsible to be current in CPMR training.
- All staff taking patients in the community is responsible to have and primarily use a hospital assigned handheld device, if not, other means of communication to notify HSH of a patient's elopement or attempted elopement.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 19.520 Page: 2 of 8

PROCEDURE:

A. Initial Response and Search Procedure Regarding HSH Patient Elopement, Elopement Attempt or AWOL

1. In the event that a patient is not located during a routine check while on the unit or other designated location on grounds, the staff notifies the patient's unit charge nurse and mall director, if mall is in session. They in turn, notify the telephone operator to call a Code 77 to alert all staff and the response team to organize and initiate a search for the patient.
2. In the event that a patient is seen walking off grounds, staff is to stay within eyesight of the patient while contacting the patient's unit charge nurse and the mall director, if mall is in session, through the use of PTT Talk Group 22 and/or radio. The telephone operator is notified to call a Code 77 to alert all staff and the response team to organize and initiate a search for the patient.
3. Once the operator receives the notification, he/she confirms receipt of this information via the hospital PTT Talk Group 22 and/or radio. This is done to ensure that staff outside of the hospital grounds and outside the earshot of the overhead are aware that a Code 77 has been called.
4. The Code 77 information includes:
   a. Patient's unit
   b. Patient's complete name and physical description of patient
   c. Patient's attire
   d. Patient's location when last seen
   e. Direction the patient was headed if known.
5. Each building develops a Search Plan, to use in response to all Code 77 pages/calls. During daytime hours of operation each unit or service unit checks an assigned area around their building, searching for a patient who is not authorized to be there.
   a. If mall is in session, then searches are conducted around the mall area, which includes all surrounding buildings, as well as the Aloha Garden or plant nursery.
   b. Units E, F, H, I search around their respective buildings and the adjacent road.
   c. Unit T looks out over the campus from the upstairs windows and around the outside of Unit T exercise court.
   d. Unit U looks around the outside of the Unit U exercise court and the upper Guensberg parking area.
   e. Unit S looks around the lower Guensberg parking area and office wing.

f. PSR searches around Cooke and the adjacent roads.
g. OT searches around Building K and the adjacent parking lot and road.
h. RT searches around the gym area.
i. Using an assignment system of their own design, service units with offices in Building A search around Building A and the adjacent parking lots.
j. Using an assignment system of their own design, service units with offices in Building L search around Building L and the adjacent parking lots

6. If the patient is located, staff when possible, verbally encourages and re-directs the patient to return to the hospital. If the patient does not respond to verbal redirection and de-escalation techniques, but the staff and/or the response team believe that they can return the patient to the hospital using CPMR techniques, they may do so. Staff is only allowed to use CPMR if they believe that they can do so safely.

7. The Nursing Supervisor may allow for staff to place patient in restraints if it is safe and reasonable to do so. The Nursing Supervisor calls the attending physician for the order.

8. All units and service units report the results of their search to the Telephone Operator. If the unit has a PTT Talk Group 22 and/or radio, it is taken on the search so that if the staff sees the patient they can maintain the patient in line of sight while they call.

9. Staff informs the Telephone Operator and the unit Charge Nurse (if not already notified) that patient is returning to the unit.

10. If a patient is not found, then the unit staff on the patient's home unit enters elopement data into the AVATAR system prior to the midnight census of the same day.

11. The Nursing Supervisor who is notified documents the elopement or AWOL data in the Nursing Daily Supplement Report.

12. The Nursing Supervisor completes the attachments A and B per this policy: the Nursing Supervisor's Elopement/AWOL Worksheet (Attachment A) and ensure that all the other forms such as the Assessment of Risk in the Absence of Supervision/Hospitalization (ARASH – Attachment B), completed by the MD, the Charge Nurse's Patient Return from Elopement/AWOL Worksheet (Attachment C), and the Patient Elopement/AWOL Debriefing Form (Attachment D) are completed.

B. Initial Response and Search Procedure Regarding Patient Elopement or Attempted to Elope While in the Community

1. If the patient has eloped or attempts to elope while on an escorted outing in the community, the staff immediately secures the safety of the other patients and contacts the Honolulu Police Department (HPD) by calling 911.

2. Staff provides the police officer with the necessary information needed to assist in searching for and recovering the patient. This includes but is not limited to the patient's name, physical description, legal status, clothing, other remarkable identifiers, last location seen, and the direction the patient was headed if known.
3. Staff notifies the Nursing Supervisor of the elopement or the elopement attempt of the patient and provides a description of the patient, location of staff and the direction the patient was headed if known.
4. If the patient is seen in the community, staff maintains line of sight and monitor's his/her location without jeopardizing the safety of any other patient who may be with the staff. Staff keeps the Nursing Supervisor informed of the patient's location when known.
5. If pursuing the eloped patient causes staff and other patients harm or creates an unsafe situation, staff reports to the Nursing Supervisor that they cannot continue and return to the hospital with the other patients.
6. The Nursing Supervisor upon getting the call from the staff that a patient has eloped while in the community:
    a. Calls the police as soon as possible, if the staff on the outing has not done so already. The staff on the outing or the Nursing Supervisor provides the police officer with the patient's name, physical description, legal status, clothing, other remarkable identifiers, last location seen and the direction the patient was headed if known.
    b. Notifies HSH administration, and the patient's unit nurse manager, as soon as possible.
7. If the patient is found or seen in the community, staff when possible, verbally encourages the patient to return to the hospital with staff. If patient is uncooperative, agitated and refusing verbal redirection, staff calls 911 and requests for HPD response. If the patient does not respond to verbal redirection and de-escalation techniques, but the staff and/or the response team believe that they can return the patient to the hospital using CPMR techniques, they may do so. Staff is only allowed to use CPMR if they believe that they can do so safely.
8. As appropriate, the Administrator or designee authorizes staff to attempt to find the patient in the community. Authorization may or may not include orders for the use of restraints. If a patient returns with staff, staff transports the patient back to HSH.

C. **Internal Notifications**

1. The Nursing Supervisor notifies the Director of Nursing (or designee), Administrator (or designee), and the Medical Director (or designee).
2. The Administrator (or designee) notifies the Administrator of the Adult Mental Health Division (AMHD) and/or Designee.
3. A Patient Event Report (PER) is completed and the Nursing Supervisor's Elopement/AWOL Worksheet (Attachment A) is attached to the PER.
4. Medical Director in collaboration with the HSH Administrator or designee determines:
   a. Whether to initiate a Tarasoff warning to specific potential victims.
   b. Whether to discharge, if the patient is voluntary and determined not to require detention for the protection of themselves or others. Discharge is not an option when the patient is court ordered to the custody of the Director of Health/HSH.
   c. Whether to notify the patient's relatives/correspondents/significant others/guardians.
   d. Whether to place the patient on unauthorized absence status (elopement).
   e. Whether the patient is charged with escape.

D. **External Notifications**

1. Upon direction from the Medical Director, the Nursing Supervisor notifies the patient's family/significant others or the legal guardian, the Community Case Manager, or other relevant persons as appropriate of the elopement.
2. After the police have been called, the Nursing Supervisor goes to the patient's unit, where a photograph of the patient or description is available, and provides this information to HPD to assist with the identification of the patient.
3. The Nursing Supervisor provides the responding HPD Officer with the following:
   a. Copy of committing order (civil or criminal)
   b. Recent picture or detailed description (e.g. name, age, sex, ethnic/racial status, scars, hair color/style, physical description, etc.)
   c. Completed HPD form #252 "Honolulu Police Department Statement Form" (copies are available on the units).
   d. Medical record patient health information regarding diagnosis, treatment, or evaluation of the patient's physical or mental health cannot be released to HPD unless such disclosure is deemed necessary by the HSH Medical Director to ensure the safety of the patient or others.

4. As soon as possible, or within 48 hours, a decision on whether to press charges or to prosecute is made by the Administrator in collaboration with clinical staff and the treatment team.
    a. If HSH is not going to prosecute (or charge patient with escape), HPD form #172 "Withdrawal of Complaint and Release" is completed by the Nursing Supervisor and placed in the patient's chart to be given to HPD when the patient is found and returned to HSH.
    b. If HSH is going to prosecute, HPD may need additional information about the patient. The Nursing Supervisor coordinates the obtaining of additional information. Staff witnesses may be called to testify in court.

E. Forensic Notifications

For patients in custody pursuant to HRS 704-404 or 704-406 ("pre-trial patients"), 411(1)(a) (post acquittal) and 413 (Revocation of Conditional Release), the Social Worker notifies the Prosecuting Attorney, Public Defender, and the Court.

F. Abuse/Neglect Allegation Reporting

1. The Nursing Supervisor in collaboration with the Director of Nursing/designee and/or the HSH Administrator/designee decides whether the elopement/AWOL involves potential patient abuse or neglect and follows the procedures as identified in P&P 14.005 Patient Abuse and Neglect by Staff.
2. If an allegation of Abuse and Neglect is determined, the Nursing Supervisor faxes a copy of the PER report within 24 hours of the event to the AG Investigations Division, the Hawaii Disability Rights Center (HDRC) and to the Office of Health Care Assurance (OHCA) as per P&P 14.005.

G. Sentinel Event Reporting

In the event that a patient elopement or elopement attempt from HSH results in permanent injury/harm or death of the patient, the Nursing Supervisor ensures that a PER is completed and the HSH Administrator/designee, HSH leadership, clinical staff, and the Performance Improvement/Risk Management (PI/RM) unit is notified as soon as possible. The PI/RM Unit is responsible to report the sentinel event to The Joint Commission and completes a Root Cause Analysis (RCA) Investigation as per P&P 04.033 Sentinel Events and Significant/Serious Events.

H. Return of the Patient

1. In the event that a patient is returned to HSH, the Nursing Supervisor contacts the

patient's unit Charge Nurse. The Charge Nurse initiates the return procedures which includes the immediate notification of the patient's Attending Psychiatrist or On-call Doctor to perform a physical examination/assessment and to input orders such as a urine drug screen, restrictions, etc. Other procedures include a search for contraband and coordination of a treatment team meeting. The Charge Nurse with assistance from the Nursing Supervisor completes the Charge Nurse's Patient Return From Elopement/AWOL Worksheet (Attachment C).

2. The Charge Nurse also completes a Patient Event Report (PER). If feasible, information regarding the patient's return may be included on the original PER if it is still on the unit.

3. The patient's psychologist meets with the patient and completes the Patient Elopement/AWOL Debriefing Form (Attachment D).

4. The unit staff provides the patient elopement or AWOL information to the Nursing Supervisor who records and reports the status of the patient's event on the Nursing Daily Supplement Report.

5. The Nursing Supervisor upon notification of a patient's return to HSH also notifies:

   a. The Director of Nursing (or designee), Administrator (or designee), the Medical Director (or designee) and the patient's Unit Nurse Manager.
   b. HPD Officers are also notified if they are not already aware.
   c. Upon direction from the Medical Director, the Nursing Supervisor notifies the patient's family/significant other, legal guardian, the Community Case Manager or other relevant persons as appropriate.

I. The Medical Record

1. When the patient has been on Elopement Status for 15 days, the HSH Administrator (or designee) makes a determination as to whether or not to discharge patient. At the time of the discharge, the clinical summary and all other forms for eloped patients are completed similar to the regular discharge process.

2. The medical record is checked for deficiencies by the Medical Record Services Unit and any deficiencies are completed by appropriate clinicians.

3. After the medical record is completed, it is filed in the medical record department.

4. When and if the patient is returned, clinical care is continued to comply with the legal and mental health treatment requirements. An exception would be if the patient was not initially returned to HSH and was discharged to the custody of some other entity, i.e., a correctional facility. In that case it would be a re-admission when the patient is returned to HSH.

DEFINITIONS:

ELOPEMENT: An elopement is an event for any length of time in which a patient, whether voluntary or involuntary, leaves the hospital grounds, or leaves from a community outing, without authorization and without notifying the staff of their intention to do so.

ELOPEMENT ATTEMPT: An elopement attempt is an event for any length of time in which a patient whether voluntary or involuntary leaves the hospital grounds without authorization and without notifying staff of their intention to do so, however, the patient was in line of sight of staff or the staff had basic knowledge of the general whereabouts of the patient and pursued this general area until such time that the patient was re-directed to willingly return to the hospital safely.

AWOL: AWOL refers to the term Absent Without Leave, which describes a patient who is not in his or her assigned location but is on grounds. For example, an unescorted patient who is assigned to attend an off-unit Occupational Therapy class but doesn't go and is on the Village Green instead.

ATTACHMENTS:

Attachment A: Nursing Supervisor's Elopement/AWOL Worksheet
Attachment B: Assessment of Risk in the Absence of Supervision/Hospitalization (ARASH)
Attachment C: Charge Nurse's Patient Return from Elopement/AWOL Worksheet
Attachment D: Patient Elopement/AWOL Debriefing Form

RELATED POLICIES AND PROCEDURES:

04.347 Supervision Status
03.800 Event Reporting
14.005 Patient Abuse and Neglect by Staff
04.011 Abuse, Neglect, Sexual Harassment and Exploitation Prevention
04.033 Sentinel Events and Significant/Serious Events
19.525 Hospital Boundaries

KKA/LG 04/14

Hawaii State Hospital

Nursing Supervisor's Elopement/AWOL Worksheet

Nursing Supervisor completing this form _____

A. _____ _____ _____
Patient Name | Patient (CR) Number | Unit

B. _____ _____ By _____
Date | Time Last Seen | Name of Staff

C. _____ _____ By _____
Date | Time Elope/AWOL Declared | Name of Staff

D. Initial Response to Search:

1. Charge Nurse Notified _____ _____
Name | Time

2. Security Officer Notified _____ _____
Name | Time

3. Areas searched by declaring staff, security, assisting staff:

_____

_____

_____

4. Results:

_____

_____

_____

E. Completion of Assessment of Risk in the Absence of Supervision/Hospitalization (ARASH - Attachment B)

_____ _____
Name of Attending M.D. or O.D. Notified (when Attending MD is not available) | Time

_____ _____
Name of Charge Nurse/or designee Notified | Time

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

F. Consultation with Clinical Director (after completion of ARASH):

_____ Notified By_____ at _____ _____
Clinical Director Name of Staff Date Time

Results of conference call between Clinical Director, Attending Psychiatrist/O.D., Treatment Coordinator/Charge Nurse and Nursing Supervisor:

(1)	Patient voluntary	____ Yes	____ No
(2)	Not dangerous to self/others	____ Yes	____ No
(3)	Discharge recommended	____ Yes	____ No
(4)	Patient court ordered	____ Yes	____ No
(5)	Patient dangerous to self/others	____ Yes	____ No
(6)	Law enforcement assistance needed	____ Yes	____ No
(7)	Patient dangerous to others and Tarasoff warning to specific person/persons advisable (if so, inform law enforcement of potential victim(s) as well as potential victim(s) themselves.)	____ Yes	____ No

G. Notifications:

1. Director of Nursing or Associate Director of Nursing (Date/Time Notified) _____
2. Unit Manager (Date/Time Notified) _____
3. Medical Records (Date/Time Notified) _____
4. Guardian

_____ _____ _____
Name of Guardian Phone No. Date and Time Notified

5. Family/Significant Others

_____ _____ _____
Name of Person Contacted Phone No. Date and Time Notified

_____
Comments

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

6. Administrator or Administrator on Call

Name of Person Contacted _____ Date and Time Notified _____

Comments _____

7. Law Enforcement

Agency _____ Name of Officer _____ Date/Time _____

Comments _____ Phone No. _____

8. Other Notified

Relationship to Patient _____ Name _____ Phone No. _____

H. Abuse/Neglect Allegation Reporting Consideration

Patient Supervision Status Escorted? ____ Yes ____ No

If yes, staff assigned to patient

Name _____ Title _____ Unit _____

Staff Witnesses (if any)

Name _____ Title _____ Unit _____

Name _____ Title _____ Unit _____

Patient Event Report (PER) completed ____ Yes ____ No

Abuse/Neglect Status discussed with:

Director of Nursing or Associate Director of Nursing _____ Clinical Director _____ Administrator/ Administrator on Call _____

PER faxed to Attorney General Phone No. _____ Date/Time _____

PER faxed to Hawaii Disability Rights Center Phone No. _____ Date/Time _____

PER faxed to (OHCA) Phone No. _____ Date/Time _____

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

Attachment A
P&P 19.520 01/12

Hawaii State Hospital

Assessment Of Risk In The Absence Of Supervision/Hospitalization (ARASH) Page 1

Patient Name	Patient CR Number	Date of Assessment

Name of Physician completing assessment [ ] Attending [ ] OD Print: Signature:	Name of Nurse completing assessment [ ] Charge Nurse [ ] Designee Print: Signature:

1. What is the patient's history of dangerousness to self/others in the community and in the hospital? Be specific with persons and dates whenever possible.

	Community	Hospital
Danger to Self		
Danger to Others (Assaults, threats, sexual abuse, etc.)		

2. What is the role of substance abuse in these prior acts.

3. Did the patient have, or withdraw, funds which would permit him or her to access drugs.

4. Are there any known (by name) potential victims/class of victims or past victims/class of victims the patient may endanger? (Tarasoff warning is the issue here.)

Addressograph

5. What is the patient's current mental status and diagnosis. (Pay particular attention to paranoid disorders/ideation and violence - related hallucinations or delusions.)

   The patient's most recent assessment note was made by: _____ on _____. As of the date of assessment:
   Name of clinician
   Date

   Was the patient psychotic? (to the best of your knowledge) ____Yes ____No

   Had the patient been medication/treatment compliant? ____Yes ____No

   When was the last stat medication given?

   When was the last episode of seclusion or restraints?

6. Has the patient eloped previously?

   Where did the patient go during prior elopement(s)?

   Who located the patient during prior elopement(s)?

7. What is the patient's legal status?

   _____ Voluntary

   _____ Family Court Ordered

   _____ Criminal Court Ordered

   _____ Status (404, 406, 411(1)(a), 413, etc.)

   _____ Crime of Violence Against Another (707, non 707)

8. What was patient's supervision status/level at time of elopement?

   How long had patient been on current status/level?

FILE THIS FORM IN THE ASSESSMENT SECTION OF THE PATIENT RECORD AND ATTACH A COPY OF THIS ARASH TO THE PATIENT EVENT REPORT

Addressograph

Hawaii State Hospital

Charge Nurse's Patient Return from Elopement/AWOL Worksheet

Patient_____ (CR. No.)_____

Unit Returned To_____ Return Date/Time_____ Returned by_____

Contraband Search By_____ _____ _____
Staff Witness Time

Immediate Notifications:

(1) Attending Psychiatrist/O.D._____/_____*
Name Time

*Notified for physical examination, urine drug screen order, supervision status, etc.

(2) Administrator/Administrator on Call _____/_____

(3) Director of Nursing/designee _____/_____
Name Time

*Consider pressing charges of escape for non-psychotic, court committed patients

(4) Law Enforcement Agency

_____/_____/_____
Name Officer Time

Other Notifications (to be made during business hours including weekends):

(1) Nurse Manager _____/_____Time/Date

(2) Medical Director _____/_____Time/Date

(3) Medical Records _____/_____Time/Date

(4) Patient's Guardian _____/_____Time/Date

(5) Patient's Family/Significant Other _____/_____Time/Date

(6) Tarasoff Potential Victim(s)

_____ _____ _____
Name(s)

(7) Other_____

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

Hawaii State Hospital

Patient Elopement/AWOL Debriefing Form

Patient Name	Patient CR Number	Date of Incident	Date of Return
Psychologist *(Signature and Title)*		Date	Time

Describe the elopement in behavioral terms:

1. How did the patient leave?

2. Where did patient go?

Describe potential reinforcers for the elopement:

3. What did patient do? (Ask specifically regarding sexual encounters, substance abuse, illegal activity)

4. What reasons did the patient give for eloping?

Describe potential antecedents:

5. Any precipitating/trigger events?

6. What does the patient think might have prevented elopement/AWOL?

FILE THIS FORM IN THE PROGRESS NOTES SECTION OF THE CHART.

Use the information to update the case formulation, modify behavioral support plans, modify the patient's level or make other needed modifications to the treatment plan

Addressograph

UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, 2017

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
I-27-A	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	DR	U	DR	U	U	U	U	U	U	U	U	U	DR	DR	RQC	RQC
I-27-B	[redacted]	X	RQC	RQC	RQC	RQC	RQC	RQC	DR	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	AW	AW	AW	AW
I-27-C	[redacted]	X	X	RQC	RQC	RQC	X	X	U	U	U	U	U	M	U	U	U	U	U	U	U	DR	DR	RQC	RQC
I-27-D	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	U	U	U	U	DR	DR	DR	RQC	RQC
I-30-A	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	U	U	U	U	U	DR	DR	RQC	RQC
I-30-B	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	DR	DR	DR	U	U	U	U	DR	DR	RQC	RQC
I-30-C	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	DR	DR	U	M	DR	DR	DR	U	U	U	DR	DR	DR	RQC	RQC
I-30-D	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	DR	U	M	DR	U	DR	U	U	U	DR	DR	DR	RQC	RQC
I-32-A	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
I-32-																									
I-32-B	[redacted]	RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	Church Service	U	M	DR	U	U	U	U	U	U	DR	DR	RQC	RQC
	Check Lobby Bathrooms		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Check Exit Doors (3)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Staff Initials: [redacted]

Census: 34 (POD 3=10)

NIGHT: 2200-0600

A = Awake/Quiet
BR = Bathroom
D = Disruptive
LN = Late Night
RQC = Resting Quietly/ Respiration Confirmed
* = Name Alert
✓ = Doors Locked
= Bathroom Checked

'04/13ka

ON UNIT

AG = Activities/Group
BR = Bathroom
CY = Courtyard
DR = Dorm
G = Grooming
M = Meals
U = Unit/Dayroom
= _____
= _____

CODES

1:1 = 1:1 Supervision
D/S = Designated
DISCHARGED
I = 1:1 w/staff or MD
QT = Quiet Time
R = Restraints
SE = Seclusion
T = Transfer
TT = Tx. Team/RPR
V = Visitor
= _____
AW = AWOL

OFF UNIT

AL = Administrative Leave
Caf = Cafeteria
CT = Court
DP = Day Program
E D/R = Esc. Dining Room
EG = Esc. Grounds
EL = Extended Leave
EOF = Esc. Off Grounds
FA= Fresh air
HR = Home Room
IT = Work
MC = On Grounds Clinic
OA = Off Grounds Clinic/Appt
OT = Occupational Therapy
P = Pass
PIP = PIP Store
PT = Physical Therapy
RT = Recreational Therapy
SC = Sick Call
TM = Treatment Mall
U D/R = Unesc. Dining Room
UG = Unesc. Grounds
UOG = Unesc. Off Grounds
VG = Village Green

My signature/initials certify that I have personally checked each patient in accordance with the "Patient Rounds SOP."

Signature	Title	Initials
[redacted]		[redacted]

A.G. 17-4571 EXHIBIT 'C' 1 of 2

'C' 2 of 2

+1
7 Alleged Staff

T-3

[redacted]

June 12, 2017
Hourly rounds checklist

[redacted]

Hawaii State Hospital

Nursing Supervisor's Elopement/AWOL Worksheet

Nursing Supervisor completing this form [redacted]

A. [redacted] [redacted] I
Patient Name Patient (CR) Number Unit

B. 11/12/17 0700 - Last documented observation on hourly rounds sheet By [redacted]
Date Time Last Seen Name of Staff

C. 11/12/17 1913 By [redacted]
Date Time Elope/AWOL Declared Name of Staff

D. Initial Response to Search:

1. Charge Nurse Notified [redacted] 1913
Name Time

2. Security Officer Notified Telecom notified 1913
Name Time

3. Areas searched by declaring staff, security, assisting staff:
unit I and hospital grounds

4. Results:
Not found

E. Completion of Assessment of Risk in the Absence of Supervision/Hospitalization (ARASH - Attachment B)

[redacted] 1930
Name of Attending M.D. or S.O. Notified Time
(when Attending MD is not available)

Name of Charge Nurse/or designee Notified Time

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

F. Consultation with Clinical Director (after completion of ARASH):

[redacted] Notified By [redacted] at 11/12/17 2240
Clinical Director Name of Staff Date Time

Results of conference call between Clinical Director, Attending Psychiatrist/O.D., Treatment Coordinator/Charge Nurse and Nursing Supervisor:

(1)	Patient voluntary	✓ Yes	___ No
(2)	Not dangerous to self/others	✓ Yes	___ No
(3)	Discharge recommended	___ Yes	✓ No
(4)	Patient court ordered	✓ Yes	___ No
(5)	Patient dangerous to self/others	___ Yes	✓ No
(6)	Law enforcement assistance needed	✓ Yes	___ No
(7)	Patient dangerous to others and Tarasoff warning to specific person/persons advisable (if so, inform law enforcement of potential victim(s) as well as potential victim(s) themselves.)	___ Yes	✓ No

G. Notifications:

1. Director of Nursing or Associate Director of Nursing (Date/Time Notified) 11/12/17 1957
2. Unit Manager (Date/Time Notified) 11/12/17 - 1930 (Notified by Unit I charge Nurse)
3. Medical Records (Date/Time Notified) 11/13/17 0600
4. Guardian

N/A
Name of Guardian ___ Phone No. ___ Date and Time Notified

5. Family/Significant Others

[redacted] ___
Name of Person Contacted Phone No. Date and Time Notified

Not yet directed to contact
Comments

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

Attachment A
P&P 19.520 01/12

6. Administrator or Administrator on Call

mr. may — Name of Person Contacted
11/12/17 1957 — Date and Time Notified

Comments

7. Law Enforcement

HSH — Agency
M. Neth - Badge # 3049 — Name of Officer
11/12/17 1930 — Date/Time
Report #17-428888, Charge: Escape 2 — Comments
911 — Phone No.

8. Other Notified

DPS Public Information officer - Toni Schwartz - notified @ 1944
Sheriff Dispatch (already aware when called) - notified @ 2006
Relationship to Patient — Name — Phone No.

H. Abuse/Neglect Allegation Reporting Consideration

Patient Supervision Status Escorted? ___ Yes ✓ No

If yes, staff assigned to patient — Name — Title — Unit

Staff Witnesses (if any) — Name — Title — Unit

Name — Title — Unit

Patient Event Report (PER) completed ✓ Yes ___ No

Abuse/Neglect Status discussed with: N/A

Director of Nursing or Associate Director of Nursing — Clinical Director — Administrator/ Administrator on Call

PER faxed to Attorney General — Phone No. ___ Date/Time ___

PER faxed to Hawaii Disability Rights Center — Phone No. ___ Date/Time ___

PER faxed to (OHCA) — Phone No. ___ Date/Time ___

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

Attachment A
P&P 19.520 01/12

Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: E

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 19:13

Job Title: [redacted]

Type of Event: ☐ Allegation of Neglect ☐ Code 200
☐ Allegation of Physical Abuse ☐ Code 500
☐ Allegation of Sexual Abuse ☐ Medication Event
☐ Allegation of Verbal/Emotional Abuse ☐ Treatment Error
X Elopement ☐Other_____

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H X Unit I ☐ Unit S ☐ Unit T ☐ Unit U
☐ Cafeteria ☐Community ☐Gym ☐Treatment Mall ☐Village Green
☐Other_____

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

RECEIVED
NOV 15 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

On 11/12/17 at 19.13 I received a phone call from telecom operator [redacted] who reported the following to me: [redacted] on Unit I reported to [redacted] that [redacted] was late returning from his unescorted grounds pass and was supposed to return to the unit at 19:00. [redacted] asked [redacted] if security could look for [redacted] on their cameras. [redacted] asked [redacted] if he wanted to notify me, [redacted] said no and he did not call a Code 77. [redacted] told me that Unit I staff and security had begun searching the grounds for [redacted]

I started to go to Unit I but was then delayed by having to get medication out of the night cabinet that Unit F needed immediately. I then received a phone call from Unit I [redacted] who informed me that [redacted] had not returned from his unescorted grounds pass at 19:00. I arrived on Unit I at 19:25, spoke with [redacted] and [redacted] and found out the following information: No one had actually seen [redacted] during the 3-11 shift. Change of shift patient checks were not done at the 7-3 / 3-11 shift change because [redacted] "did not have time to do them". [redacted] signed out on for his unescorted grounds pass at 09:00 in the morning and there was no documentation that he had returned. The last documentation that [redacted]

was observed by staff on the patient hourly rounds sheet was at 07:00. From 08:00 until this time it was documented on the patient hourly rounds sheet that [redacted] was on unescorted grounds.

I called [redacted] that [redacted] had eloped. I called Toni Schwartz, Dept of Public Safety Public Information Officer at 19:44 to notify her of the elopement.

Signature [redacted] Date: 11/15/17 Time: 0100

HAWAII STATE HOSPITAL
STANDARD OPERATING PROCEDURES

NURSING

SUBJECT: LINES OF ACCOUNTABILITY / RESPONSIBILITY OF DIRECT-CARE NURSING STAFF

REFERENCE: Joint Commission PC.01.03.01

Nursing SOP No. 23.992
Effective Date: 05/01
History: Revised 09/05; 10/07; Reviewed 09/12
Page: 1 of 2

APPROVED:

[redacted]
Title: Director of Nursing Services

[redacted]
Title: Acting HSH Medical Director

PURPOSE: To describe the chain of command, and lines of authority and communication within the department of Nursing Services at Hawaii State Hospital.

RESPONSIBILITY: All nursing staff are responsible to know the lines of authority and communication and the chain of command within the department of nursing.

PROCEDURE:

A. TEAM MEMBER
1. Responsible for observing, monitoring and delivering care to assigned patients.
2. Escorts, transports, promotes patient attendance in activities; assists other staff.
3. Develops therapeutic alliances/boundaries with patients.
4. Reports and documents unusual behaviors, adverse drug reactions, and acute dental/medical conditions.
5. Reports directly to the team leader and/or charge nurse.

B. TEAM LEADER
1. Supervises assigned nursing personnel within the shift.
2. Ensures documentation of patient care by assigned team members.
3. Actively engages in hospital and unit programs, activities, treatments, or treatment planning.
4. Assesses and reassesses assigned patients throughout the shift. Reports unusual occurrences.
5. Keeps Kardex up-to-date. Reports directly to the charge nurse.

C. CHARGE NURSE
1. Writes staff assignments/rosters and deploys staff within the unit appropriately.
2. Responsible for delivery of care to the patients, supervises staff in conjunction with the team leaders.

EXHIBIT 'F' 2 of 2

3. Responsible for adherence to on/off unit schedules and programming for the shift.
4. Completes nursing shift reports (Kardex, Acuity, computer), and ensures an oral report is given to the next shift.
5. Reports directly to the Nurse Manager or Supervisor in the Nurse Manager's absence.

D. NURSE MANAGER
1. Oversees the delivery of nursing care to the patients and has overall supervision of all nursing staff within the unit.
2. Reports directly to the Director of Nursing.

E. NURSING SUPERVISOR
1. Oversees the delivery of nursing care and supervision of all staff in the units during the shift.
2. Reports directly to the Director of Nursing and to the Associate Chief Nurse.

F. CLINICAL NURSE SPECIALIST
1. Collaborates with the Nurse Manager provide supervision of all nursing staff within the unit.
2. Is assigned by the Director of Nursing to nursing units, teams, and projects.
3. Assists with the delivery of nursing care of complex patients
4. Reports directly to the Director of Nursing

AUTHOR/REVIEWING TEAM: NEC/PT/MQ/LT Revised 10/16/07
NEC/EW 9/20/12 (title and reference change only)

A.G. 17–4571 EXHIBIT 'G' 1 of 2

Staff/Patient Care Assignment Sheet 7-3 Shift POD 3

Charge Nurse: [redacted] Meal/Break 1100 0900/1400 Relief: _____ Key/PMT #: _____

Team Leader: [redacted] Staff Names: [redacted] Date: 11/12/2017

Other Assignments: POD 3 : Monitor patients; brew 10 token coffee; serve coffee

Rm#	Patient	Medications	Special Precaution	Nursing Interventions/Treatment Goals	Patient's Behavior
27A	[redacted]				
27B					
27C					
27D					

No. 9943 P. 1
Nov. 13. 2017 1:4/AM HSH UNIT 1

Unit 13-11 Shift Staff/ Patient Care Assignment Sheets-POD 3

Charge Nurse: [redacted] Meal/Break: _____ Relief: _____ Key/PMT: _____

Team Leader: [redacted] Staff Names: [redacted] Date: 11-12-12

Other assignments: Monitor patients, Flow sheets, Assist with meals and ADLs, Unit activity, Close watch Supervision, Hourly checks of exit doors

Patient	Psych Medications	Special Precautions	Nursing Intervention/Treatment Goals	Patient's Behaviors
[redacted]				

Door lock checks when passing exit doors

A.G. 17-4571 EXHIBIT 'H' 1 of 2

Hawaii State Hospital

Nursing Services

Master Patient/Staff Assignment Sheet

11-12-17

Charge Nurse: [redacted]

Medication Nurse (Code 500):

Ward/Unit: Building I

Shift: 7-3

Designated Staff:	Pod 1 Nurse		Pod 2 Nurse		Day Area	RPR	Precautions
	Pod 1Dorm	Pod 1 Day area	Pod 2Dorm	Pod 2 Day area			Universal precaution:
Staff: [redacted]	[redacted]						
Staff: [redacted]							Q15 min. checks: [redacted]
Staff: [redacted]							
Staff: [redacted]							Fall Precautions: [redacted]
Staff: [redacted]							Assault Precautions: [redacted]
Staff: [redacted]							
Staff: [redacted]							
FRONT DESK / TOKENS: [redacted]							
Meal:	11:00		1100				
Break:							Charge Nurse Notes:
Relief	Day area staff		Day Area staff				
PMT/Key#	15		10				
Special Assignments	Dorm, flow sheets, environmental rounds, PIP escort	Day area, AGS sheets, trash, linen	Dorm, clean linen, trash, flow sheets	Day area, transport, unit activities	Cafeteria, med line, code 200, token economy		
Activity assignments:	Dorm	Day Area	Dorm	Day Area	Front Desk		######

Accounting of keys: Incoming Charge Nurse [redacted] → Outgoing Charge Nurse [redacted]

Hawaii State Hospital

Master Patient/Staff Assignment Sheet

Charge Nurse: [redacted]

Float / Key #8 _____

Date: 11/12/17

Med Nurse: [redacted]

Designated	Team/Pod 1 Nurse		Team/Pod 2 Nurse		Dayarea		Precautions
	NURSE: [redacted]		NURSE: [redacted]				
	DORM [redacted]	DAY AREA [redacted]	DORM [redacted]	DAY AREA [redacted]	POD 3 [redacted]	[redacted]	Census: 34
[redacted]							# of Staff:
[redacted]							Assault Risk: [redacted]
[redacted]							Fall Risk: [redacted]
Front Desk:	[redacted]						** Please remind staff: door lock checks when passing exit doors **
Meal:	17:00	17:30	17:00	17:30	18:15		Charge Nurse Notes:
Break:	20:30	21:00	20:30	21:00	21:15		**remind pts to save towels Q Friday for the weekend d/t supply shortage.
Relief	Day Area PT		Front Desk				
PMT/Key#							
Special Assignments:	Dorm, Flow sheet, Environmental Rounds, Vital signs.	Day Area, AGS, sheets, Trash, Linen, PIP escort	Dorm, Clean linen, Trash, Flow sheets	Day Area, Transport, Unit Activites	Cafeteria, Medline, Code 200, Token Economy		
Activity Assignments:	Dorm	DayArea	Dorm	DayArea	Front Desk		

A.G. 17-4571 EXHIBIT 'I' 1 of 1

PATIENT Call-In Log Sheet

Patients on Unescorted status need to check in

Supervision status: UG = unescorted grounds UOG = unescorted off-grounds

Patient Name	Supervision Status	Location of Check-in	Who called-in-in? (Staff name/ Patient?)	Date	Time Out	Check-in Time	Staff Verifying Print / initial
~~(example)~~ M. Mouse	~~UG~~	~~Gym~~	~~RT (D. Duck)~~	~~11/15/17~~	~~1500~~	~~1600~~	~~J. Cricket~~

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (RI) Rights and Responsibilities of the Individual SUBJECT: VISITORS REFERENCE: Joint Commission RI.01.02.01; HRS 334E-2(21)	Number: 04.625 Effective Date: 12/21/92 History: Rev. 9/96, 12/00, 5/02, 11/02, 9/03, 11/04, 4/10, 8/11 Page: 1 of 2 Approved: Title: Administrator Date

PURPOSE:

To provide guidelines for visitors, visitation, using information such as a Visitor's Brochure and a Visitor Log.

POLICY:

- **Visiting hours are from 9:00 a.m. to 9:00 p.m. on weekends and holidays, and 4:00 p.m. to 9:00 p.m. on weekdays. Visits with attorneys, legal representatives, or legal guardians are granted during normal visiting hours unless an exception is requested.**
- All visitors must sign the visitor log (Attachment B) upon arrival and departure.

RESPONSIBILITY STATEMENT:

The Medical Director and the Director of Nursing are responsible for implementing this policy.

PROCEDURE:

1. Visiting hours are conspicuously posted both on the unit and outside of the unit. Individual exceptions can be made with treatment team approval. Exceptions require notification of security to allow access.
2. Visits from a patient's attorney, legal representative, or legal guardian outside of visiting hours must be approved by the treatment team and/or hospital administration. Attorneys, legal representatives, and legal guardians are required to produce photo identification. Other visitors may be requested to provide photo identification upon request.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 04.625 Page: 2 of 2

3. A family member, friend or other individual may visit with the patient for emotional support unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated.
4. A Visitor Guidelines Brochure (Attachment A) will be provided.
5. All visitors must obtain a visitor's badge. Visitors to the units sign the unit visitors' log upon unit entry and exit.
6. Visitors must be appropriately attired. No swimsuits or see-through attire is allowed. Footwear is required.
7. Patients have the right to refuse to see any visitor at any time.
8. Visits may be supervised by member(s) of the hospital staff based on clinical indications as ordered by the physician and documented in the medical record.
9. Former patients may not visit on hospital grounds except for authorized vocational or treatment purposes, or exceptions as granted by the Administrator.
10. Individuals under the age of 18 must be supervised by an adult at all times during the visit. Children under 12 are not allowed on the units. Exceptions may be made with permission of the Treatment Team.
11. Visitors are strongly encouraged to keep their personal belongings in their vehicles. If visitors bring their personal belongings onto the unit they are required to lock them in a designed locked cabinet.
12. Any items brought onto the unit; i.e. bags of food/gifts, are subject to search by nursing staff and items are documented/listed on the Visitor Log (Attachment B).
13. When contraband is suspected, staff of the same gender will pat search the visitor.
14. If a visitor becomes unruly, nursing staff contact the security officer to escort the visitor off campus and notification is made to the patient's treatment team.

ATTACHMENT:

Attachment A: Visitor Guidelines Brochure (Final rev 4/10)
Attachment B: Visitor Log Sign In Sheet -Unit

RELATED POLICIES AND PROCEDURES:

08.808 Visitor Badge
09.235 Contraband and Search
23.775 Nursing SOP - Patient Access to Outside Food

We value you taking the time to visit your family and friends here. Please review this brochure before entering the units.

Hawaii State Hospital provides a safe and therapeutic environment for all patients, visitors and staff. To achieve these goals, all patient care units must be vigilantly maintained as a safe, secure living and working quarters, free from dangerous or illegal substances or materials that may threaten the integrity of the therapeutic milieu, including tobacco and tobacco products of any kind.

The possession of *contraband items* and/or illegal items on the Hawaii State Hospital premises is not allowed.

Contraband includes, but not limited to:

- ✓ *tobacco products*
- ✓ *dangerous instruments - guns, knives, or anything intended as a weapon*
- ✓ *lighters, matches or incendiary objects*
- ✓ *drugs, drug paraphernalia*
- ✓ *pornography and/or illegal items*

Your belongings may be searched by staff. Please let staff know if you have any of the items listed above. If you do not want your belongings to be searched, please do not bring them onto the hospital grounds. Nursing staff are required to search all visitors' personal belongings brought onto the units. Visitors may also be subject to pat search by a staff member of the same gender. At times, photo identification may be required for adult visitors.

Thank you for your consideration in this matter.

Please call the unit in advance so we can be sure your family member is available.

Telephone Operator – 247-2191

Unit E – 236-8301
Unit H (Admissions) – 236-8360
Unit S – 236-8728
Unit U – 236-8747
Unit F- 236-8326
Unit I- 236-8370
Unit T- 236-8742

Here are a few guidelines we ask you to keep in mind while you visit with your family and/or friends. Please feel free to talk to staff about any concerns you may have.

1. Visitors are asked to limit their visits to one hour with 3 or fewer visitors at one time.
2. We encourage all our patients to participate in programming. We ask for your kokua in coming only during visiting hours. Visitations are not allowed during normal programming hours. For unusual circumstances, approval of the treatment team is required. You may arrange for this by contacting the patient's doctor or social worker through the HSH operator.
3. Upon arrival at the unit, all visitors must sign in on the unit visitor's log prior to the visit. This is required even when visits take place outside the unit.
4. Visitors must be appropriately attired. No swimsuits, see-through attire, tube-tops, visible underwear, etc. Footwear is required.
5. It is strongly recommended that visitors keep all of their personal belongings in their vehicles.
6. Visits may be discontinued by staff if clinically indicated.
7. All monies (cash, check, money orders, etc.) intended for patients should be given to the unit staff to be taken to the Telephone Operator for a receipt, or taken to the Telephone Operator directly. Monies will be deposited into the patient's business office account.
8. All items brought for patients must be presented to staff that will check for appropriateness and note them on the patient's personal belonging sheet. If you have any questions about an item you would like to bring for a patient, please check with staff prior to your visit.

9. Many of our patients are on special diets, we require all visitors to check with nursing staff for any diet restrictions for your family members before bringing food onto the unit.

10. Food/Drink brought onto the unit must be consumed during the time of the visit. Any excess food not consumed must be taken home with the visitor. Only non-caffeinated drinks are allowed. *All food/drink items are inspected and logged in by staff.* Food items and/or other consumables originating from an outside source are not allowed onto the ASU unless these items are pre-arranged and an MD order is written.

11. Children under the age of 12 are not allowed in the patient areas. Other arrangements may be made for special circumstances.
12. On-unit visits will take place in a visitor's area.

We encourage you to meet with the treatment team that cares for your family member! Please let any of the staff know you want to come!

We are always interested in your input as to how we are doing as a hospital. You may share your feedback through the units or you may contact Administration at 247-2191.

Thank you for coming!

(Attachment A)

Please show respect for all patients' rights to privacy and confidentiality.

HAWAII STATE HOSPITAL

VISITOR GUIDELINES

Visiting Hours

Monday-Friday: 4pm-9pm

Weekends & Holidays: 9 am-9pm

Visitor Log Sign In Sheet – Unit _____

Attachment B, Policy # 04.625

Date	Time IN	Time OUT	Patient Name	Visitor Name and Relationship	Phone Number	INSPECTION COMPLETED List the Items (Food/Drink/Clothes/Things) Brought In	Note Patient's Diet in column below as per Diet List (example: chopped, regular, soft, etc)	Comments	Staff Name Print name

'J' 5 of 5

HAWAII STATE HOSPITAL **POLICY AND PROCEDURE** **(EC) Management of the Environment of Care** **SUBJECT: CONTRABAND AND SEARCHES** **REFERENCE: HRS Chapter 329; HRS Sections 707-700, 710-1000, 710-1022, 710-1040; HAR 11-175-40**	**Number:** 09.235 **Effective Date:** 03/18/93 **History:** Rev. 04/96, 02/99, 09/99, 10/02, 01/05, 11/06, 03/13 **Page:** 1 of 5 **Approved:** **Title: Administrator** **Date**

PURPOSE:

To promote a safe and healthy environment for patients, visitors and employees, thereby fulfilling the requirements of the reference statute **Custody of Patients** which states, "*The Director of Health shall be responsible for the safekeeping of all patients who may be admitted to the state hospital and for the enforcement of proper order among and concerning patients.*"

POLICY:

Hawaii State Hospital provides a safe and therapeutic environment for all patients, visitors and staff. Every effort is to be made to preserve the rights and privileges of individuals, to grant the greatest possible personal freedom consistent with the special needs of hospital patients, and to provide patient care and treatment in an atmosphere of mutual respect and human dignity. To achieve these goals, all patient care units must be vigilantly maintained as safe, secure living and working quarters, free from dangerous or illegal substances or materials that may threaten the integrity of the therapeutic milieu, including tobacco and tobacco products of any kind.

The possession of dangerous instruments (guns, knives, lighters, or other dangerous objects), drugs, drug paraphernalia, pornography and/or illegal items on the Hawaii State Hospital premises is not tolerated. When it is reasonably believed dangerous or illegal materials may be present on a unit or hospital premises, a search may be conducted.

When an unsafe condition involving several individuals or an entire unit is reasonably believed to exist, the unit supervisor or other person in charge of the unit is to report to the Hospital Administrator or designee. The Hospital Administrator or designee determines whether the problem can be resolved through the intervention of regular hospital clinical and security staff or whether the assistance of outside law enforcement agency personnel is to be requested to assist in re-establishing a safe, therapeutic environment.

All materials that are the lawful or permitted belongings of any individual are to be returned to the owner as soon as it is safe to do so. Materials that must be temporarily confiscated during a period of emergency are to be inventoried and stored until the emergency is declared by the

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 09.235 Page 2 of 5

Hospital Administrator or designee to be satisfactorily resolved. Exceptions are on the order of the Hospital Administrator or designee only.

If, due to the nature of the emergency, visitation hours or telephone use must be restricted, all patients are to be allowed to call or visit with their attorney or guardian without restriction.

The unauthorized possession of drugs or dangerous instruments by patients hospitalized pursuant to a court order may be prosecuted as promoting prison contraband pursuant to Hawaii Revised Statutes Section 710-1022 through 710-1023. Voluntary patients, employees and visitors may be charged with possession. Patient possession of a dangerous instrument for therapeutic purposes, such as vocational or horticultural therapy, requires treatment team approval.

RESPONSIBILITY STATEMENT:

All employees, volunteers, visitors and patients are responsible for the implementation of this policy.

PROCEDURE:

1. Notification:

   When contraband is discovered, a unit staff immediately notifies the Charge RN, who notifies the Nursing Supervisor. The Nursing Supervisor immediately notifies the Administrator, Medical Director, treating physician, Medical Officer of Day (MOD) and State Narcotics Enforcement Division (phone # 594-0150) as appropriate.

2. Contraband is handled as follows:

   Dangerous instruments, drugs, tobacco and/or tobacco products of any kind, poison, and alcohol are confiscated from a patient, employee or visitor and turned over to the Nursing Supervisor or Unit Manager. Pornographic materials are confiscated from a patient, and given to the Nursing Supervisor who forwards these items to the Administrator or designee. Items are placed in plastic bags to avoid excessive handling and labeled. The person receiving the contraband retains possession until they are able to turn it over to the Nursing Supervisor. The Nursing Supervisor places the item(s) in the locked safe located in their office until the Narcotics Enforcement Division or Honolulu Police Department takes possession.

   The Nursing Supervisor brings a camera to the area and a photograph of the contraband item(s) is taken. The photo is attached to the Patient Event Report or Employee Incident Report.

3. Documentation:

   a. A progress note is entered in the patient's medical record including the indication for the search, the time of the discovery, the type of contraband discovered, and the exact location contraband was found and by whom. If contraband discovered is not positively identified, it is described in the progress note. For example, the progress note should indicate the presence of "a green leafy substance" or "white powdered substance" pending positive identification by Narcotics Enforcement Division. (See Attachment C.)

   b. A Patient Event Report or Employee Incident Report is completed indicating the item(s) found, the persons notified, the disposition of the item(s), and persons involved in the search.

4. Follow-up:

   a. The patient's treating physician or MOD conducts a psychiatric evaluation of the patient and enters a progress note in the patient's medical record.

   b. If the patient is arrested, a psychiatric clinical assessment is done prior to the officer taking the patient, to see if a transfer is clinically appropriate at the time.

   c. If the contraband found is a drug or drug paraphernalia, the patient is asked to provide a urine sample for drug screen. If the patient refuses to provide a sample, the refusal is documented in the progress notes.

   d. If contraband is found and the patient is not arrested, the patient is restricted to the unit.

   e. The Treatment Team reviews the event and identifies the appropriate consequence, which may include transfer of the patient to a more restrictive unit.

   f. Visitors in possession of contraband are to be escorted from the premises by security. If the visitor refuses to leave the property, security calls the Honolulu Police Department (HPD) and charges the person with trespassing on hospital property.

   g. Employees who are in violation of the Contraband policy can be asked to leave hospital grounds, and may be subject to disciplinary action.

5. Procedure for Searches:

   a. Security assists unit staff in conducting searches and confiscating contraband. Patients and their belongings are thoroughly searched upon admission, after an unescorted off grounds activity, in a life-threatening emergency, or if there is reasonable cause to believe that contraband has been hidden in the patient's living area, belongings, or on the patient's person.

b. A search of a patient's belongings and/or living area is conducted by two staff members, in the presence of the patient and a witness (HAR 11.175.40.6). A facilities maintenance worker may be asked to assist in room or building searches. If the patient refuses to be present during the search, staff documents the patient's refusal in the patient's chart and continue with the search. (See Attachment B.)

c. All pat searches of a patient's person are conducted in private in a designated area near the unit entry and only by a staff member or security guard of the same sex as the patient. A second staff member or security guard is present as a witness. Continuity of observation needs to be maintained from the time of entry until the search is effected in private. Patients are given a receipt for confiscated items that are turned over to the Nursing Supervisor (see Attachment C), and the items rendered are described in progress notes.

d. If a patient or visitor refuses to be pat searched, the refusal issue is explored to determine the reason. If no accommodation can be made (i.e. different pat searcher, more privacy, etc.) without jeopardizing unit/hospital security, the Nursing Supervisor is to be consulted. Depending on the seriousness of the situation, such as a threat to safety, HPD may be called to assist.

e. In doing searches of a person, nursing staff and security staff do not go beyond pat search as described in Attachment A.

DEFINITIONS:

"**Contraband**" means all dangerous instruments, drugs, tobacco and tobacco products of any kind, pornography, illegal items or items that are prohibited based on hospital/unit rules, guidelines or policies.

"**Dangerous instrument**" means any firearm, or other weapon, device, instrument, material, or substance capable of producing death or serious bodily injury.

"**Drug paraphernalia**" means all equipment, products, and materials of any kind which are used, intended for use, or designed for injecting, inhaling, or otherwise introducing into the human body a controlled substance in violation of Hawaii Revised Statutes Chapter 329.

"**Drugs**" includes all substances identified as Schedule I through V substances by Chapter 329 of Hawaii Revised Statutes, as well as intoxicating compounds as defined by HRS 712-1240, intoxicating liquor, marijuana and marijuana concentrate.

"**Pornography**" means material that depicts erotic behavior and is intended to cause sexual excitement.

"**Pat Search**" means a non-invasive search for contraband items limited to the general area of a person's clothing. (See Attachment A)

"**Serious bodily injury**" means bodily injury, which creates a substantial risk of death or which causes serious, permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.

ATTACHMENTS:

Attachment A - Pat Search Guidelines
Attachment B - Search of a Building or Patient Room
Attachment C - Confiscated Contraband Property Receipt

RELATED POLICIES AND PROCEDURES:

04.625 Visitors
08.805 Grounds Security
08.808 Visitor Badge System
09.220 Tobacco Free Environment

BE 11/06

HAWAII STATE HOSPITAL
PAT SEARCH GUIDELINES

General Guidelines

1. Treat the person to be pat searched with dignity and respect. You are invading his/her personal space.
2. Be business-like; explain to the person what you are doing and why. Give the rationale for the search. It might be routine procedure because of hospital wide policy regarding patient absences from the unit. It might be because of a specific other reason, such as a suspicion that the person possesses contraband or other unauthorized items.

[redacted]

Reference: HPD, Vice Division, Officer Debra Kissinger. Presentation 12-13-95 at HSH.

HAWAII STATE HOSPITAL

SEARCH OF A BUILDING OR PATIENT ROOM

General Guidelines

[redacted]

Pre-Search Activities/Organization

[redacted]

Search Procedure

[redacted]

When Contraband is Discovered:

[redacted]

REFERENCE: Search Operations, Dept. of Attorney General, & Unit R Search Checklist

Attachment C - P&P 09.235

HAWAII STATE HOSPITAL

CONFISCATED CONTRABAND PROPERTY RECEIPT

Name of the owner of
the unauthorized item: _____ Unit _____

No.	Name of Item	General Description

I hereby certify that I am turning contraband item(s), as described above, that have been in my possession over to the Nursing Supervisor.

_____ _____ | _____
Signature of Staff Date Time

I hereby certify that I am the owner of the above described property and acknowledge that the Nursing Supervisor is taking possession and safeguarding it according to HSH policy.

_____ _____ | _____
Signature of Patient/Visitor/Staff Date Time

I hereby certify that I am taking possession of the above item(s), and securing it/them according to HSH policy.

_____ _____ | _____
Signature of Nursing Supervisor Date Time

ORIGINAL – Nursing Supervisor COPY - Patient/Visitor/Staff

03/13 ECFT

HAWAII STATE HOSPITAL
STANDARD OPERATING PROCEDURES

NURSING

SUBJECT: ITEMS ALLOWED ON THE UNIT

Nursing SOP No. 23.731
Effective Date: 01/02
History:
Revised: 11/02, 2/05, 7/09, 8/11, 4/13
Page: 1 of 2

APPROVED:

[redacted]
Director of Nursing Services

[redacted]
HSH Medical Director

REFERENCE: Joint Commission
CTS 01.03.01; 03.01.01; 05.04.01; 05.04.07;
LD 04.01.01; LD 04.04.01

PURPOSE: To establish guidelines in promoting a safe environment by identifying patient items allowed in the dorms and on the unit

DEFINITION: **Nursing Staff** -- RNs, LPNs, Psych. Techs., PMAs.

RESPONSIBILITY:

Nursing staff are responsible for identifying items allowed/not allowed in patient dorms and on the unit. Staff will also be aware of items allowed with monitoring and/or treatment team approval during daily and more extensive weekly environmental rounds.

PROCEDURE:

A. PATIENT DORMS/ROOMS

1. The following may be allowed in patient dorms/rooms
(Items may be disallowed by the unit's rules or the treatment teams)

   a) Clothing that meets the dress code for patients
   b) Hygiene items – Toothbrush and holder (cup) / Toothpaste
      Brush / Comb
      Soap
      Shampoo/Conditioner
      Deodorant
      Denture Cup

   c) Books/magazines – limited so as to be off the floor and neatly arranged
   d) Personal pictures on walls -- may not be material that depicts erotic behavior and/or is intended to cause sexual excitement.

e) Items needed for medical needs, i.e., CPAP (Continuous Positive Airway Pressure) machine
f) Towel and wash cloth
g) Room divider in two or more bed dorms (no items draped on dividers)
h) Laundry basket
i) Wastebasket (without plastic liners and in bathroom shared by 2 patients)

2. All items are to be neatly stored in lockers, drawers, or on shelves. The only items on the floor will be patient's shoes, slippers, laundry basket, and wastebasket.

3. Excess personal property will be stored in the unit's property room (after documented and recorded in the patient's property sheets with patient's and staff's signatures) or sent home to family or friends.

B. PROHIBITED ITEMS

1. Prohibited items include but are not limited to:

   a) Glass items
   b) Metal items that could be used as weapons
   c) Strings on any clothes and shoes
   d) Sharps (pens, pencils, razors, scissors)
   e) Flammable liquids or excess paper considered a fire hazard

2. All plastic bags should be stored in patient's property, not in dorm area.

3. Prohibited items are considered contraband and will be confiscated by staff. Staff will then report the contraband to the patient's treatment team.

RELATED POLICIES:
HSH P&P Dress Code for Patients, 04.032
HSH P&P Contraband and Searches, 09.235
HSH P&P Patient Personal Belongings/Valuables, 12.031

AUTHOR/REVIEWER(S): NEC/LS/RG 8/15/11
NEC/EH 4/09/13

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (LD) Leadership	Number: 12.031 Effective Date: 02/24/99 History: Rev. 06/99, 09/99, 03/00, 03/01, 05/04, 12/07, 07/10, 04/17
SUBJECT: PATIENT PERSONAL BELONGINGS / VALUABLES	Page: 1 of 4 Approved:
REFERENCE: Joint Commission LD.04.01.01, LD.04.04.01	Title: Administrator Date

PURPOSE:

To account for patient personal belongings/valuables.

POLICY:

A patient Personal Belongings Form is used to record each patient's personal belongings and valuables.

RESPONSIBILITY STATEMENT:

The nursing staff is responsible to document patient's belongings/valuables in/out on the patient belonging form. Business Office is responsible to log and verify each valuable deposited into Business Office for safekeeping.

PROCEDURE:

1. Staff logs on the Patient Personal Belonging form, with two (2) staff witnessing, all valuables and personal belongings of the patient at the time of:
   - A. Admission
   - B. Transfer
   - C. When new items are brought in, taken home, disposed of
   - D. Unauthorized absence of 30 days
2. Patient Personal Belongings on Unit
   - A. Personal belongings placed in storage are limited to one (1) medium box (approximately 2ft. x 2ft. x 3ft.).

B. The patient's personal belongings in the room are checked out according to Nursing SOP "Items Allowed on the Unit".

C. The patient is informed that Hawaii State Hospital is not liable for loss, theft, or damage.

3. Patient Belongings Deposited Into Business Office

A. Patient valuables such as, but not limited to, jewelry, cellular phones, vital documents(i.e., State Identification Card, Drivers License, Medical Insurance cards, etc.), checks and cash, are deposited in a Valuables Envelope (see Attachment B).

B. Unit staff lists valuables for storage on Valuables Envelope and Personal Belongings Form (see Attachment A/B).

C. Staff brings Valuables Envelopes and Personal Belongings Form to the Business Office cashier during regular business hours or to the Telephone Operator after business hours. Envelopes to the Telephone Operator are stamped and initialed by the operator then deposited into the Business Office box located in the Telecommunications office. Business Office retrieves the envelopes daily except on weekends and holidays

D. In cases when an item is rejected by the cashier or other Business Office staff, the Unit is contacted to pick up and sign for the rejected item transferring the responsibility of that item back to the Unit.

E. Cashier verifies items listed on Valuables Envelope and Personal Belongings Form and initials with unit staff to verify receipt of valuables.

F. Valuables deposited to Business Office are limited to items that can fit in a 10"x11" storage bag.

4. Patient Valuables Withdrawal From Business Office

A. Unit staff completes a Request to Release Patient Valuables Form (Refer Attachment C).

B. Unit staff brings the Request to Release Patient Valuables Form and Personal Belongings Form to cashier.

C. Business Office logs release of valuables and date stamp the personal belonging form.

D. Patient signs the Personal Belongings Form verifying receipt of valuables with two (2) staff signatures as witnesses.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 12.031 Page: 3 of 4

5. Patient Discharge

   A. All patient's personal belongings are accounted for and cleared with patient's signature and two (2) staff witnesses.

   B. Unit staffs fill out Request to Release Patient Valuables Form in order to clear a patient's account from Business Office.

   C. Cashier initials the discharge stamp, Personal Belongings Form and Valuables Envelope to indicate completion and release of property to patient.

   D. All belongings are given to patient upon discharge. Belongings left beyond 30 days are disposed of.

6. Patient Personal Belongings / Valuables Restrictions

   A. No contraband. Contraband is confiscated and turned over to the Associate Administrator, Administrative and Support Services or designee (refer to P&P #09.235 Contraband and Searches).

   B. The Associate Administrator issues a written notification and forwards the contrabands to a designee. The designee is provided a copy of "Confiscated Contraband Property Receipt, Attachment C – P&P 09.235". The designee retains possession until further notice by the Associate Administrator or designee.

   C. Electronic devices or personal belongings and valued items such as, but not limited to, computers of any size, printers, and other computer equipment, and television sets, are not permitted on hospital grounds.

   D. Patients are not permitted to keep, store, or operate vehicles on Hawaii State Hospital grounds.

   E. The treatment team reserves the right to withhold other personal belongings deemed to be counter-therapeutic to patient's recovery.

7. Unauthorized Absence

   A. All personal property is accounted for with two (2) staff signing the personal belongings forms and placed in storage during unauthorized absence. Documents such as ID cards, passports, and credit cards, are retained in a Certificates Envelope.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 12.031 Page: 4 of 4

DEFINITIONS:

Valuables and/or Personal Belongings - Items on deposit with the Business Office for storage/safekeeping purposes while he/she is a patient of the Hawaii State Hospital such as but not limited to, jewelry, cellular phones, vital documents, checks (unless outdated or not bearing patient name) and cash, small cameras or other electronic devices (MP-3, etc.) or anything else that may not have monetary values to others but are valuable to the individual patient (i.e. expired bus pass, cards, cancelled checks (bearing patient name). These items are limited in size and must fit in a 10"x11" storage bag.

Basic items for rejections – Anything not properly endorsed with patient name, items not listed, except those covered in contraband policy, may be authorized by the treatment team, with the Business Office verification, to ensure that the team understands and has applied standard business practices in making their decision. Items not fitting into the 10"x 11" storage bag are not be accepted by the Business Office.

Unsafe/dangerous items – These are items considered unsafe or dangerous as defined in the hospital's contraband policy and procedure and any item determined by the treatment team capable of causing harm or injury to a person or deemed unsafe for the hospital's environment. Questionable items submitted to Business Office are brought to the attention of hospital administration for a final decision on storage in the Business Office.

ATTACHMENT(S):

Attachment A: Personal Belongings Form
Attachment B: Valuables Envelope
Attachment C: Request to Release Patient Valuables Form

RELATED POLICIES AND PROCEDURES:

HSH P&P #09.235 Contraband and Searches
HSH Nursing SOP #23.731 Items Allowed on the Unit

BO 3/17/17 HEC

Policy 12.031, Attachment A

HAWAII STATE HOSPITAL

PERSONAL BELONGINGS FORM

LIST AND DESCRIPTION OF ITEMS	RECEIVED BY: (date and signature)	

Closure Notations:

Admissions: "All my belongings are in the above list."

Discharge: "All items checked above are accounted for at the time of my discharge."

Name _____

C R _____ Hosp. No. _____

Unit _____

HSH-7A

PERSONAL BELONGINGS

Policy 12.031, Attachment B

VALUABLES ENVELOPE

HAWAII STATE HOSPITAL KANEOHE, OAHU, HAWAII

Unit ..... Date .....

Received this day on account of .....
the following items of personal properties, valuables and/or cash;

ITEM NO.	DESCRIPTION	RECEIVED FROM	DATE	RECEIVED BY	DATE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Policy 12.031, Attachment C

REQUEST TO RELEASE PATIENT VALUABLES

Date _____

To: Business Office
Hawaii State Hospital

Please release the following valuables on deposit for me in the Business Office:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

to me personally or to be delivered to me by _____
Ward Staff Name

for my use while in the hospital or to be returned to me upon discharge.

_____ _____
Unit Charge Nurse Signature Patient's Signature

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (RI) Rights and Responsibilities of the Individual SUBJECT: PATIENT TRUST ACCOUNTS REFERENCE: Joint Commission RI.01.06.05 EP4	Number: 12.020 Effective Date: 1/25/93 History: Rev. 7/96, 6/97, 2/99, 1/01, 9/04, 12/07, 11/11 Page: 1 of 4 Approved: Title: Administrator Date

PURPOSE:

- To establish a method of managing patient's funds using Individual Trust Accounts
- To provide a convenient and immediate system for the deposit and withdrawal of patients' funds.
- To protect the rights of each patient for the safekeeping of and access to his/her funds.

POLICY:

A revolving fund is maintained in the Business Office for the purpose of immediate cash withdrawals of patients' funds. Funds may be deposited into the Trust Accounts by the patient, family, staff, or others. The Trust Account will be maintained by Hawaii State Hospital Business Office (HSH B/O) through the current banking service provider.

Patients have a right to access their funds for discretionary purposes. A guardian is to be sought before denial of access to money if it appears necessary to prevent unreasonable and significant dissipation of assets. Use of discretionary spending is not considered a dissipation of assets.

RESPONSIBILITY STATEMENT:

- The Business Manager is responsible for the overall administration and maintenance of the policy.
- The patient units are responsible for the process used for patients to access their Business Office accounts.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 12.020 Page: 2 of 4

PROCEDURE:

1. Deposits
   a. Each unit is responsible for their own patient deposit record keeping. Unit staff logs the deposit type, amount and date on the patient's Personal Belonging Sheet.
   b. Unit staff brings Personal Belonging Sheet and deposit to cashier.
   c. Cashier stamps Personal Belonging Sheet, acknowledging receipt of deposit.
   d. Cashier issues original HSH receipt to the depositor.
   e. Cashier posts transactions on a computerized ledger account.
   f. Deposits are secured in Business Office safe until transported to bank via armored car service.

2. Withdrawals
   a. Patient Cash Withdrawals
      1) Patient is required to sign a withdrawal form, which is witnessed and countersigned by authorized unit staff. Withdrawal forms are supplied by the cashier.
      2) Cashier, prior to releasing cash, confirms account balance.
      3) Cashier posts the transaction on a computerized ledger account.
      4) Refer to 3a(1), 3a(2), and 3a(6) for restrictions.

   b. Staff Cash Withdrawals
      1) Withdrawal form is pre-signed by patient, witnessed and countersigned by authorized unit staff to authorize withdrawal from the account.
      2) Withdrawal form is presented to cashier to confirm balance before releasing cash.
      3) Staff member signs a receipt for the money received.
      4) Cashier posts the transaction on a computerized ledger account.
      5) Refer to 3a(1), 3a(2), and 3a(6) for restrictions.

   c. Check Withdrawals
      1) Same as Patient Cash Withdrawals see instruction 2A.
      2) Refer to 3a(3), 3a(4) and 3a(5) for restrictions.

   d. Discharge Withdrawals
      1) All patients must go through clearance process.
      2) HSH B/O must clear patient on property sheet.
      3) Valuables and Cash Discharge Withdrawals:
         a) Valuables: Request to Release Patient Valuables form must be signed by patient.

b) Cash: $99 maximum, balance can be provided in check upon notification to Business Office.
c) Custodian Accounts: Can not be closed until a new Representative Payee is established.

3. Restrictions
   a. Withdrawal Restrictions
      1) Daily Withdrawal Limit:
         a) Under $99: Patient's daily withdrawal limit is $99 or less per day.
         b) Over $99: Cashier must be notified for withdrawals over $99.

      2) Special Withdrawal restriction:
         a) Special withdrawal restrictions may be placed on account with written notice to cashier.
         b) With written authorization to cashier, patients can withdraw beyond restrictions.
         c) Special withdrawal restrictions may be removed upon written notification from the patient's Treatment Team or upon expiration date noted on the restriction.

      3) Check Withdrawals:
         a) Patients can request withdrawals in check form.
         b) Check turnaround time:

      4) Check Cashing
         a) NO CHECK CASHING. Patient deposits check and only withdraws daily amount allowed.

      5) Withdrawals Against Checks Deposited (Pertaining to checks over $50):
         a) Local Checks: Must wait 5 working days before withdrawing on check deposit.
         b) Out of State Checks: Must wait 10 working days before withdrawing on check deposit.

      6) Restricted Patients:
         a) Some patients are restricted from cashier window. Withdrawal transactions for such patients are completed by authorized staff. Cashier may refuse service to such patients unless staff accompanies them or patients have written notice to do so.

7) Custodian Accounts:
   a) Withdrawal Limit: $15 or less per week
   b) Withdrawals over $15:
      (1) Requires written request with clinical approval to cashier accompanied with withdrawal request form.
      (2) Patient Account Manager must approve request before funds are released.
   c) Withdrawals over $50:
      (1) Same as 3b(1)b.
      (2) Receipts from fund use must be returned to Business Office.

FOOTNOTE:

In extreme circumstances where a client is unable to sign the withdrawal slip, any one of the patient's treatment team members, usually the Social Worker attaches a written explanation of this circumstance to the withdrawal slip and submits to the Business Office for issuance of a check payable to the patient.

Business Office/ja 2010

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (RI) Rights and Responsibilities of the Individual SUBJECT: ACCESS TO PERSONAL FUNDS REFERENCE: Joint Commission LD.04.02.05, LD.04.01.01; HRS 334E(23); HAR 11-175-35	Number: 04.505 Effective Date: 12/21/92 History: Rev. 10/95, 9/96, 3/01, 3/11 Page: 1 of 1 Approved: Title: Administrator Date

PURPOSE:

To protect the rights of each patient to have access to his/her funds; to assist the patient in the safekeeping of such funds.

POLICY:

- The amount of money a patient is allowed to keep on the unit is determined by the unit and by the patient's treatment team.
- A larger amount of money will be permitted for patients prior to exercising off-grounds privileges (shopping trips, etc.).

RESPONSIBILITY STATEMENT:

Patient units are responsible for having written rules regarding the amount of money patients may keep on the unit and the process patients and staff will use for patients accessing their funds kept in the HSH business office and in private accounts.

PROCEDURE:

1. Each unit makes arrangements for patients who are unable to make their own withdrawals to withdraw cash from the Business Office.
2. The Business Office will be open for patients' deposits and withdrawals from 9:00 a.m. to 2:00 p.m., Monday through Friday (holidays excluded).
3. Patients wanting to access funds complete a Request Form on the patient unit and submit to treatment team. The treatment determines if the amount is appropriate for the purpose of the funds and money is withdrawn from the Business Office.
4. Some patients may be asked to provide receipts for purchases.
5. Excess money is re-deposited into the Business Office.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (RI) Rights and Responsibilities of the Individual SUBJECT: TELEPHONE AND MAIL (PATIENT RELATED) REFERENCE: Joint Commission RI.01.01.01	Number: 04.550 Effective Date: 12/21/92 History: Supers. 12.024, 13.015; Rev. 9/96, 11/00, 11/04, 7/10 Page: 1 of 2 Approved: Title: Administrator Date

PURPOSE:

To clarify the rights of patients to uncensored communication as well as permissible limitations on those rights and to establish procedures for ensuring these rights.

RESPONSIBILITY STATEMENT:

The Business Manager and/or PIP Store Manager are responsible for maintaining and distributing telephone cards for patient use for long distance calls. The Telecommunications Supervisor is responsible for the management of long distance calls. All direct care staff are responsible for ensuring the access of patients to telephone calls and the sending and receipt of mail.

PROCEDURE:

A. PHONE CALLS:

1. All units establish daily telephone hours as set by the Nursing Executive Committee. The admission unit may differ from other units. Patients may use the phone during these hours except during their scheduled treatment activities.
2. The right to make phone calls may be limited only to prevent a patient from:
   a. breaking the law;
   b. being seriously hurt, physically or mentally; or
   c. disrupting the facility.
3. If a request to prevent a patient from calling a person is received, the request is documented in the progress notes. An oral request is valid for seven (7) days. This may be followed by a written request, which is valid until discharge of the patient. **Once a request has been received, staff monitors all calls made by the patient. Calls to attorneys, Hawaii Disability Rights Center, the Patient Hot Line and the Patient Rights Advisor are not limited.**
4. Long distance calls are placed through the HSH telephone operator and require the authorization of staff. Calls charged to HSH are for official business only. Calling

cards may be purchased by patients at the Business Office.

B. MAIL:

1. Patient mail is not to be opened by staff. A patient may be required to open incoming mail in the presence of a staff member if contraband is reasonably suspected.
    a. When observing patients opening their mail, staff remains vigilant for vital documents such as **State Identification Card, Drivers License, Medical Insurance cards**, etc. If a vital document is found, as pursuant to the policy Patient Personal Belongings/Valuables (12.031), it is kept in the Business Office in a Valuables Envelope.
2. The right to send and receive mail may be limited only to prevent a patient from breaking the law. Any letters not posted must be returned to the patient or held in the patient's stored belongings until discharge.
3. Any restriction on communications is a Treatment Team decision, and part of a treatment plan. The restriction is to be reviewed at each treatment team meeting, and the review is documented in the Treatment Plan Review.

C. PAGERS AND CELLULAR PHONES:

Pagers and cellular phones are stored in a non-patient accessible area and are not allowed in the possession of patients unless in the event of authorized absence. The Treatment Team may allow and control use of pagers or cellular phones for unescorted, off-ground patients for the purpose of check-ins, location checks and general patient tracking.

D. EMAIL AND INTERNET:

Email is not available for patients. Internet access may be available for treatment purposes.

RELATED POLICIES AND PROCEDURES:

12.031 Patient Personal Belongings / Valuables, HSH Policy

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (IM) Information Management SUBJECT: PERSONAL MOBILE DEVICES, VOICEMAIL AND TELEPHONE ETIQUETTE REFERENCE: Replaces Administrative Directive No. -06; Honolulu City and County Bill 4	Number: 13.060 Effective Date: 04/13/04 History: Rev. 05/07, 01/09, 06/09, 07/11, 08/13, 09/15 Page: 1 of 4 Approved: Title: Administrator Date

PURPOSE:

This policy outlines the use of personal mobile devices or hands free technology at work by the employees of the Hawaii State Hospital (HSH). This includes special issues related to camera phones, devices with audio recording functions, and the personal and safe use of personal mobile devices while driving vehicles on hospital grounds and state vehicles off hospital grounds. It further serves to protect against those using personal mobile devices or hands free technology in a hurtful and harassing way in the workplace.

To establish conditions and guidelines related to voicemail communication and telephone etiquette at HSH. HSH maintains voice mail to assist employees in communicating efficiently for the purpose of achieving the mission and goals of the hospital.

POLICY:

All employees are to use personal mobile devices or hands free technology devices only as indicated in the procedures below. This especially relates to operating vehicles on hospital grounds and state vehicles off hospital grounds. Employees are to practice proper voicemail and telephone etiquette in the hospital. Inappropriate use, including any violation of this policy, may result in, but is not limited to, cancellation of privileges, disciplinary action including discharge, revocation of professional credentialing or license, or notification to proper authorities for criminal/civil proceedings, depending upon the level and seriousness of violation.

RESPONSIBILITY STATEMENT:

It is the responsibility of the supervisor to ensure staff's compliance with this policy and procedure.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 13.060 Page: 2 of 4

PROCEDURE:

A. Personal Mobile Devices or Hands Free Technology

1. Personal mobile devices or hands free technology is not to be used for personal purposes during work duty
2. Personal mobile devices or hands free technology is not to be used when operating vehicles on hospital grounds and when operating State owned vehicles off hospital grounds.
3. Employees are required to keep their personal mobile devices off of their person during their work hours, except as approved by the supervisor. Direct care nursing staff are required to keep personal cell phones out of patient care areas, including the Treatment Mall.
4. Employees may use personal mobile devices when on duty free break and meal periods and only in approved staff lounge or break areas. If an employee is experiencing a special emergency that may require use of a personal mobile device at a time other than scheduled breaks or meal periods, the employee should discuss the situation with their supervisor at the beginning of the work shift if possible. When authorized by your supervisor this privilege does not extend if you are involved in operating vehicles on hospital grounds and State owned vehicles off hospital grounds. The hospital notifies employees in case of emergencies. Calls should be directed to the hospital switchboard at 247-2191. The on-duty operator immediately informs the employee or in the employee's absence, the employee's supervisor for appropriate action.
5. HSH is not responsible for the loss of personal mobile devices or hands-free technology brought to the workplace or personal injury or damages occurring on State property due to an individual operating a State owned or personal vehicle while using a personal mobile device.
6. Personal Mobile Devices with a Camera Function

   HSH prohibits the use of camera functions on personal mobile devices when in the workplace in order to secure the patient, employee, and other business information privacy.
7. Personal Mobile Devices with Audio Recording Function

   HSH prohibits the use of audio recording functions on personal mobile devices when in the workplace in order to secure the patient, employee, and other business information privacy.

8. Personal Use of Hospital Provided Personal Mobile Device

   a. When job or business needs demand immediate access to an employee, HSH issues a hospital-owned personal mobile device to an employee for work related communications. To protect the employee and the hospital from potential liability related concerns, such devices are to be used for work related reasons only and call records may be audited.

   b. If an employee experiences a severe personal emergency that results in the need to use the hospital's personal mobile device, he or she is required to reports this use to their supervisor within 24 hours via an Employee Incident Report (EIR) Form. The employee may be asked to reimburse HSH for the cost of the call when the bill is received. Failure to report such use and/or reimbursement of the cost of the call may result in disciplinary action as deemed appropriate.

   c. Employees in possession of a HSH issued personal mobile device protect the equipment from loss, damage, or theft. Upon request or resignation or termination of employment, the employee may be asked to produce the personal mobile device for return and/or inspection. Employees unable to present the personal mobile device in good working condition on their last day of employment may be expected to bear the cost of repair or replacement.

   d. Resigned or terminated employees with outstanding debts for equipment loss and/or unauthorized charges are considered to have left employment on unsatisfactory terms and may be subject to legal action for recovery of the loss.

9. Safety Issues for Personal Mobile Device Use

   a. Employees that are issued a hospital personal mobile device for work purposes are not to use their device while operating a vehicle on hospital grounds and when operating a state vehicle off hospital grounds.

   b. In situations where job responsibilities include regular driving or occasional driving the person operating the vehicle must pull off the road and stop the vehicle before taking a call. Hands-free equipment may be utilized to provide the safest environment possible, but in very limited situations, as approved by the Associate Administrator for Administrative and Support Services.

   c. While operating a vehicle to fulfill work related needs, under no circumstances are employees allowed to place themselves and others at risk in order to answer a call.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 13.060 Page: 4 of 4

B. Voice Mail and Telephone Etiquette

1. Employees are familiar with the Telephone Features Booklet to get the most effective use from their desk phone.
2. Employees at their desks answer the phone when it rings. Possible exceptions are when participating in a work related meetings, telephone conversations, or tasks or projects where interruptions would delay efficient service.
3. Employees check their voice mail messages each time they return to their desk if the message feature is blinking.
4. Employees return calls promptly. If they are unable to completely respond to a message in their mailbox, give a reply call. State your name, confirm that the message was received and is being addressed, and lastly, that you are going to call again when you have an answer.
5. Employees forward their phone to voice mail when they leave their desks and cancel it upon return. If employees expect to be out of the office for a day or more due to travel or vacation, etc., leave an extended personal greeting on the voice mailbox. The message includes:
   a. Length of absence and return date.
   b. Alternate point of contact if there is one.
   c. Whether they are going to retrieve and respond to messages during the absence.

C. Violations

Violations of this policy are subject to the disciplinary process. If a citation results from violations outside the hospital grounds, the employee committing the violation is responsible for all fines and penalties. Furthermore, this may result in a revocation of phone privileges.

IMFT/KKA 07/2015

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (LD) Leadership	Number: 12.310 Effective Date: 09/10/04 History: Rev. 12/07, 04/12, 07/12, 08/15
SUBJECT: RELATIONSHIP SECURITY: SAFE & THERAPEUTIC STAFF-PATIENT INTERACTIONS	Page: 1 of 4 Approved:
REFERENCE: Joint Commission LD.03.01.01, .03.06.01, .04.02.01	Title: Administrator Date

PURPOSE:

The purpose of this policy is to provide guidelines to promote appropriate, safe and therapeutic staff-patient relationships.

POLICY:

All Hawaii State Hospital (HSH) employees honor professional boundaries and maintain staff-patient relationship security by having only appropriate and professional staff-patient interactions and refraining from inappropriate staff-patient interactions.

RESPONSIBILITY STATEMENT:

All HSH employees are responsible to maintain safe and therapeutic relationships with patients that are supportive of treatment and within appropriate boundaries. They report to their supervisor any concerns about questionable staff-patient interactions they observe.

PROCEDURE:

A. Self Monitoring: All staff:

1. Maintain safe, professional, and therapeutic relationships with patients that observe, apply and reinforce appropriate limits and therapeutic boundaries, as described in the "Therapeutic Rules" attached to this policy. Safe, professional, therapeutic relationships are free of violations or dual relationships characterized by any of the following:
   a. Close friendships.
   b. Inappropriate or unprofessional conduct, including inappropriate gestures and/or touching and the use of unprofessional language or dialogue.

c. Providing services, favors or assistance to hospital patients that exceed or extend outside the course of treatment, or have not been ordered or recommended by a licensed clinician, team leader or supervisor.
d. Engaging in reciprocal ("quid pro quo") relationships with patients (relationships that involve payment or fees for services rendered).
e. Engaging in romantic relationships with patients, including sexual intimacy.
f. Engaging in violent, threatening or intimidating behavior.

2. Set limits on staff-patient relationships consistent with best practice standards for professional relationships in state hospital environments.
3. Report any concerns about questionable interactions they observe to their supervisor or designee.
4. Seek out support and discuss the reactions they are having with their supervisor, or the treatment team, when they experience difficulty in managing safe and therapeutic boundaries with a patient.
5. Support peers in adhering to safe and therapeutic rules.

B. Treatment Team Responsibility: The treatment team:

1. Identifies patients considered to be high risk for boundary issues based on history and clinical characteristics.
2. Ensures that appropriate alerts and appropriate clinical information are communicated to both on-unit and off-unit staff.
3. Ensures that the clinical issues regarding a relationship security breach or dual relationships are incorporated into the patient's treatment/recovery plan.

C. Supervisor/Manager Responsibilities: The supervisor/manager:

1. Ensures that all staff members have been trained in relationship security.
2. Addresses any potential or real threat to relationship security with the employee.
3. Consults with Risk Management as needed.
4. Follows the hospital's protocol for disciplinary action when appropriate.
5. Requests patient or staff transfer as needed to minimize the possibility and/or impact of boundary violations.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 12.310 Page: 3 of 4

DEFINITIONS:

Relationship Security is defined as the safety and treatment potential gained from the appropriate maintenance and monitoring of therapeutic staff-patient interactions. The HSH responsibility for treatment, evaluation, and public protection must be based upon an effective Relationship Security program. The hospital's Relationship Security program is monitored by the clinical leadership and management and the Clinical Safety Coordinator.

Appropriate staff-patient interactions are those interactions that are based upon and purposefully support the patient's treatment plan. They are one-way helping interactions for the patient's benefit. The parameters for determining whether or not an interaction with a patient is appropriate are defined by the patient's treatment plan, the employee's duty statement, professional role and work assignment, as well as ethical considerations and the law.

Inappropriate staff-patient interactions exist on a continuum from careless or ill-informed boundary inattention to exploitive dual relationships where the employee is using his or her position and the patient's condition or confinement for personal gain. Dual relationships, typically the end point of a progression of boundary crossings over time, are unethical, compromise a patient's treatment plan, and/or deviate significantly from an employee's professional role. Examples of dual relationships include (but are not limited to): romantic/sexual involvement, contraband or drug exchange, business relationships, religious counseling by non-clergy staff, and physical and/or psychological abuse of any kind. Overly social interactions, in which the staff member is deriving personal gratification and/or is meeting personal needs for admiration, social support, condolence, or friendship through interactions with patients, also fall in the category of dual relationships. The hospital expressly forbids and does not tolerate staff engaging in dual relationships with patients.

Therapeutic Rules define the parameters of helping relationships and distinguish helping relationships from other types of relationships. Each staff member who works directly with patients is familiar with the "Therapeutic Rules" discussed in the attachment to this policy. The attachment may be used as a resource for teaching patients about safe and therapeutic staff-patient relationships.

ATTACHMENT(S):

"Therapeutic Rules – Working with Staff to Make the Most of Your Treatment"

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 12.310 Page: 4 of 4

RELATED POLICIES AND PROCEDURES:

- Code of Conduct
- 14.503 Hawaii State Hospital Clinical Lines of Authority
- 14.005 Patient Abuse and Neglect by Staff
- 14.038 Resolution of Conflict

HEC 8/15

Therapeutic Rules - Working With Staff to Make the Most of Your Treatment

The Hawaii State Hospital (HSH) is designed to treat persons with mental illness. It is different from a prison in many ways.

One important way is that staff and patients work together as part of treatment.

Boundaries are Important to Our Success at HSH

- Staff will talk with patients about "**boundaries**" and "**appropriate**" behavior.
- It is very important for patients and staff to be able to tell the difference between what is "**OK**" and "**Not OK**" in terms of what is said and done, personal feelings, respect for the personal space of others, and the ability to maintain a treatment relationship with the staff.
- The ability to learn about appropriate interactions with others and respect therapeutic boundaries is an important skill for patients and staff to master.

Staff-Patient Relationships are One-Way Helping Relationships

- Staff-patient relationships here at HSH are different from other kinds of relationships.
- They are "helping" relationships.
- Staff will encourage patients to talk about personal issues and help patients solve problems.
- Staff will expect patients to work with them on their problems, but patients not expected to help staff with their issues.

What does behavior look like that is 'OK' (appropriate) or 'Not OK'?

OK

- Talking to staff about treatment and discharge goals
- Telling the treatment team if a patient feels a staff member has crossed professional boundaries
- Actively participating in your treatment and learning
- Maintaining therapeutic interactions with staff
- Treating staff with courtesy & respect

Not OK

- Touching staff, staring
- Asking staff personal questions
- Commenting on staff's appearance
- Flirting with staff or making sexual comments
- Expecting staff to keep your secrets
- Expecting staff to bend rules for you
- Expecting special favors from staff
- Doing special favors for staff
- Giving gifts to staff
- Romantic or business relationships

'Helping' Relationships are Different from Friendships

Sometimes, when you begin to share your problems with staff you may feel like you are talking to a friend. It is even possible that you may find yourself attracted to a staff member or think you have loving feelings for a staff member. These feelings of attraction are not uncommon for people receiving therapy. It is important not to act on these feelings.

Remember:

- Staff are not here to share their personal information with you.
- Staff are not here to ask you for help with their problems.
- It is against hospital rules for staff to become romantically involved with you.
- It is against hospital rules for staff to provide you with special favors.
- If you begin to have strong feelings for a particular staff you should discuss this with your treatment team.

Love, 2002
Rev. 06/15

HAWAII STATE HOSPITAL POLICY AND PROCEDURE (EC) Management of the Environment of Care SUBJECT: HOSPITAL BOUNDARIES REFERENCE: HRS Section 334	Number: 19.525 Effective Date: 09/27/96 History: Rev. 10/02, 11/06, 04/13 Page: 1 of 2 Approved: Title: Administrator Date

PURPOSE:

To clarify the boundaries that are considered "Hospital Grounds" for the purposes of elopement, Absent Without Leave (AWOL), tobacco or smoke-free areas.

POLICY:

1. Elopement: An elopement is an event for any length of time in which a patient, whether voluntary or involuntary, leaves the facility grounds, or leaves from a community outing, without authorization and without notifying the staff of their intention to do so.
2. Elopement Attempt: It is an event for any length of time in which a patient whether voluntary or involuntary leaves the hospital grounds without authorization and without notifying staff of their intention to do so, however, the patient was in line of sight of staff or the staff had basic knowledge of the general whereabouts of the patient and pursued this general area until such time that the patient was re-directed to willingly return to the hospital safely.
3. AWOL: Refers to the term Absent Without Leave, which describes a patient who is not in his or her assigned location but is on grounds. For example, an unescorted patient who is assigned to attend an off-unit Occupational Therapy class but doesn't go and is on the Village Green instead.
4. Tobacco or Smoke-Free Areas: Hospital boundaries are considered tobacco and smoke free areas.

RESPONSIBILITY STATEMENT:

All staff, patients and visitors are responsible for complying with the boundaries set forth in this policy and procedure.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 19.525 Page: 2 of 2

PROCEDURE:

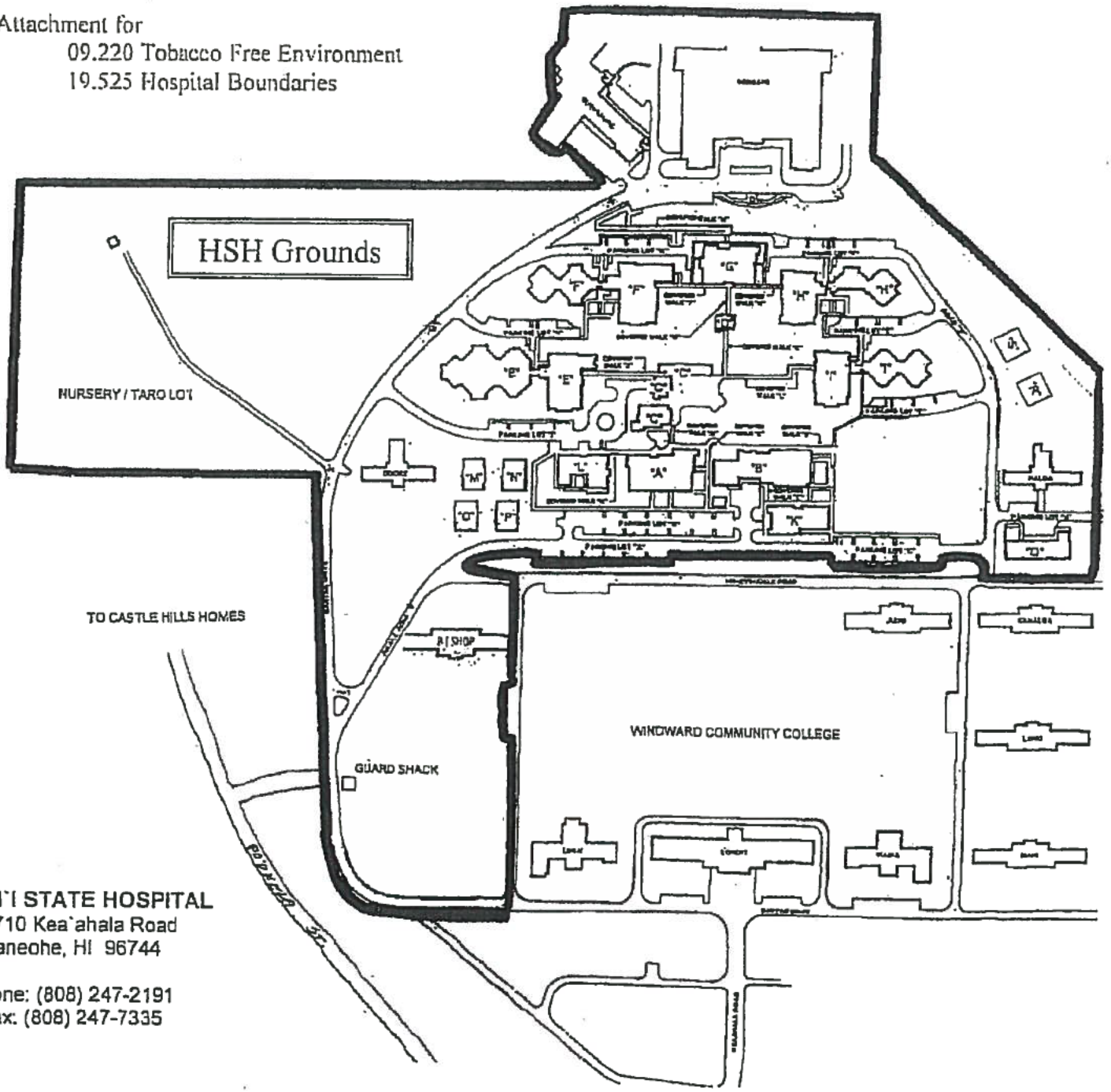
1. The attached map of Hawaii State Hospital delineates "Hospital Boundaries" for the purpose of determining AWOL and elopements, tobacco and smoke-free areas, and any other instances where "Hospital Boundaries" are in dispute regarding patients and staff at Hawaii State Hospital.
2. The "Hospital Boundaries" are adequately marked through signage to inform those entering and leaving the authorized Boundaries established in this policy and procedure.
3. A copy of the attached map of "Hospital Boundaries" is posted on each unit in an appropriate place to ensure each patient is aware of the grounds.
4. The "Hospital Boundaries" are reviewed with patients prior to issuance of patient passes/authorized absences, etc.

ATTACHMENT:

Map of HSH highlighting boundaries.

BE 11/06

Attachment for
09.220 Tobacco Free Environment
19.525 Hospital Boundaries



HAWAI'I STATE HOSPITAL
54-710 Kea'ahala Road
Kaneohe, HI 96744

Phone: (808) 247-2191
Fax: (808) 247-7335

A.G. 17-[illegible]571 EXHIBIT '[illegible]' 1 of 4 [redacted]

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
11·11	3	grds/lunch/grds	1010	1150
11·11	3	grds	1215	130
11·11	3	grds/din/grds	330	600
11·12	3	bkfst	750	900
11·12	3	grds/lunch/grds	900	

RTS2011

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
10-30	3	gyms/dim/gym	440	60
10 31	3	bkfst	680	740
10-31	3	gyms/dim/gym	400	555
11.1	3	bkfst /	650	740
11.1	3	gyms/dim/gym	330	600
11.2	3	bkfast /	740	745
11.2	3	gyms/dim/gym	330	600
11.3	3	bkfst /	660	735
11.3	3	gyms/dim/gyms	330	525
11.4	3	bkfst	750	859
11.4	3	gyms/lunch/gyms	1005	130
11.4	3	gyms/dim/gyms	400	520
11.5	3	bkfst /	800	850
11.5	3	gyms/lunch/gyms	920	220
11.5	3	gyms/dim/gyms	330	630
11.6	3	bkfst /	650	750
11.6	3	gyms dim/gym	330	540
11.7	3	bkfst /	700	745
11.7	3	gyms/dim/gym	330	604
11.8	3	bkfst /	650	725
11.8	3	gyms/dim/gym	330	550
11.9	3	bkfst /	1050	740
11.9	3	gyms/dim/gym	830	930
11-10	3	bkfst /	805	835
11.10	3	gyms/lunch/gyms	1005	1105
11.10	3	gyms/lunch/gyms	1125	1220
11.10	3	gyms/dim/gym	330	520
11.11	3	bkfst	750	850

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
10-20	3	[illegible]	650	730
10-20	3	[illegible]	330	530
10-21	3	[illegible]	800	830
10-21	3	[illegible]	915	1255
10-21	3	[illegible]	445	530
10-22	3	[illegible]	750	830
10-22	3	[illegible]	915	155
10-22	3	[illegible]	330	455
10-23	3	[illegible]	650	740
10-23	3	lunch	1110	200
10-23	3	[illegible]	330	530
10-24	3	[illegible]	700	810
10-24	3	[illegible]	330	555
10-25	3	[illegible]	650	715
10-25	3	lunch	1110	1200
10-25	3	[illegible]	330	530
10-26	3	[illegible]	650	740
10-26	3	lunch	1115	1150
10-26	3	[illegible]	330	600
10-27	3	[illegible]	660	735
10-27	3	[illegible]	330	600
10-28	3	[illegible]	758	830
10-28	3	[illegible]	915	1200
10-28	3	[illegible]	330	535
10-29	3	[illegible]	950	830
10-29	3	[illegible]	915	1150
10-29	3	[illegible]	330	600
10-30	3	[illegible]	660	730

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
10·08	3	Brkfst	750	825
10·08	3	Gyms/Lunch/Gyms	1215	1245
10·08	3	Gyms/Din/Gyms	1530	1655
10·09	3	Brkfst	650	750
10·09	3	Gyms/Din/Gym	330	500
10·10	3	Brkfst	700	740
10·10	3	Gyms/Din/Gym	330	540
10·11	3	Brkfst	650	735
10·11	3	Gyms/Din/Gym	330	545
10·12	3	Brkfst	650	730
10·12	3	Gyms/Din/Gym	700	915
10·13	3	Brkfst	650	735
10·13	3	Gyms/Din/Gym	330	540
10·14	3	Brkfst	700	730
10·14	3	NAMI walk	750	1200
10·14	3	Gyms	1200	1230
10·14	3	Gyms/Dinner/Gym	330	535
10·15	3	Brkfst	800	835
10·15	3	Gyms/Lunch/Gyms	915	1245
10·15	3	Gyms/Din/Gym	330	500
10·16	3	Brkfst	650	750
10·16	3	Gyms/Din/Gym	330	540
10·17	3	Brkfst	650	730
10·17	3	Gyms/Din/Gym	330	545
10·18	3	Brkfst	655	730
10·18	3	Gyms/Din/Gym	330	540
10·19	3	Brkfst	650	735
10·19	3	Gyms/Din/Gym	330	535

HAWAI'I STATE HOSPITAL QUALITY MANAGEMENT

PATIENT EVENT REPORT

EVENT NO.: 170928

Patient's Name: [redacted]

CR#: [redacted] Patient's Unit: I

Date Reported: 11/12/17 Time Reported (24HR): 1915

Date of Event: 11/12/17 Time of Event (24HR): 1900

Person Filing Report - Do not sign: [redacted] Title: AT

AT THE TIME OF THE EVENT (CIRCLE ONE)	
Special Precautions	**Privileges**
(a) Routine b) q15 c) q30 d) 1:1 for a) Assault b) Elopement c) Fall d) Self-harm/injury e) Suicide	a) Restricted to Unit b) Escorted (c) Unescorted on grounds

PLACE OF EVENT: (1) On-unit ☐ (2) HSH Grounds/ HSH Bldg. ☐ (3) Community ☐ To Mall ☐ (4) Other

Narrative Description of Event (**Print clearly**: include Who, What, When, How, Why & Patient's Behavior)

PT. has not returned to unit-I from unescorted ground. he left the unit from UG this morning @ 0900 but has not returned since then. [redacted] Notified of HPD

Serious Events are IMMEDIATELY reported to the Nursing Supervisor.

TYPE OF EVENT

Check all that apply

- ☐ (E1) Allegation of Staff Neglect 600.02
- ☐ (E2) Alleg. Physical Abuse by Staff 600.04
- ☐ (E3) Alleg. of Sexual Abuse by Staff
- ☐ (E4) Alleg. of Staff Verbal/Emotional Abuse
- ☐ (E5) Elopement / ☑ AWOL 450 & 475
  - (E50) Legal Status _____
  - (E51) Date/Time Return ____/____
- ☐ (E6) Code 200 625
- ☐ (E7) Code 500 650
- ☐ (E8) Death 650.04
- ☐ (E27) Acute Medical Condition
- ☐ (E9) Exposure / Blood and Body Fluids
- ☐ (E10) Patient to Patient Sex/Harassment
- ☐ (E11) Suicide Attempt 525.07
- ☐ (E12) Contraband 730.01
- ☐ (E13) Equipment/Medical Equip. Failure
- ☐ (E14) Fall / Un-witnessed 225
- ☐ (E15) Fall / Witnessed 200
- ☐ Adverse Drug Reaction
- ☐ (E16) Medication Error 275
- ☐ (E17) Patient Property Loss/Theft 700.05
- ☐ (E18) Patient-Patient Assault
- ☐ (E19) Patient-Staff Assault 525.03
- ☐ (E20) Property Destruction 700.04
- ☐ (E21) Safety 700.03
- ☐ (E22) Self-injurious Behavior 525.06
- ☐ (E23) Substance Use 525.08
- ☐ (E24) Treatment Error 350
- ☐ (E26) Extreme Agitation
- ☐ (E25) Threat
- ☐ (E25) Other _____

INTERVENTION

- ☐ (I1) Verbal Support
- ☐ (I2) Verbal Redirection
- ☐ (I3) Quiet Time
- ☐ (I4) Monitoring
- ☐ (I5) Vol. PRN/Stat Med Given
- ☐ (I6) Invol. PRN/Stat Med Given
- ☐ (I8) Manual Hold of >5 min.
- ☐ (I9) Ambulatory Restraints *(WWR, Shackles or WWR & Shackles)*
- ☐ (I7) Seclusion
- ☐ (I10) 4 or 5-Point Restraints
- ☐ (I11) Other: _____

ADVERSE DRUG REACTION / MEDICATION ERROR DUE TO:

Please note # of occurrences beside each error ("___")

- ☐ (A01) Extra Dose(s) ___
- ☐ (A02) Missed Dose(s) ___
- ☐ (A03) Wrong Dose ___
- ☐ (A04) Wrong Meds ___
- ☐ (A05) Wrong Patient ___
- ☐ (A06) Wrong Route ___
- ☐ (A07) Wrong Time ___
- ☐ (A08) Other and due to: ___
- ☐ (A09) Incomplete documentation ___
- ☐ (A10) Pharmacy Mislabeled ___
- ☐ (A01) *Notify Pharmacy & check box*
- ☐ (A02) Pharmacy Supply ___
- ☐ (A03) Transcription ___
- ☐ (A04) MAR misread/misinterpreted ___
- ☐ (A05) Forgot to administer medication ___
- ☐ (A06) Miscalculated/Measured dosage ___
- ☐ (A07) Incomplete/Confusing order ___
- ☐ (A08) Misread medication label ___
- ☐ (A09) Failed to check pt's ID info. ___
- ☐ (A10) No arrangement of meds for off unit patient ___

RECEIVED NOV 14 2017 HAWAII STATE HOSPITAL ADMIN.

CONFLICT with/

- (C1) Patient: _____
- (C2) Injury: _____
- (C4) Staff: _____
- (C6) Injury: _____
- (C4) Other _____
- (C6) Injury: _____

ASSESSMENT & TREATMENT OF PATIENT (NOT STAFF) *Must note injury, size, location, nature of injury and Tx.*

Level (1-6): 1 (Severity of event)
(Please see instructions on reverse for level # definitions)

Mental Status: Alert

RN Assessment (*physical findings*): ?

?

Is *PAIN* present? Circle one. Y N

MD Assessment: [redacted]

- ☐ (A11) No Injury/No Treatment
- ☐ (A12) Injury but no Treatment
  Brief Description (abrasions, lacerations, etc): _____
- ☐ (A13) Required First Aid
- ☐ (A14) Required Medical Intervention: Assessment and Treatment by a Physician at HSH
- ☐ (A15) Required Assessment and/or Treatment by an Outside Provider

A.G. 17-4571 EXHIBIT 'S' 1 of 4

Action by Charge Nurse (Required for all Events)

Notified [redacted] of police

Charge Nurse Name: [redacted] Date/Time: 11/12/17

NOTIFICATIONS

	DATE	TIME (24HR)	Person Notified	Notified By
Attending Psychiatrist/OD	11/12/17		[redacted]	[redacted]
Chief, Department of Nursing	/ /			
Nursing Supervisor	11/12/17		[redacted]	[redacted]
HSH Clinical Director	/ /			
HSH Administrator	/ /			
HSH Risk Management	/ /			
Security	/ /			
Parent/Guardian	/ /			
Hawaii Disability Rights Center	/ /			
AG Office/Spec. Investigations	/ /			
Law Enforcement	/ /			
Infection Control	/ /			

ACTION TAKEN
(AS APPROPRIATE)

Nurse Manager Signature [redacted] Date 11/13/17

discussed incidents & improvements in the unit system. P&P's reviewed w staff

Attending Psychiatrist/Tx Team Signature [redacted] Date 11/13/17

Chief, Dept. of Nursing Signature [redacted] Date 11/20/17

Referred for investigations

Risk Management Department Signature _____ Date _____

ALL NURSING STAFF, PLEASE NOTE FLOWCHART FOR THE PATIENT EVENT REPORT

Chief, Dept. of Nsg. For review then to Risk Mgmt ⇐ *Attach Yellow NCR Copy to the Nursing 24 Hour Report* ⇐ *Distribution from Charge Nurse* ⇒ *White Original to Nurse Mgr for Rounds with MD* ⇒ *Review and Note by Nurse Mgr and MD* ⇒ *Route to Admin on Next 24 Hour Report* ⇒ *Review and Noted by Chief, Dept. of Nsg* ⇒ *To Risk Mgmt*

PATIENT EVENT REPORT INSTRUCTION SHEET

Header Section

1. The Event Number will be put on the form by Risk Management.
2. The form is to be written legibly. It may be returned to you if it is not easily read.

Basic Information Section

1. Print the patient's name, CR# and unit. This report is NOT USED FOR STAFF OR VISITOR EVENTS.
2. Circle Special Precautions and Privileges that apply, if any. Write in reason for precaution e.g. falls, assault, etc.
3. Times should be entered based on 24 hour clock notation.
4. The Narrative Description includes a clear short summary of WHO, WHAT, WHEN, and WHY and HOW if known.

Type of Event Section

1. Immediately notify the Nursing Supervisor of all Serious Events. The "✦" identifies those events with mandatory immediate reporting. The supervisor notifies the Director of Nursing of all serious events.
2. Check ALL the types of events that apply. If it is a medication event, check it in this section and describe it in the next section.
3. Legal Status means the admission or commitment type e.g. voluntary, MH-6,406, 707, etc.

Intervention. Type of Medication Event

1. More than one type of intervention may be checked; include the number of occurrences. Each wrong medication administration is counted as an error. (e.g. If a QID is not given for 5 days, this counts as 20 errors *OR* if 2 QID meds were missed during a period, this counts as 40 errors.)
2. Interventions with "✦" are serious events and require immediate notification of Nursing Supervisor.
3. Pharmacy must be notified as soon as possible for mislabeled medication. If after hours, page the on-call pharmacist via the telephone operator.

Conflict/with Section

1. Identifies the one who assaulted this patient or the one this patient assaulted. If the other person is a patient, a Patient Event Report will be filled out on them also. If the person is staff or a visitor, this may be the only place the name will be recorded.

Assessment and Treatment

1. Summarize important findings. Write a comprehensive note in the Clinical Record. This section is required of all events except property loss/theft or events without direct involvement with a patient. Assessment by RN is expected. Assessment by MD is based on need.

SEVERITY LEVEL KEY:

Level 1 – Event occurred but the patient was not harmed
Level 2 – Event resulted in need for increased patient assessments but no change in vital signs and no patient harm
Level 3 – Event resulted in need for treatment/intervention and caused temporary patient harm
Level 4 – Event resulted in initial or prolonged hospitalization and caused temporary patient harm
Level 5 – Event resulted in permanent patient harm or near-death, such as anaphylaxis
Level 6 – Event resulted in patient death

Action by Charge Nurse

1. The Charge Nurse reviews all Patient Event Reports generated on the shift for completeness and initiates appropriate care.
2. The Charge Nurse shall begin the notification process as appropriate.
3. The Charge Nurse insures that the NCR copy of the Patient Event Report is included with the 24 hour nursing report and the Original copy of the Patient Event Report is made available to the Nurse Manager for AM review with physicians.

Notifications	Notified By	When Required (other times optional)
Attending Psychiatrist/OD	Charge Nurse or designee	The patient needs medical attention or assessment.
Chief, Dept of Nursing	Nursing Supervisor	All serious events ✦
Nursing Supervisor	Charge Nurse or designee	All serious events ✦
HSH Clinical Director	Nursing Supervisor or designee	All serious events ✦
HSH Administrator	Chief, Dept. of Nursing or Nursing Supervisor	Allegations of Abuse or Neglect and Elopement.
HSH Risk Management	Nursing Supervisor	Allegations of Abuse or Neglect and Elopement.
Security – Dept of Public Safety	Charge Nurse	Elopement, Contraband, loss or theft, property destruction
Parent/Guardian	Charge Nurse	Elopement, Serious Injury, transfer to outside facility.
Hawaii Disability Rights Center	Nursing Supervisor, Risk Management	All events
AG Office Spec. Investigations	Nursing Supervisor, Risk Management	At request of Hospital Administrator in cases of alleged abuse or neglect
Law Enforcement	Anyone	When a crime is thought to have been committed.
Infection Control	Charge Nurse	Exposure to Blood or Body Fluid
AMHD QI	Nsg Supervisor	Severity Level 5, 6 or elopement, or admitted to outside hospital due to medication error or serious injury to visitor or staff, or potential for adverse publicity

'S' 4 0 4

HAWAII STATE HOSPITAL

PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM D = DATA S = SHORT TERM GOAL A = ASSESSMENT (OF PROGRESS TOWARD GOAL) I = INTERVENTION P = PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
04	11/12/17	[redacted]
	2700	

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT	08 -OCCUPATIONAL THERAPIST
02 - OTHER PHYSICIAN	09 - RECREATIONAL THERAPIST
03 - PSYCHOLOGIST	10 - DIETICIAN
04 - REGISTERED NURSE	11 - CHAPLAIN
05 - LPN	12 - MISA
06 - PMA/PSYCH TECH	13 – OTHER (Students, Interns, UM, etc.)
07 - SOCIAL WORKER	14- OUTSIDE AGENCY/PROVIDERS (Case Mgr, etc.)

[redacted] [redacted]

[redacted] HSH M 03 06 81

[redacted]

A.G. 17-4571

EXHIBIT 'T'

UNIT I

POD 1 - PATIENT HOURLY ROUNDS

DATE: 3 / 2 / 2018

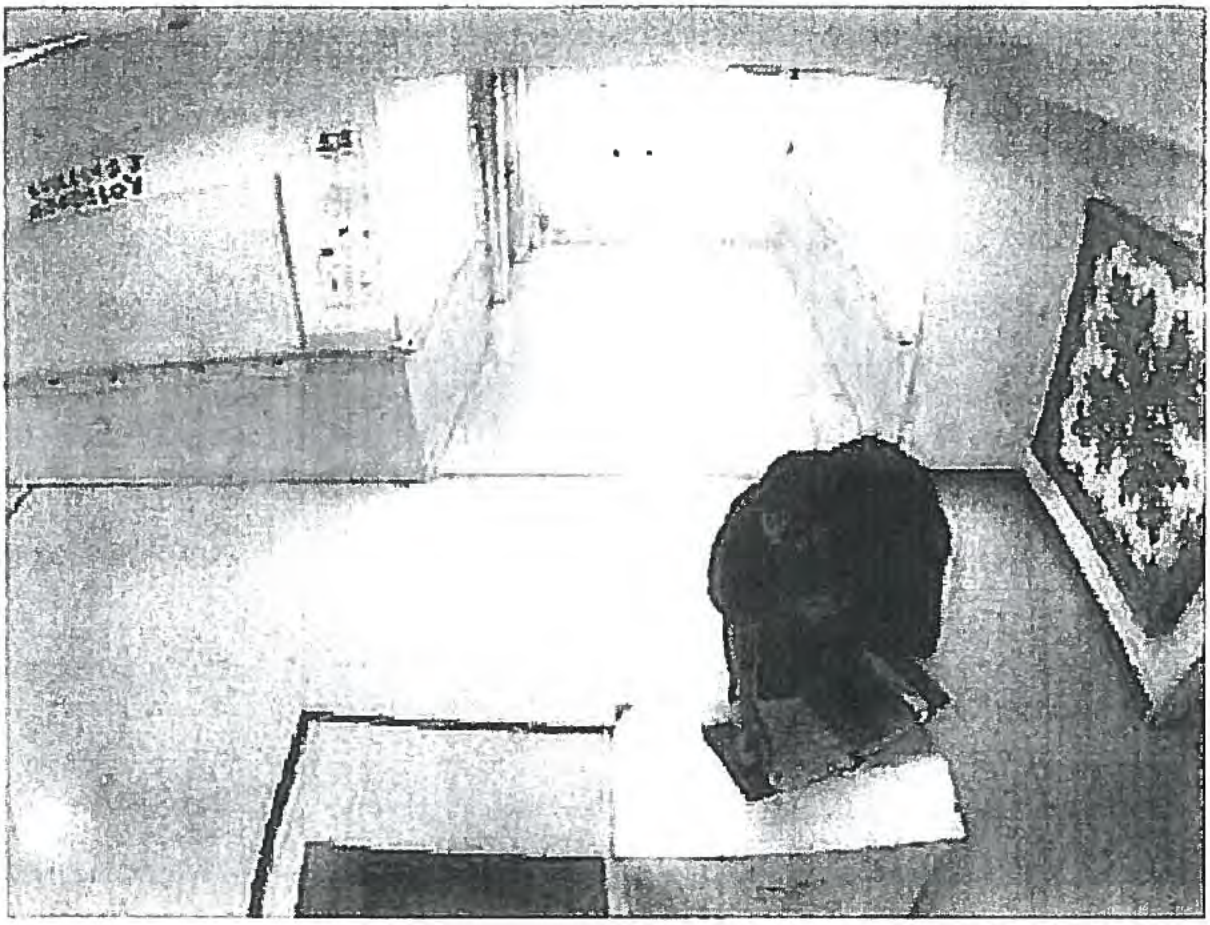
Room	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
I-54																									
I-56																									
I-57																									
I-59																									
I-60																									
I-62																									
I-90																									
I-92																									
I-93																									
I-95																									
I-96																									
I-98																									
CN / RN Designee Initials (twice per shift):																									
Staff Initials:																									
CENSUS:									11 7 / 7-3 Initials								7-3 / 3-11 Initials								3-11 / 11-7 Initials

NIGHT: 2200-0600	ON UNIT CODES	CODES	OFF UNIT CODES		My signature/ initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995	
A= Awake	AG= Activities/Groups	1:1= 1:1 Supervision	AL= Administrative Leave	P= Pass	SIGNATURE and Title	Init.
BR= Bathroom	BR= Bathroom	DS= Designated Staff	CT= Court	PIP= PIP store		
D= Disruptive	CY= Courtyard	Q15= Q15 minute checks	DP= Day Program	PT= Physical Therapy		
LN= Late night	DR= Dorm	DISCHARGED= Discharged	EDR= Esc. Dining Room	RT= Recreational Therapy		
RQC= Resting quietly/ Respiration confirmed	G= Grooming	I= 1:1 w/staff or MD	EG= Escorted Grounds	SC= Sick Call		
	M= Meals	QT= Quiet Time	EL= Extended Leave	TM= Treatment Mall		
Other:_____	U= Unit/Dayroom	R= Restraints	EOF= Esc. Off Grounds	UDR= Unescorted Dining Room		
	Other:_____	SE= Seclusion	HR= Home Room	UG= Unescorted Grounds		
Other:_____	Other:_____	T= Transfer	IT= Work	UOG= Unescorted Off Grounds		
		V= Visitor	MC= On Grounds Clinic	VG= Village Green		
		Other:_____	OA= Off Grounds Clinic/Appt.	Other:_____		
			OT= Occupational Therapy			
			Other:_____			

Rev 01/23/2017

A.G. 17–4571 EXHIBIT 'U' 1 of 1

Intellex Player



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Date:	**11/12/2017**		
Time:	**08:03:09.93**	**Print Date:**	**1/19/2018**
Alarm:		**Print Time:**	**11:53:03 AM**

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted] 06 06 58

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

- [X] 30-Day
- [ ] 60-Day
- [ ] 90-Day
- [ ] Admission Treatment Plan
- [ ] Transfer Review (72-Hour)
- [ ] Special Treatment Team Review

Date: 10-10-17

[redacted]

[redacted]

ADDRESSOGRAPH

[redacted] HSH M 03 06 81

Unit [redacted] 06 06 58

DAVID Y. IGE
GOVERNOR

RUSSELL A. SUZUKI
ATTORNEY GENERAL

DANA O. VIOLA
FIRST DEPUTY ATTORNEY GENERAL

STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
INVESTIGATIONS DIVISION
465 South King Street, Ste. B-2
HONOLULU, HAWAII 96813
(808) 586-1240
Fax: (808) 586-1371

REFERENCE VOUCHER

(DATE)

TO:

Name of applicant:
Other names used:
Position applying for:
Reference number:

The applicant identified above has indicated in his/her application that you may be able to give us information relating to his/her suitability for employment. We would appreciate your help in evaluating the applicant's qualifications by providing the information described below, and returning this form as soon as possible. This form may also be returned via fax to (808) 586-1371.

_____
Special Agent Stephen Kornegay #10

If you have any questions, I can be contacted at (808) 587-4238.

****

(If additional space is needed, use additional sheets as necessary)

[ ] Neighbor [ ] Relative [ ] Spouse [ ] Other_____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. IDENTIFY YOUR RESPONSE BY QUESTION NUMBER.

1. How long have you known the applicant?

2. How would you describe the applicant's general reputation?

3. Are you aware of any domestic problems?

4. Does the applicant drink alcohol?

Attachment "X"

Interview Questions and Initialed Exhibits

Interview Questions for

[redacted]

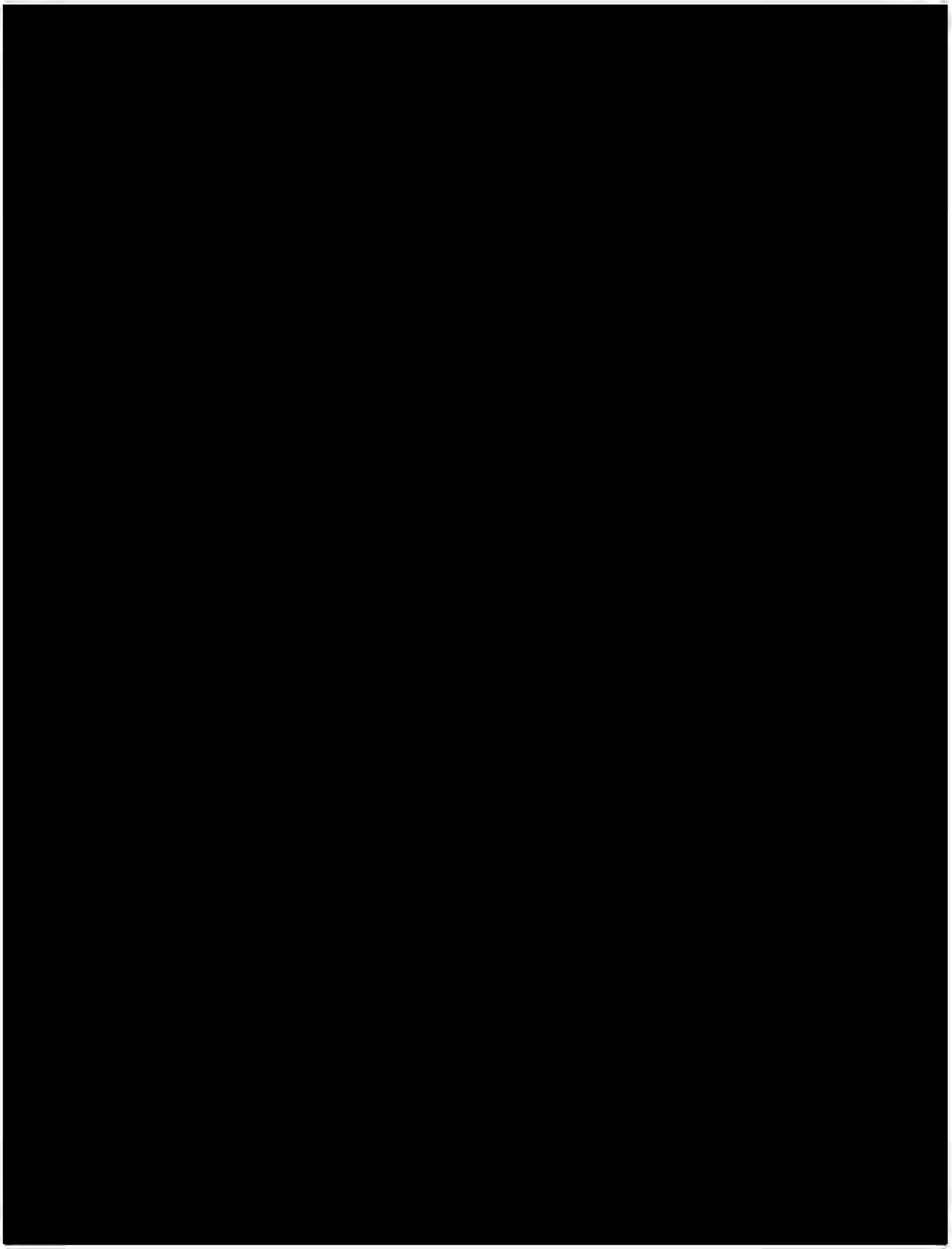
Interview Date:

02-09-18

(Updated 2/8/18. GD) AG17-4571[redacted]/ADMIN

Interview Questions - HSH Administrative Staff – [redacted]

[redacted]



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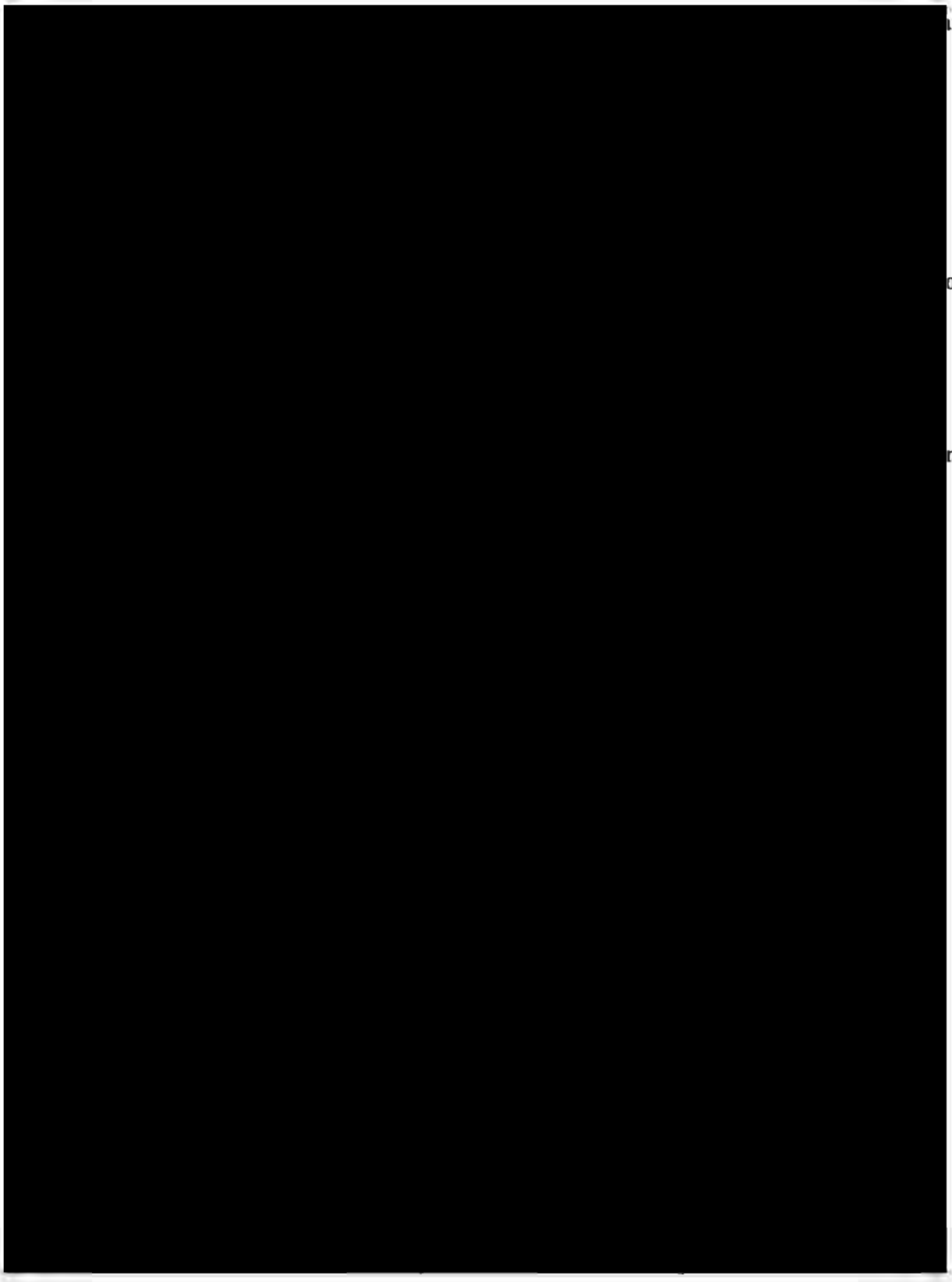
[redacted]

[redacted]

<u>QUESTIONS RELATED SPECIFICALLY TO [redacted] ESCAPE</u>

[redacted]



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QUESTIONS REGARDING HOSPITAL PHYSICAL SECURITY

[redacted]

[redacted]

[redacted]

MISCELLANEOUS QUESTIONS

[redacted]

*****End of interview / Date, time.**

Interview Questions for

[redacted]

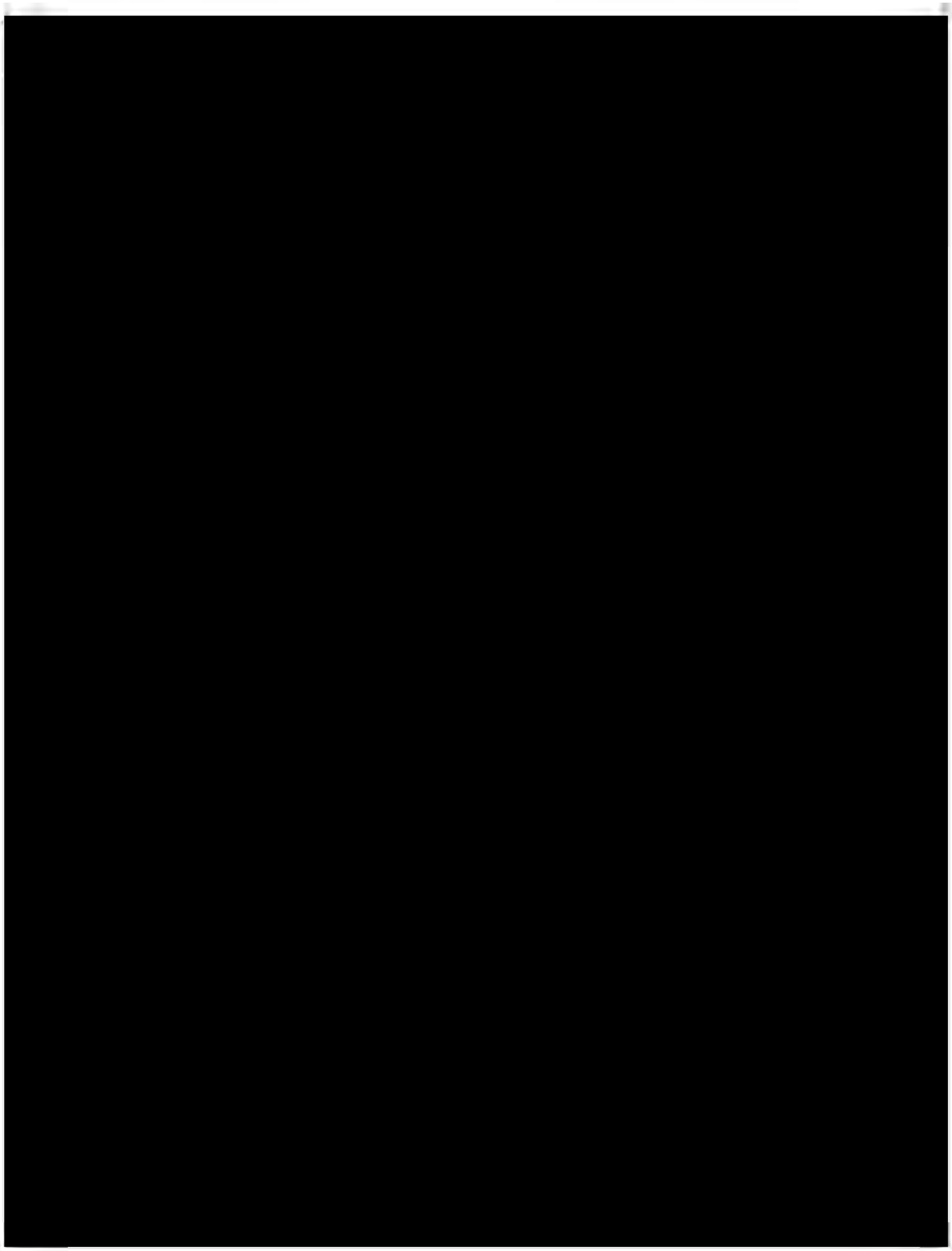
Interview Date:

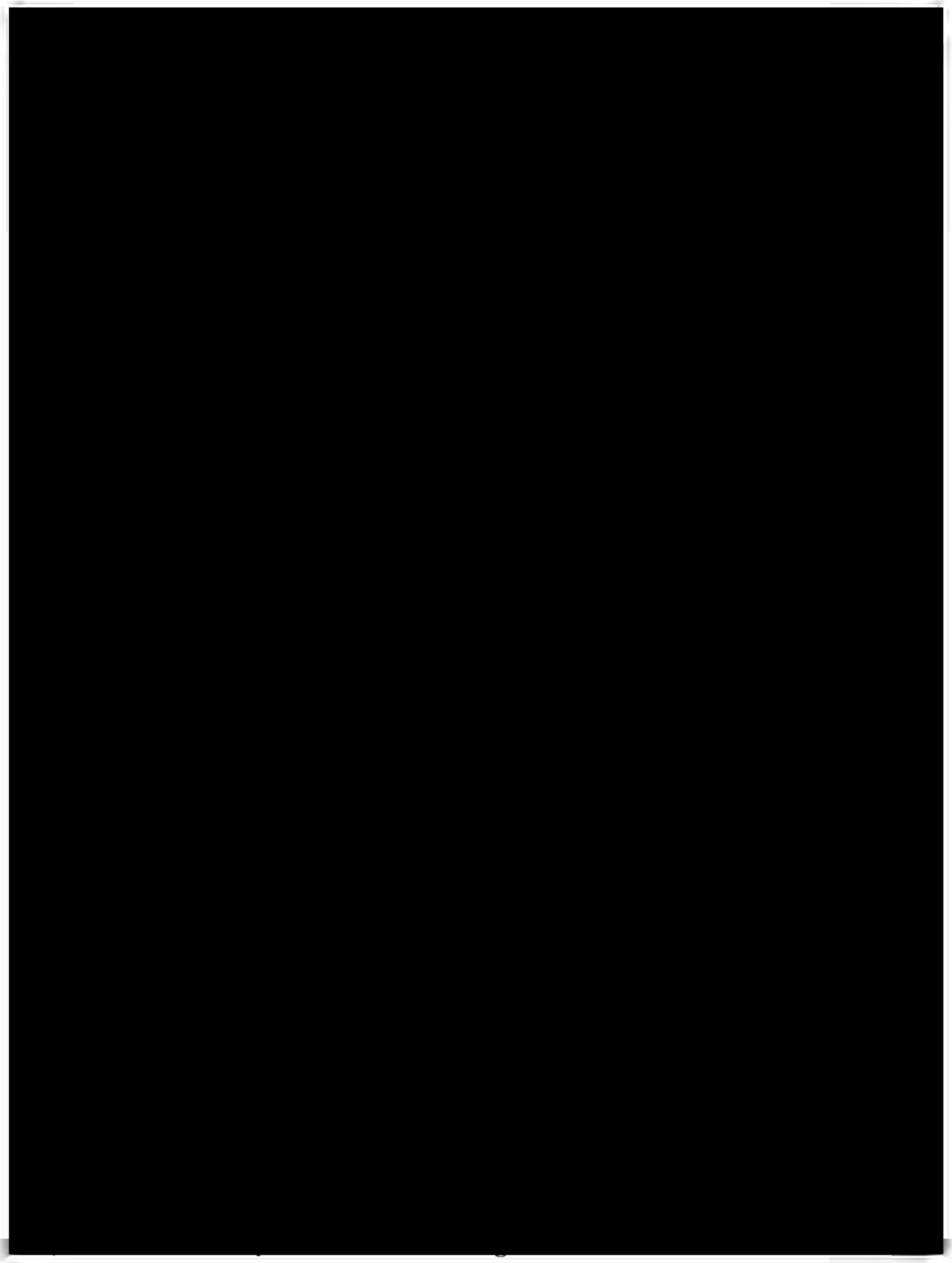
02-22-18

(Updated 2/20/18. GD) AG17-4571[redacted]/ADMIN

Interview Questions - HSH Administrative Staff – [redacted]

[redacted]





QUESTIONS RELATED SPECIFICALLY TO [redacted] ESCAPE

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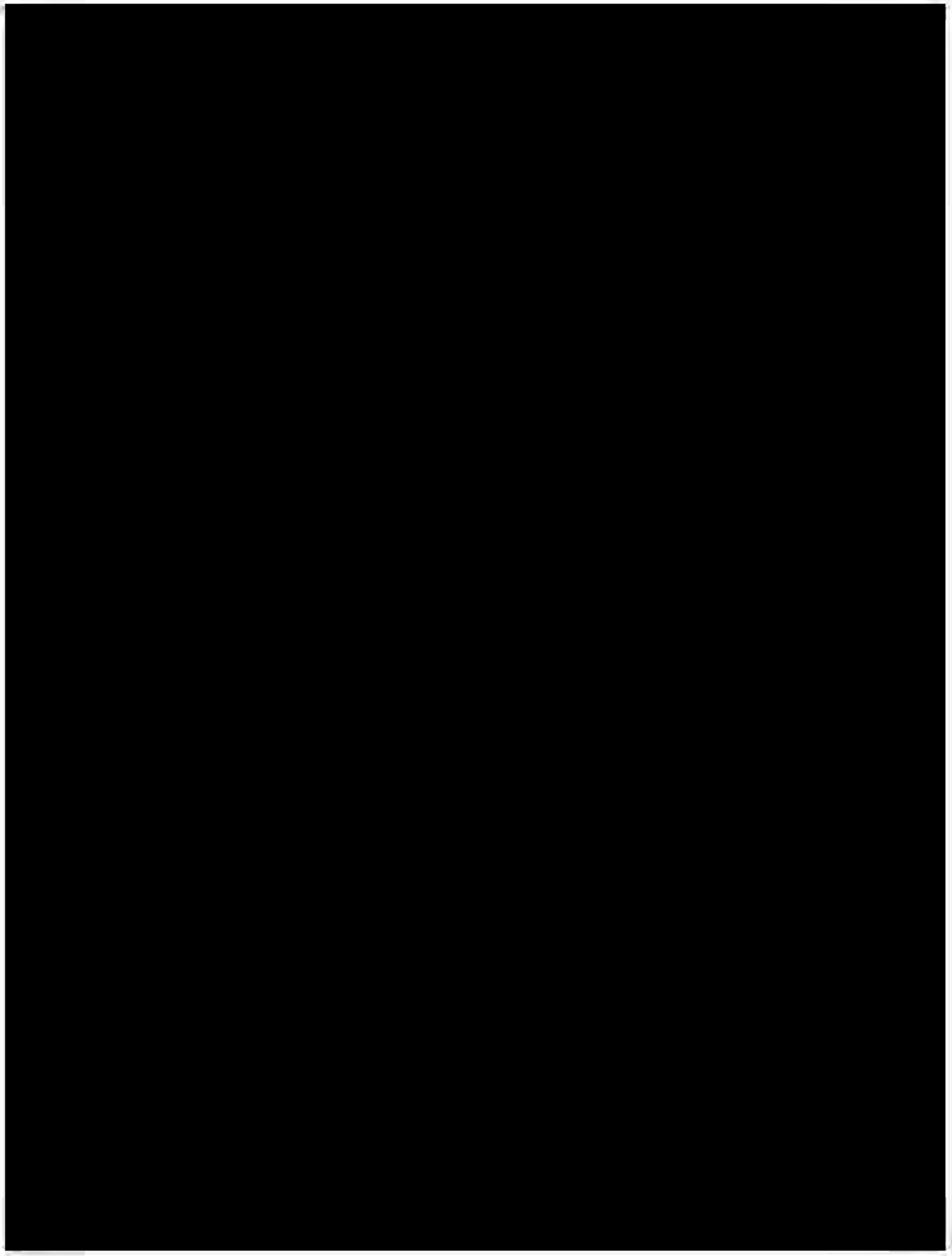

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QUESTIONS REGARDING HOSPITAL PHYSICAL SECURITY

[redacted]

MISCELLANEOUS QUESTIONS

UNIT_____

PATIENT HOURLY ROUNDS

DATE_____

oom	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300

UNIT I PATIENT HOURLY ROUNDS POD 3

[redacted]

Date: November 12, 2017

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
27-A	[redacted]	RSC	RSC	RSC	RSC	RSC	RSC	RSC	DR	DR	U	DR	U	U	U	U	U	U	U	U	U	DR	DR	RSC	RSC
27-B	[redacted]	X	RSC	RSC	RSC	RSC	RSC	RSC	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	AW	AW	AW	AW
27-C	[redacted]	X	X	RSC	RSC	RSC	X	X	U	U	U	U	U	M	U	U	U	U	U	U	U	DR	DR	RSC	RSC
27-D	[redacted]	RSC	RSC	RSC	RSC	RSC	RSC	RSC	DR	U	U	U	U	M	U	U	DR	U	U	U	DR	DR	DR	RSC	RSC
30-A	[redacted]	RSC	RSC	RSC	RSC	RSC	RSC	RSC	DR	U	U	U	U	M	U	U	RSC	U	U	U	U	DR	DR	RSC	RSC
30-B	[redacted]	RSC	RSC	RSC	RSC	RSC	RSC	RSC	DR	U	U	U	U	M	DR	DR	RSC	U	U	U	U	DR	DR	RSC	RSC
30	[redacted]	RSC	RSC	RSC	RSC	RSC	RSC	RSC	DR	U	DR	DR	U	M	DR	DR	U	U	U	U	DR	DR	DR	RSC	RSC
30-D	[redacted]	RSC	RSC	RSC	RSC	RSC	RSC	RSC	DR	U	U	DR	U	M	DR	U	RSC	U	U	U	DR	DR	DR	RSC	RSC
32-A	[redacted]	RSC	RSC	RSC	RSC	RSC	RSC	RSC	U	U	U	U	U	M	U	U	RSC	U	U	U	U	DR	DR	RSC	RSC
32-	[redacted]																								
32-B	[redacted]	RSC	RSC	RSC	RSC	RSC	RSC	RSC	U	U	U	Church Service	U	M	DR	U	U	U	U	U	U	DR	DR	RSC	RSC
	Check Lobby Bathrooms	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
	Check Exit Doors (3)	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Staff Initials:		[redacted]																							
Census: 34 (POD 3=10)																									

NIGHT: 2200-0600

- A = Awake/Quiet
- R = Bathroom
- D = Disruptive
- N = Late Night
- RQC = Resting Quietly/ Respiration Confirmed
- = Name Alert
- / = Doors Locked
- " = Bathroom Checked

ON UNIT

- AG = Activities/Group
- BR = Bathroom
- CY = Courtyard
- DR = Dorm
- G = Grooming
- M = Meals
- U = Unit/Dayroom
- ____ = ____
- ____ = ____

CODES

- 1:1 = 1:1 Supervision
- D/S = Designated DISCHARGED
- I = 1:1 w/staff or MD
- QT = Quiet Time
- R = Restraints
- SE = Seclusion
- T = Transfer
- TT = Tx. Team/RPR
- V = Visitor
- ____ = ____
- AW = AWOL

OFF UNIT

- AL = Administrative Leave
- Caf = Cafeteria
- CT = Court
- DP = Day Program
- E D/R = Esc. Dining Room
- EG = Esc. Grounds
- EL = Extended Leave
- EOF = Esc. Off Grounds
- FA= Fresh air
- HR = Home Room
- IT = Work
- MC = On Grounds Clinic
- OA = Off Grounds Clinic/Appt
- OT = Occupational Therapy
- P = Pass
- PIP = PIP Store
- PT = Physical Therapy
- RT = Recreational Therapy
- SC = Sick Call
- TM = Treatment Mall
- U D/R = Unesc. Dining Room
- UG = Unesc. Grounds
- UOG = Unesc. Off Grounds
- VG = Village Green

My signature/initials certify that I have personally checked each patient in accordance with the "Patient Rounds Step"

Signature	Title	Initials
[redacted]		

04/13ka

'C' 2 of 2

[redacted]

02/22/17

June 12, 2017
Hourly rounds Checklist

+1
7 Alleged Staff

[redacted]

[redacted]

Interview Questions for

[redacted]

Interview Date:

03-01-18

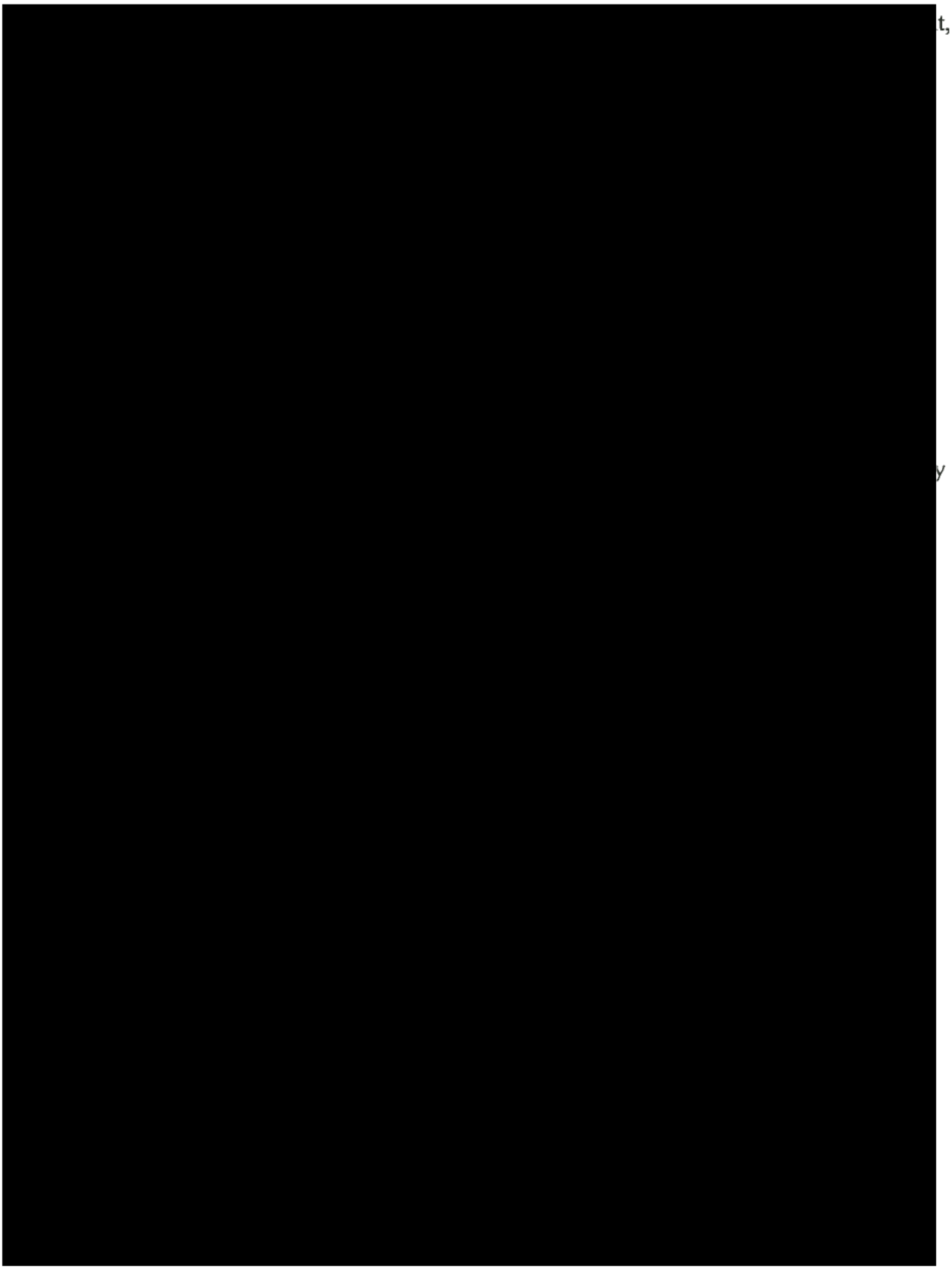
AG17-4571 SAITO ADMIN

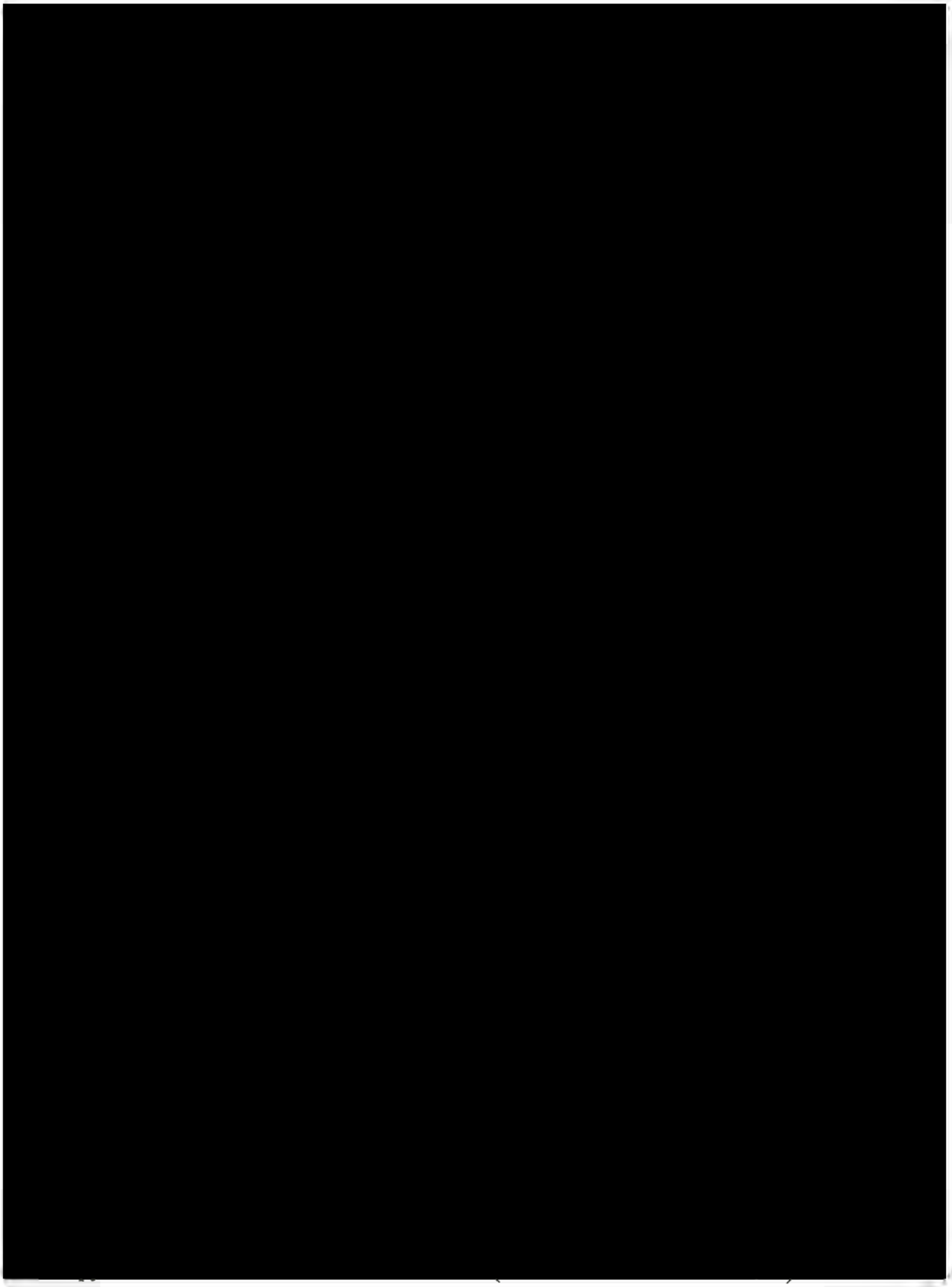
Interview Questions – HSH Administrative Staff - [redacted]

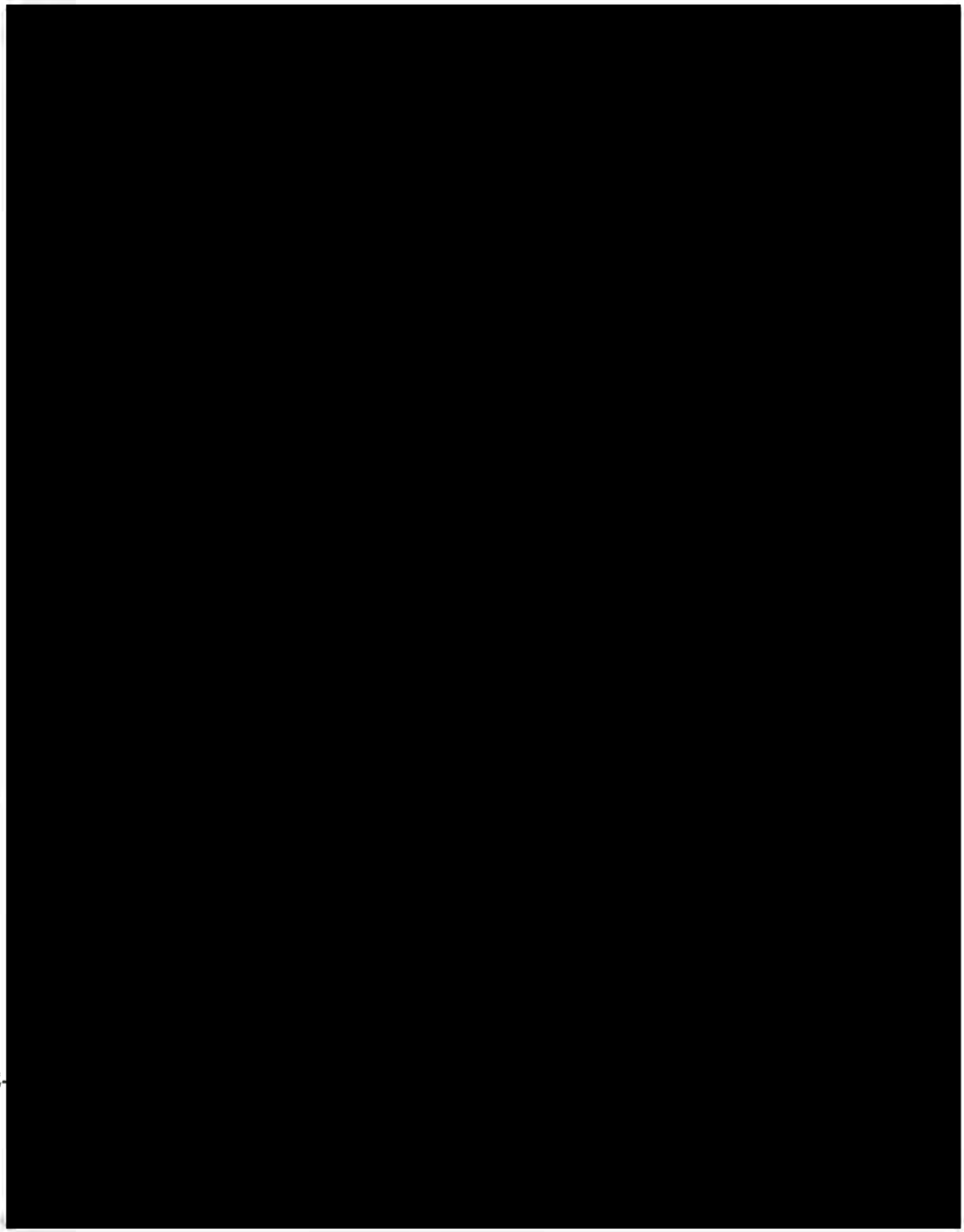
[redacted]

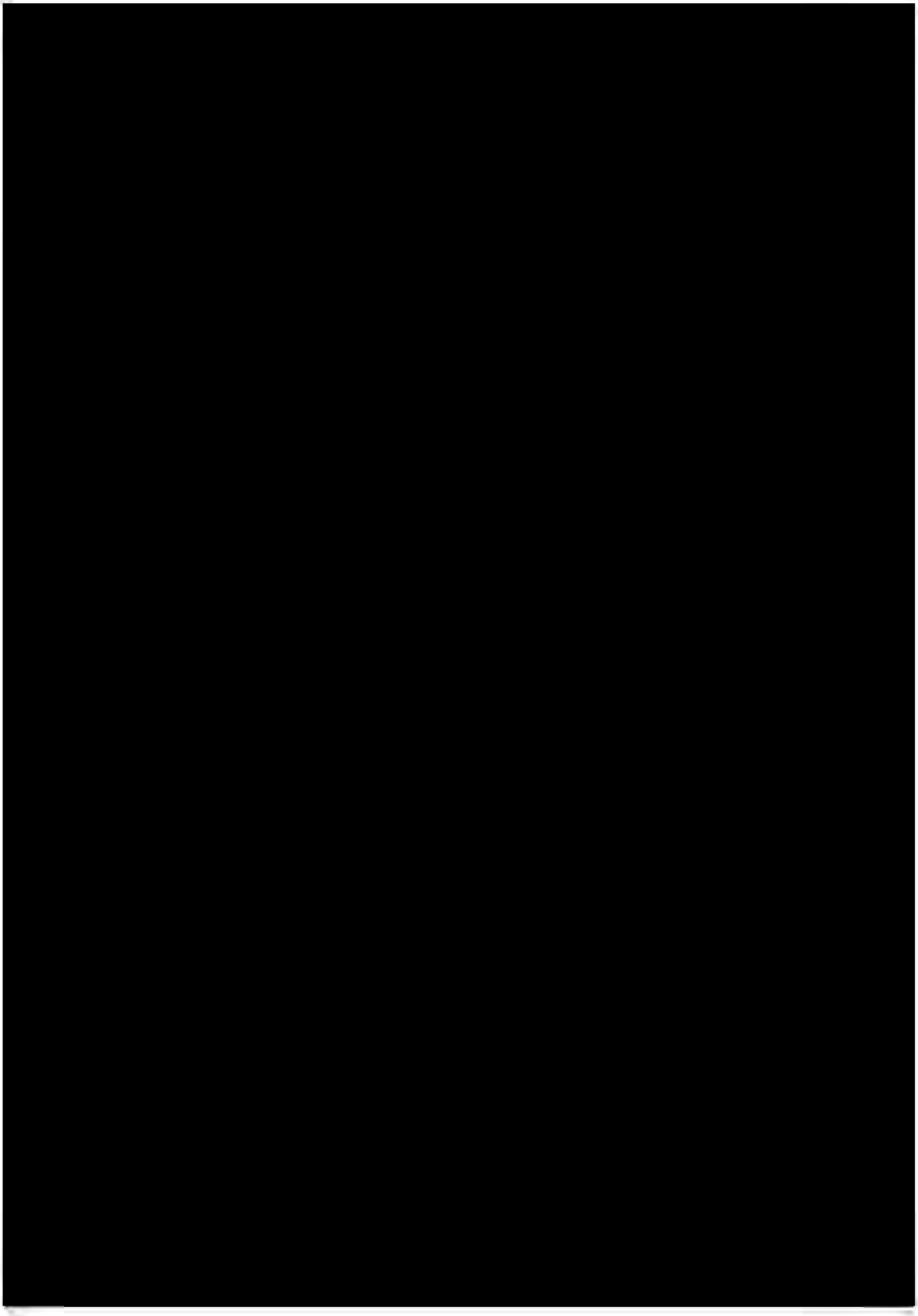
QUESTIONS RELATED SPECIFICALLY TO [redacted] ESCAPE:

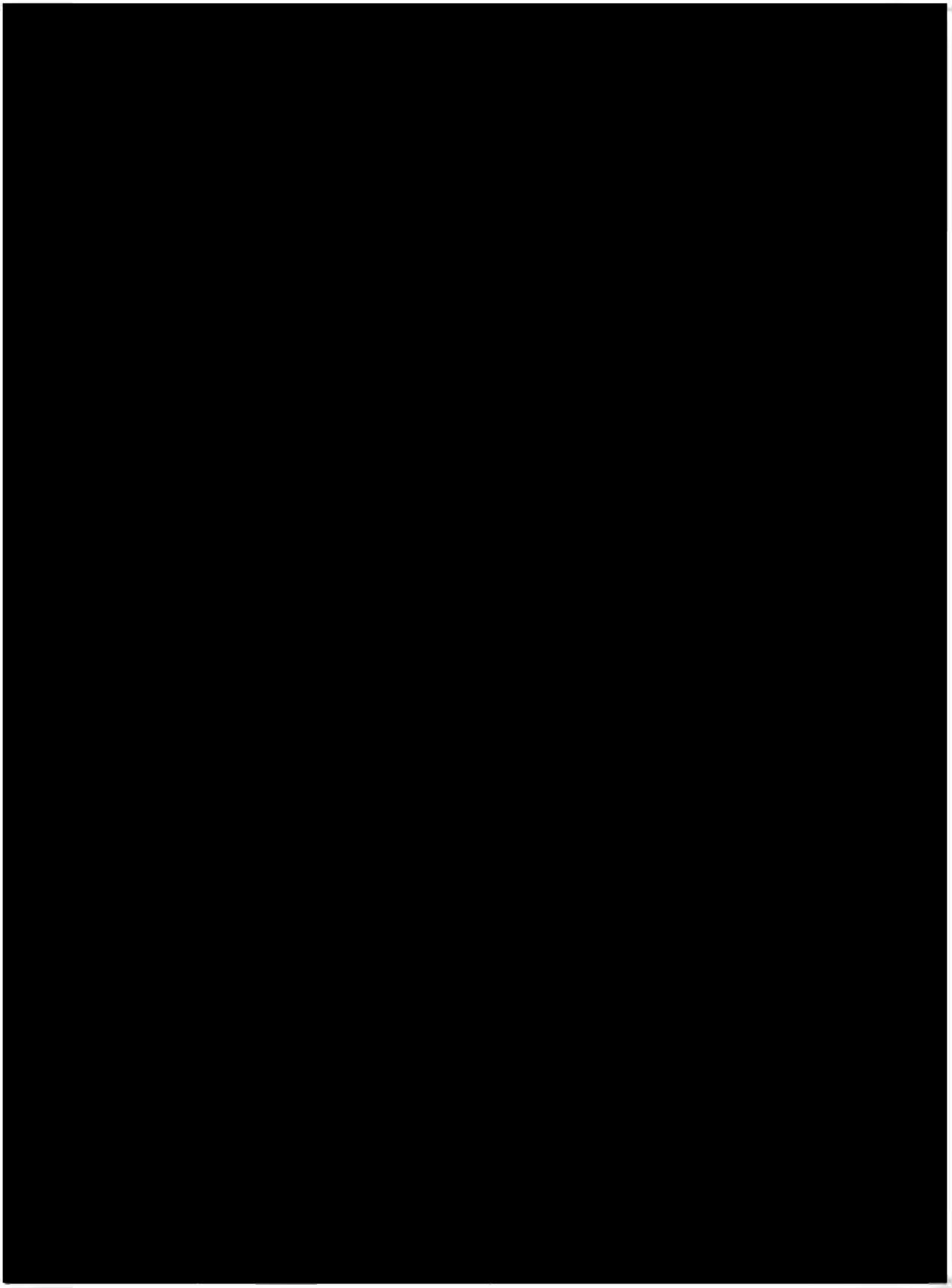
[redacted]

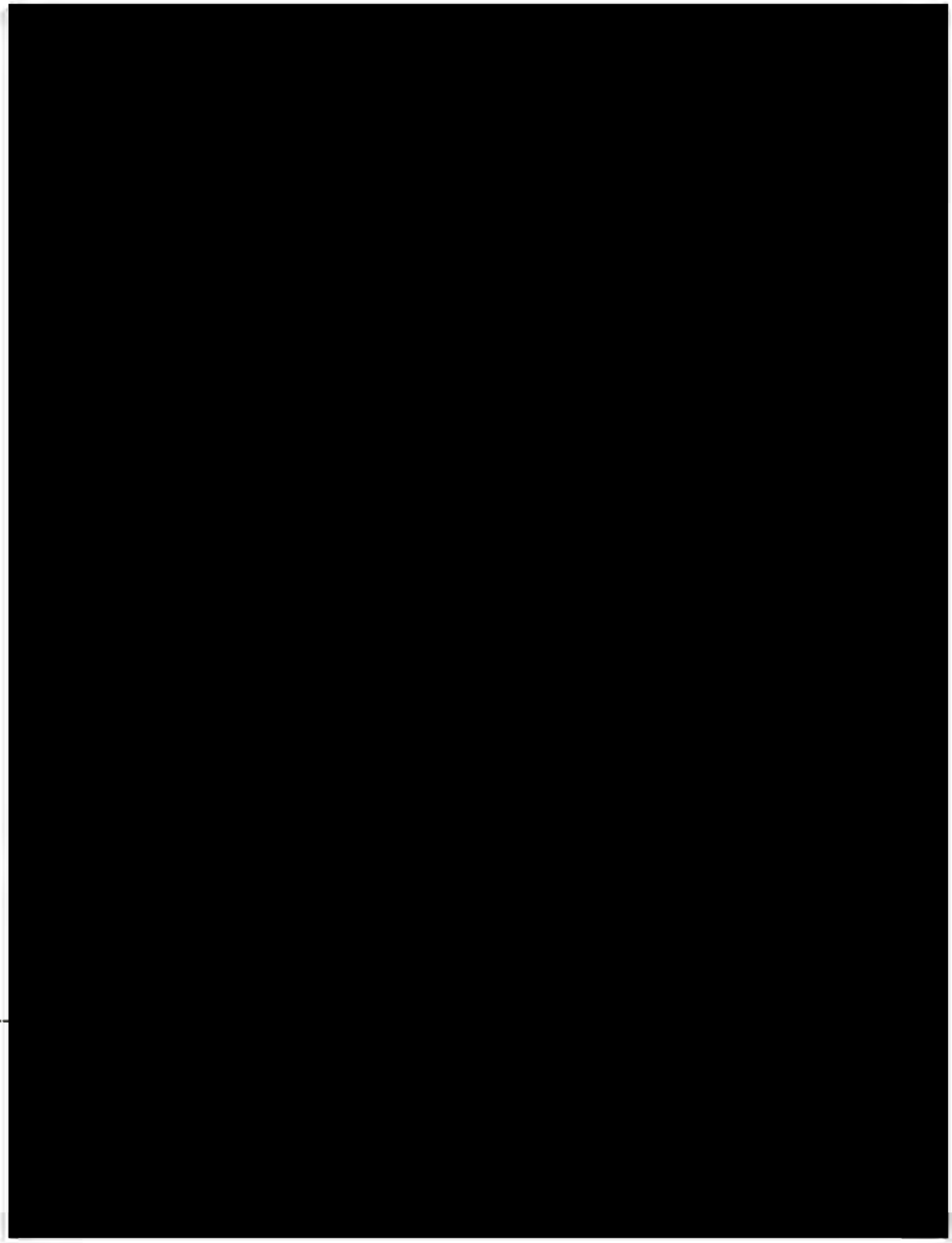












[redacted]

[redacted]

MISCELLANEOUS QUESTIONS

[redacted]

Hawaii State Hospital

Nursing Supervisor's Elopement/AWOL Worksheet

Nursing Supervisor completing this form [redacted]

A. [redacted] Patient Name [redacted] Patient (CR) Number I Unit

B. 11/12/17 Date 0700 - Last documented observation on hourly rounds sheet Time Last Seen By [redacted] Name of Staff

C. 11/12/17 Date 1913 Time Elope/AWOL Declared By [redacted] Name of Staff

D. Initial Response to Search:

1. Charge Nurse Notified [redacted] Name 1913 Time

2. Security Officer Notified Telecom notified Name [redacted] 1913 Time

3. Areas searched by declaring staff, security, assisting staff:
unit I and hospital grounds

4. Results:
Not found

E. Completion of Assessment of Risk in the Absence of Supervision/Hospitalization (ARASH - Attachment B)

[redacted] Name of Attending M.D. or O.D. Notified (when Attending MD is not available) 1930 Time

Name of Charge Nurse/or designee Notified Time

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

[redacted] 3/1/18

Attachment A
P&P 19.520 01/12

F. Consultation with Clinical Director (after completion of ARASH):

[redacted] Notified By [redacted] at 11/12/17 2240

Clinical Director — Name of Staff — Date — Time

Results of conference call between Clinical Director, Attending Psychiatrist/O.D., Treatment Coordinator/Charge Nurse and Nursing Supervisor.

(1)	Patient voluntary	✓ Yes	___ No
(2)	Not dangerous to self/others	✓ Yes	___ No
(3)	Discharge recommended	___ Yes	✓ No
(4)	Patient court ordered	✓ Yes	___ No
(5)	Patient dangerous to self/others	___ Yes	✓ No
(6)	Law enforcement assistance needed	✓ Yes	___ No
(7)	Patient dangerous to others and Tarasoff warning to specific person/persons advisable (if so, inform law enforcement of potential victim(s) as well as potential victim(s) themselves.)	___ Yes	✓ No

G. Notifications:

1. Director of Nursing or [redacted]
Associate Director of Nursing (Date/Time Notified) 11/12/17 1957

2. Unit Manager (Date/Time Notified) 11/12/17 1930 (Notified by Unit [redacted]

3. Medical Records (Date/Time Notified) 11/13/17 0600

4. Guardian

N/A — Name of Guardian | ___ Phone No. | ___ Date and Time Notified

5. Family/Significant Others

[redacted] — Name of Person Contacted | [redacted] Phone No. | ___ Date and Time Notified

Not yet directed to contact
Comments

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

Attachment A
P&P 19.520 01/12

6. Administrator or Administrator on Call

mr. may — Name of Person Contacted
11/12/17 1957 — Date and Time Notified

Comments

7. Law Enforcement

HSH HPD — Agency
M. Neith - Badge # 3049 — Name of Officer
11/12/17 1930 — Date/Time
Report #17-428888, Charge: Escape 2 — Comments
911 — Phone No.

8. Other Notified

DPS Public Information officer - Toni Schwartz - notified @ 1944
Sheriff Dispatch (already aware when called) - notified @ 2006
Relationship to Patient — Name — Phone No.

H. Abuse/Neglect Allegation Reporting Consideration

Patient Supervision Status Escorted? ___ Yes ✓ No

If yes, staff assigned to patient — Name — Title — Unit

Staff Witnesses (if any) — Name — Title — Unit

Name — Title — Unit

Patient Event Report (PER) completed ✓ Yes ___ No

Abuse/Neglect Status discussed with: N/A

Director of Nursing or Associate Director of Nursing — Clinical Director — Administrator/ Administrator on Call

PER faxed to Attorney General — Phone No. ___ Date/Time ___

PER faxed to Hawaii Disability Rights Center — Phone No. ___ Date/Time ___

PER faxed to (OHCA) — Phone No. ___ Date/Time ___

ATTACH THIS WORKSHEET TO THE PATIENT EVENT REPORT

Attachment A
P&P 19.520 01/12

HAWAII STATE HOSPITAL
STANDARD OPERATING PROCEDURES

NURSING

SUBJECT: LINES OF ACCOUNTABILITY / RESPONSIBILITY OF DIRECT-CARE NURSING STAFF

REFERENCE: Joint Commission PC.01.03.01

Nursing S[redacted] No. 23.992
Effective Date: 05/01
History: Revised 09/05; 10/07;
Reviewed 09/12
Page: 1 of 2

APPROVED:

[redacted]
Title: Director of Nursing Services

[redacted]
Title: Acting HSH Medical Director

PURPOSE: To describe the chain of command, and lines of authority and communication within the department of Nursing Services at Hawaii State Hospital.

RESPONSIBILITY: All nursing staff are responsible to know the lines of authority and communication and the chain of command within the department of nursing.

PROCEDURE:

A. TEAM MEMBER [redacted]
1. Responsible for observing, monitoring and delivering care to assigned patients.
2. Escorts, transports, promotes patient attendance in activities; assists other staff.
3. Develops therapeutic alliances/boundaries with patients.
4. Reports and documents unusual behaviors, adverse drug reactions, and acute dental/medical conditions.
5. Reports directly to the team leader and/or charge nurse.

B. TEAM LEADER [redacted]
1. Supervises assigned nursing personnel within the shift.
2. Ensures documentation of patient care by assigned team members.
3. Actively engages in hospital and unit programs, activities, treatments, or treatment planning.
4. Assesses and reassesses assigned patients throughout the shift. Reports unusual occurrences.
5. Keeps Kardex up-to-date. Reports directly to the charge nurse.

C. CHARGE NURSE [redacted]
1. Writes staff assignments/rosters and deploys staff within the unit appropriately.
2. Responsible for delivery of care to the patients, supervises staff in conjunction with the team leaders.

[redacted] 3/1/18

3. Responsible for adherence to on/off unit schedules and programming for the shift.
4. Completes nursing shift reports (Kardex, Acuity, computer), and ensures an oral report is given to the next shift.
5. Reports directly to the Nurse Manager or Supervisor in the Nurse Manager's absence.

D. NURSE MANAGER [redacted]
1. Oversees the delivery of nursing care to the patients and has overall supervision of all nursing staff within the unit.
2. Reports directly to the Director of Nursing

E. NURSING SUPERVISOR [redacted]
1. Oversees the delivery of nursing care and supervision of all staff in the units during the shift.
2. Reports directly to the Director of Nursing and to the Associate Chief Nurse.

F. CLINICAL NURSE SPECIALIST [redacted]
1. Collaborates with the Nurse Manager provide supervision of all nursing staff within the unit.
2. Is assigned by the Director of Nursing to nursing units, teams, and projects.
3. Assists with the delivery of nursing care of complex patients
4. Reports directly to the Director of Nursing

AUTHOR/REVIEWING TEAM: NEC/PT/MQ/LT Revised 10/16/07
NEC/EW 9/20/12 (title and reference change only)

A.G. 17-4571 EXHIBIT 'G' 1 of 2 IMUA Sheet

Staff/Patient Care Assignment Sheet 7-3 Shift POD 3

Charge Nurse: [redacted] Meal/Break 1100 0900/1400 Relief: Key/PMT #:

Team Leader: [redacted] Staff Names: [redacted] Date: 11/12/2017

Other Assignments: POD 3 : Monitor patients; brew 10 token coffee; serve coffee

Rm#	Patient	Medications	Special Precaution	Nursing Interventions/Treatment Goals	Patient's Behavior
I-27A	[redacted]				
I-27B					
I-27C					
I-27D					

UNIT 13-11 Shift Staff/Patient Care Assignment Sheets-POD 3

Charge Nurse: [redacted] Meal/Break: _____ Relief: _____ Key/PMT: _____

am Leader: [redacted] Staff Names: [redacted] Date: 11-12-13

her assignments: Monitor patients, Flow sheets, Assist with meals and ADLs, Unit activity, Close watch Supervision, Hourly checks of exit doors

Patient	Psych Medications	Special Precautions	Nursing Intervention/Treatment Goals	Patient's Behavior
[redacted]				

Door lock checks when passing exit doors

'G' 2 of 2

A.G. 17-4571 EXHIBIT 'H' 1 of 2

Hawaii State Hospital

Nursing Services

[redacted]ter Patient/Staff Assignment Sheet

11-12-17

Charge Nurse: [redacted]

Medication Nurse (Code 500): [redacted]

Ward/Unit: Building I

Shift: 7-3

Designated Staff: [redacted]	Pod 1 Nurse [redacted]		Pod 2 Nurse [redacted]		Day Area		Precautions
	Pod 1Dorm	Pod 1 Day area	Pod 2Dorm	Pod 2 Day area	Pod 3	RPR	Universal precaution:
Staff: [redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		Q15 min. checks: [redacted]
Staff: [redacted]							
Staff: [redacted]							Fall Precautions: [redacted]
Staff: [redacted]							Assault Precautions: [redacted]
Staff: [redacted]							
FRONT DESK / TOKENS: [redacted]							
Meal:	11:00		1100				
Break:							Charge Nurse Notes:
Relief	Day area staff		Day Area staff				
PMT/Key#	15		10				
Special Assignments	Dorm, flow sheets, environmental rounds, PIP escort	Day area, AGS sheets, trash, linen	Dorm, clean linen, trash, flow sheets	Day area, transport, unit activities	Cafeteria, med line, code 200, token economy		
Activity assignments:	Dorm	Day Area	Dorm	Day Area	Front Desk		######

Accounting of keys: Incoming Charge Nurs[redacted] Outgoing Charge Nurse [redacted]

'H' 2 of 2

3-11

Hawaii State Hospital

Master Patient/Staff Assignment Sheet

Charge Nurse: [redacted]

Float / Key #8 [redacted]

Date: 11/12/17

Med Nurse: [redacted]

Designated	Team/Pod 1		Team/Pod 2 Nurse		Dayarea		Precautions
	NURSE: [redacted]		NURSE: [redacted]				
	DORM [redacted]	DAY AREA [redacted]	DORM [redacted]	AREA [redacted]	POD 3 [redacted]		Census: 34
	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	# of Staff:
							Assault Risk: [redacted]
							Fall Risk: [redacted]
Front Desk:	[redacted]						** Please remind staff: door lock checks when passing exit doors **
Meal:	17:00	17:30	17:00	17:30	18:15		Charge Nurse Notes:
Break:	20:30	21:00	20:30	21:00	21:15		**remind pts to save towels Q Friday for the weekend d/t supply shortage.
Lief	Day Area PT		Front Desk				
PMT/Key#							
Special Assignments:	Dorm, Flow sheet, Environmental Rounds, Vital signs.	Day Area, AGS, sheets, Trash, Linen, PIP escort	Dorm, Clean linen, Trash, Flow sheets	Day Area, Transport, Unit Activites	Cafeteria, Medline, Code 200, Token Economy		
Activity Assignments:	Dorm	DayArea	Dorm	DayArea	Front Desk		

[redacted] 3/1/18

UNIT________

PATIENT HOURLY ROUNDS

DATE________

Room	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
	CN / RN Designee Initials (twice per shift):																								
	Staff Initials:																								
	CENSUS:								11-7 / 7-3 Initials								7-3 / 3-11 Initials								3-11 / 11-7 Initials

NIGHT: 2200-0600	ON UNIT CODES	CODES	OFF UNIT CODES		My signature/ initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995
A= Awake BR= Bathroom D= Disruptive LN= Late night RQC= Resting quietly/ Respiration confirmed Other:________ Other:________	AG= Activities/Groups BR= Bathroom CY= Courtyard DR= Dorm G= Grooming M= Meals U= Unit/Dayroom Other:________ Other:________	1:1= 1:1 Supervision DS= Designated Staff Q15= Q15 minute checks DISCHARGED= Discharged I= 1:1 w/staff or MD QT= Quiet Time R= Restraints SE= Seclusion T= Transfer V= Visitor Other:________	AL= Administrative Leave CT= Court DP= Day Program EDR= Esc. Dining Room EG= Escorted Grounds EL= Extended Leave EOF= Esc. Off Grounds HR= Home Room IT= Work MC= On Grounds Clinic OA= Off Grounds Clinic/Appt. OT= Occupational Therapy	P= Pass PIP= PIP store PT= Physical Therapy RT= Recreational Therapy SC= Sick Call TM= Treatment Mall UDR= Unescorted Dining Room UG= Unescorted Grounds UOG= Unescorted Off Grounds VG= Village Green Other:________	SIGNATURE and Title / Init.

1/13/17HV

[redacted] 2/1/18

Interview Questions for

[redacted]

Interview Date:

03-08-18

AG17-4571 SAITO ADMIN

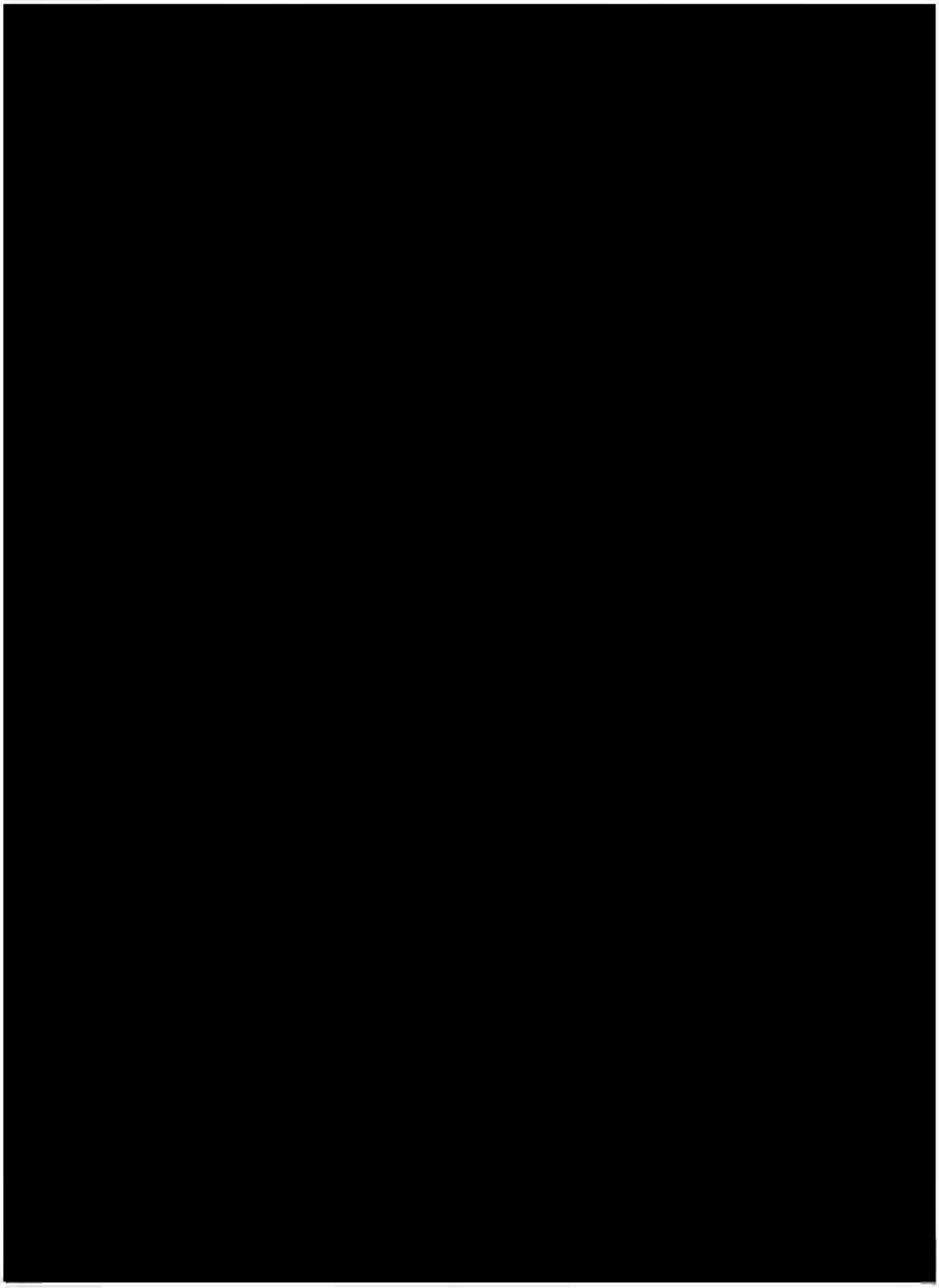
Interview Questions – HSH Administrative Staff [redacted]

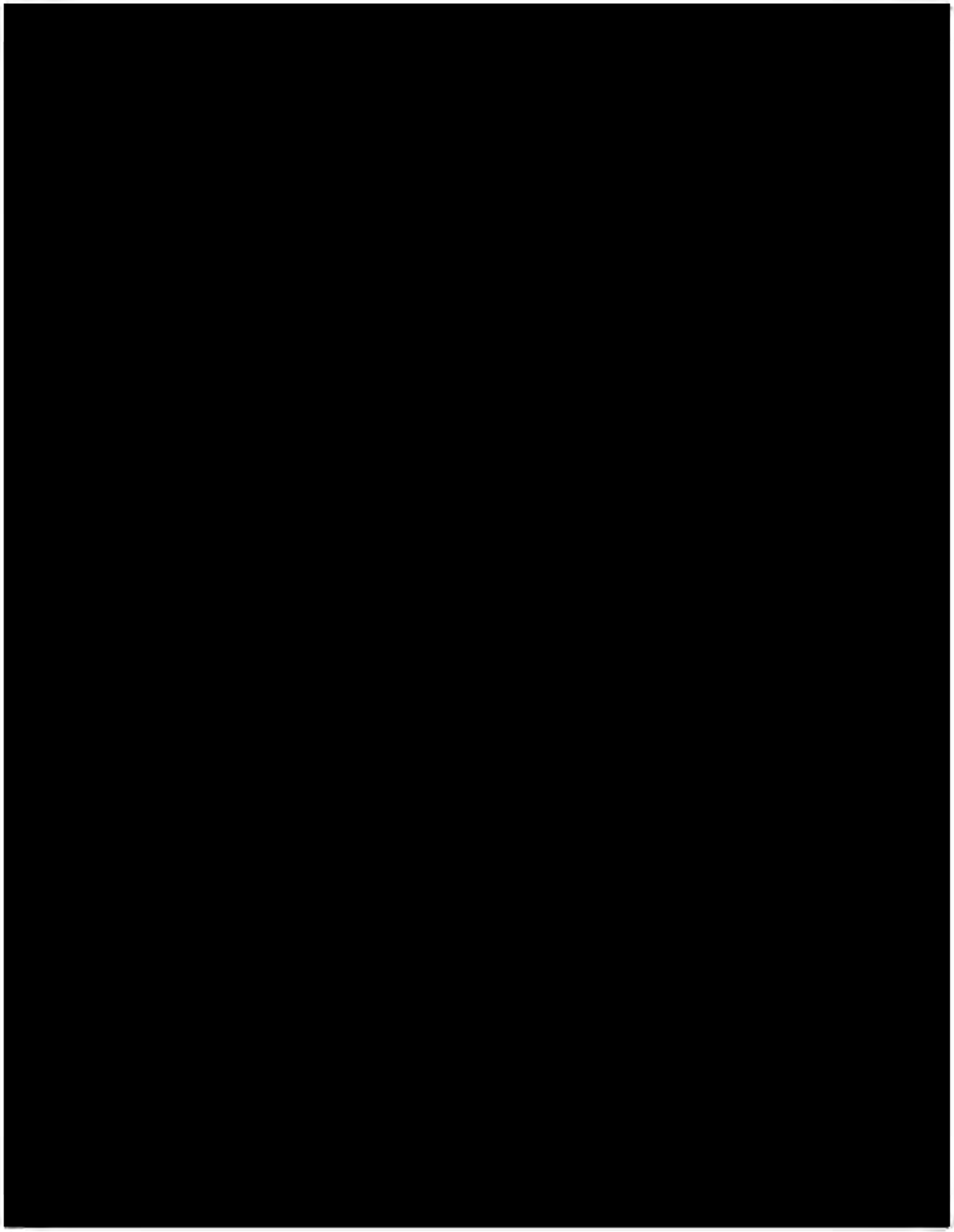
[redacted]

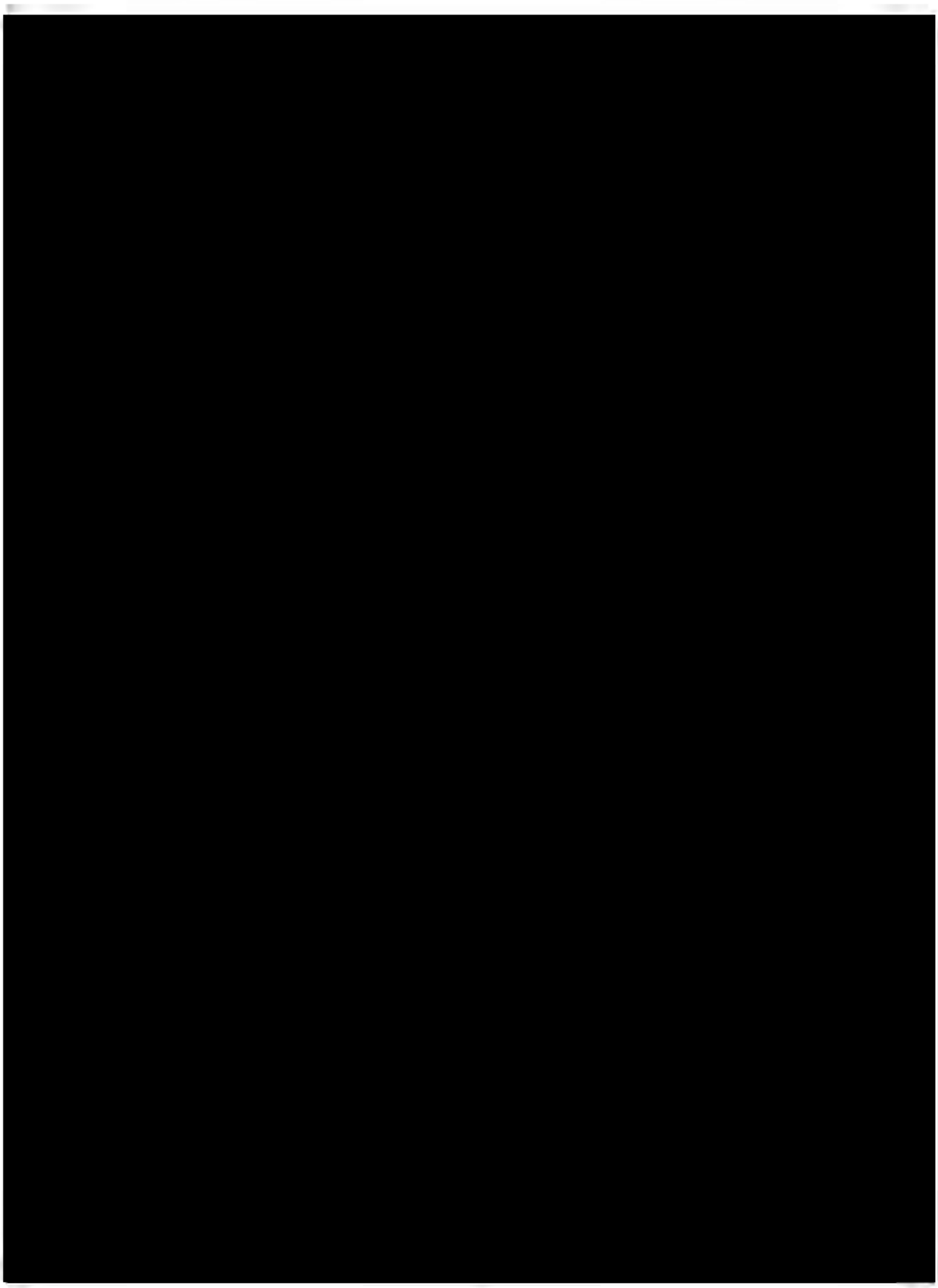
[redacted]

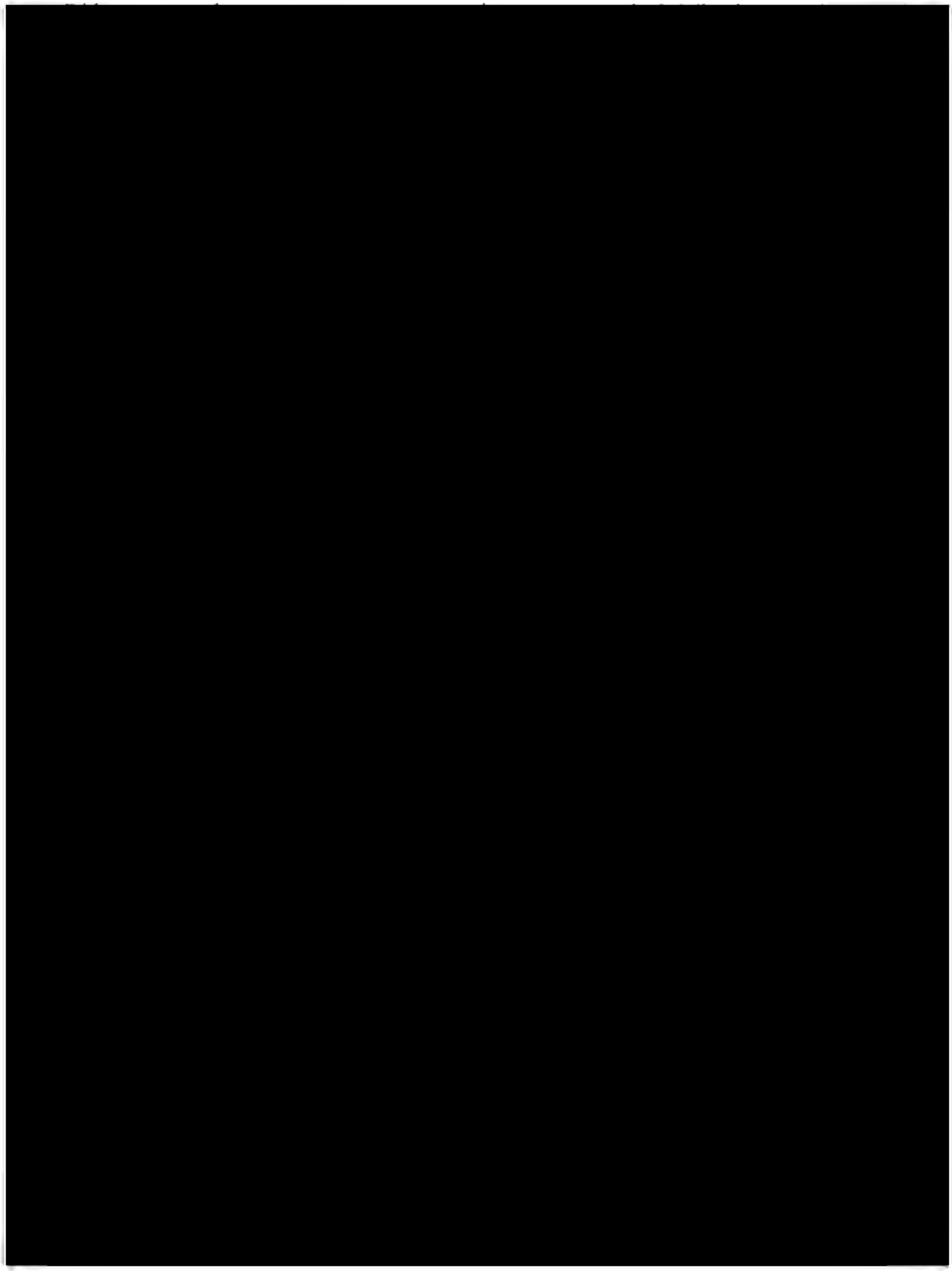
QUESTIONS RELATED SPECIFICALLY TO [redacted] ESCAPE:

[redacted]









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SATURDAY, NOVEMBER 12, 2017

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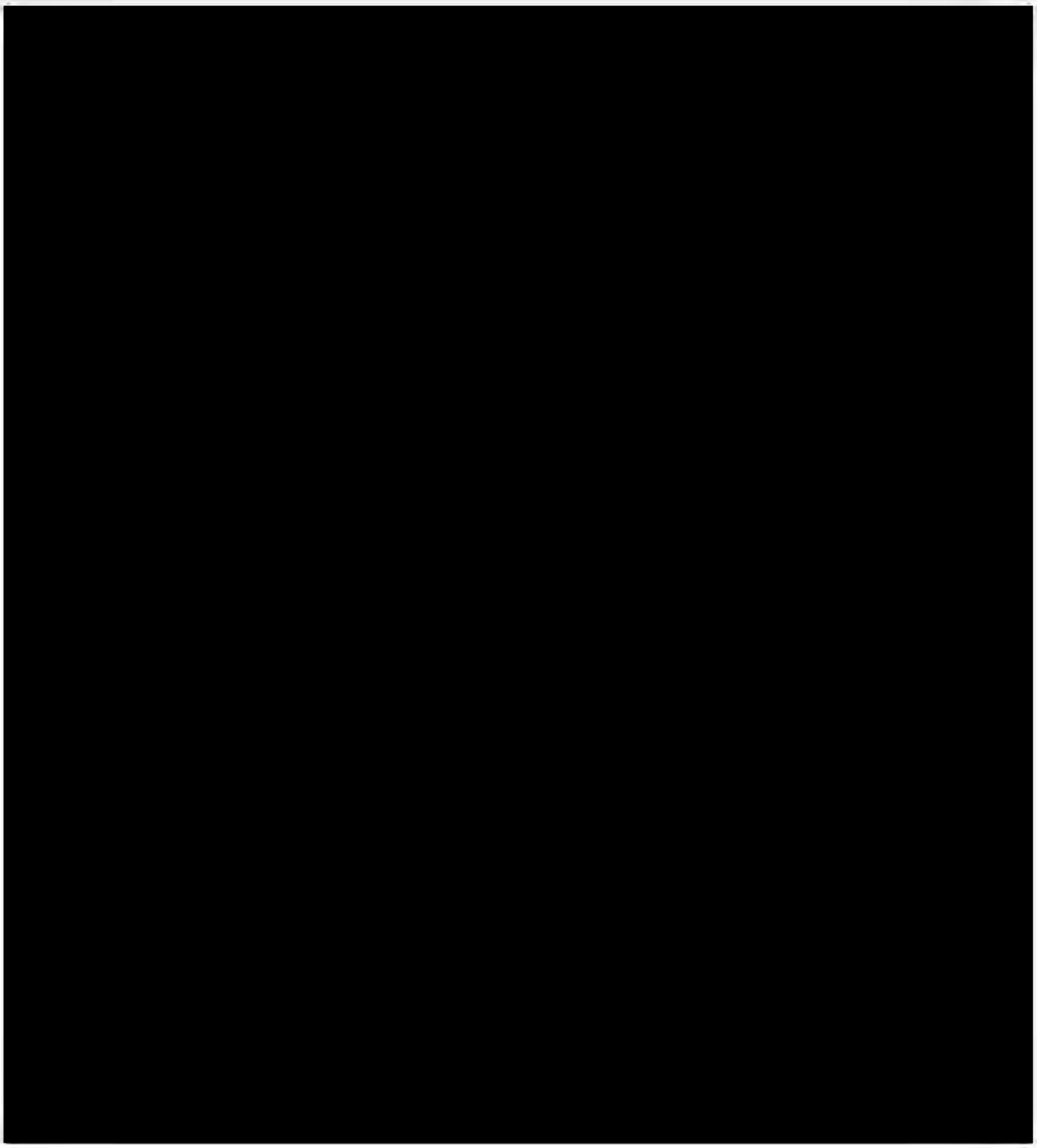
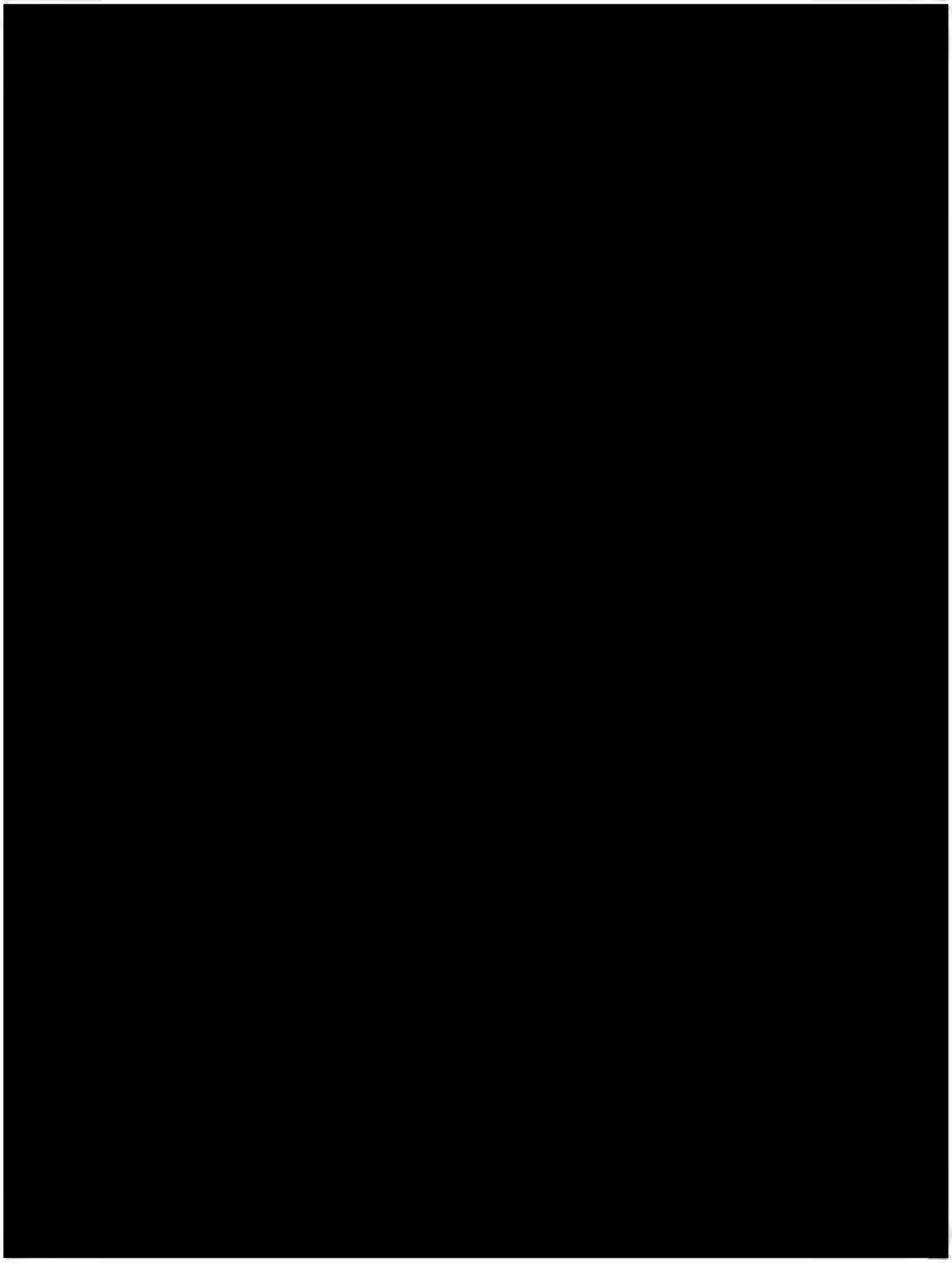
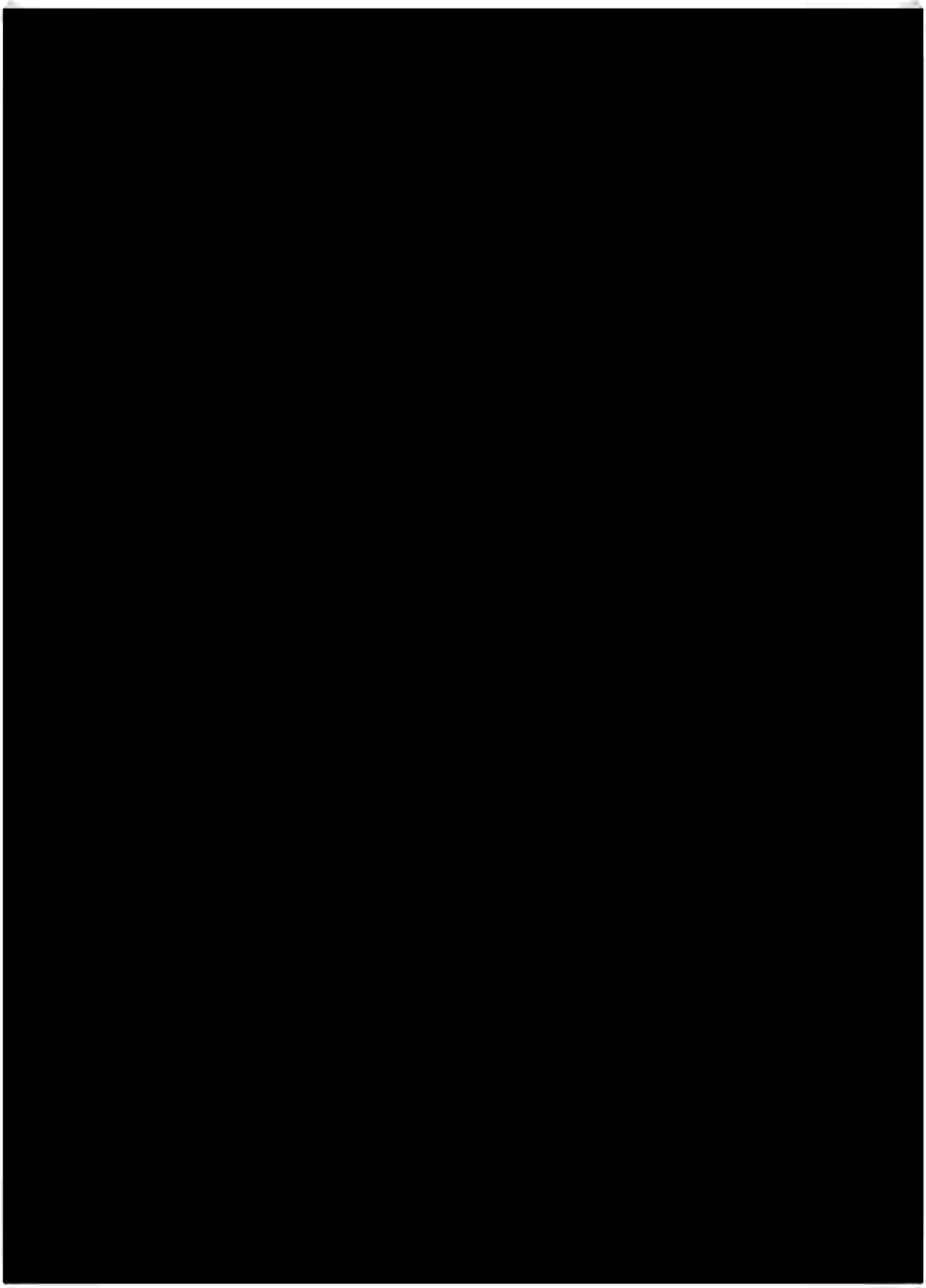
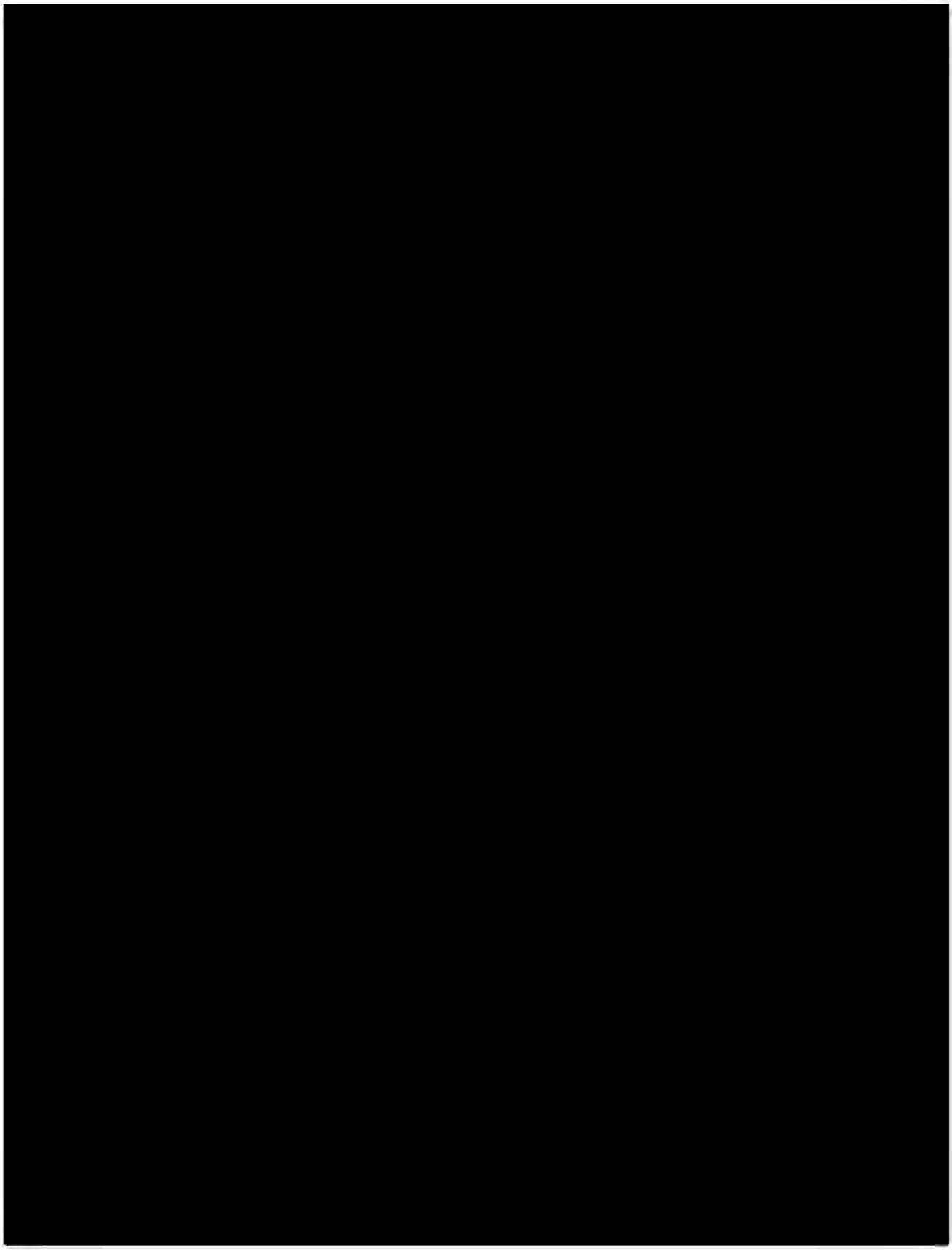
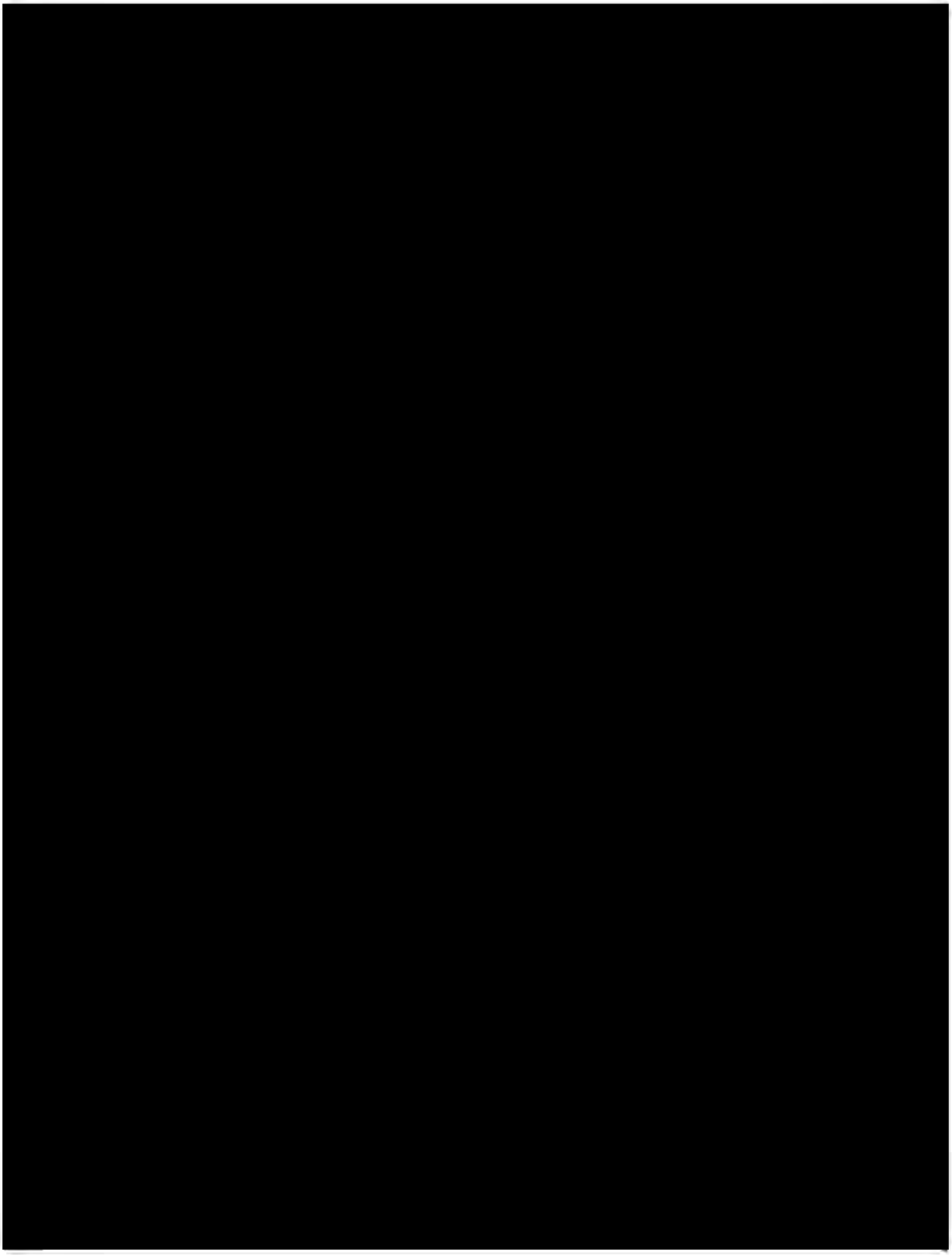
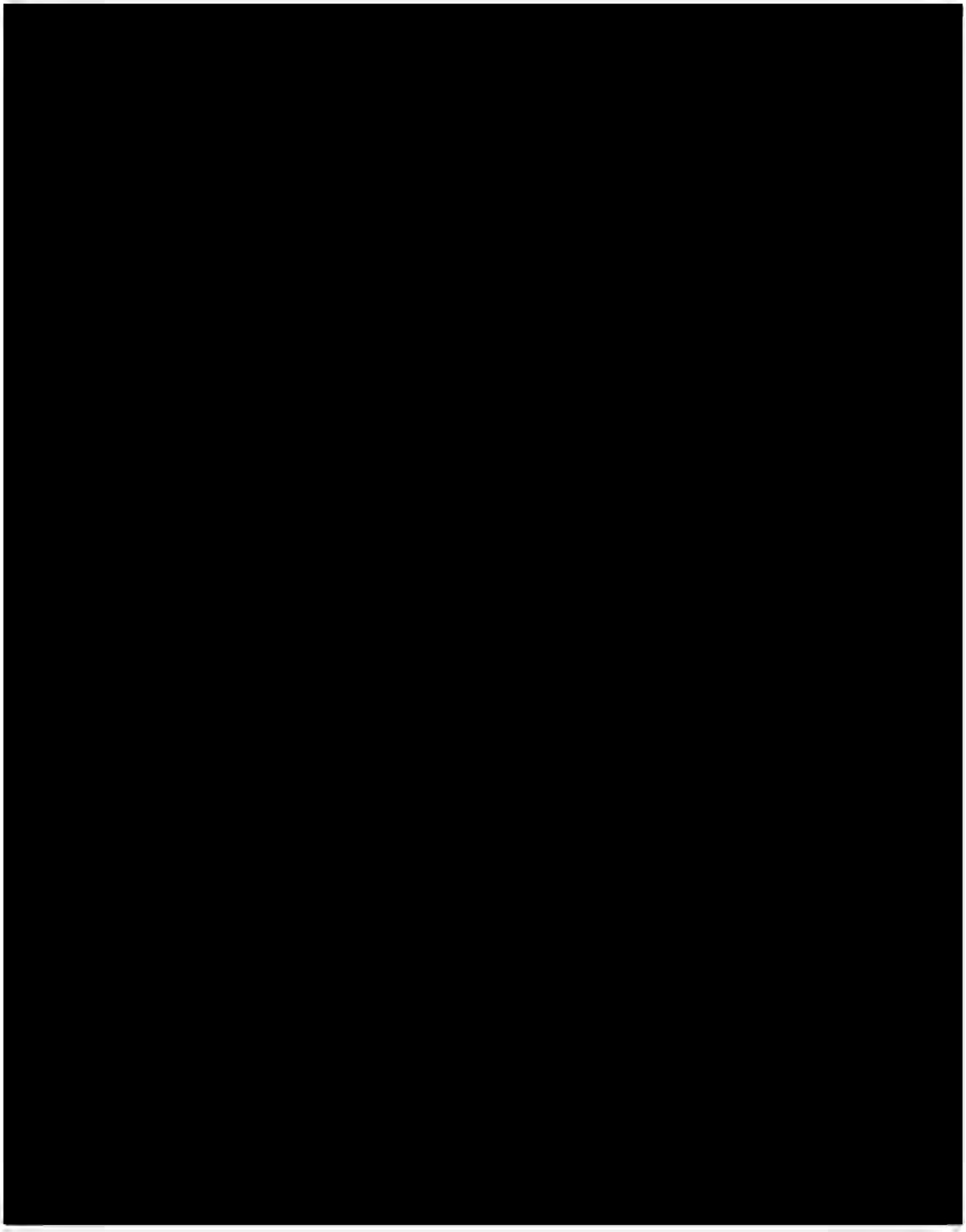


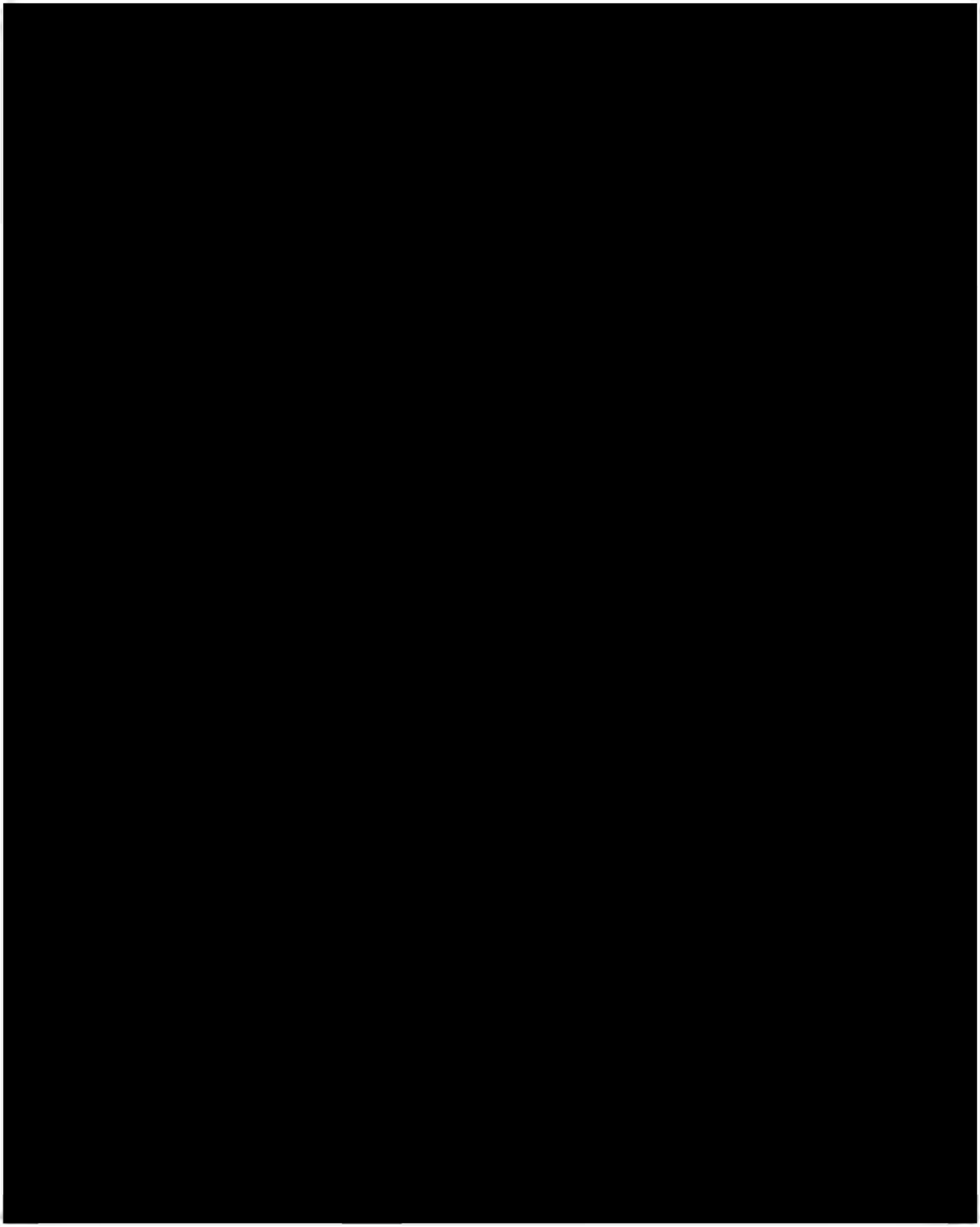


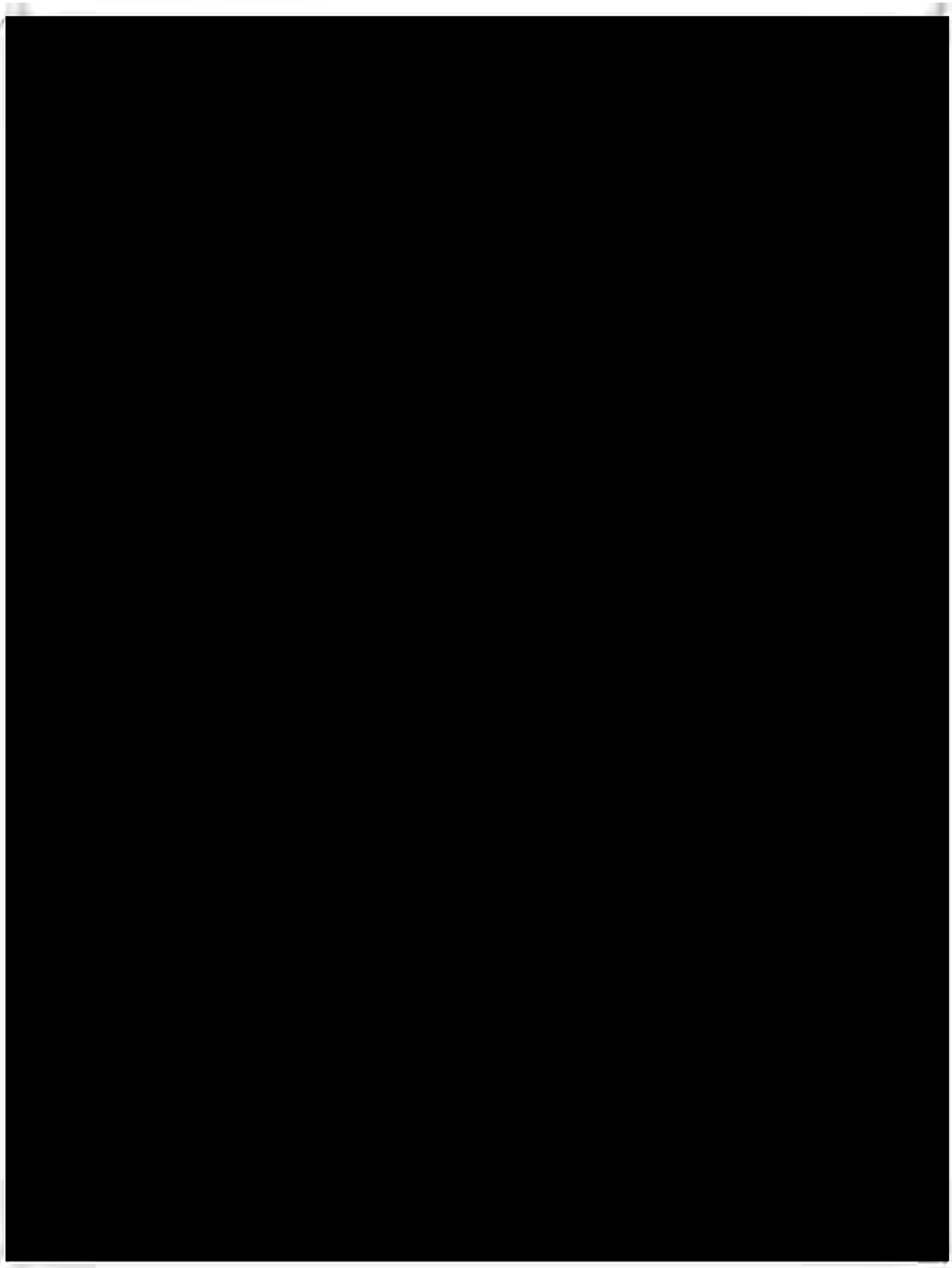


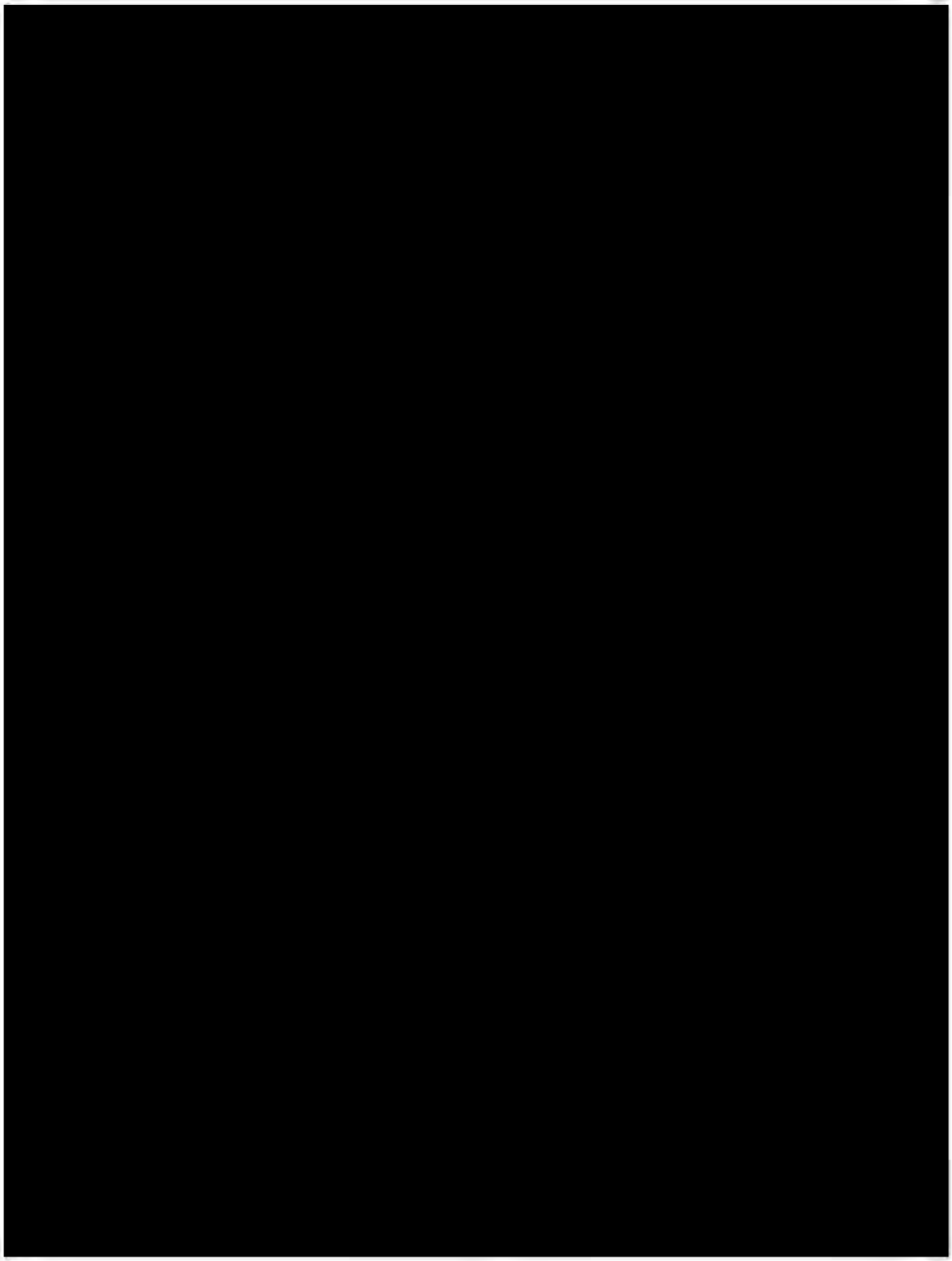


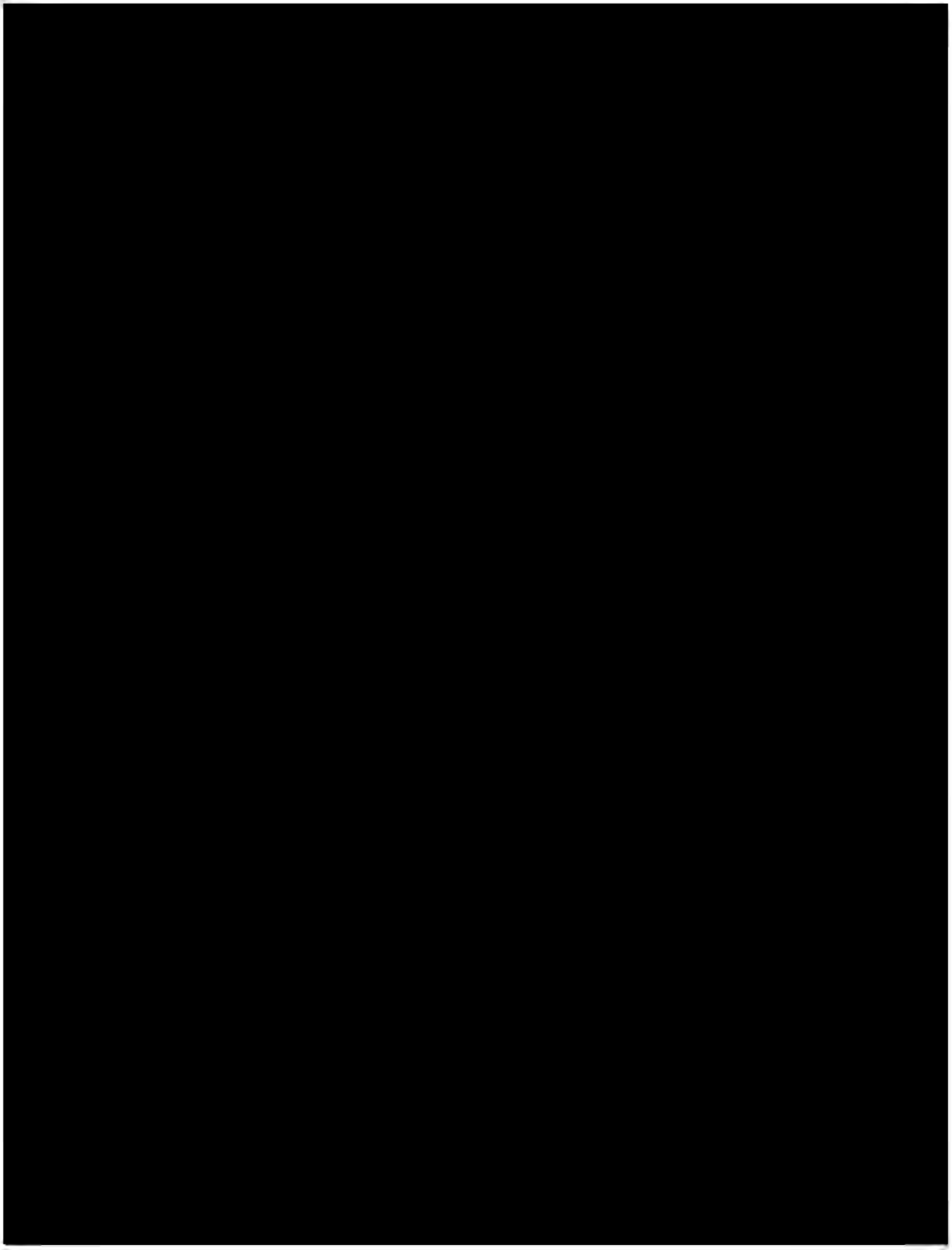


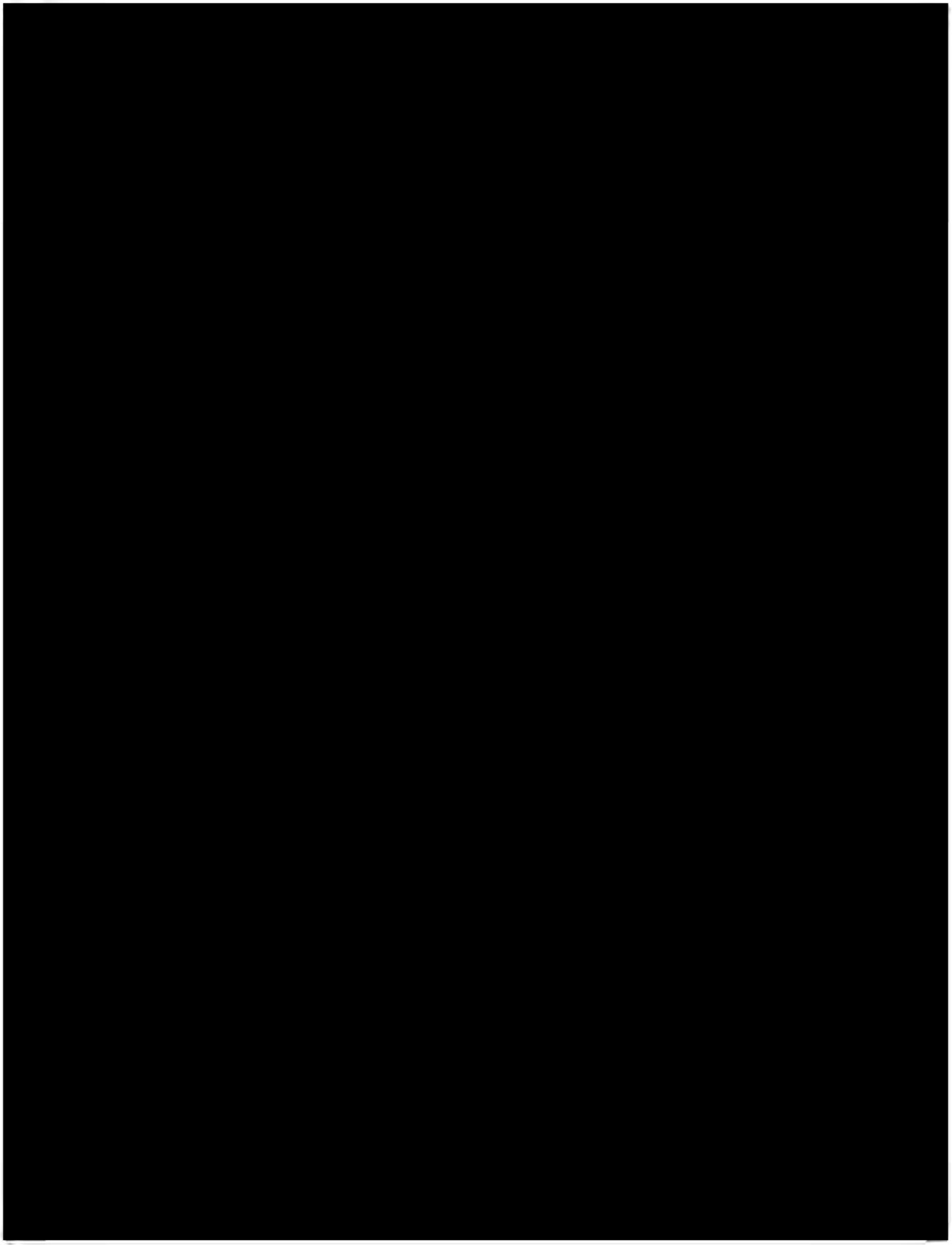


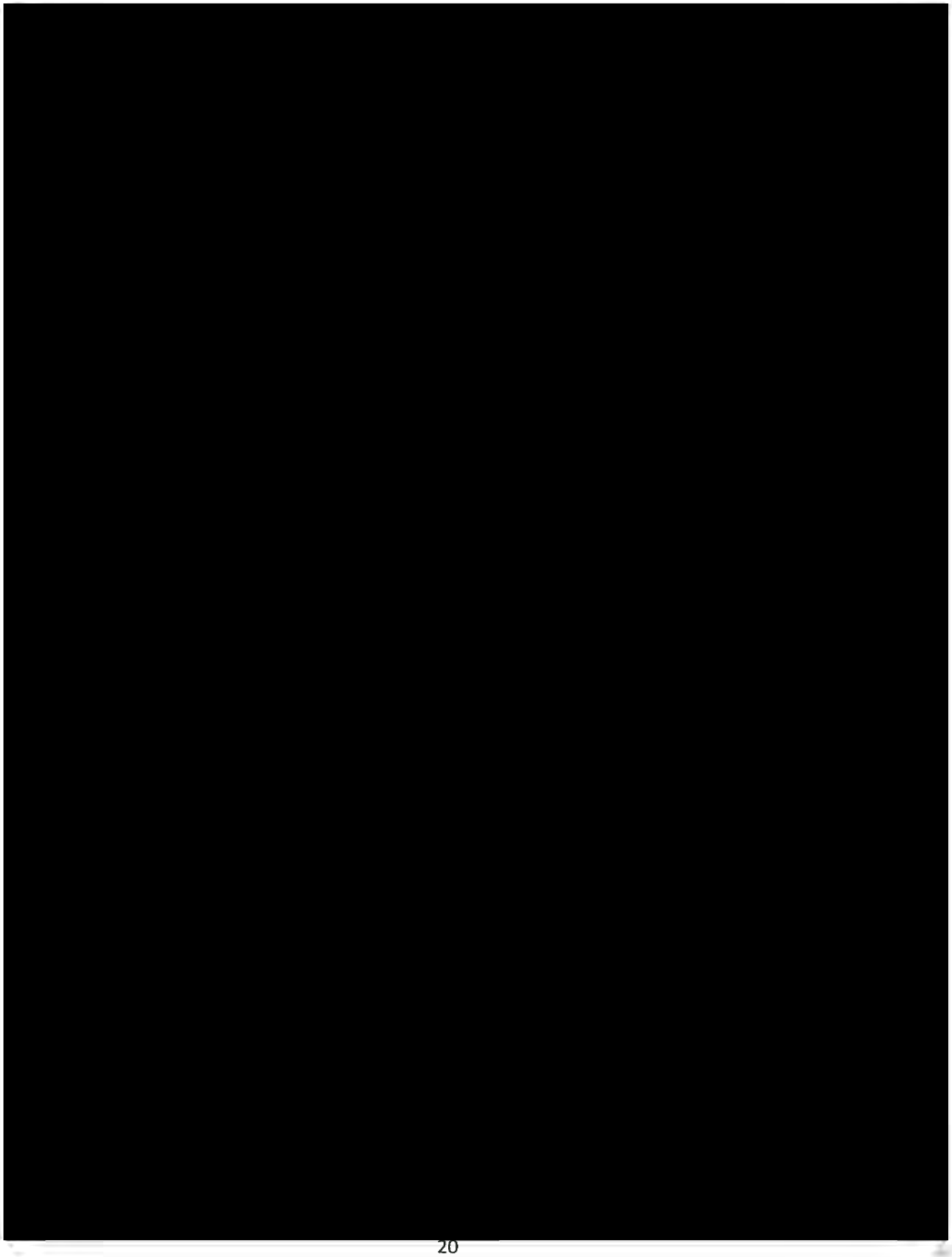


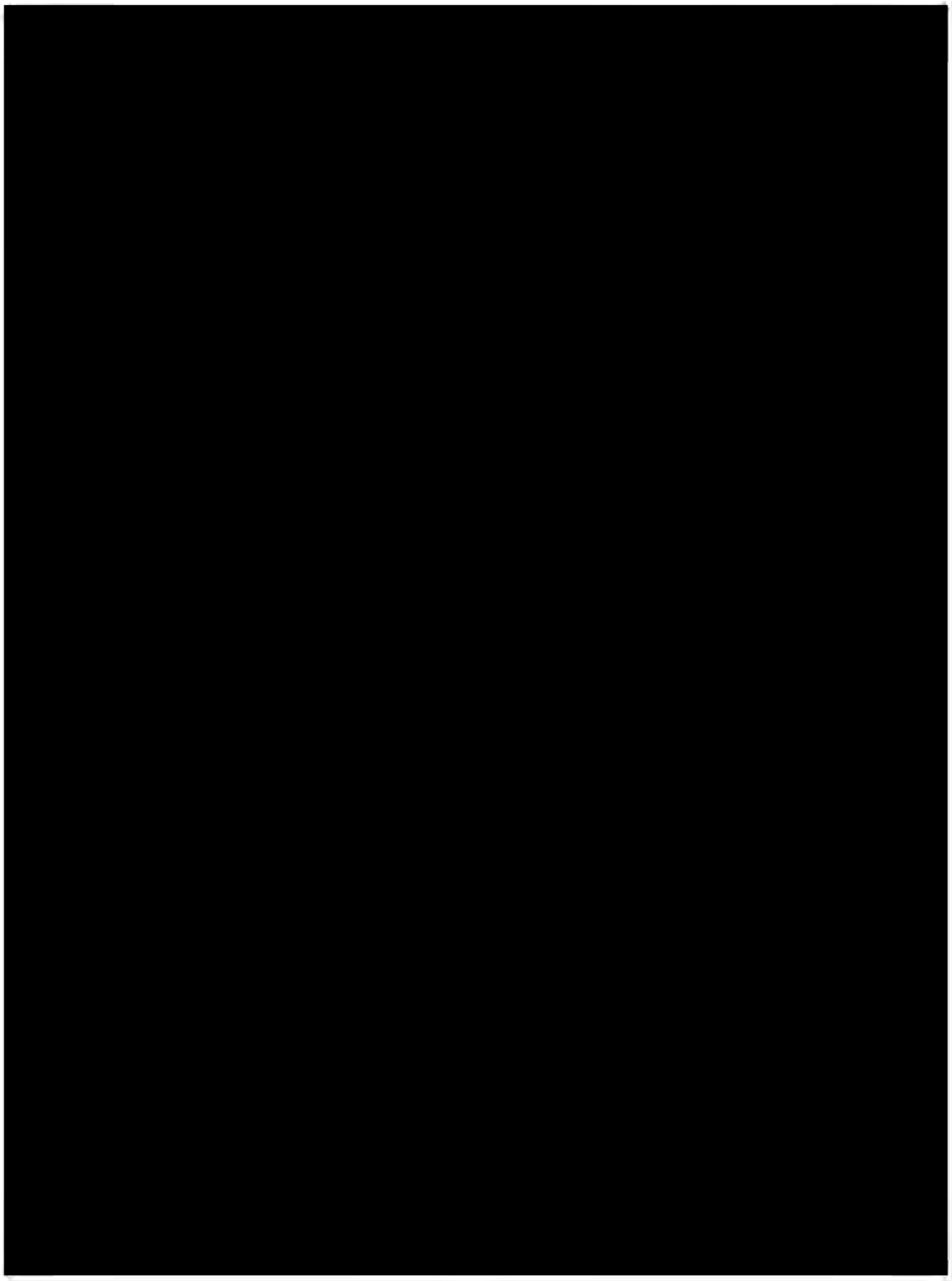


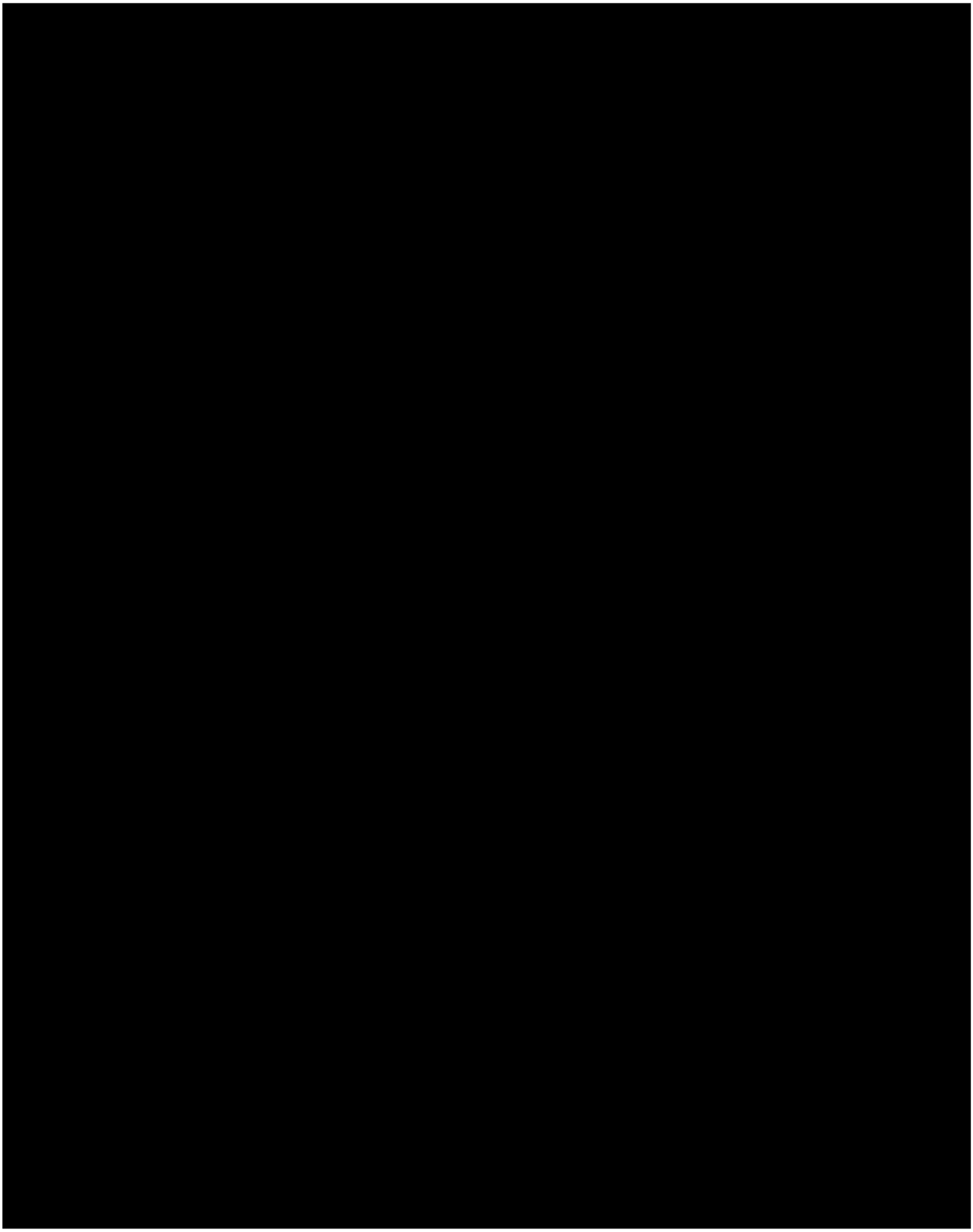












MISCELLANEOUS QUESTIONS

[redacted] 3/08/18

Hawaii State Hospital

Master Patient/Staff Assignment Sheet

Charge Nurse: [redacted]

Med Nurse: [redacted]

Float / Key #8 _____

, Date: 11/12/17

Designated	Team/Pod 1		Team/Pod 2 Nurse		Dayarea		Precautions
	NURSE: [redacted]		NURSE: [redacted]				
	DORM [redacted]	DAY AREA [redacted]	DORM [redacted]	DAY AREA [redacted]	POD [redacted]	[redacted]	Census: 34
[redacted]							# of Staff:
							Assault Risk: [redacted]
							Fall Risk: [redacted]
Front Desk: [redacted]							** Please remind staff: door lock checks when passing exit doors **
Meal:	17:00	17:30	17:00	17:30	18:15		Charge Nurse Notes:
Break:	20:30	21:00	20:30	21:00	21:15		**remind pts to save towels Q Friday for the weekend d/t supply shortage.
Leaf	Day Area PT		Front Desk				
PMT/Key#							
Special Assignments:	Dorm, Flow sheet, Environmental Rounds, Vital signs.	Day Area, AGS, sheets, Trash, Linen, PIP escort	Dorm, Clean linen, Trash, Flow sheets	Day Area, Transport, Unit Activites	Cafeteria, Medline, Code 200, Token Economy		
Activity Assignments:	Dorm	DayArea	Dorm	DayArea	Front Desk		

A.G. 17–4571 EXHIBIT 'H' 1 of 2

KA 3/8/18

Hawaii State Hospital

Nursing Services

Master Patient/Staff Assignment Sheet

11-12-17

Charge Nurse: [redacted]

Medication Nurse (Code 500): [redacted]

Ward/Unit: Building I

Shift: 7-3

Designated	Pod 1 Nurse [redacted]		Pod 2 Nurse [redacted]		Day Area		Precautions
[redacted]	Pod 1Dorm	Pod 1 Day area	Pod 2Dorm	Pod 2 Day area	Pod 3	RPR	Universal precaution:
	[redacted]						Q15 min. checks: [redacted]
							Fall Precautions: [redacted]
							Assault Precautions: [redacted]
FRONT DESK / TOKENS: [redacted]							
Meal:	11:00		1100				
Break:							Charge Nurse Notes:
Relief	Day area staff		Day Area staff				
PMT/Key#	15		10				
Special Assignments	Dorm, flow sheets, environmental rounds, PIP escort	Day area, AGS sheets, trash, linen	Dorm, clean linen, trash, flow sheets	Day area, transport, unit activities	Cafeteria, med line, code 200, token economy		
Activity assignments:	Dorm	Day Area	Dorm	Day Area	Front Desk		######

Accounting of keys: Incoming Charge Nurse [redacted] Outgoing Charge Nurse [redacted]

A.G. 17-4571 EXHIBIT 'R' 1 of 4

[redacted]

#16

[redacted] 3/16/18

DATE	LEVEL	DESTINATION	OUT	IN
11.11	3	grds / lunch / grds	1010	1450
11.11	3	grds	1215	130
11.11	3	grds / dinner grds	330	6000
11.12	3	breakfast	750	900
11.12	3	grds / lunch / grds	900	
		SIGN OUT + SIGN IN LOG SHEET		
		This is the form that [redacted] signs out and sign in		

RTS2011

UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, 2017 [redacted]

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
27-A	[redacted]																								
27-B	[redacted]																								
27-C	[redacted]																								
27-D	[redacted]																								
30-A	[redacted]																								
30-B	[redacted]																								
30	[redacted]																								
30-D	[redacted]																								
32-A	[redacted]																								
32-	[redacted]																								
32-B	[redacted]																								
	Check Lobby Bathrooms		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Check Exit Doors (3)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Staff Initials: [redacted]

Census: 34 (POD 3=10)

RN [redacted] and 7-3 RN [redacted] 3-11 RN [redacted] and 11-7

SHIFT: 2200-0600	ON UNIT	CODES	OFF UNIT	OFF UNIT
= Awake/Quiet	AG = Activities/Group	1:1 = 1:1 Supervision	AL = Administrative Leave	OA = Off Grounds Clinic/Appt
R = Bathroom	BR = Bathroom	D/S = Designated	Caf = Cafeteria	OT = Occupational Therapy
= Disruptive	CY = Courtyard	DISCHARGED	CT = Court	P = Pass
N = Late Night	DR = Dorm	I = 1:1 w/staff or MD	DP = Day Program	PIP = PIP Store
QC = Resting Quietly/ Respiration onfirmed	G = Grooming	QT = Quiet Time	E D/R = Esc. Dining Room	PT = Physical Therapy
	M = Meals	R = Restraints	EG = Esc. Grounds	RT = Recreational Therapy
= Name Alert	U = Unit/Dayroom	SE = Seclusion	EL = Extended Leave	SC = Sick Call
	____ = ____	T = Transfer	EOF = Esc. Off Grounds	TM = Treatment Mall
= Doors Locked	____ = ____	TT = Tx. Team/RPR	FA= Fresh air	U D/R = Unesc. Dining Room
= Bathroom Checked		V = Visitor	HR = Home Room	UG = Unesc. Grounds
		____ = ____	IT = Work	UOG = Unesc. Off Grounds
		AW = AWOL	MC = On Grounds Clinic	VG = Village Green

My signature/initials certify that I have personally checked each patient in accordance with the "Patient Rounds Step"

Signature	Title	Initials
[redacted]		[redacted]

'C' 2 of 2

June 12, 2017
Hourly rounds checklist

+1
7 Alleged Staff

[redacted]

[redacted]

Interview Questions for

[redacted]

Interview Date:

03-16-18

AG17-4571 [redacted] ADMIN

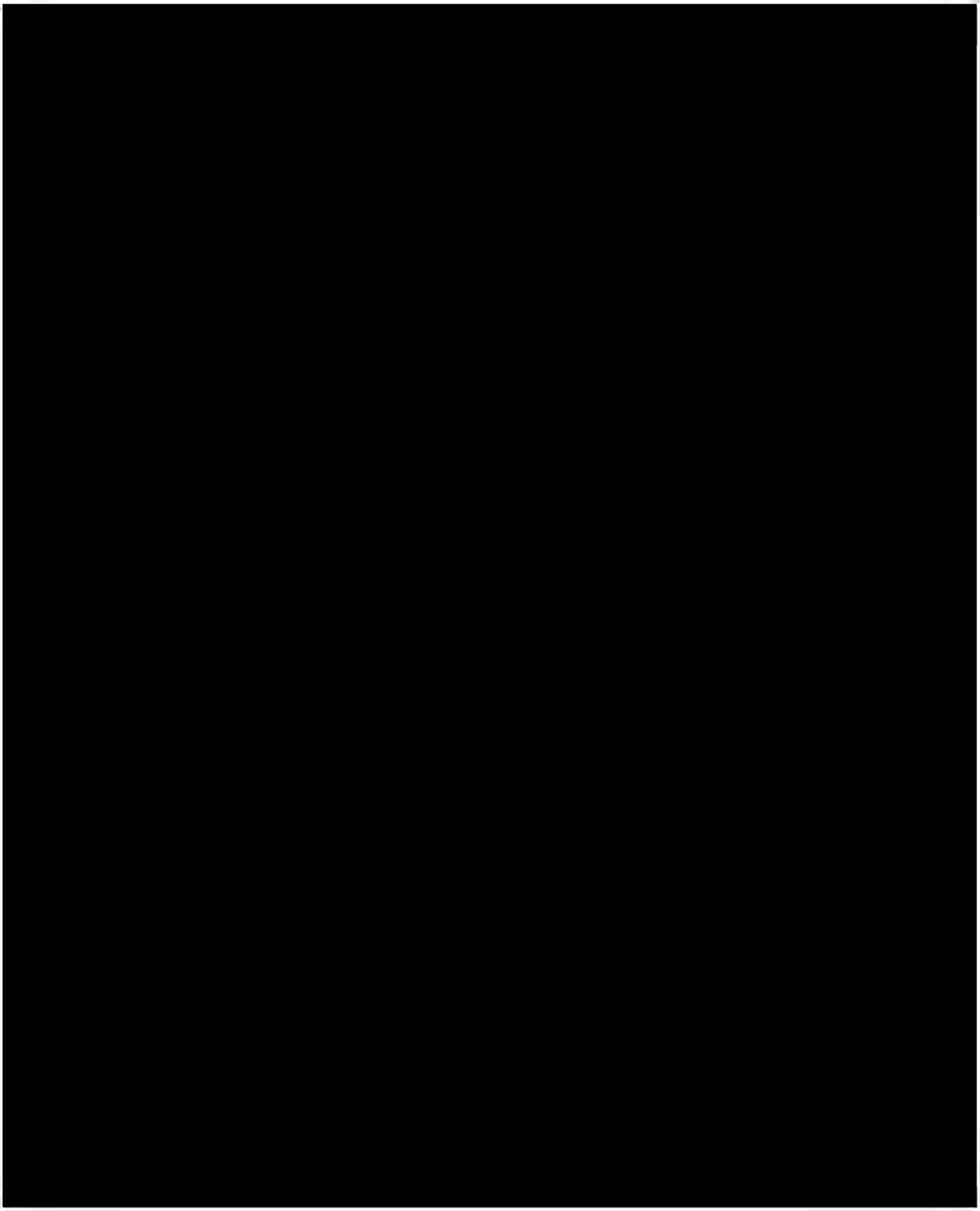
Interview Questions – HSH Administrative Staff [redacted]

[redacted]

[redacted]

QUESTIONS RELATED SPECIFICALLY TO [redacted] ESCAPE:

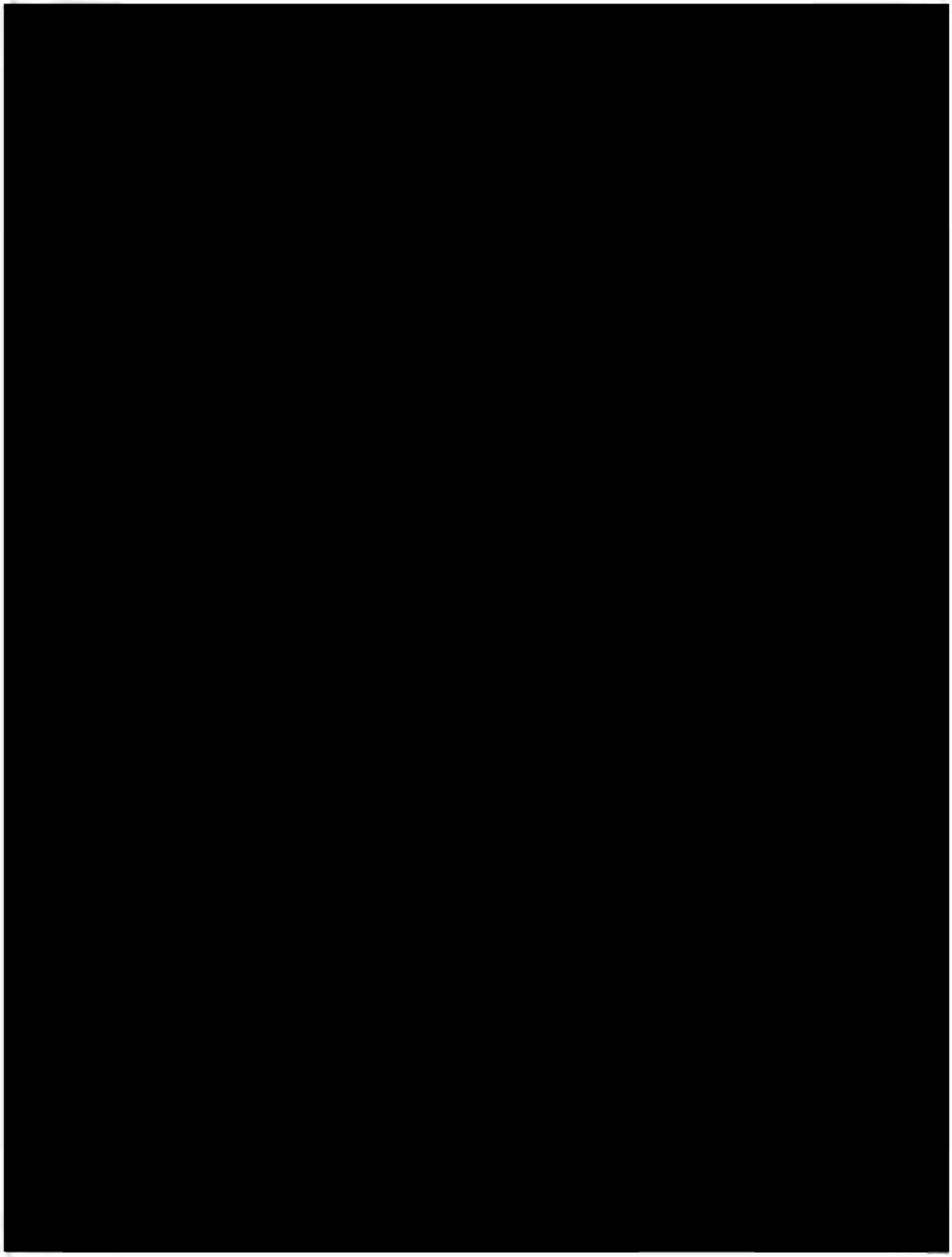
[redacted]

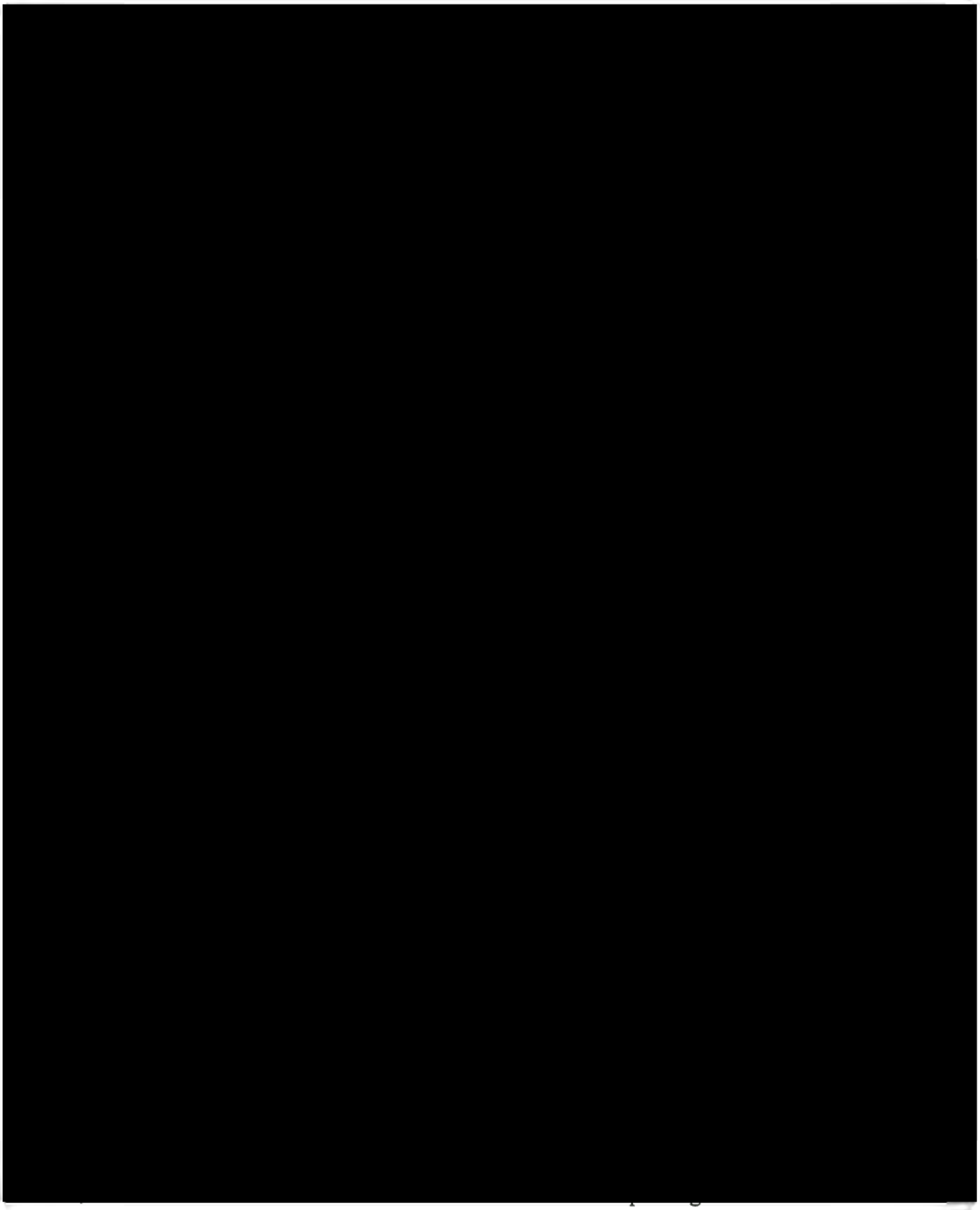


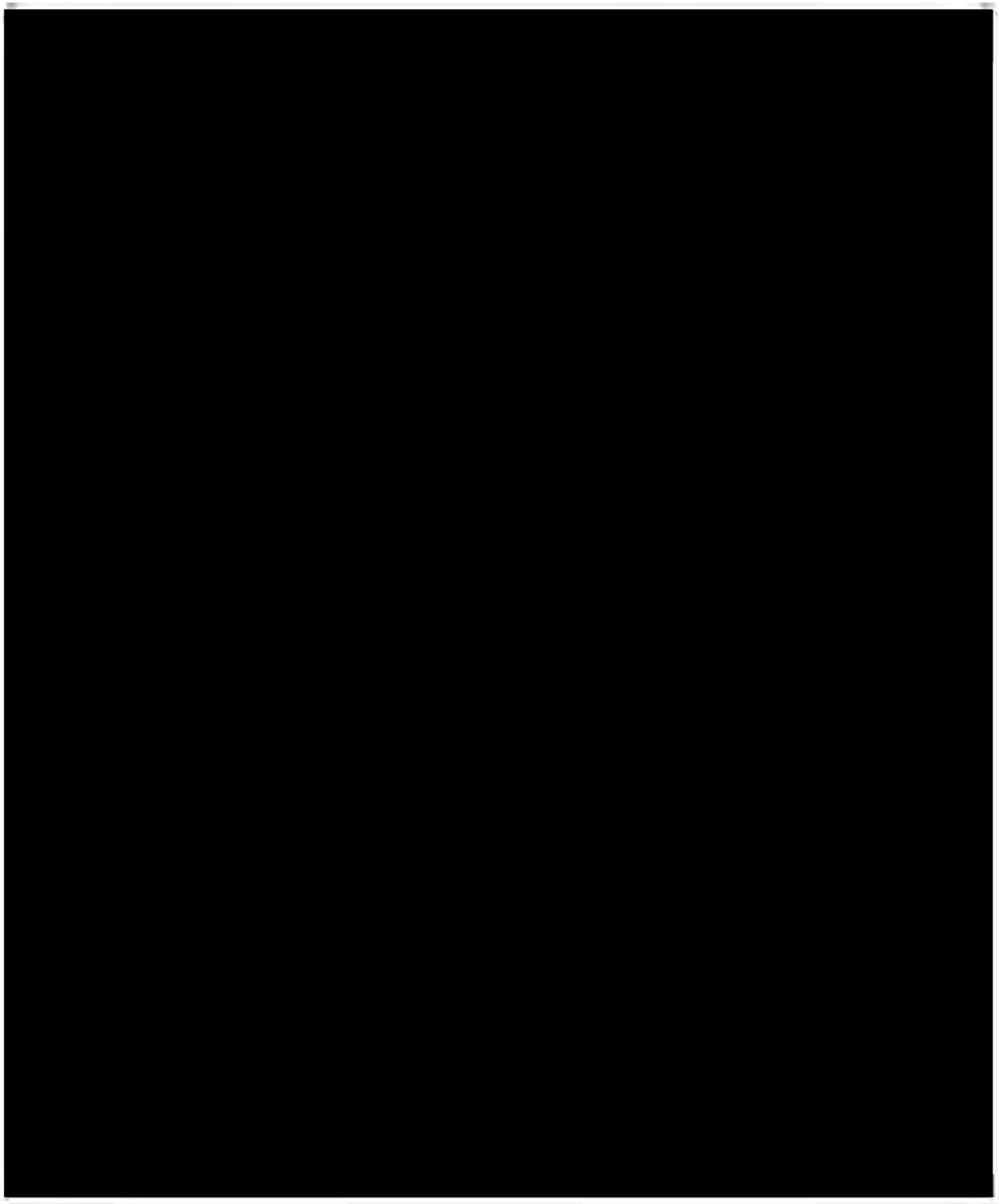
[redacted]

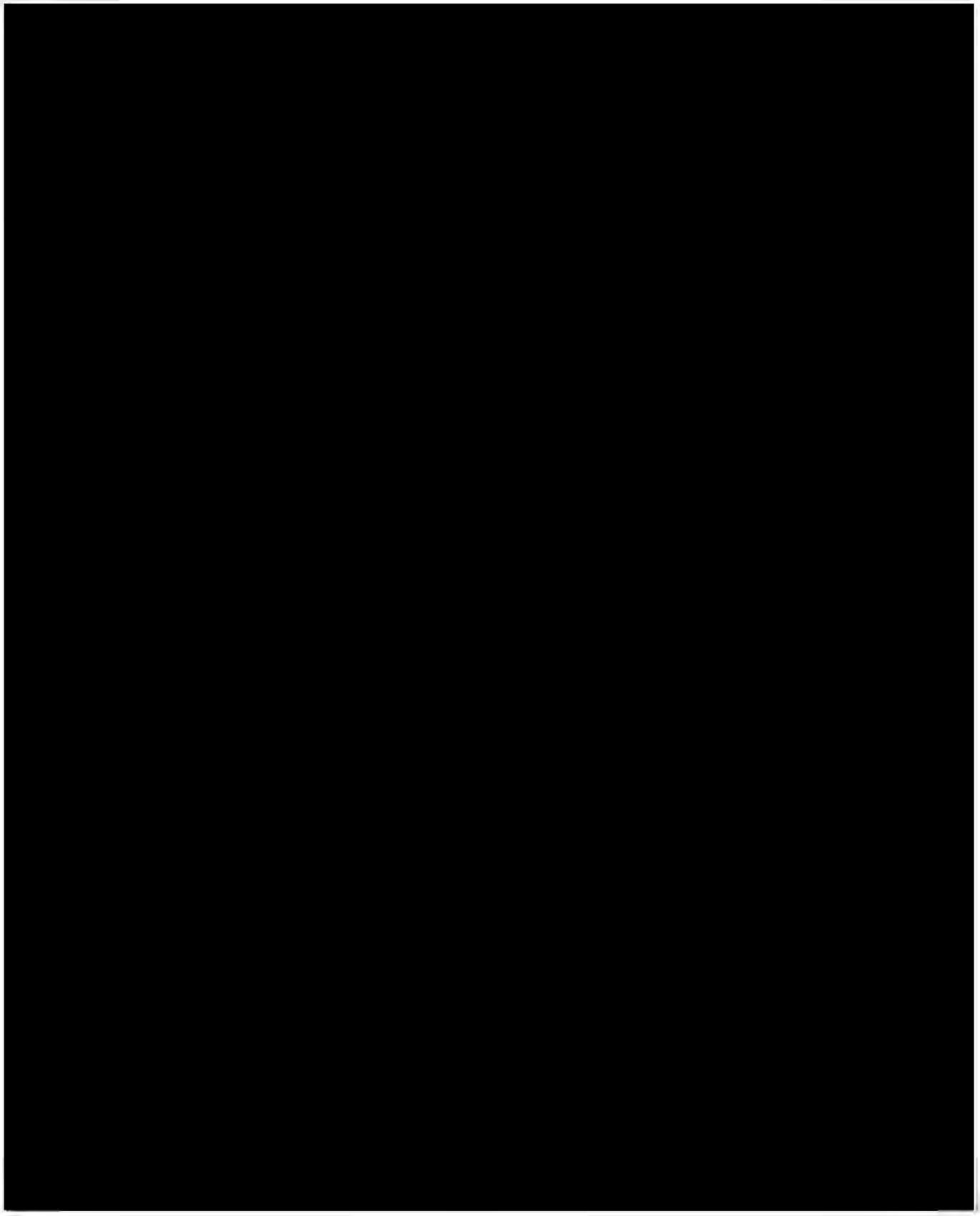
SATURDAY, NOVEMBER 12, 2017

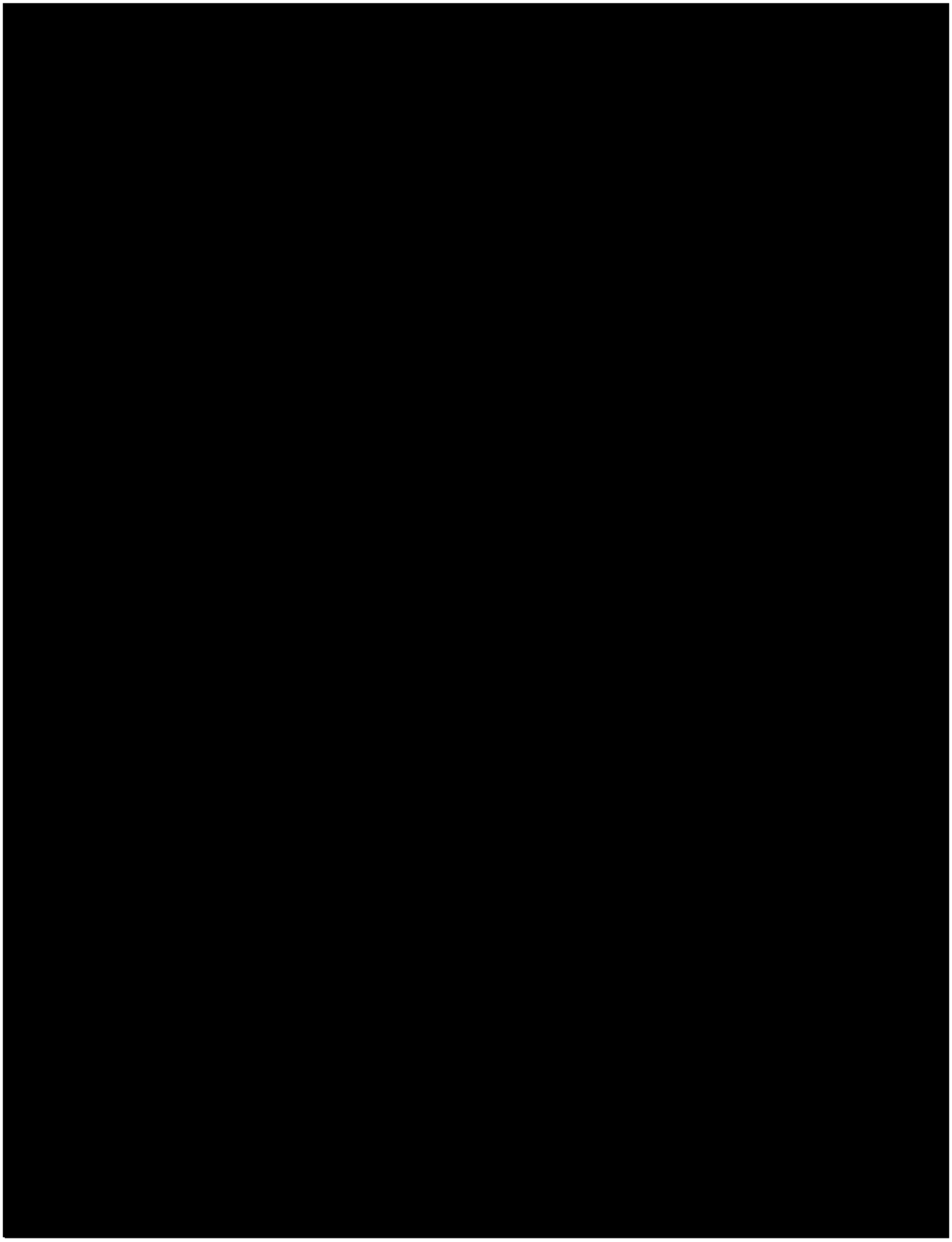
[redacted]

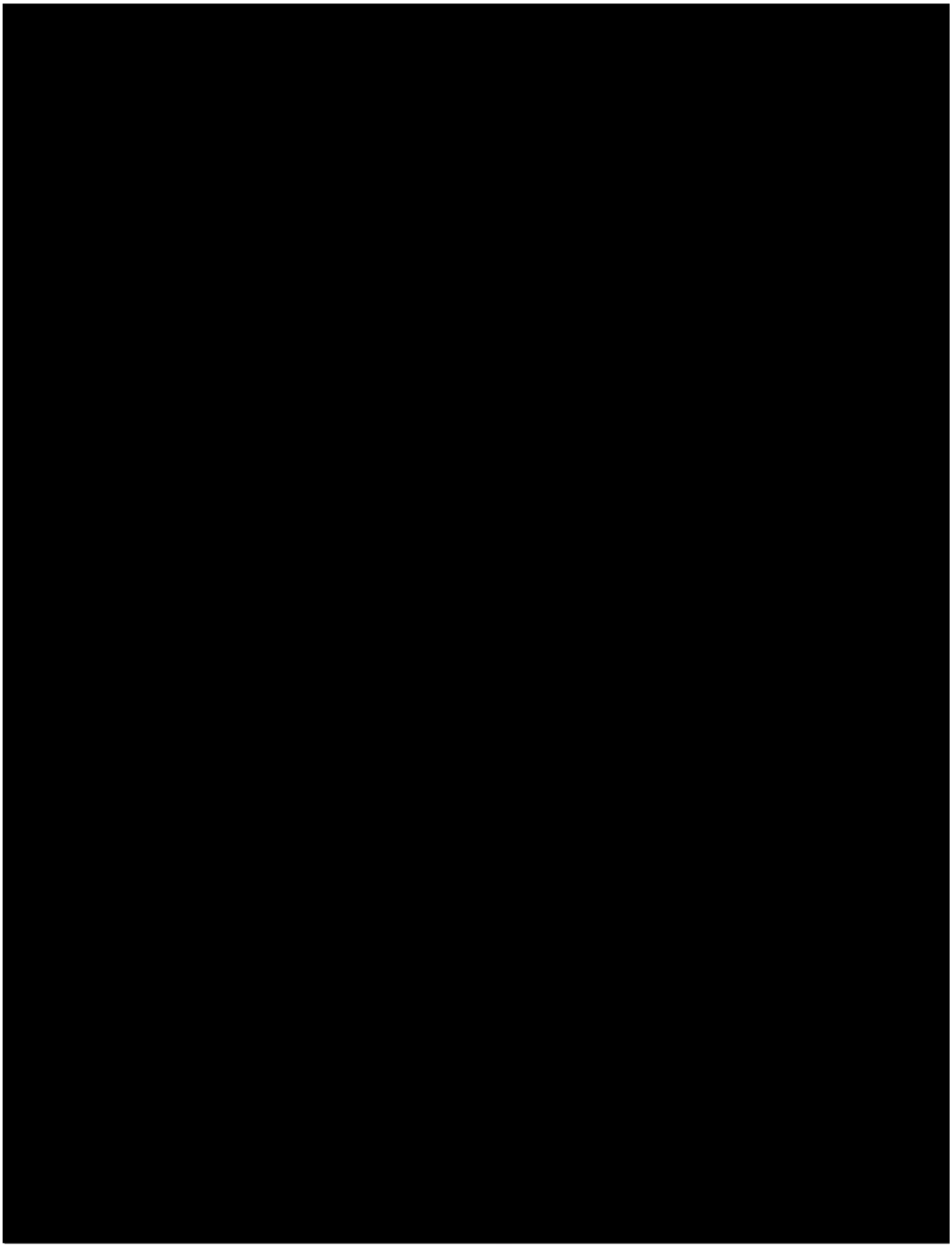


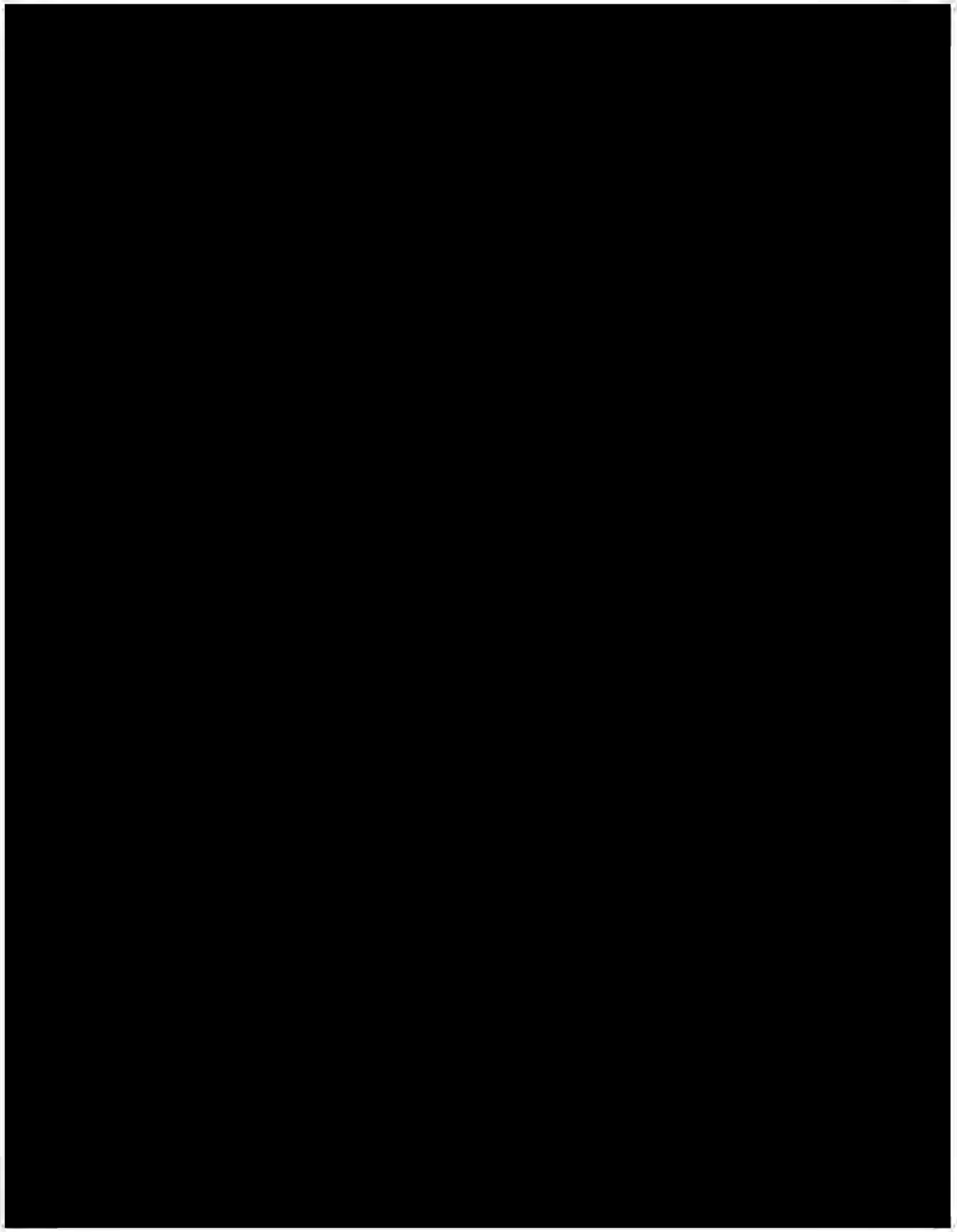


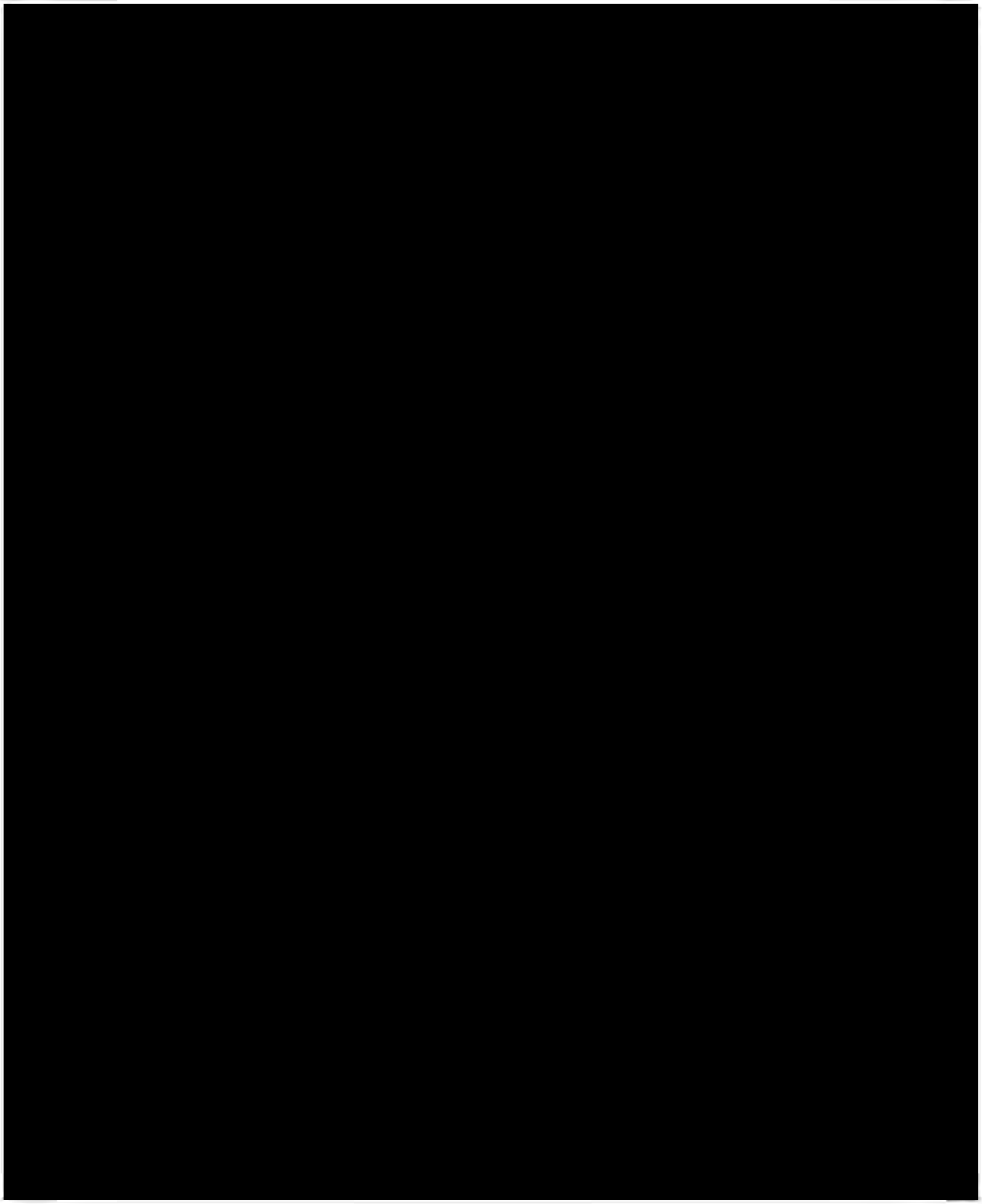


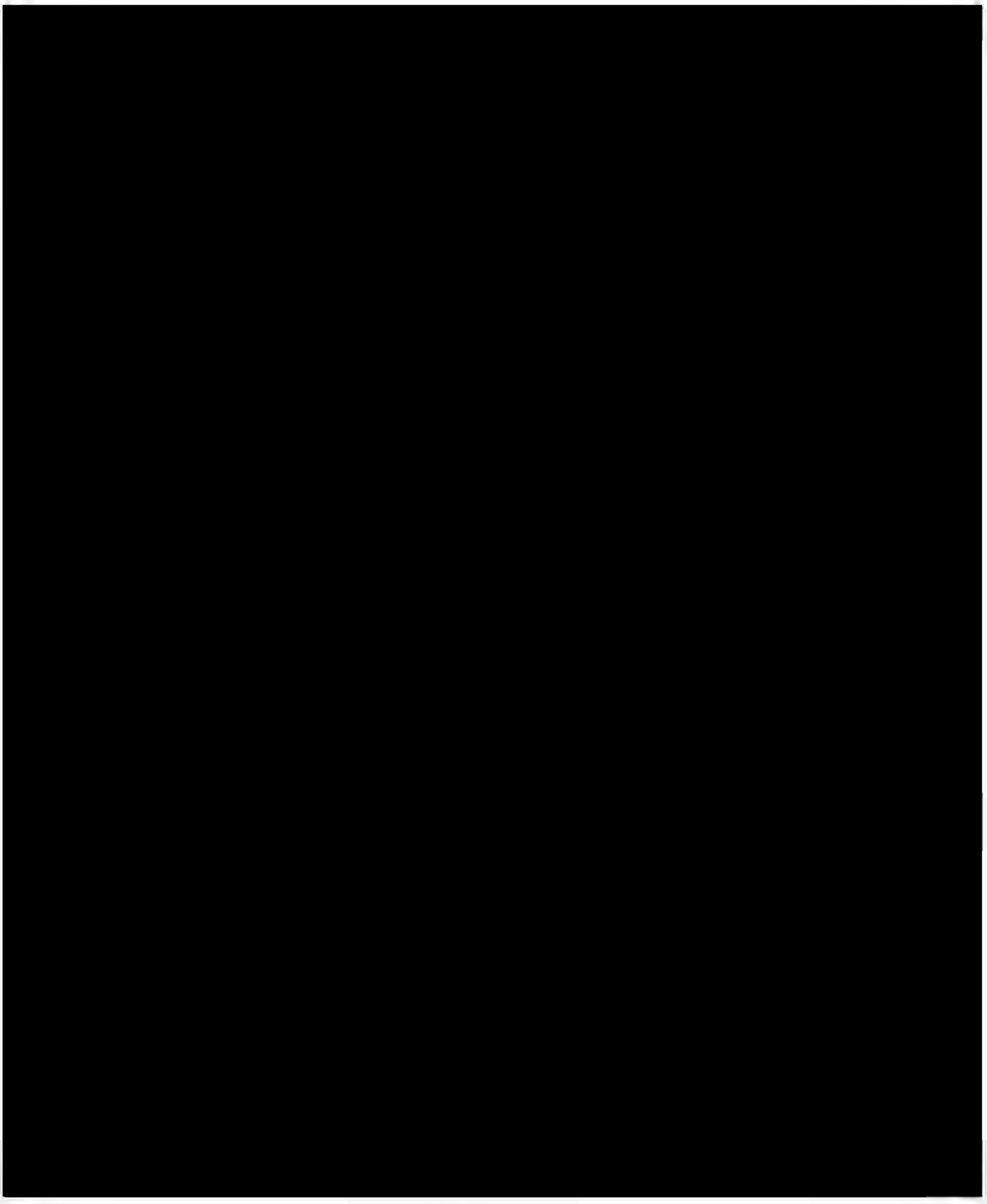












Attachment C, P&P No. 03.800

Hawaii State Hospital
Witness Statement Form

Statement of Staff: [redacted] Home Unit: I

Patient Name: [redacted] Date of Event: 11/12/17 Time of Event: 1905

Job Title: [redacted]

Type of Event:
- ☐ Allegation of Neglect
- ☐ Allegation of Physical Abuse
- ☐ Allegation of Sexual Abuse
- ☐ Allegation of Verbal/Emotional Abuse
- ☐ Elopement
- ☐ Code 200
- ☐ Code 500
- ☐ Medication Event
- ☐ Treatment Error
- ☐ Other AWOL

Event Location: ☐ Unit E ☐ Unit F ☐ Unit H ☑ Unit I ☐ Unit S ☐ Unit T ☐ Unit U ☐ Cafeteria ☐ Community ☐ Gym ☐ Treatment Mall ☐ Village Green ☐ Other

Please give a detailed statement answering ALL the following questions:

1. Did you **HEAR** or **SEE** anything relevant to the event?
2. When **DATE** and **TIME** event occurred?
3. **WHERE** did it happen (treatment mall, village green, unit, etc.)?
4. **WHO** was involved (any other **WITNESSES**)
5. **WHAT** happened?
6. **HOW** did it happen?
7. **WHY** did it happen (prior events leading up to event)?
8. **ANY OTHER** information?

RECEIVED
NOV 15 2017
HAWAII STATE HOSPITAL
RISK MANAGEMENT

pt. has not returned to unit-I from unescorted Grounds, checked out for unescorted grounds @ 0905 AM ground Search done, pt not found, Notified [redacted] & HPD.

[redacted] 11/12/17

Signature: [redacted] Date: 11/12/17 Time: 1915

NIT______

PATIENT HOURLY ROUNDS

DATE______________

[redacted]

3/16/18

om	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
	C N Designee Initials (twice per shift):																								
	Staff Initials:																								
	CENSUS:								11-7 / 7-3 Initials								7-3 / 3-11 Initials								3-11 / 11-7 Initials

IGHT: 2200-0600	ON UNIT CODES	CODES	OFF UNIT CODES		My signature/ Initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995
wake Bathroom isruptive ate night = Resting quietly/ Respiration confirmed :______ :______	AG= Activities/Groups BR= Bathroom CY= Courtyard DR= Dorm G= Grooming M= Meals U= Unit/Dayroom Other:______ Other:______	1:1= 1:1 Supervision DS= Designated Staff Q15= Q15 minute checks DISCHARGED= Discharged I= 1:1 w/staff or MD QT= Quiet Time R= Restraints SE= Seclusion T= Transfer V= Visitor Other:______	AL= Administrative Leave CT= Court DP= Day Program EDR= Esc. Dining Room EG= Escorted Grounds EL= Extended Leave EOF= Esc. Off Grounds HR= Home Room IT= Work MC= On Grounds Clinic OA= Off Grounds Clinic/Appt. OT= Occupational Therapy	P= Pass PIP= PIP store PT= Physical Therapy RT= Recreational Therapy SC= Sick Call TM= Treatment Mall UDR= Unescorted Dining Room UG= Unescorted Grounds UOG= Unescorted Off Grounds VG= Village Green Other:______	SIGNATURE and Title | Init.

IV

'A' 5 of 6

[redacted]/Patient Care Assignment Sheet 7-3 Shift POD 3

Charge Nurse: [redacted] Meal/Break 1100 0900/1400 Relief: _____ Key/PMT #: _____

Team Leader: [redacted] Staff Names: [redacted] Date: 11/12/2017

Other Assignments: POD 3 : Monitor patients; brew 10 token coffee; serve coffee

Rm#	Patient	Medications	Special Precaution	Nursing Interventions/Treatment Goals	Patient's Behavior
[redacted]					

[redacted] 11-12 Shift Staff/Patient Care Assignment Sheets-POD 3

Charge N[redacted] Meal/Break: [redacted] Key/PMT: _____

n Leader: _____ [redacted] aff Names: [redacted] Date: 11-12-12

er assignments: Monitor patients, Flow sheets, Assist with meals and ADLs, Unit activity, Close watch Supervision, Hourly checks of exit doors

Patient	Psych Medications	Special Precautions	Nursing Intervention/Treatment Goals	Patient's Behavior
[redacted]				

Door lock checks when passing exit doors

'G' 2 of 2

3/16/12

[redacted]

Hawaii State Hospital

Nursing Services

Master Patient/Staff Assignment Sheet

Charge Nurse: [redacted]

Medication Nurse (Code 500): [redacted]

11-12-17

Ward/Unit: Building I

Shift: 7-3

Designated	Pod 1 Nurse		Pod 2 Nurse		Day Area		Precautions
[redacted]	Pod 1Dorm	Pod 1 Day area	Pod 2Dorm	Pod 2 Day area	Pod 3	RPR	Universal precaution:
							Q15 min. checks: [redacted]
							Fall Precautions: [redacted]
							Assault Precautions: [redacted]
FRONT DESK / TOKENS: [redacted]							
Meals	11:00		1100				
Break:							Charge Nurse Notes:
Relief	Day area staff		Day Area staff				
PMT/Key#	15		10				
Special Assignments	Dorm, flow sheets, environmental rounds, PIP escort	Day area, AGS sheets, trash, linen	Dorm, clean linen, trash, flow sheets	Day area, transport, unit activities	Cafeteria, med line, code 200, token economy		
Activity assignments:	Dorm	Day Area	Dorm	Day Area	Front Desk		######

Accounting of keys: Incoming Charge Nurse [redacted] Outgoing Charge Nurse [redacted]

Hawaii State Hospital

Master Patient/Staff Assignment Sheet

Charge Nurse: [redacted]

Med Nurse: [redacted]

Float / Key #8 _____

, Date: 11/12/17

Designated	Team/Pod 1 NURSE: [redacted]		Team/Pod 2 Nurse NURSE: [redacted]		Dayarea		Precautions
	DORM [redacted]	DAY AREA [redacted]	DORM [redacted]	[redacted]	POD 3 [redacted]	[redacted]	Census: 34
	[redacted]		[redacted]		[redacted]		# of Staff:
							Assault Risk: [redacted]
							Fall Risk: [redacted]
Front Desk:	[redacted]						** Please remind staff: door lock checks when passing exit doors **
Meal:	17:00	17:30	17:00	17:30	18:15		Charge Nurse Notes:
Break:	20:30	21:00	20:30	21:00	21:15		**remind pts to save towels Q Friday for the weekend d/t supply shortage.
Relief	Day Area PT		Front Desk				
PMT/Key#							
Special Assignments:	Dorm, Flow sheet, Environmental Rounds, Vital signs.	Day Area, AGS, sheets, Trash, Linen, PIP escort	Dorm, Clean linen, Trash, Flow sheets	Day Area, Transport, Unit Activites	Cafeteria, Medline, Code 200, Token Economy		
Activity Assignments:	Dorm	DayArea	Dorm	DayArea	Front Desk		

2/16/18

[redacted]

PATIENT Call-In Log Sheet

Patients on Unescorted status need to check in

Supervision status: UG = unescorted grounds UOG = unescorted off-grounds

Patient Name	Supervision Status	Location of Check-in	Who called it in? (Staff name) Patient?)	Date	Time Out	Check-in Time	Staff Verifying Print / initial
~~(example)~~ M. Mouse	~~UG~~	~~Gym~~	~~RT (D. Duck)~~	~~11/15/17~~	~~1500~~	~~1600~~	~~J. Cricket~~

[redacted]

A.G. 17-4571

EXHIBIT '1'

UNIT I

POD 1 - PATIENT HOURLY ROUNDS

DATE: 3 / 2 / 2018

Room	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
I-54																									
I-56																									
I-57																									
I-59																									
I-60																									
I-[redacted]																									
I-90																									
I-92																									
I-93																									
I-95																									
I-96																									
I-98																									
CN / RN Designee Initials (twice per shift):																									
Staff Initials:																									
CENSUS:									11-7 / 7-3 initials								7-3 / 3-11 initials								3-11 / 11-7 initials

NIGHT: 2200-0600

A= Awake
BR= Bathroom
D= Disruptive
LN= Late night
RQC= Resting quietly/ Respiration confirmed

Other:_____

Other:_____

ON UNIT CODES

AG= Activities/Groups
BR= Bathroom
CY= Courtyard
DR= Dorm
G= Grooming
M= Meals
U= Unit/Dayroom

Other:_____

Other:_____

CODES

1:1= 1:1 Supervision
DS= Designated Staff
Q15= Q15 minute checks
DISCHARGED= Discharged
I= 1:1 w/staff or MD
QT= Quiet Time
R= Restraints
SE= Seclusion
T= Transfer
V= Visitor

Other:_____

OFF UNIT CODES

AL= Administrative Leave
CT= Court
DP= Day Program
EDR= Esc. Dining Room
EG= Escorted Grounds
EL= Extended Leave
EOF= Esc. Off Grounds
HR= Home Room
IT= Work
MC= On Grounds Clinic
OA= Off Grounds Clinic/Appt.
OT= Occupational Therapy

Other:_____

P= Pass
PIP= PIP store
PT= Physical Therapy
RT= Recreational Therapy
SC= Sick Call
TM= Treatment Mall
UDR= Unescorted Dining Room
UG= Unescorted Grounds
UOG= Unescorted Off Grounds
VG= Village Green

Other:_____

My signature/ initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995

SIGNATURE and Title	Init.

12/13/17HV

UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, 2017

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
[redacted]																									
	Check Lobby Bathrooms																								
	Check Exit Doors (3)																								

Staff Initials: [redacted]

Census: 34 (POD 3=10)

NIGHT SHIFT: 2200-0600

- = Awake/Quiet
- R = Bathroom
- = Disruptive
- N = Late Night
- QC = Resting Quietly/ Respiration onfirmed
- = Name Alert
- ' = Doors Locked
- " = Bathroom Checked

ON UNIT

- AG = Activities/Group
- BR = Bathroom
- CY = Courtyard
- DR = Dorm
- G = Grooming
- M = Meals
- U = Unit/Dayroom
- ____ = ____
- ____ = ____

CODES

- 1:1 = 1:1 Supervision
- D/S = Designated
- DISCHARGED
- I = 1:1 w/staff or MD
- QT = Quiet Time
- R = Restraints
- SE = Seclusion
- T = Transfer
- TT = Tx. Team/RPR
- V = Visitor
- ____ = ____
- AW = AWOL

OFF UNIT

- AL = Administrative Leave
- Caf = Cafeteria
- CT = Court
- DP = Day Program
- E D/R = Esc. Dining Room
- EG = Esc. Grounds
- EL = Extended Leave
- EOF = Esc. Off Grounds
- FA= Fresh air
- HR = Home Room
- IT = Work
- MC = On Grounds Clinic
- OA = Off Grounds Clinic/Appt
- OT = Occupational Therapy
- P = Pass
- PIP = PIP Store
- PT = Physical Therapy
- RT = Recreational Therapy
- SC = Sick Call
- TM = Treatment Mall
- U D/R = Unesc. Dining Room
- UG = Unesc. Grounds
- UOG = Unesc. Off Grounds
- VG = Village Green

My signature/initials certify that I have personally checked each patient in accordance with the "Patient Rounds SOP"

Signature	Title	Initials
[redacted]		

11/04/13ka

[redacted]

A.G. 17-4571 EXHIBIT 'C' 1 of 2

Interview Questions for [redacted]

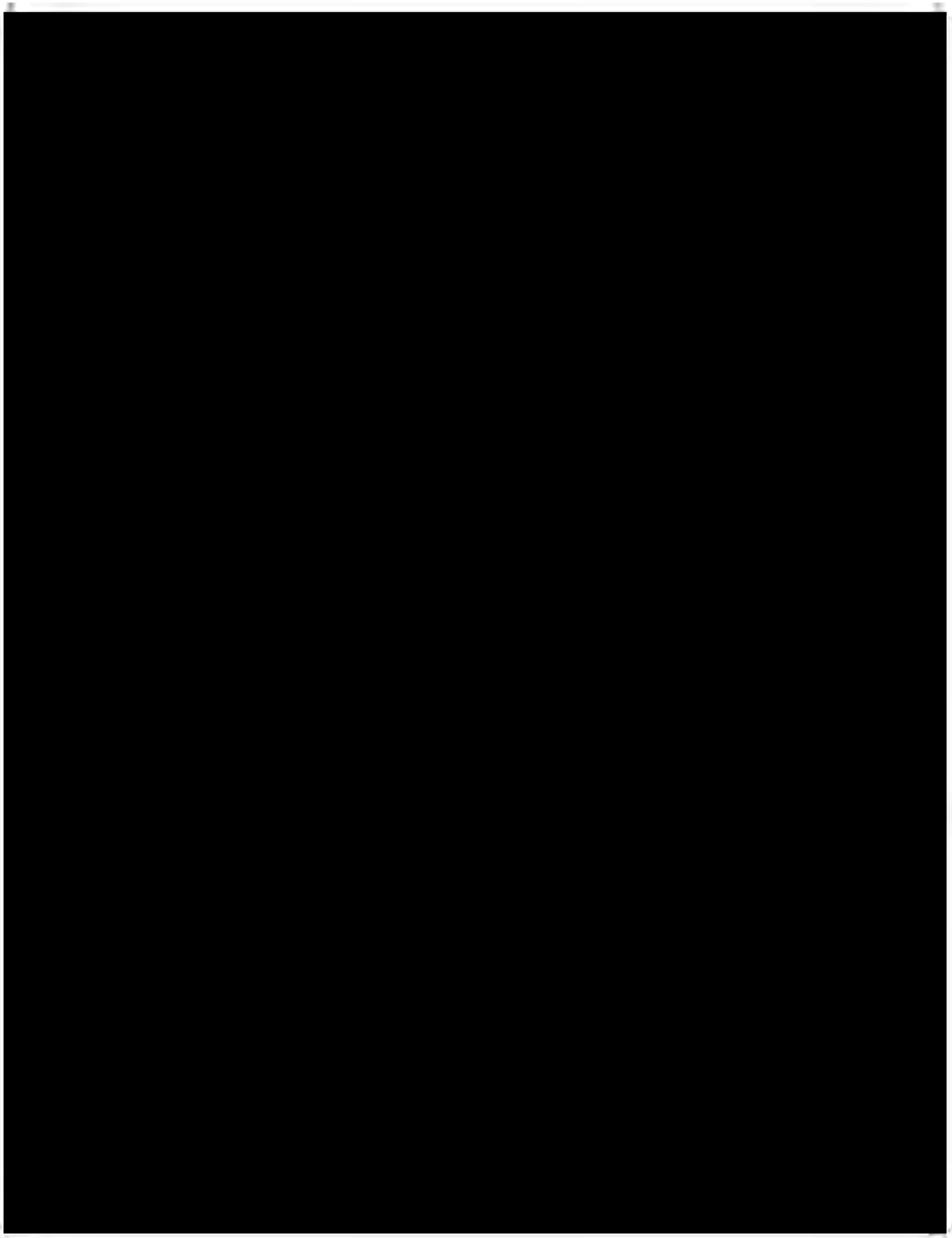
Interview Date:

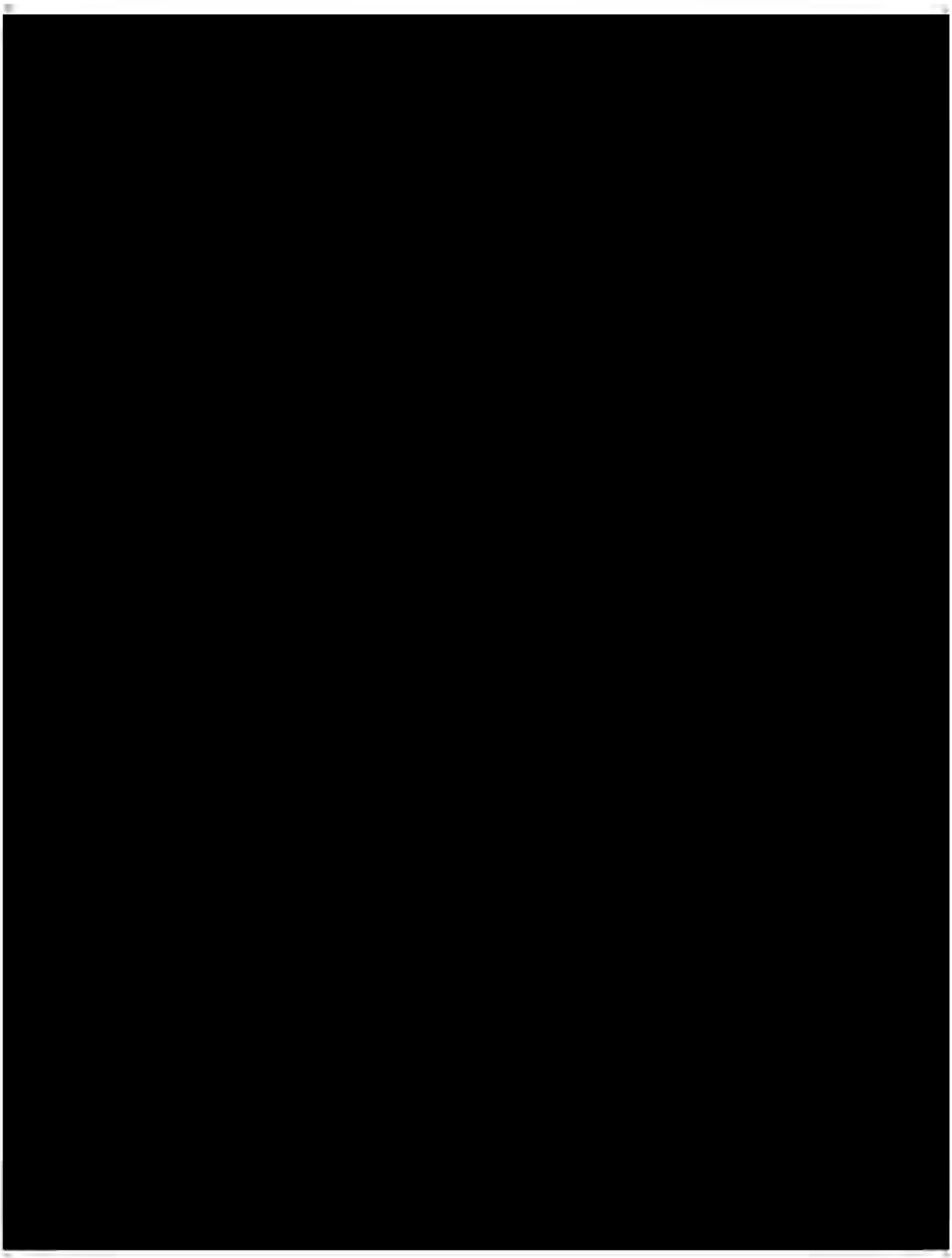
03-23-18

AG17-4571[redacted]/ADMIN

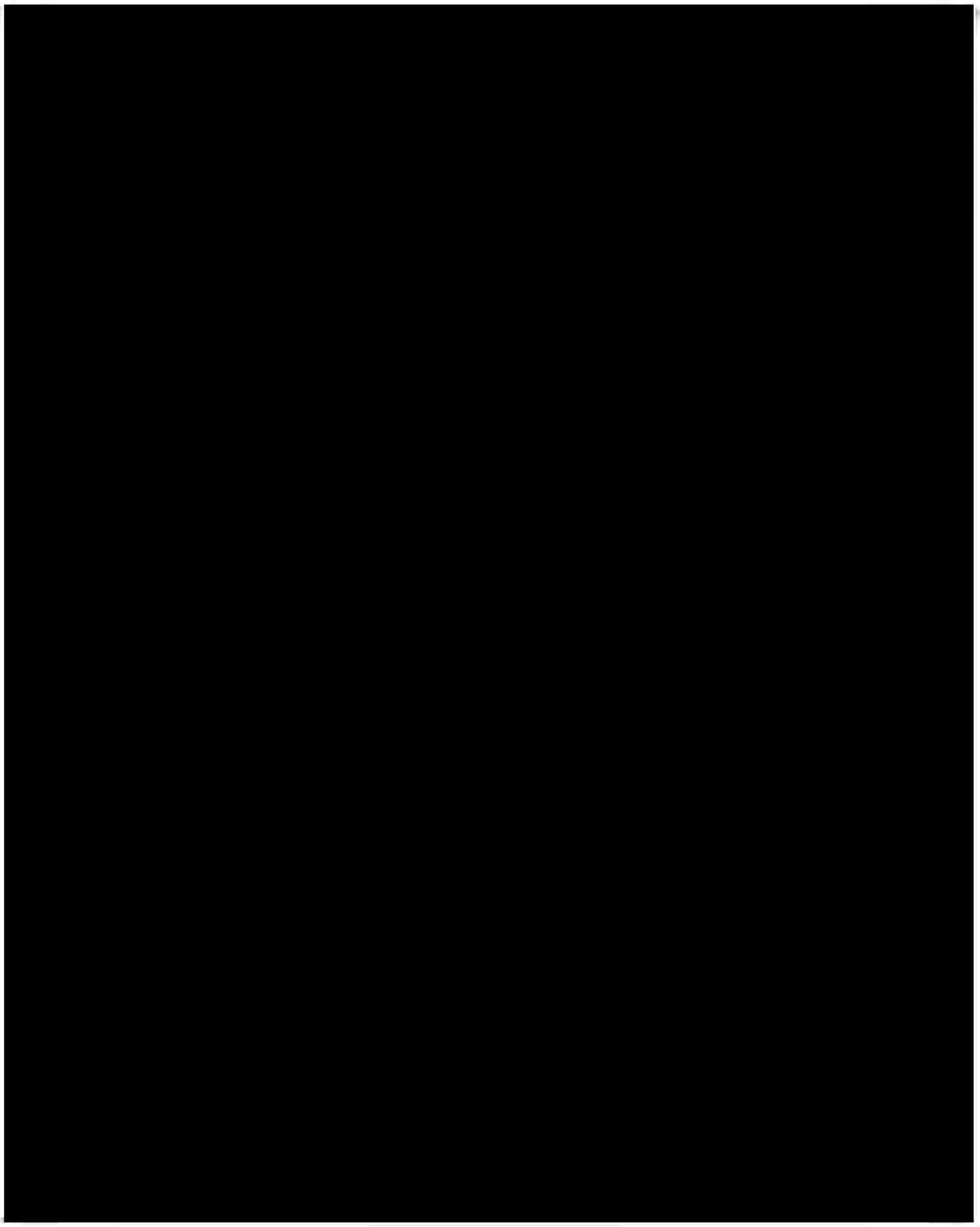
Interview Questions – HSH Administrative Staff – [redacted]

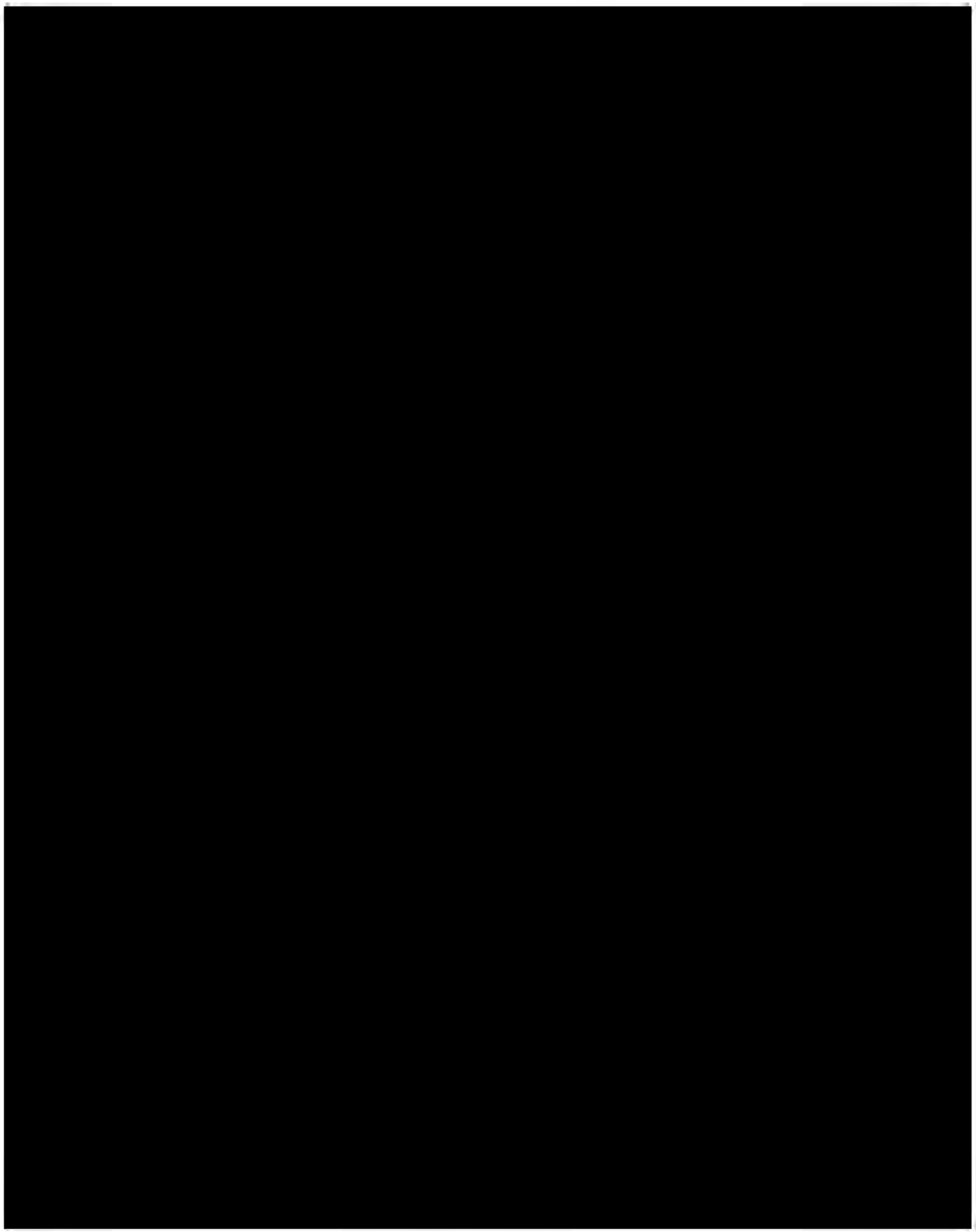
[redacted]

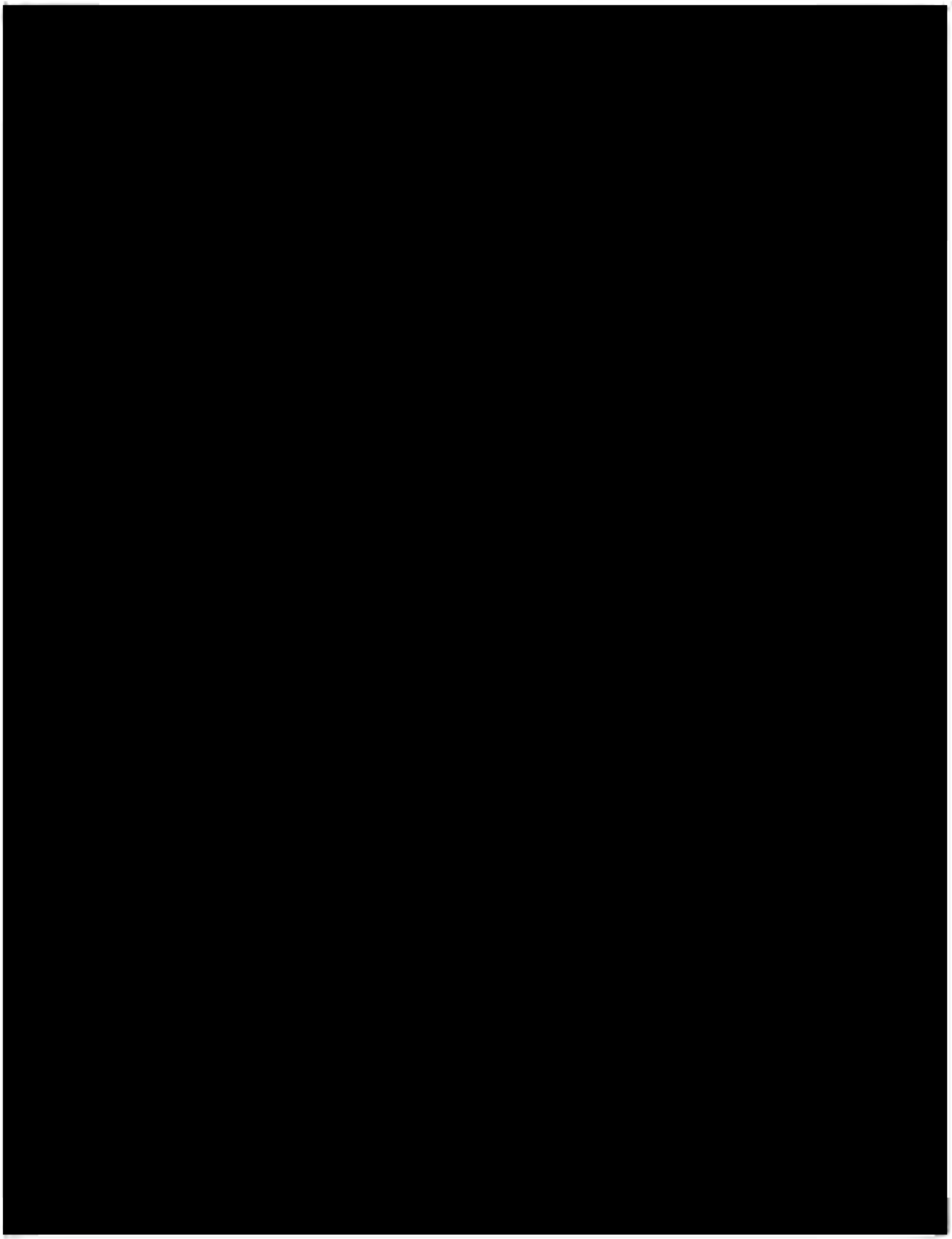


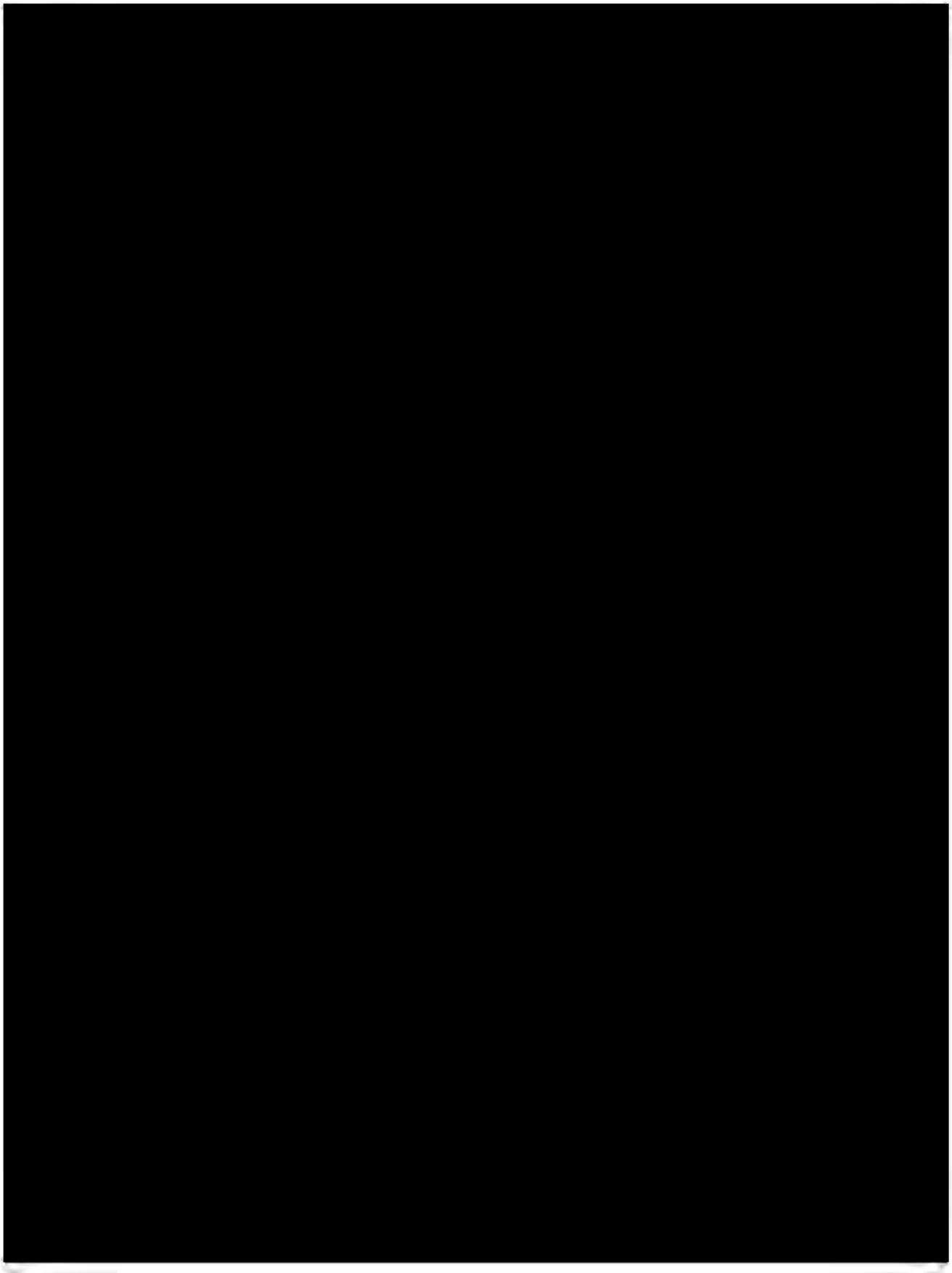


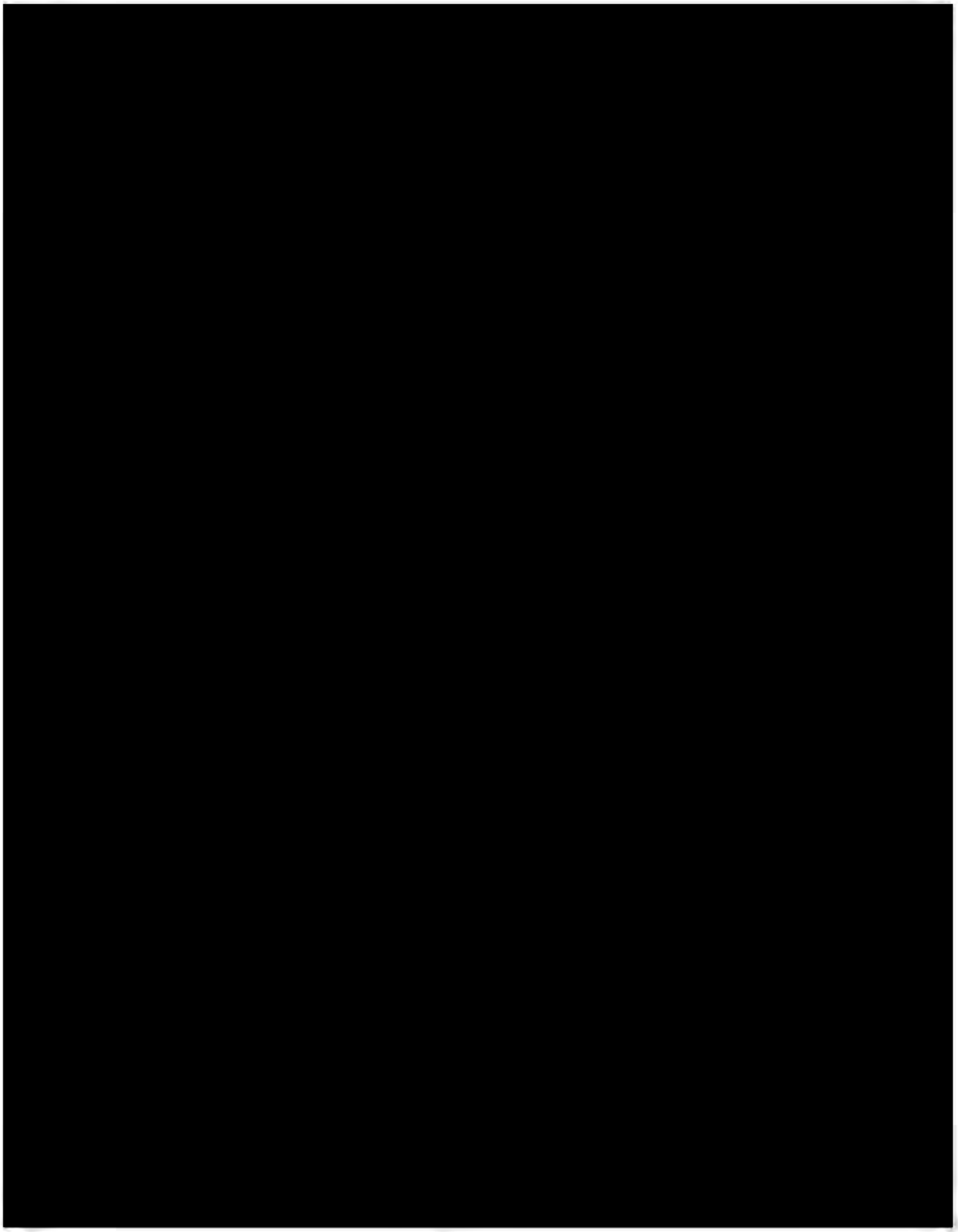
SATURDAY, NOVEMBER 12, 2017

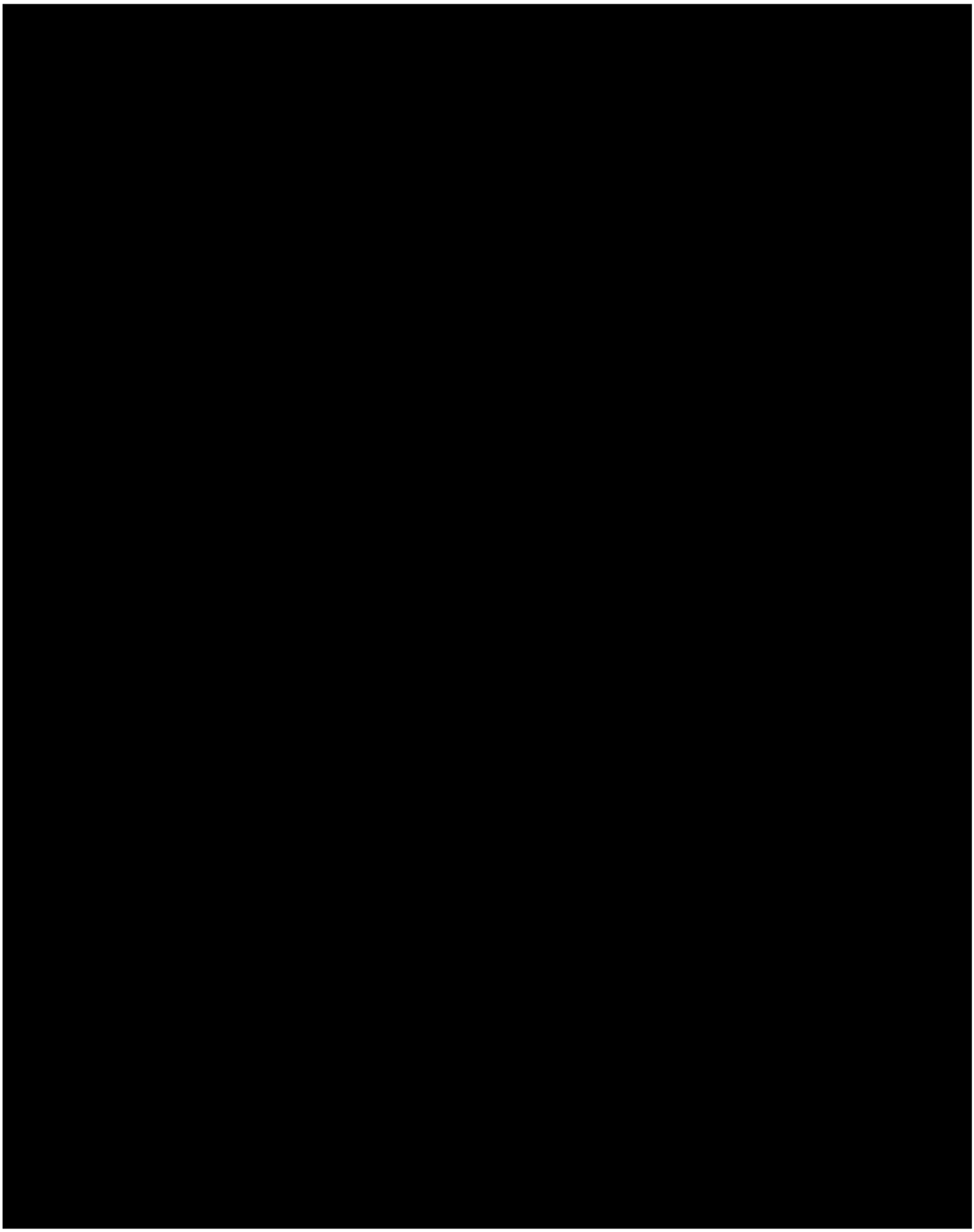


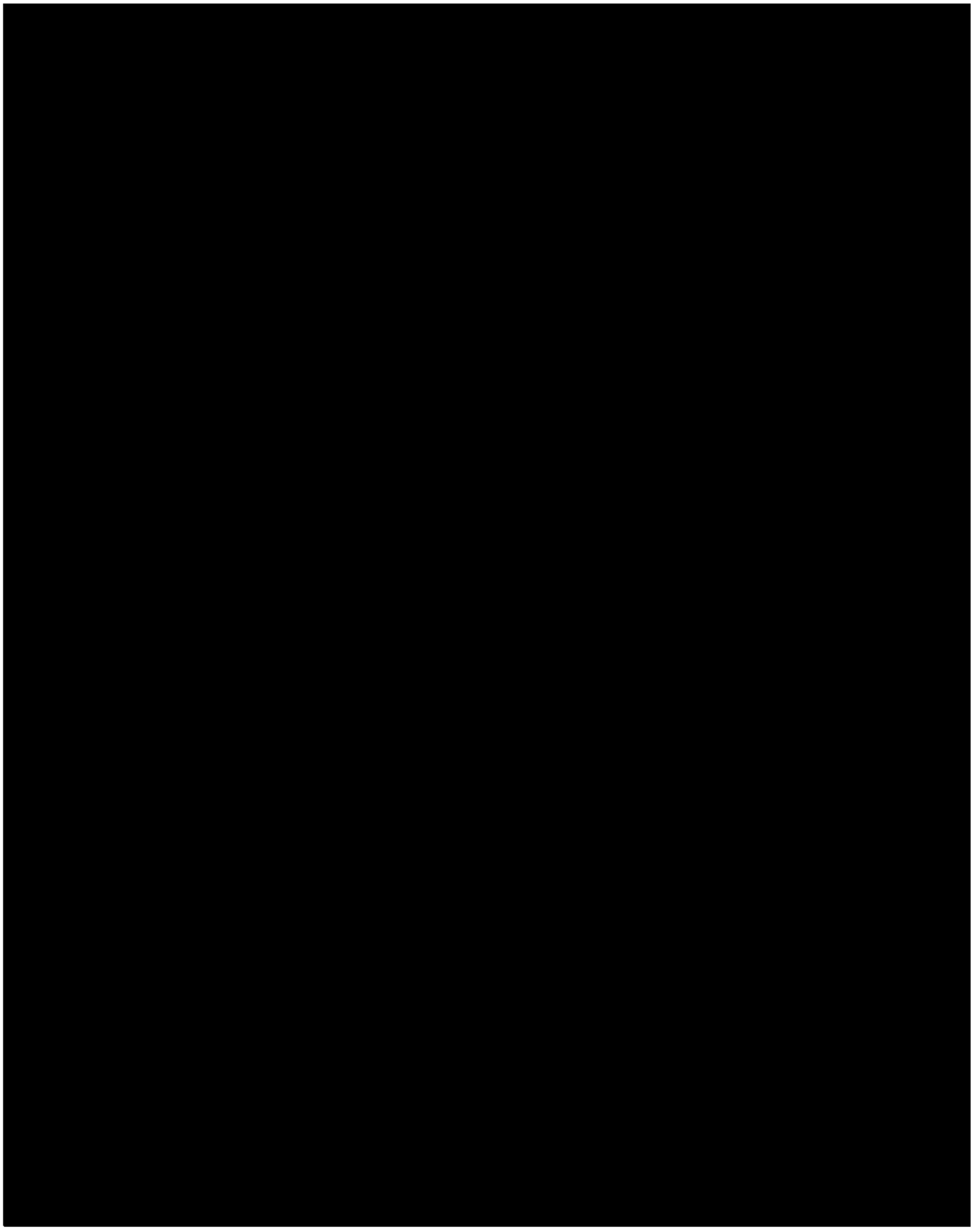


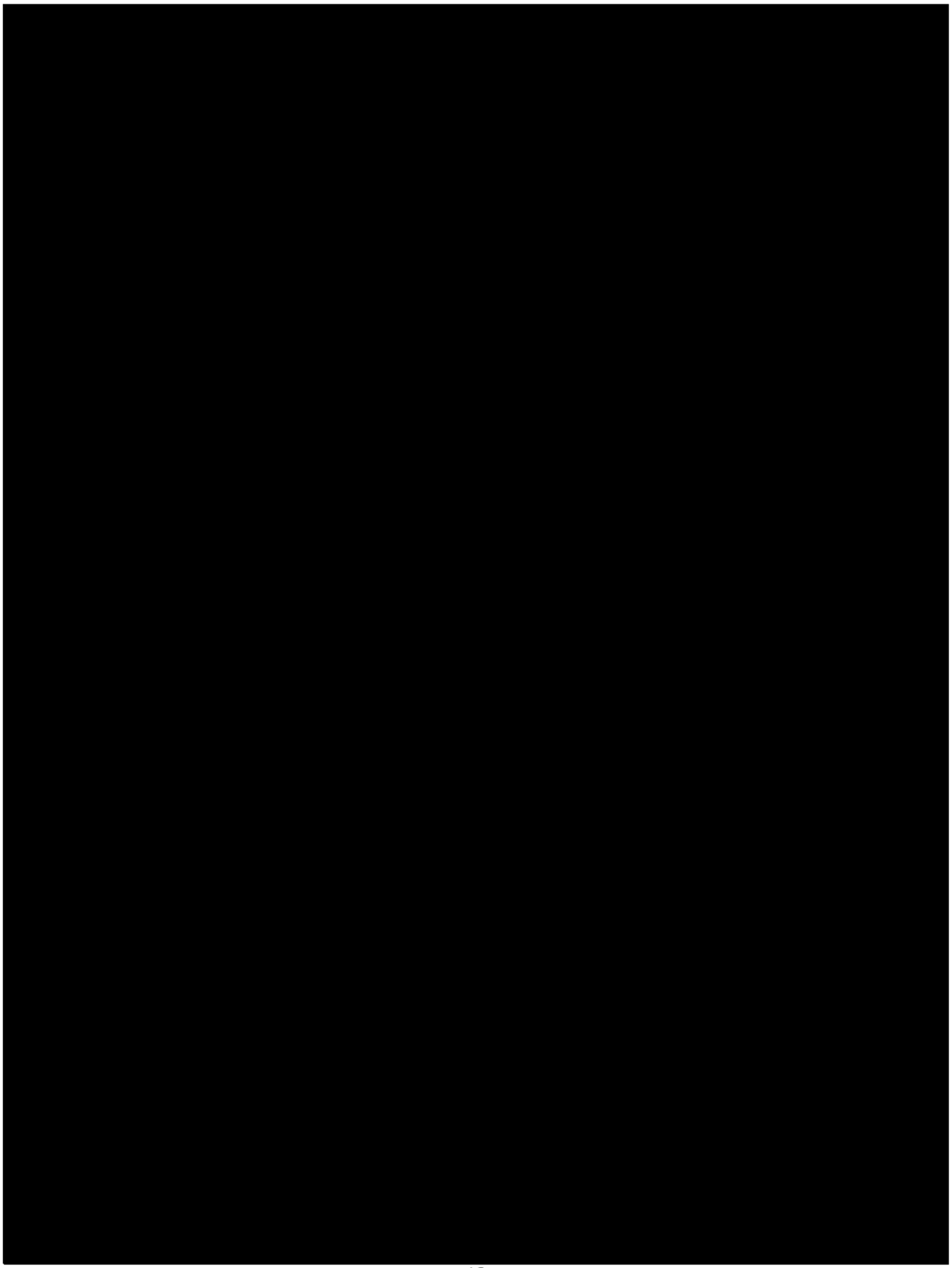


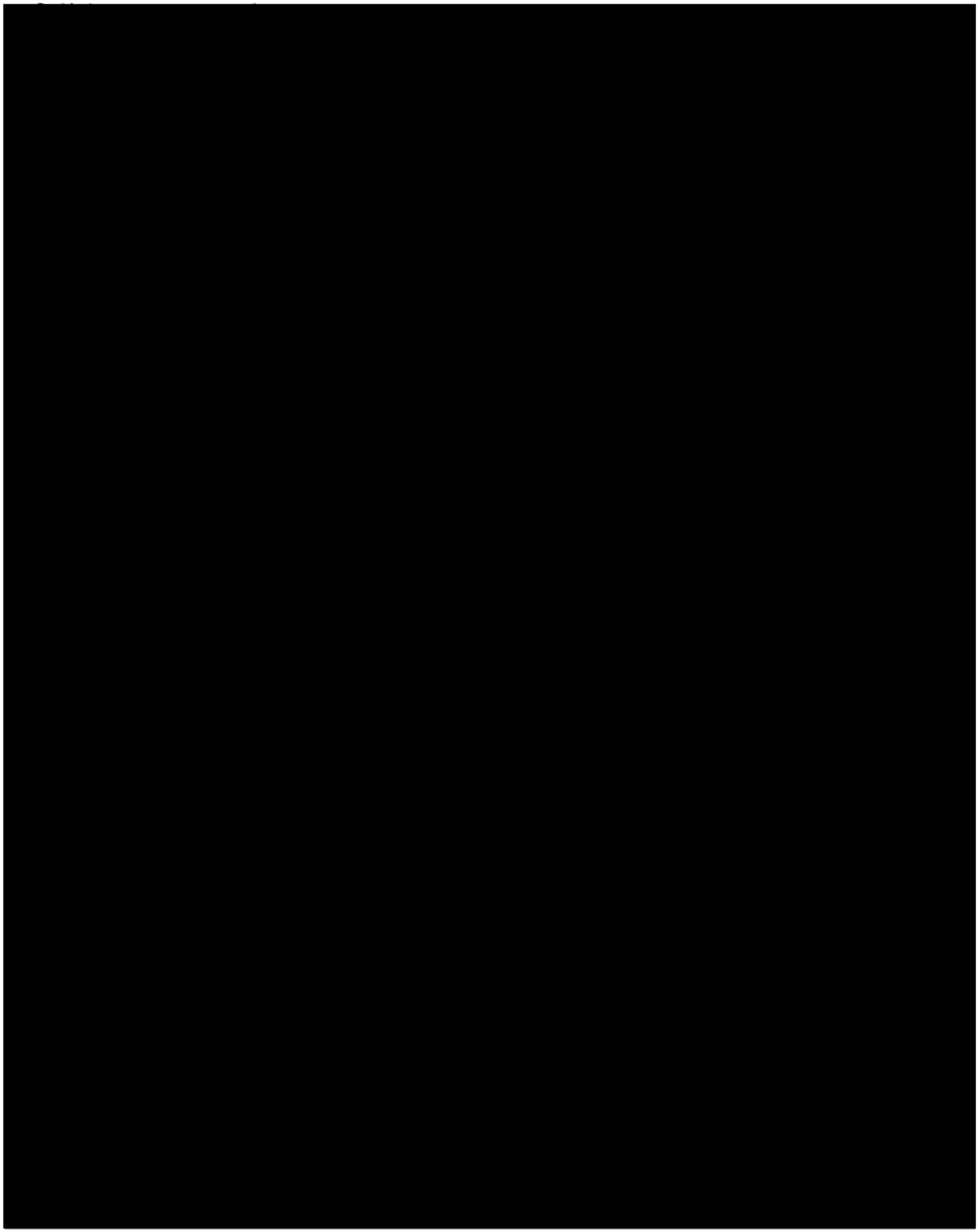












[redacted]

MISCELLANEOUS QUESTIONS

[redacted]

A.G. 17–4571 EXHIBIT 'G' 1 of 2

Staff/Patient Care Assignment Sheet 7-3 Shift POD 3

Charge Nurse: [redacted] Meal/Break 1100 0900/1400 Relief: _____ Key/PMT #: _____

Team Leader: _____ Staff Names: [redacted] Date: 11/12/2017

Other Assignments: POD 3 : Monitor patients; brew 10 token coffee; serve coffee

Rm#	Patient	Medications	Special Precaution	Nursing Interventions/Treatment Goals	Patient's Behavior
[redacted]					

Nov. 13. 2017 1:4/AM HSH UNIT 1 NO. 0949 P. 1

UNIT 7S-11 Shift Staff/Patient C[illegible] Assignment Sheets-POD 3

Charge [illegible]se: [redacted] Meal/Break: _____ Relief: _____ Key/PMT: _____

[illegible]am Leader: [redacted] Staff Names: [redacted] Date: 11-12-12

ther assignments: Monitor patients, Flow sheets, Assist with meals and ADLs, Unit activity, Close watch Supervision, Hourly checks of exit doors

Patient	Psych Medications	Special Precautions	Nursing Intervention/Treatment Goals	Patient's Behavior
[redacted]				

Door lock checks when passing exit doors

A.G. 17-4571 EXHIBIT 'H' 1 of 2

Hawaii State Hospital

Nursing Services

Master Patient/Staff Assignment Sheet

11-12-17

Charge Nurse: [redacted]

Medication Nurse (Code 500): [redacted]

Ward/Unit: Building I

Shift: 7-3

Designated	Pod 1 Nurse		Pod 2 Nurse	[redacted]	Day Area		Precautions
[redacted]	Pod 1Dorm	Pod 1 Day area	Pod 2Dorm	Pod 2 Day area	Pod 3	RPR	Universal precaution:
							Q15 min. checks: [redacted]
							Fall Precautions: [redacted]
							Assault Precautions: [redacted]
FRONT DESK / TOKENS: [redacted]							
Meal:	11:00		1100				
Break:							Charge Nurse Notes:
Relief	Day area staff		Day Area staff				
PMT/Key#	15		10				
Special Assignments	Dorm, flow sheets, environmental rounds, PIP escort	Day area, AGS sheets, trash, linen	Dorm, clean linen, trash, flow sheets	Day area, transport, unit activities	Cafeteria, med line, code 200, token economy		
Activity assignments:	Dorm	Day Area	Dorm	Day Area	Front Desk		######

Accounting of keys: Incoming Charge Nurse [redacted] Outgoing Charge Nurse [redacted]

Hawaii State Hospital

Master Patient/Staff Assignment Sheet

Charge Nurse: [redacted]

Float / Key #8 _____

Date: 11/12/17

Med Nurse: [redacted]

Designated	Team/Pod 1		Team/Pod 2 Nurse		Dayarea		Precautions
	NURSE: [redacted]		NURSE: [redacted]				
	[redacted]	DAY AREA [redacted]	[redacted]	[redacted]	POD 3 [redacted]		Census: 34
							# of Staff:
							Assault Risk: [redacted]
							Fall Risk: [redacted]
Front Desk: [redacted]							** Please remind staff: door lock checks when passing exit doors **
Meal:	17:00	17:30	17:00	17:30	18:15		Charge Nurse Notes:
Break:	20:30	21:00	20:30	21:00	21:15		**remind pts to save towels Q Friday for the weekend d/t supply shortage.
Relief	Day Area PT		Front Desk				
PMT/Key#							
Special Assignments:	Dorm, Flow sheet, Environmental Rounds, Vital signs.	Day Area, AGS, sheets, Trash, Linen, PIP escort	Dorm, Clean linen, Trash, Flow sheets	Day Area, Transport, Unit Activites	Cafeteria, Medline, Code 200, Token Economy		
Activity Assignments:	Dorm	DayArea	Dorm	DayArea	Front Desk		

[redacted]

2/23/18

UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, [illegible]7

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
[redacted]		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	DR	U	DR	U	U	U	U	U	U	U	U	U	DR	DR	RQC	RQC
		X	RQC	RQC	RQC	RQC	RQC	RQC	DR	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	[illegible]	AW	AW	AW	AW
		X	X	RQC	RQC	RQC	X	X	U	U	U	U	U	M	U	U	U	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	U	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	DR	DR	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	DR	DR	U	M	DR	DR	U	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	DR	U	M	PR	U	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	Church Service	U	M	DR	U	U	U	U	U	U	DR	DR	RQC	RQC
	Check Lobby Bathrooms	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
	Check Exit Doors (3)	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Staff Initials:		[redacted]																							

Census: 34 (POD 3=10)

NIGHT: 2200-0600

A = Awake/Quiet
BR = Bathroom
D = Disruptive
LN = Late Night
RQC = Resting Quietly/ Respiration Confirmed
* = Name Alert
√ = Doors Locked
= Bathroom Checked

AG = Activities/Group
BR = Bathroom
CY = Courtyard
DR = Dorm
G = Grooming
M = Meals
U = Unit/Dayroom
___ = ___
___ = ___

1:1 = 1:1 Supervision
D/S = Designated
DISCHARGED
I = 1:1 w/staff or MD
QT = Quiet Time
R = Restraints
SE = Seclusion
T = Transfer
TT = Tx. Team/RPR
V = Visitor
___ = ___
AW = AWOL

AL = Administrative Leave
Caf = Cafeteria
CT = Court
DP = Day Program
E D/R = Esc. Dining Room
EG = Esc. Grounds
EL = Extended Leave
EOF = Esc. Off Grounds
FA= Fresh air
HR = Home Room
IT = Work
MC = On Grounds Clinic

OA = Off Grounds Clinic/Appt
OT = Occupational Therapy
P = Pass
PIP = PIP Store
PT = Physical Therapy
RT = Recreational Therapy
SC = Sick Call
TM = Treatment Mall
U D/R = Unesc. Dining Roo
UG = Unesc. Grounds
UOG = Unesc. Off Grounds
VG = Village Green

[illegible] checked each patient in accordance with the "Patient Rounds SOP"

Signature	Title	Initials
[redacted]		

04/13/ka

[redacted]

#16

[redacted]

DATE	LEVEL	DESTINATION	OUT	IN
11.11	3	[illegible]/lunch/[illegible]	1010	1150
11.11	3	[illegible]	1215	130
11.11	3	[illegible]/dinner/[illegible]	330	600
11.12	3	breakfast	750	900
11.12	3	[illegible]/lunch/[illegible]	905	

[redacted]

RTS2011

3/23/18

Interview Questions for

[redacted]

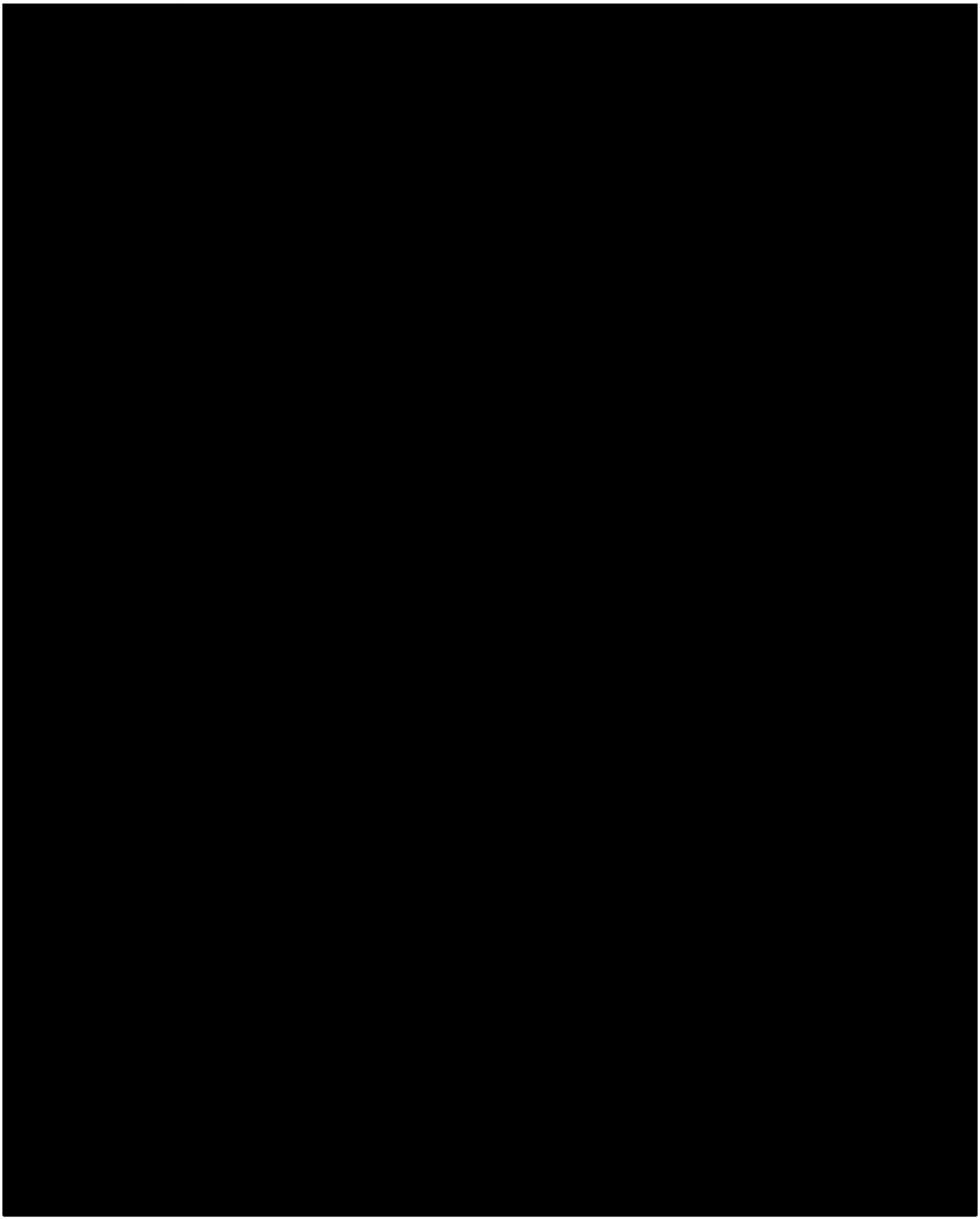
Interview Date:

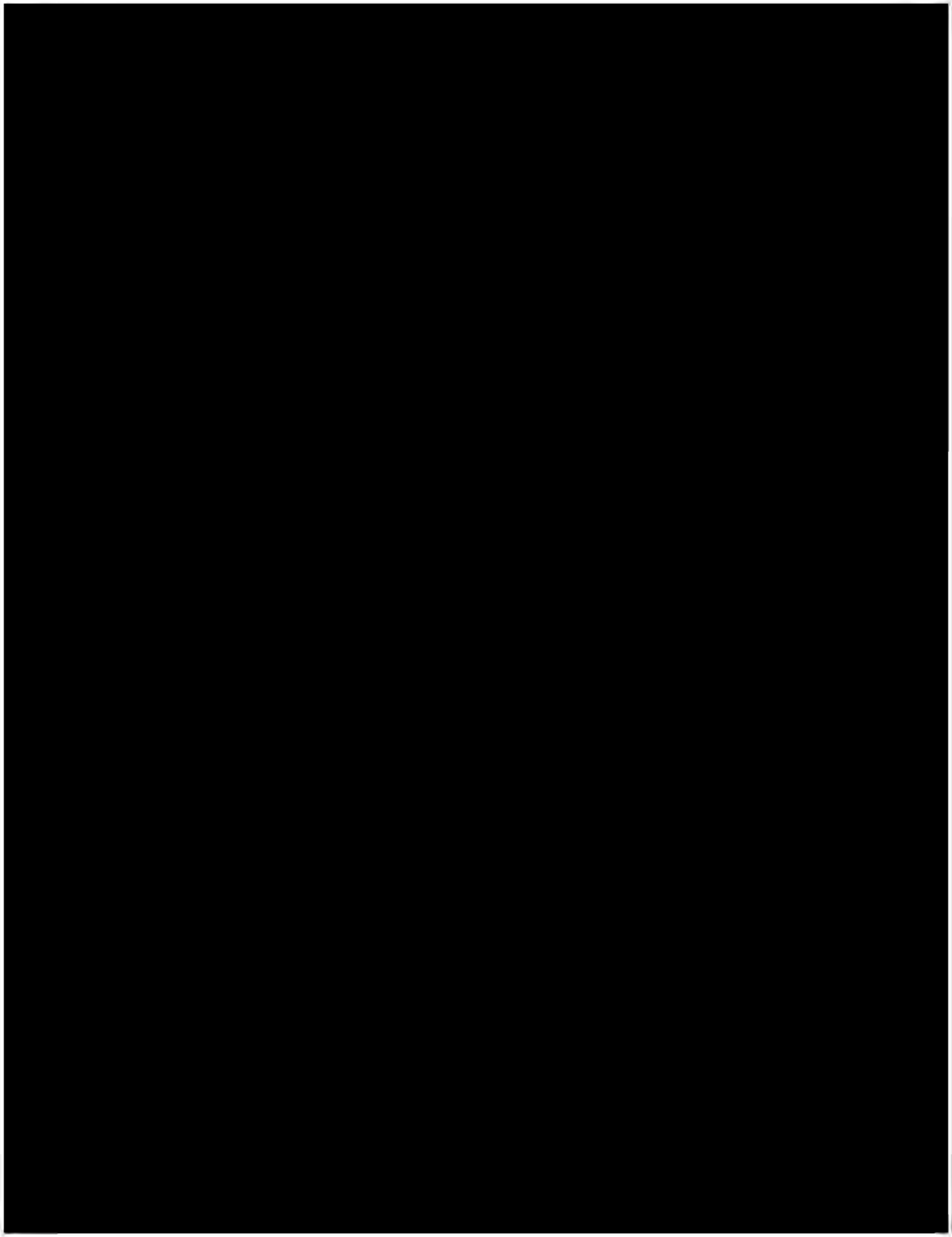
03-20-18

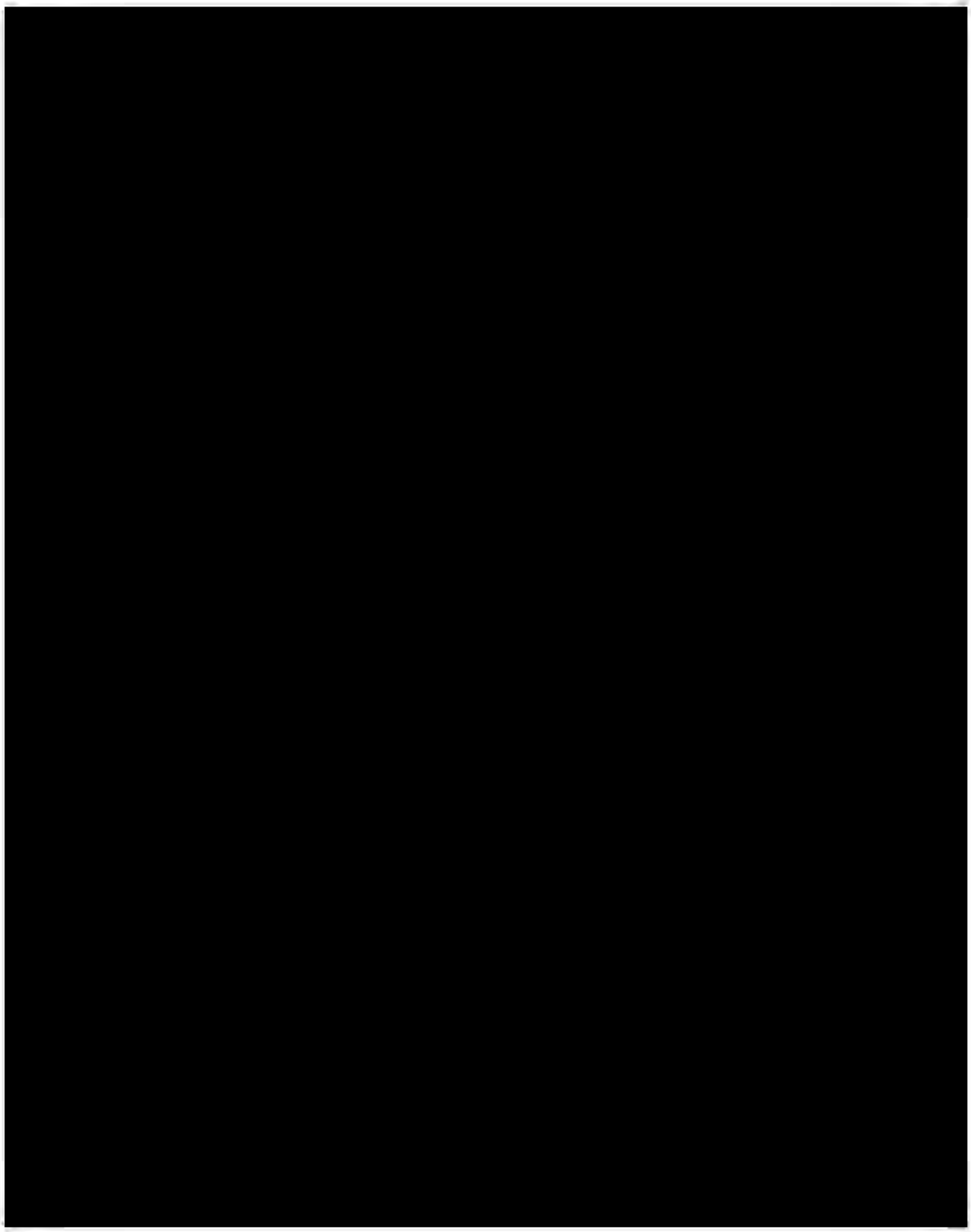
AG17-4571[redacted]ADMIN

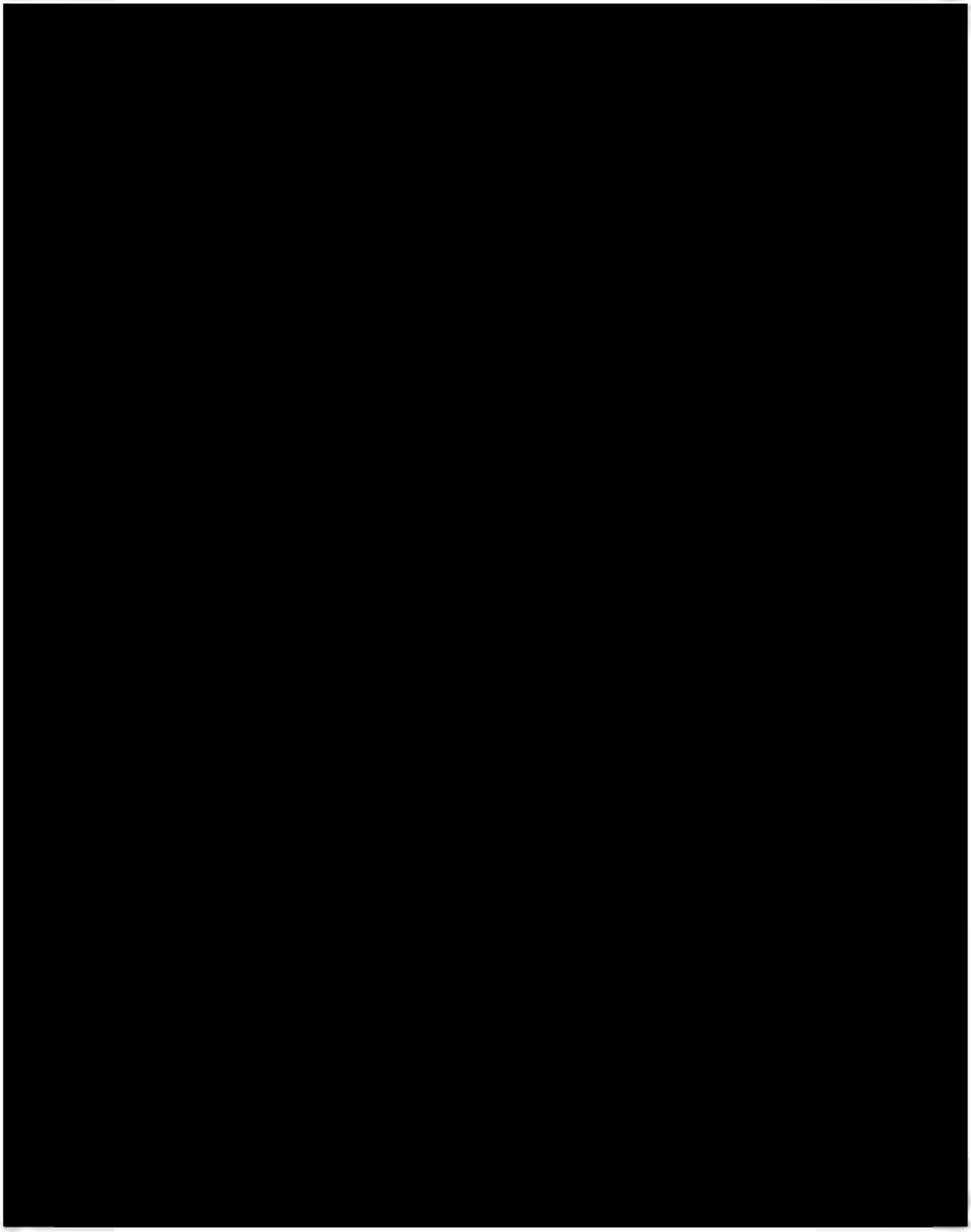
Interview Questions – HSH Administrative Staff – [redacted]

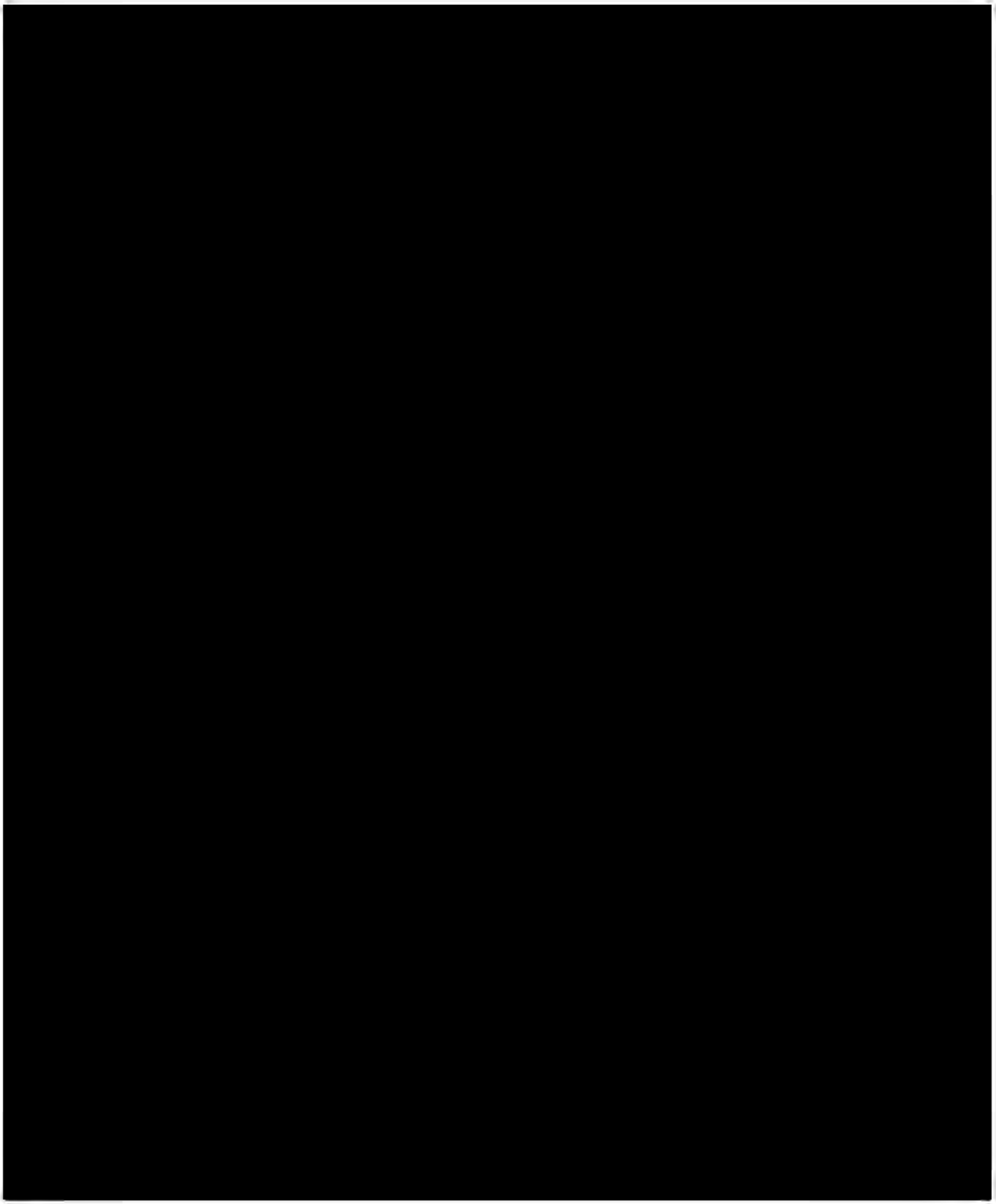
[redacted]

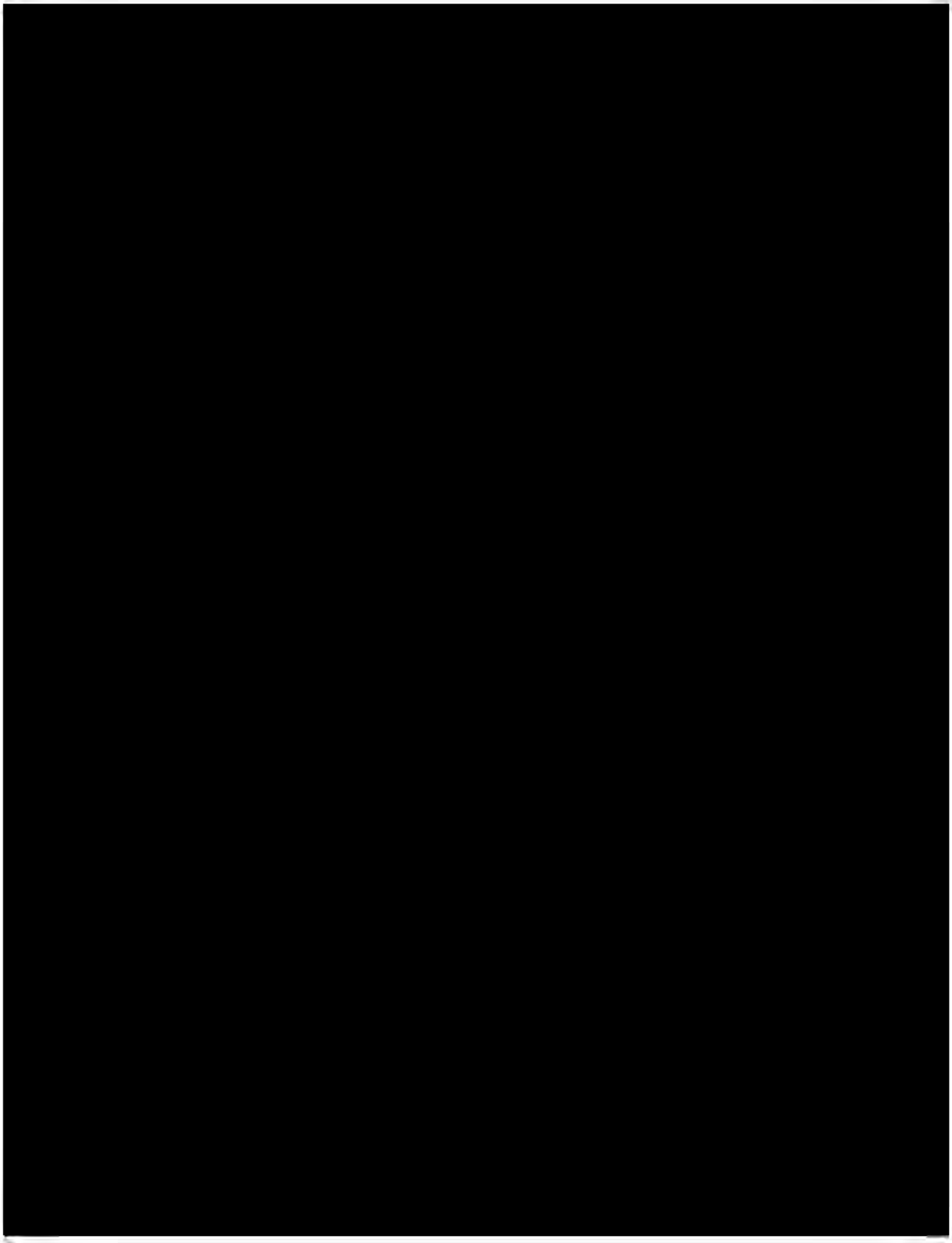


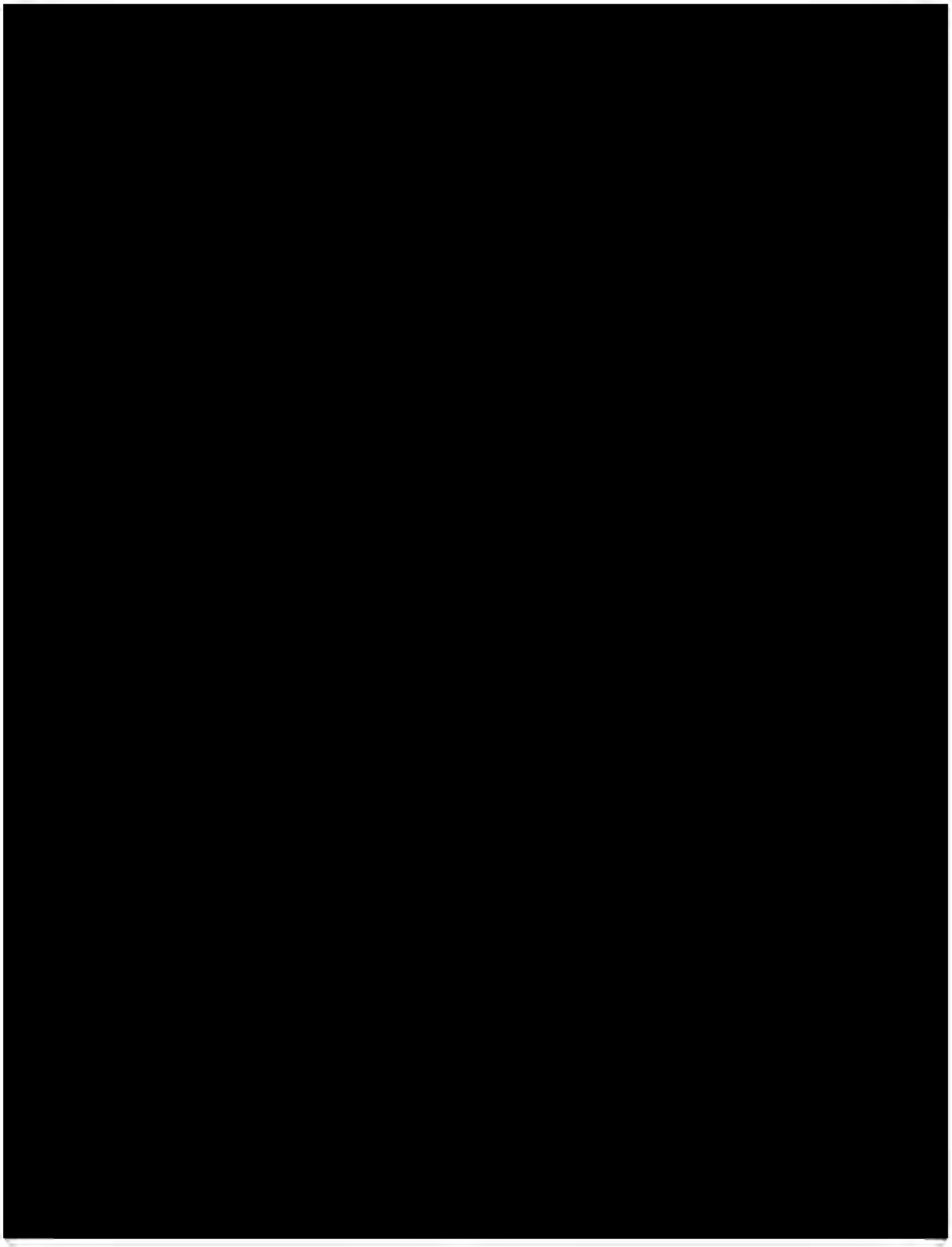


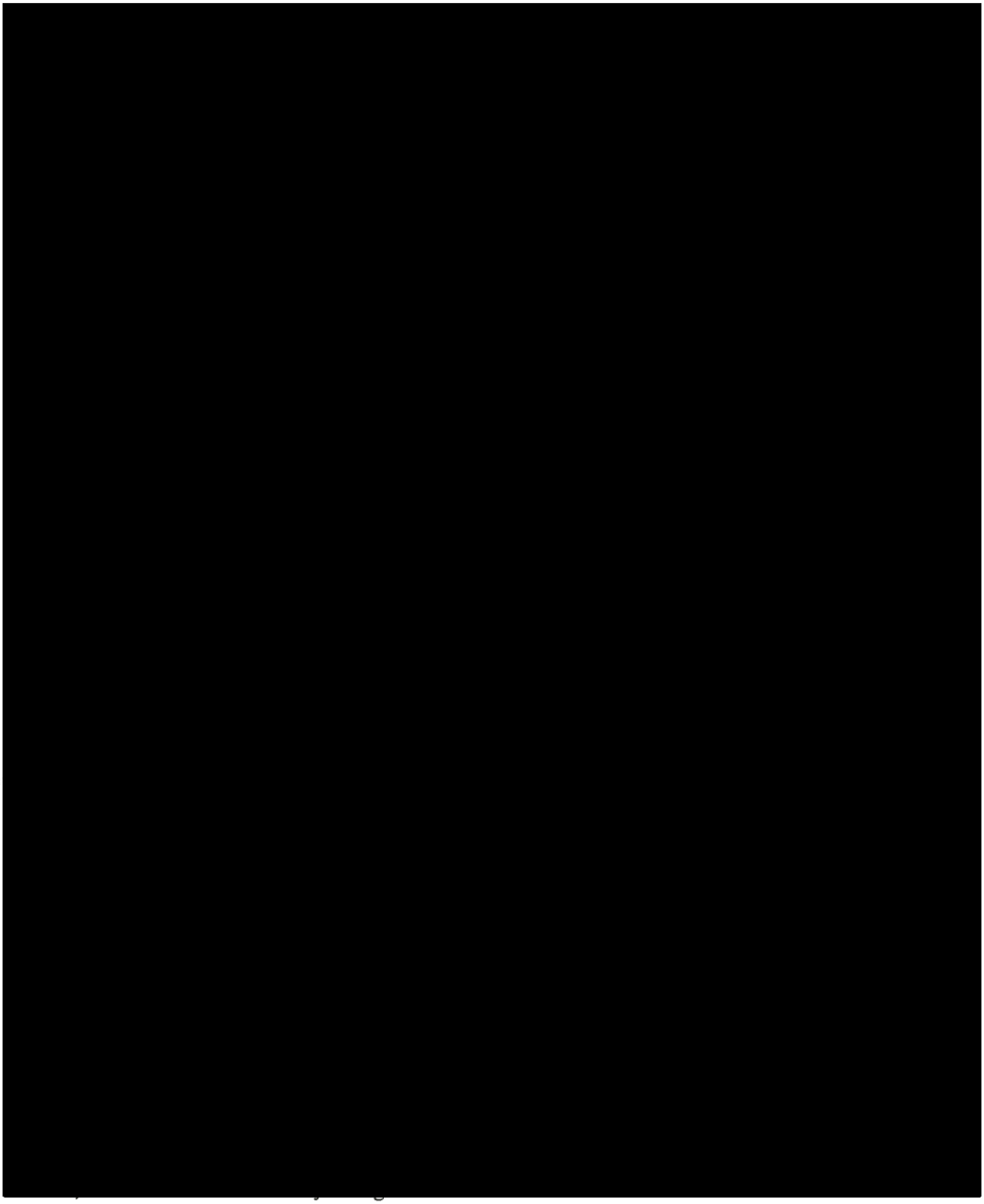


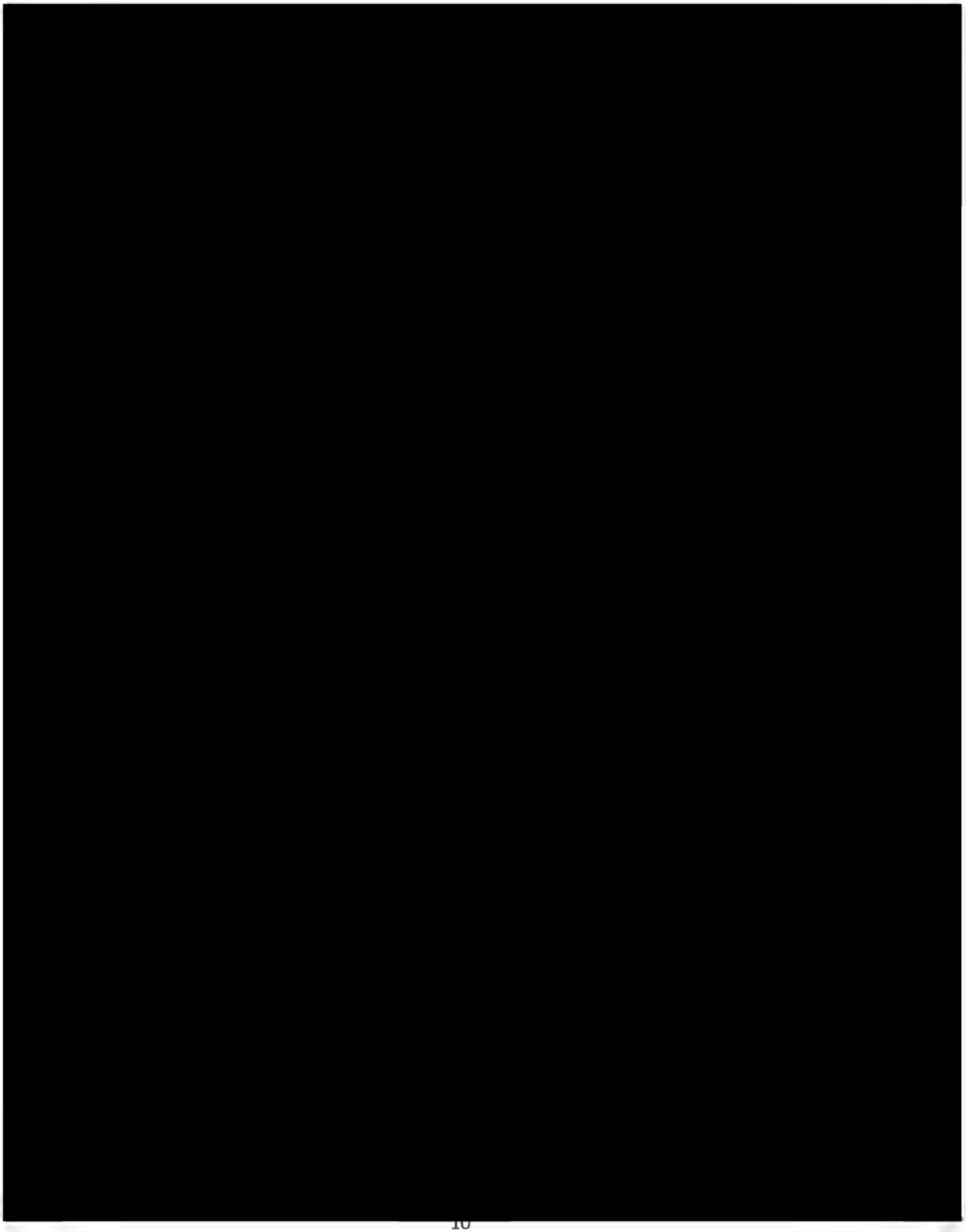


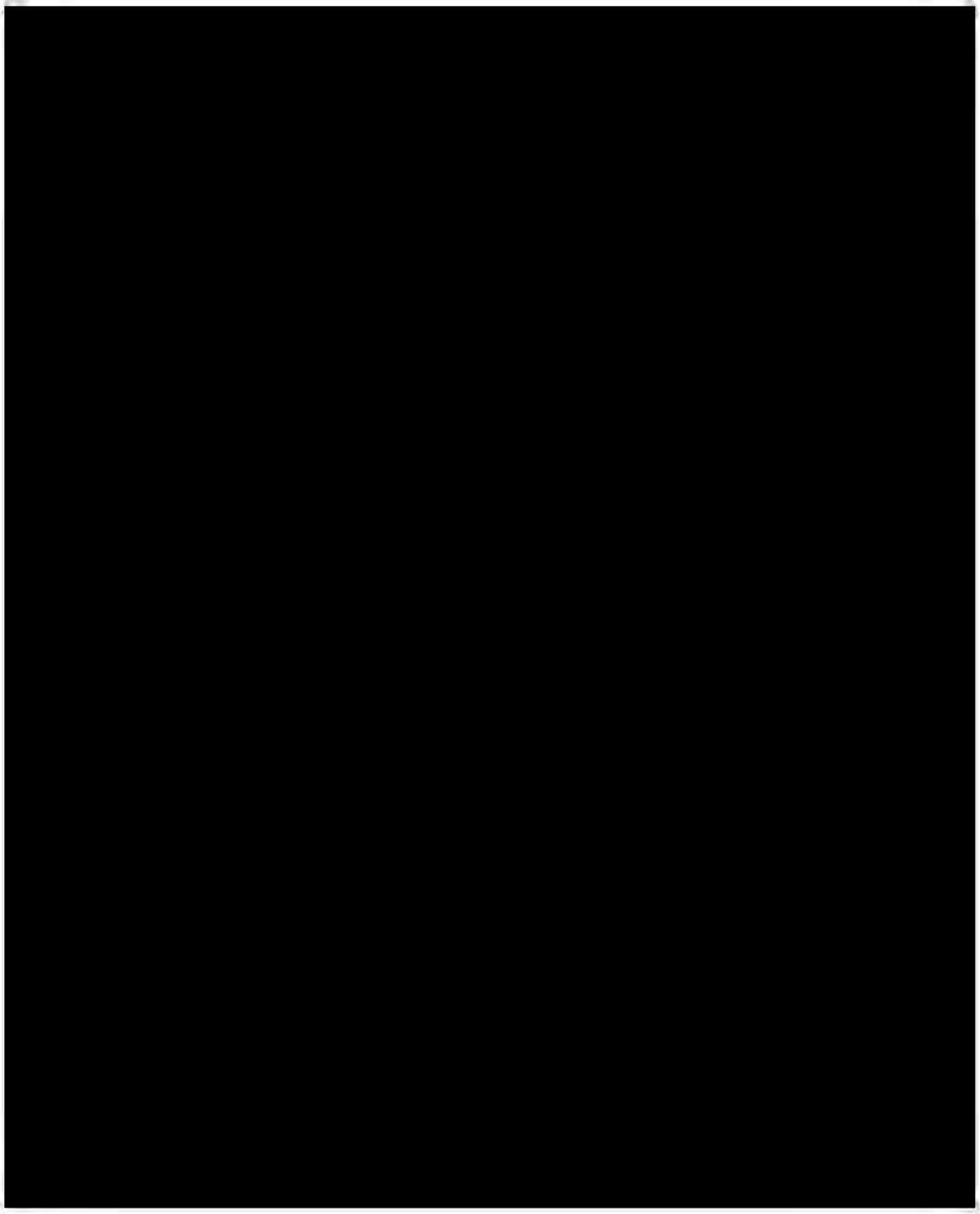


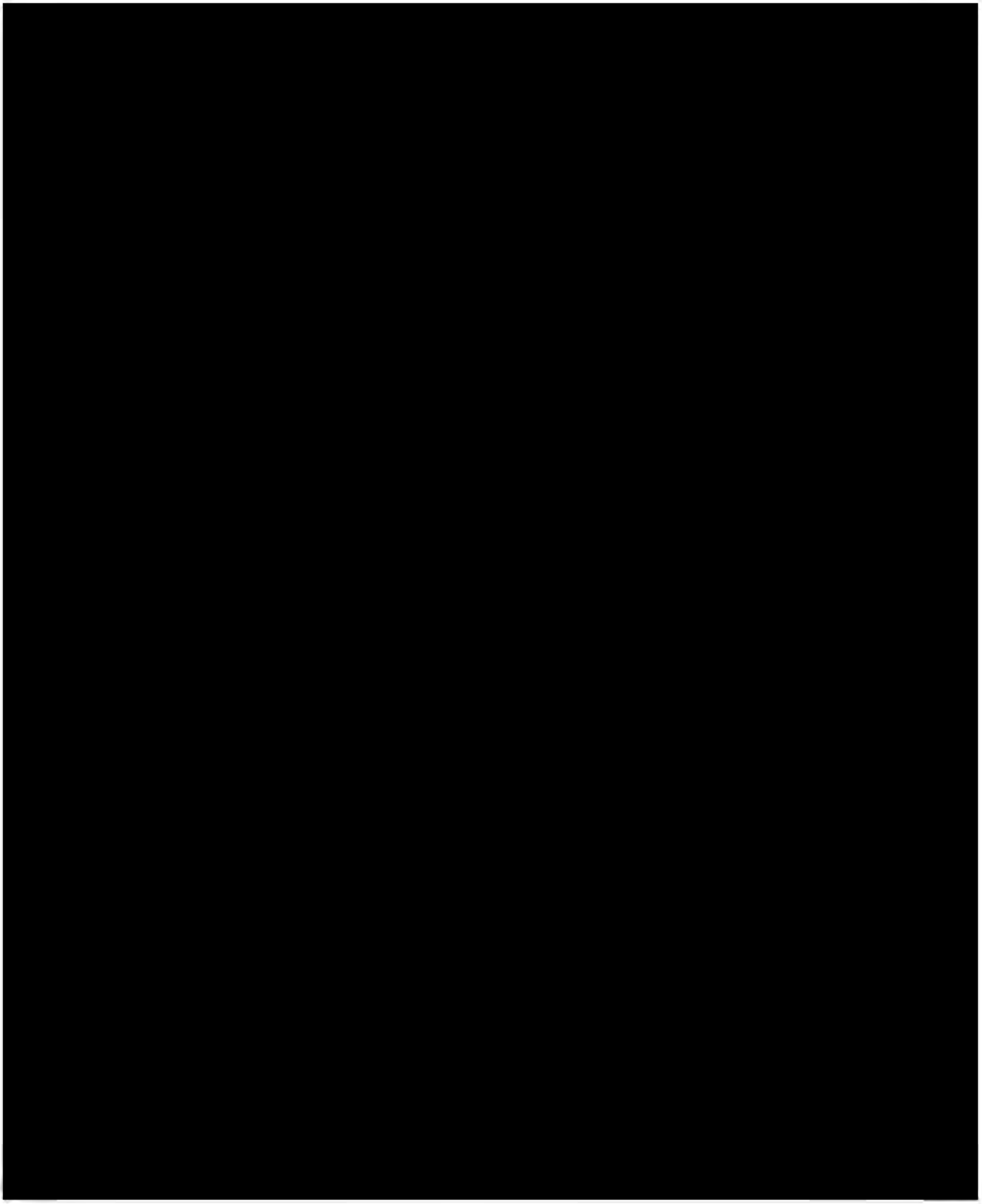


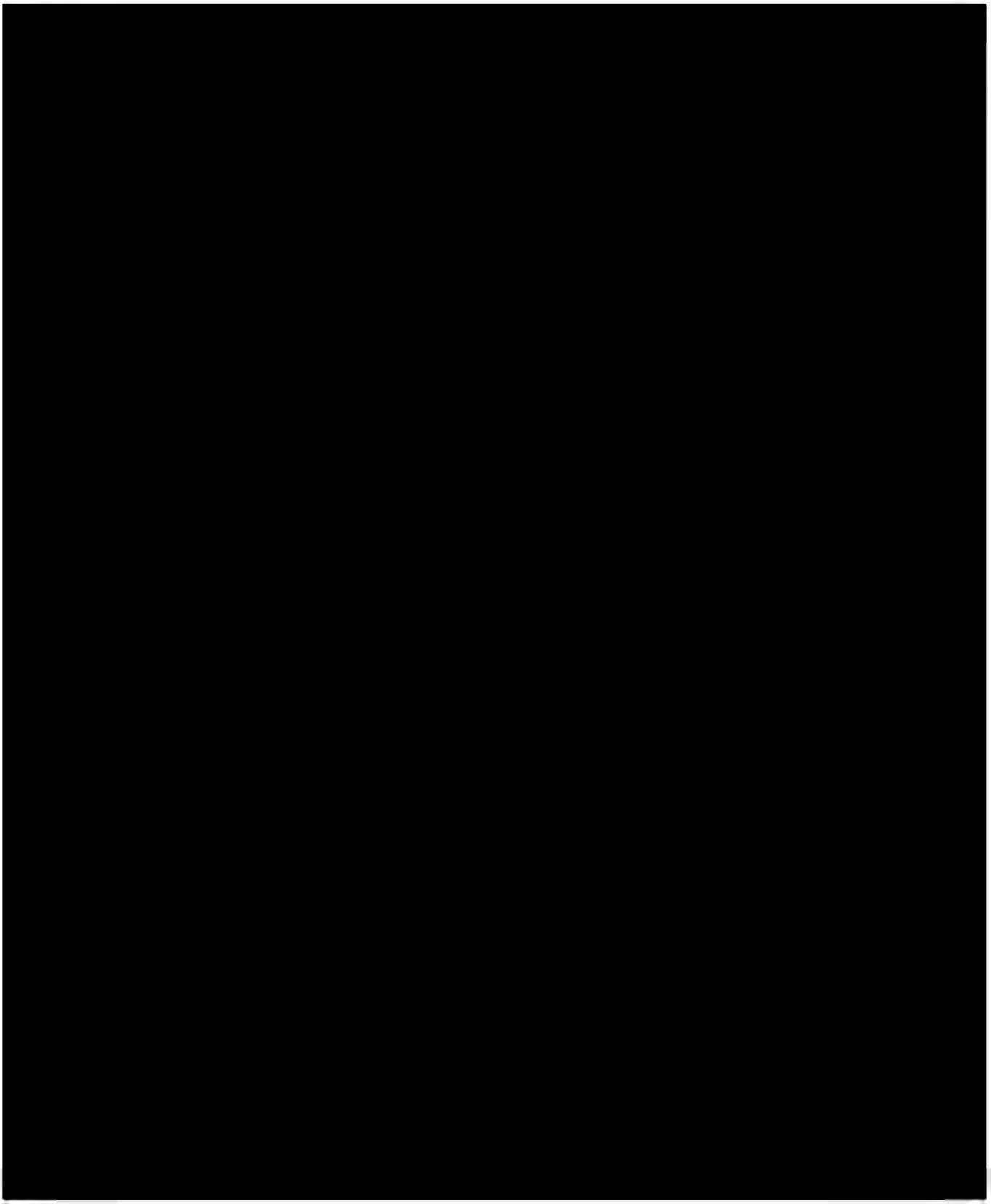












MISCELLANEOUS QUESTIONS

UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, 2017

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
[redacted]																									
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	Check Exit Doors (3)	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√

3/20/12

Staff Initials: [redacted]

Census: 34 (POD 3=10)

SHIFTS: 2200-0600

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= Disruptive
N = Late Night
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= Name Alert

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= Bathroom Checked

~~1/04/13ka~~

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CODES

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D/S = Designated
DISCHARGED
I = 1:1 w/staff or MD
QT = Quiet Time
R = Restraints
SE = Seclusion
T = Transfer
TT = Tx. Team/RPR
V = Visitor
___ = ___
AW = AWOL

OFF UNIT

AL = Administrative Leave
Caf = Cafeteria
CT = Court
DP = Day Program
E D/R = Esc. Dining Room
EG = Esc. Grounds
EL = Extended Leave
EOF = Esc. Off Grounds
FA= Fresh air
HR = Home Room
IT = Work
MC = On Grounds Clinic
OA = Off Grounds Clinic/Appt
OT = Occupational Therapy
P = Pass
PIP = PIP Store
PT = Physical Therapy
RT = Recreational Therapy
SC = Sick Call
TM = Treatment Mall
U D/R = Unesc. Dining Room
UG = Unesc. Grounds
UOG = Unesc. Off Grounds
VG = Village Green

My signature/initials certify that I have personally checked each patient in accordance with the "Patient Rounds SOP"

Signature	Title	Initials
[redacted]		

[redacted]taff/Patient Care Assignment Sheet 7-3 Shift POD 3

Charge Nurse: [redacted] Meal/Break 1100 09[redacted] Key/PMT #:

Team Leader: [redacted] Staff Names: [redacted] Date: 11/12/2017

Other Assignments: POD 3 : Monitor patients; brew 10 token coffee; serve coffee

Rm#	Patient	Medications	Special Precaution	Nursing Interventions/Treatment Goals	Patient's Behavior
[redacted]					

Charge Nurse: [redacted] Meal/Break: [redacted] Relief: _____ Key/PMT: _____

n Leader: [redacted] taff Names: [redacted] Date: 11-12-18

er assignments: Monitor patients, Flow sheets, Assist with meals and ADLs, Unit activity, Close watch Supervision, Hourly checks of exit doors

Patient	Psych Medications	Special Precautions	Nursing Intervention/Treatment Goals
[redacted]			

11 of 12

Door lock checks when passing exit doors

'G' 2 f 2 [redacted] 2/20/18

Hawaii State Hospital

Nursing Services

Master Patient/Staff Assignment Sheet

11-12-17

Charge Nurse: [redacted]

Medication Nurse (Code 500): [redacted]

Ward/Unit: Building I

Shift: 7-3

Designated	Pod 1 Nurse		Pod 2 Nurse [redacted]		Day Area		Precautions
[redacted]	Pod 1Dorm	Pod 1 Day area	Pod 2Dorm	Pod 2 Day area	Pod 3	RPR	Universal precaution:
	54 Is [redacted]						Q15 min. checks: [redacted]
							Fall Precautions: [redacted]
							Assault Precautions [redacted]
FRONT DESK / TOKENS: [redacted]							
Meal:	11:00		1100				
Break:							Charge Nurse Notes:
Relief	Day area staff		Day Area staff				
PMT/Key#	15		10				
Special Assignments	Dorm, flow sheets, environmental rounds, PIP escort	Day area, AGS sheets, trash, linen	Dorm, clean linen, trash, flow sheets	Day area, transport, unit activities	Cafeteria, med line, code 200, token economy		
Activity assignments:	Dorm	Day Area	Dorm	Day Area	Front Desk		######

Accounting of keys: Incoming Charge Nurse [redacted] Outgoing Charge Nurse [redacted]

[redacted] 3/20/18

Hawaii State Hospital

Master Patient/Staff Assignment Sheet

Charge Nurse: [redacted]

Float / Key #8 _____

, Date: 11/12/17

Med Nurse: [redacted]

Designated	Team/Pod 1		Team/Pod 2 Nurse		Dayarea		Precautions
	NURSE: [redacted]		NURSE: [redacted]				
[redacted]	DORM [redacted]	DAY AREA [redacted]	DORM [redacted]	DAY AREA [redacted]	POD 3 [redacted]	[redacted]	Census: 34
							# of Staff:
							Assault Risk: [redacted]
							Fall Risk: [redacted]
Front Desk: [redacted]							** Please remind staff: door lock checks when passing exit doors **
Meal:	17:00	17:30	17:00	17:30	18:15		Charge Nurse Notes:
Break:	20:30	21:00	20:30	21:00	21:15		**remind pts to save towels Q Friday for the weekend d/t supply shortage.
F[illegible]f	Day Area PT		Front Desk				
PMT/Key#							
Special Assignments:	Dorm, Flow sheet, Environmental Rounds, Vital signs.	Day Area, AGS, sheets, Trash, Linen, PIP escort	Dorm, Clean linen, Trash, Flow sheets	Day Area, Transport, Unit Activites	Cafeteria, Medline, Code 200, Token Economy		
Activity Assignments:	Dorm	DayArea	Dorm	DayArea	Front Desk		

[redacted] 7/20/18

A.G. 17-4571 EXHIBIT 'I' 1 of 1 3/20/18 [redacted]

PATIENT Call-In Log Sheet

Patients on Unescorted status need to check in

Supervision status: UG = unescorted grounds UOG = unescorted off-grounds

Patient Name	Supervision Status	Location of Check-in	Who called-in-in? (Staff name) Patient?)	Date	Time Out	Check-in Time	Staff Verifying Print / initial
~~(example)~~ M. Mouse	~~UG~~	~~Gym~~	~~RT (D. Duck)~~	~~11/15/17~~	~~1500~~	~~1600~~	~~J. Cricket~~

UNIT I

POD 1 - PATIENT HOURLY ROUNDS

EXHIBIT "I"

DATE: 3 / 2 / 2018

Room	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
I-54																									
I-56																									
I-57																									
I-59																									
I-60																									
I-62																									
I-90																									
I-92																									
I-93																									
I-95																									
I-96																									
I-98																									
CN / RN Designee Initials (twice per shift):																									
Staff Initials:									11-7 / 7-3 initials								7-3 / 3-11 initials							3-11 / 11-7 initials
CENSUS:																									

NIGHT: 2200-0600

A= Awake
BR= Bathroom
D= Disruptive
LN= Late night
RQC= Resting quietly/ Respiration confirmed

Other:_____

Other:_____

ON UNIT CODES

AG= Activities/Groups
BR= Bathroom
CY= Courtyard
DR= Dorm
G= Grooming
M= Meals
U= Unit/Dayroom

Other:_____

Other:_____

CODES

1:1= 1:1 Supervision
DS= Designated Staff
Q15= Q15 minute checks
DISCHARGED= Discharged
I= 1:1 w/staff or MD
QT= Quiet Time
R= Restraints
SE= Seclusion
T= Transfer
V= Visitor

Other:_____

OFF UNIT CODES

AL= Administrative Leave
CT= Court
DP= Day Program
EDR= Esc. Dining Room
EG= Escorted Grounds
EL= Extended Leave
EOF= Esc. Off Grounds
HR= Home Room
IT= Work
MC= On Grounds Clinic
OA= Off Grounds Clinic/Appt.
OT= Occupational Therapy

Other:_____

P= Pass
PIP= PIP store
PT= Physical Therapy
RT= Recreational Therapy
SC= Sick Call
TM= Treatment Mall
UDR= Unescorted Dining Room
UG= Unescorted Grounds
UOG= Unescorted Off Grounds
VG= Village Green

Other:_____

My signature/ initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995

SIGNATURE and Title	Init.

01/19/17HV

Interview Questions for

[redacted]

Interview Date:

03-28-18

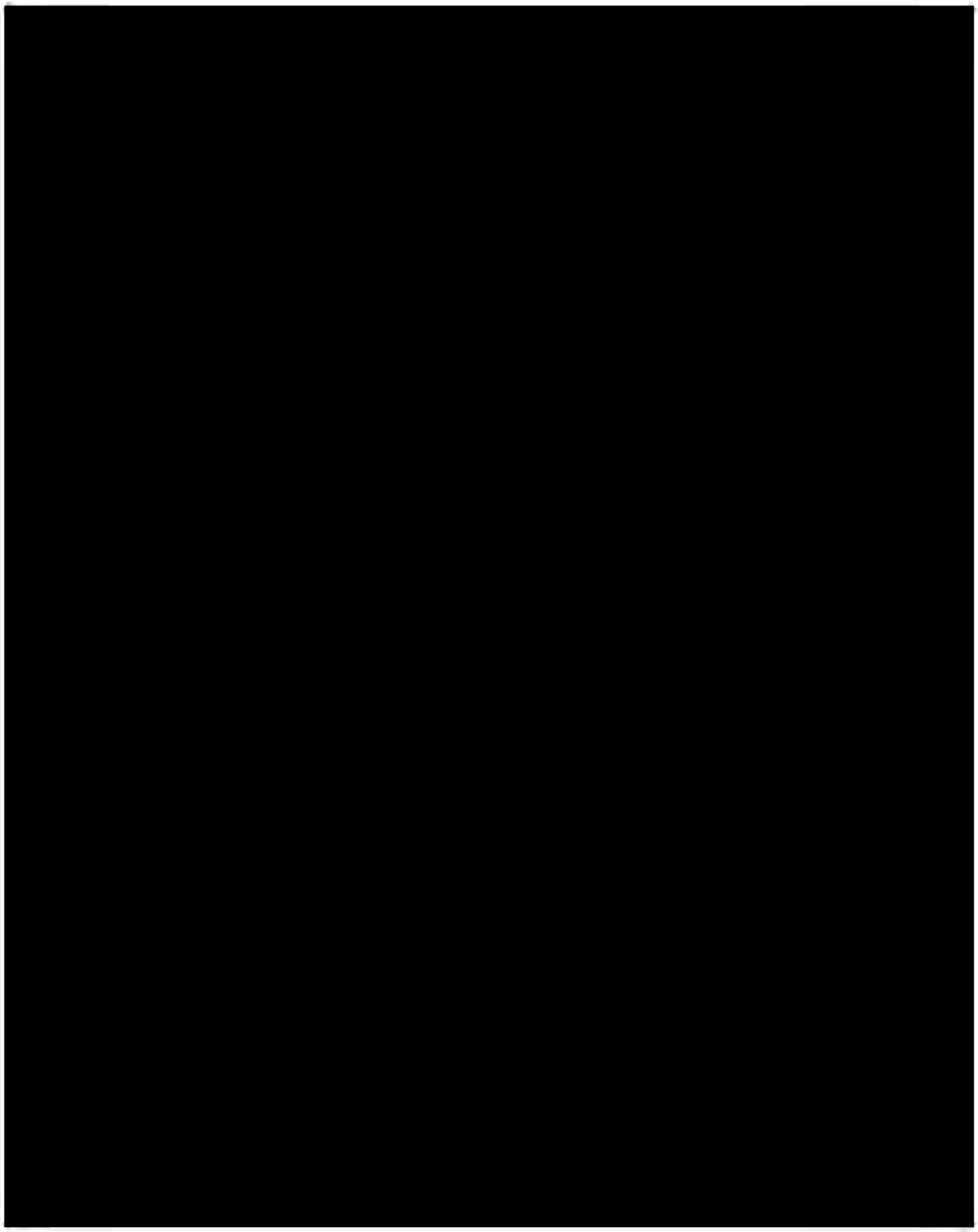
Interview Questions – HSH Administrative Staff – [redacted]

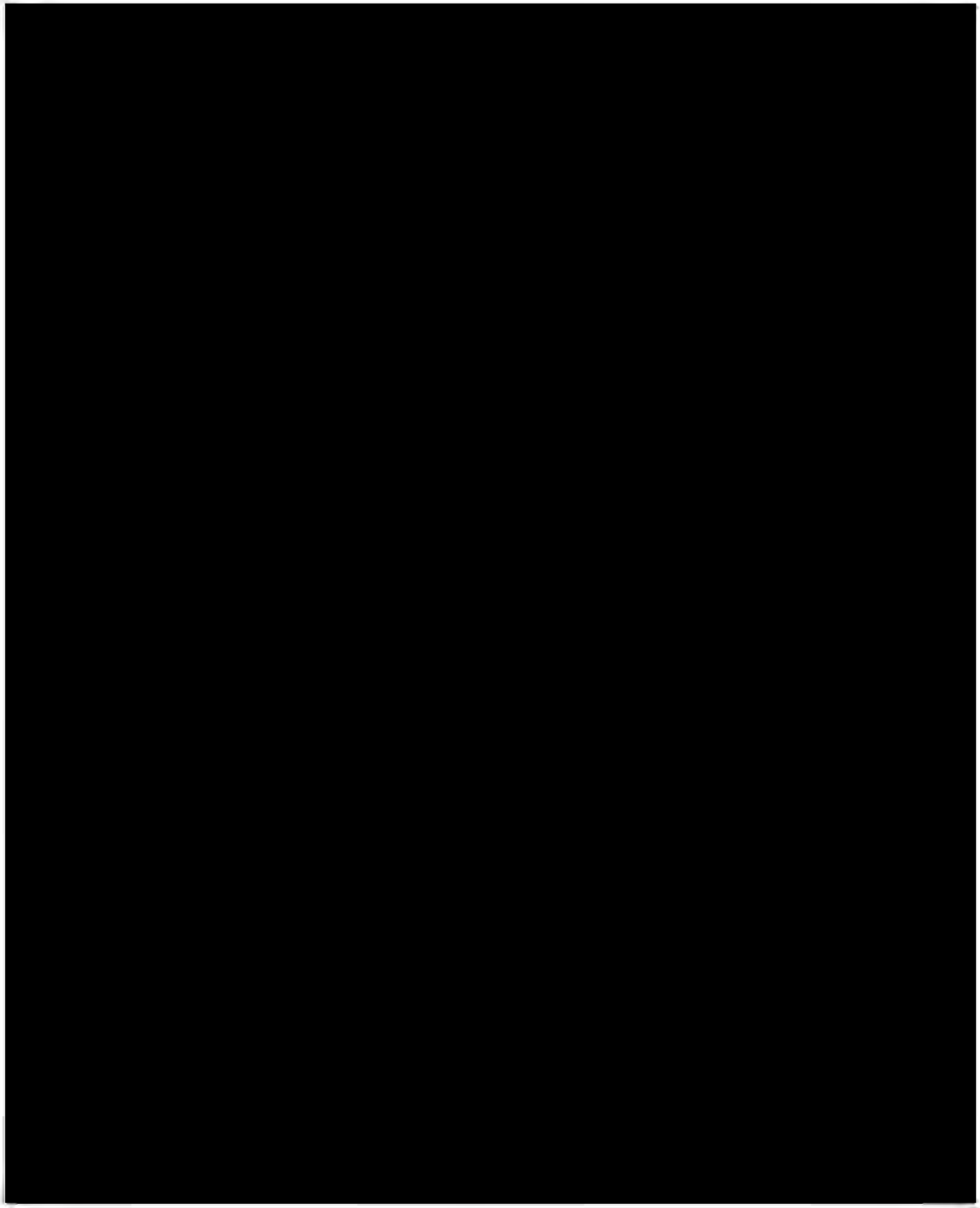
[redacted]

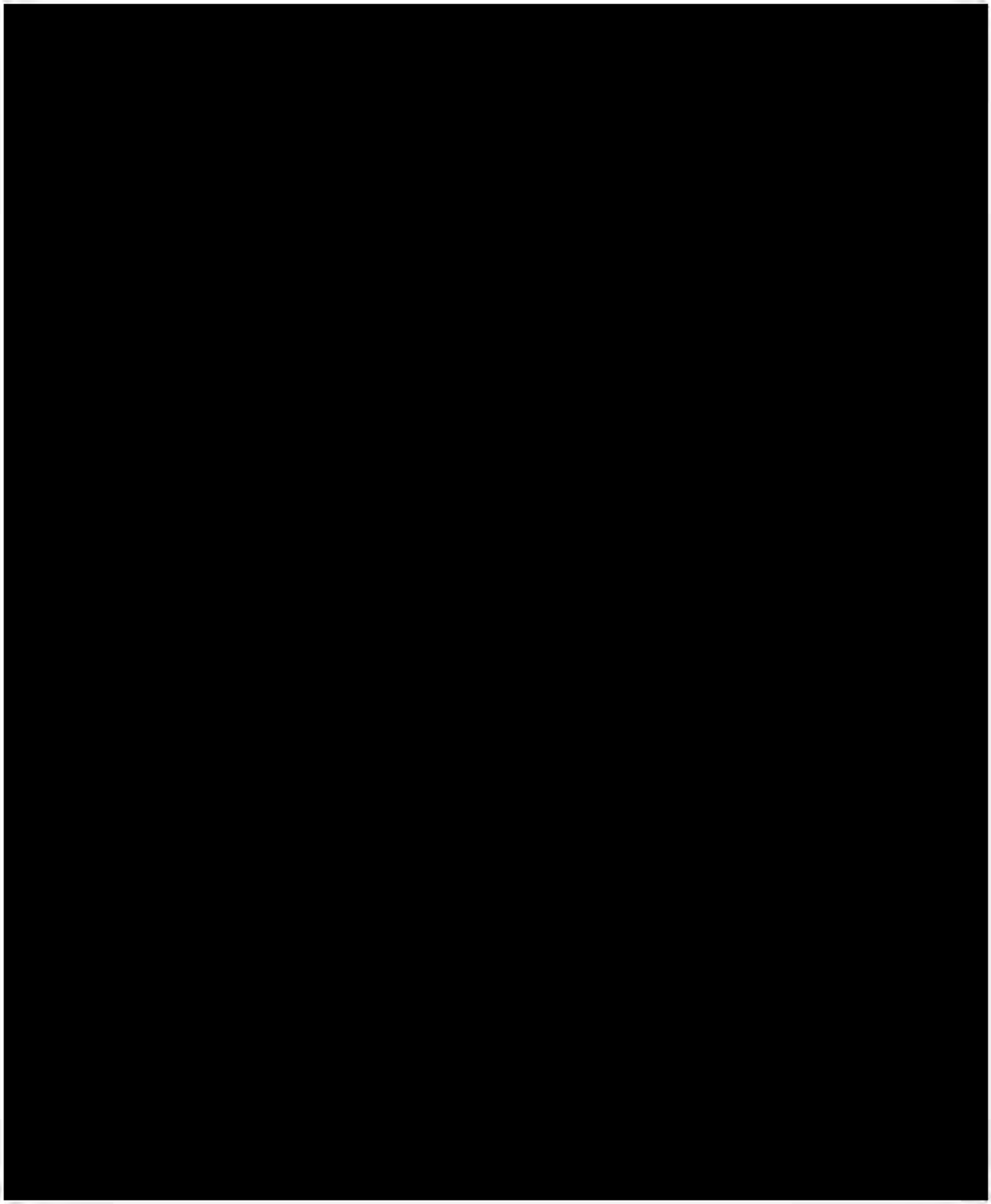
[redacted]

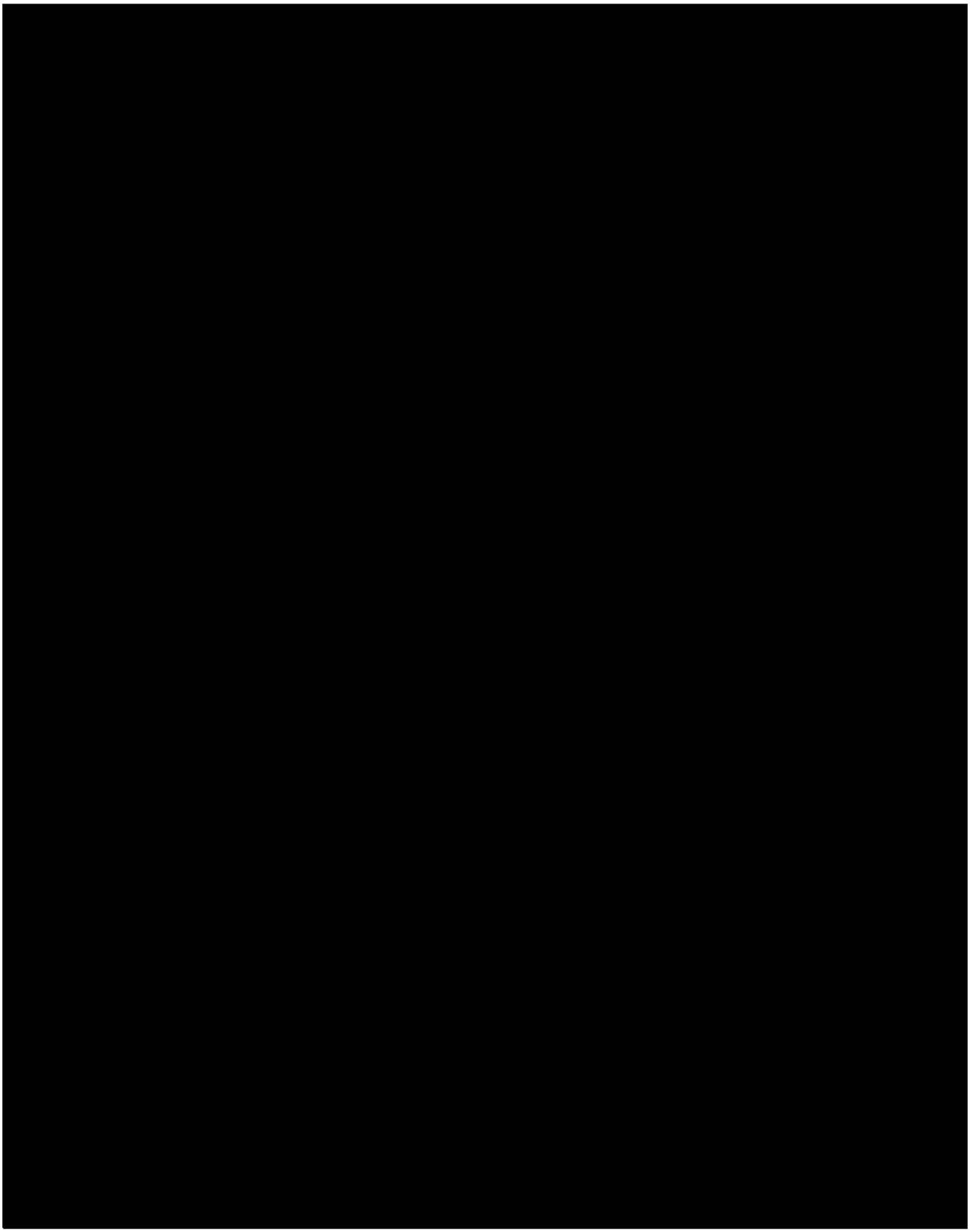
QUESTIONS RELATED SPECIFICALLY TO [redacted] ESCAPE:

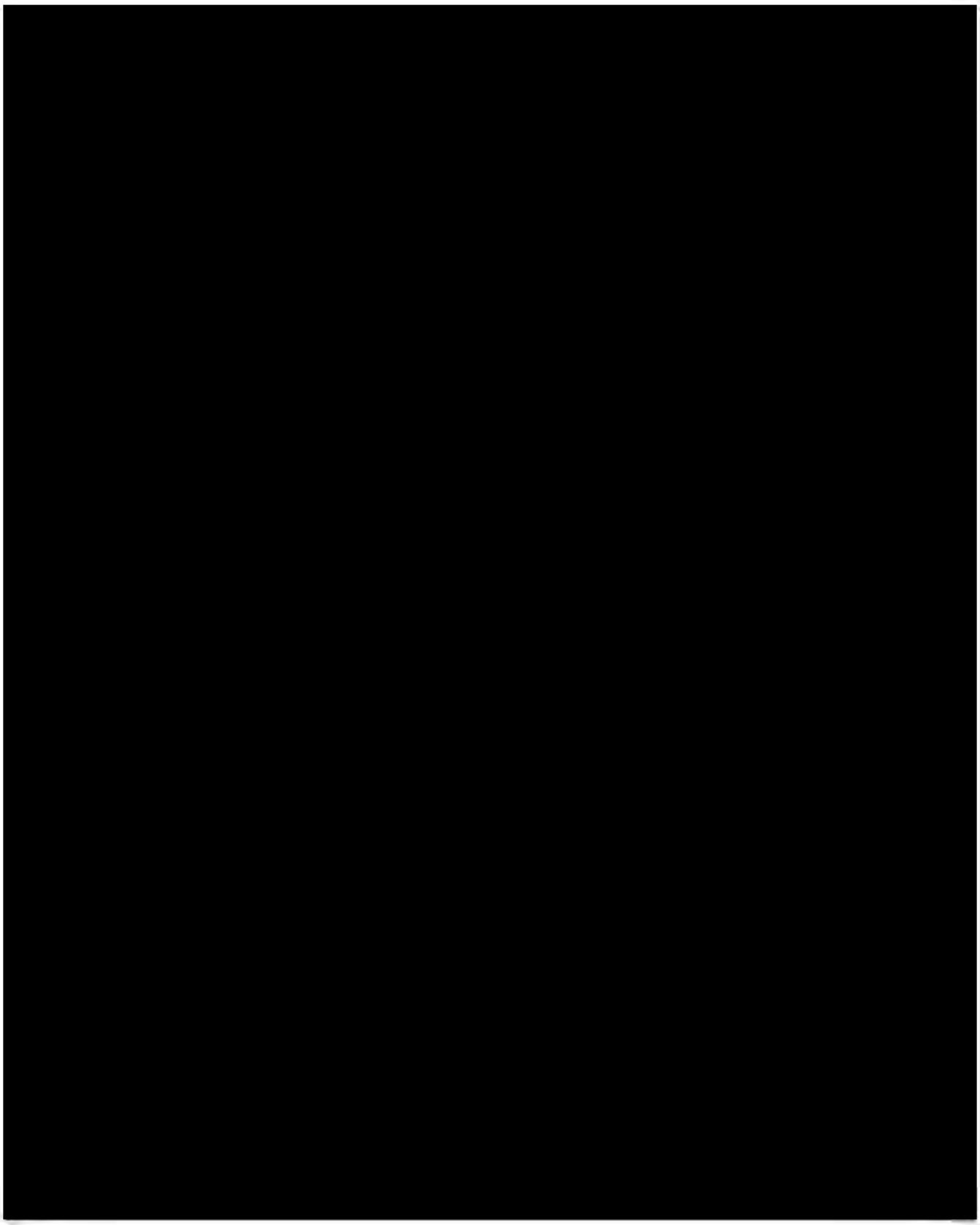
[redacted]

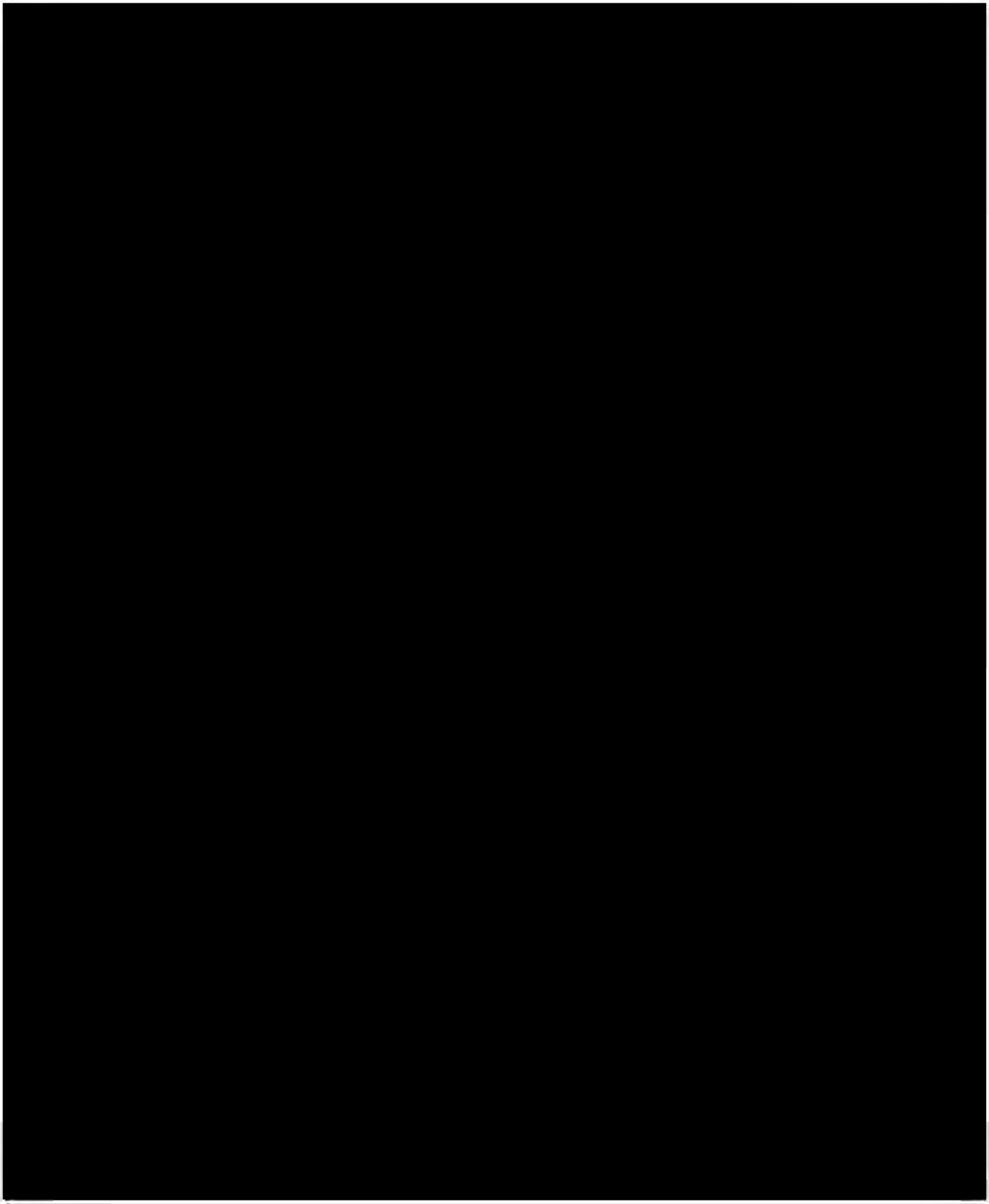


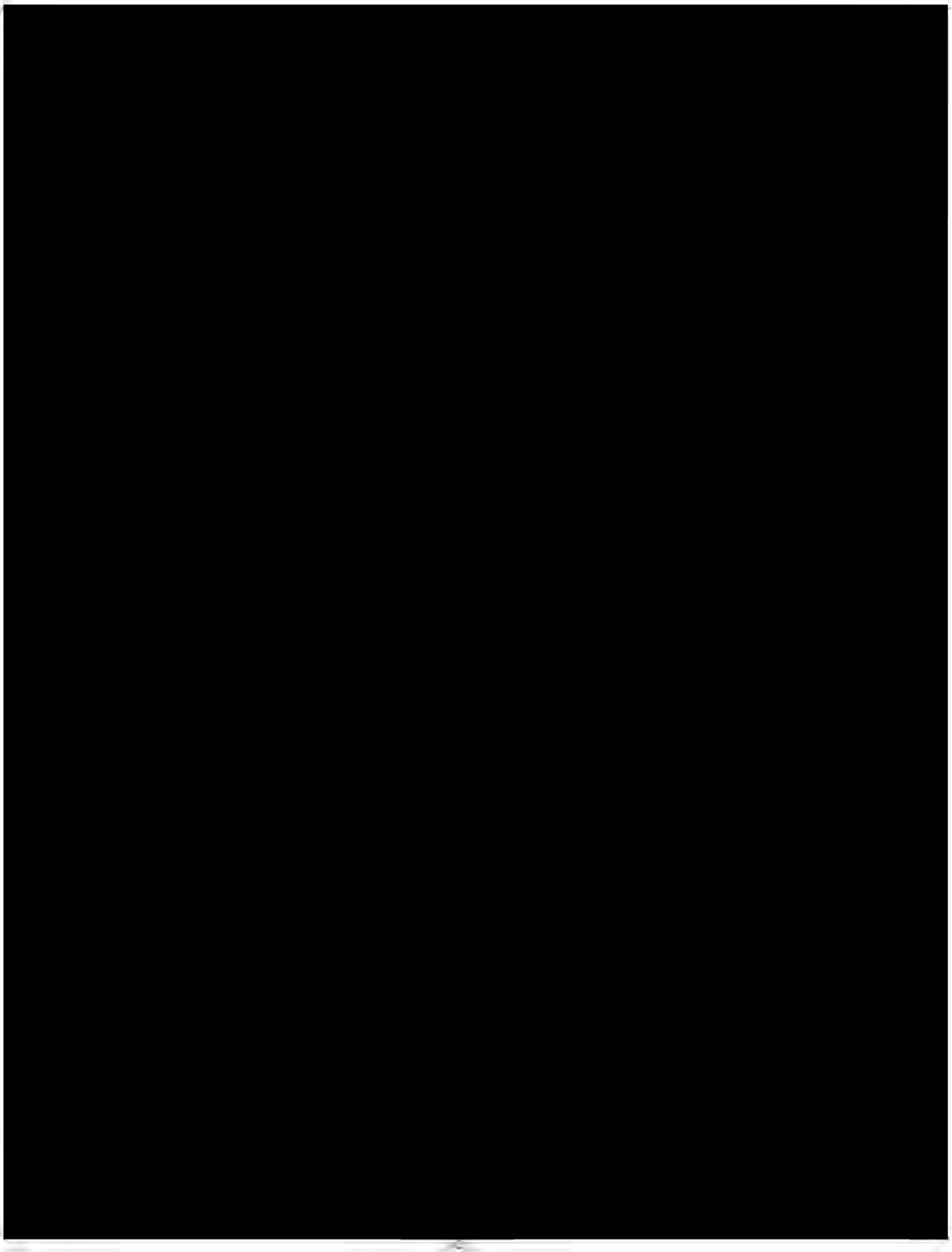


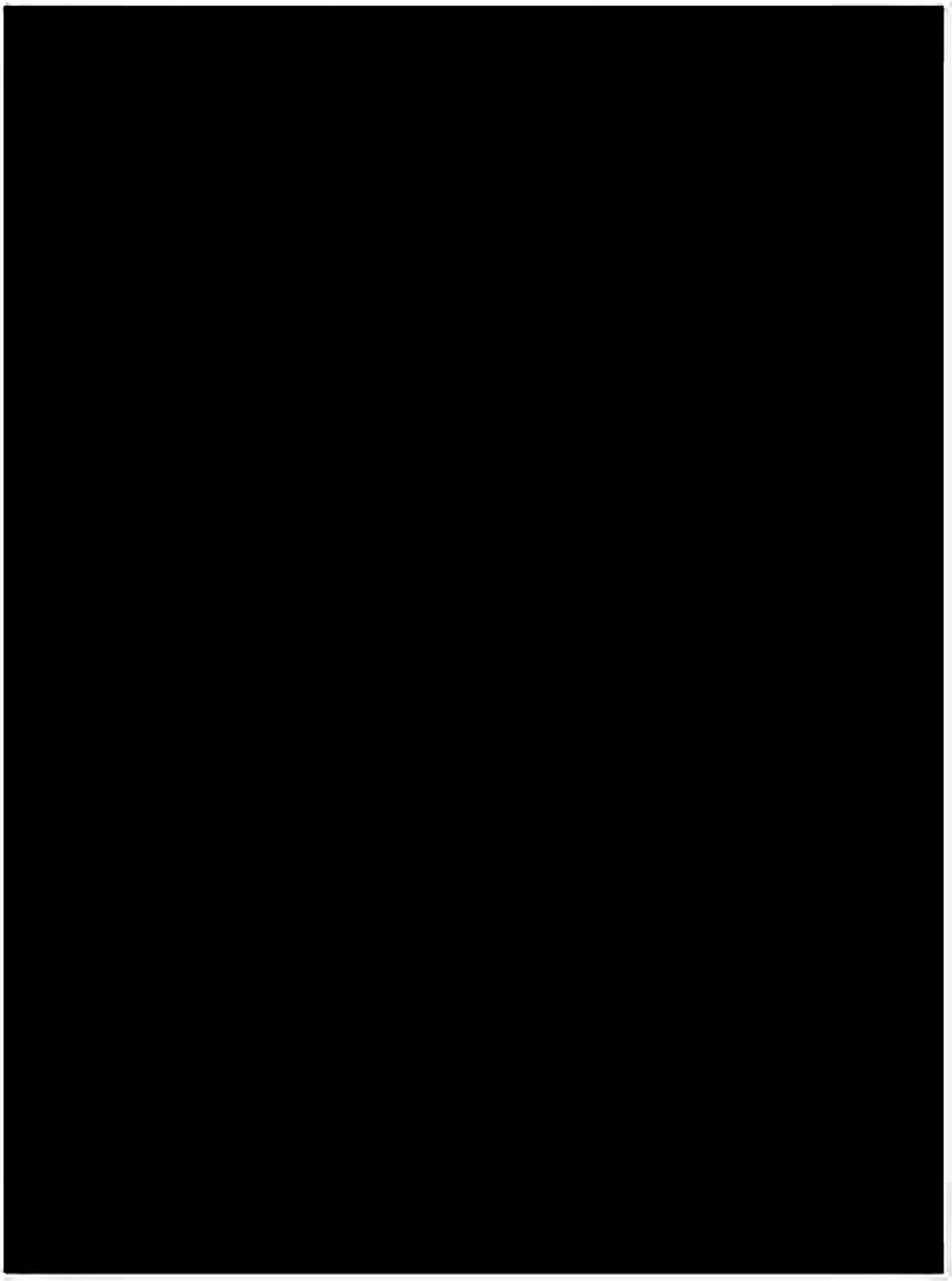


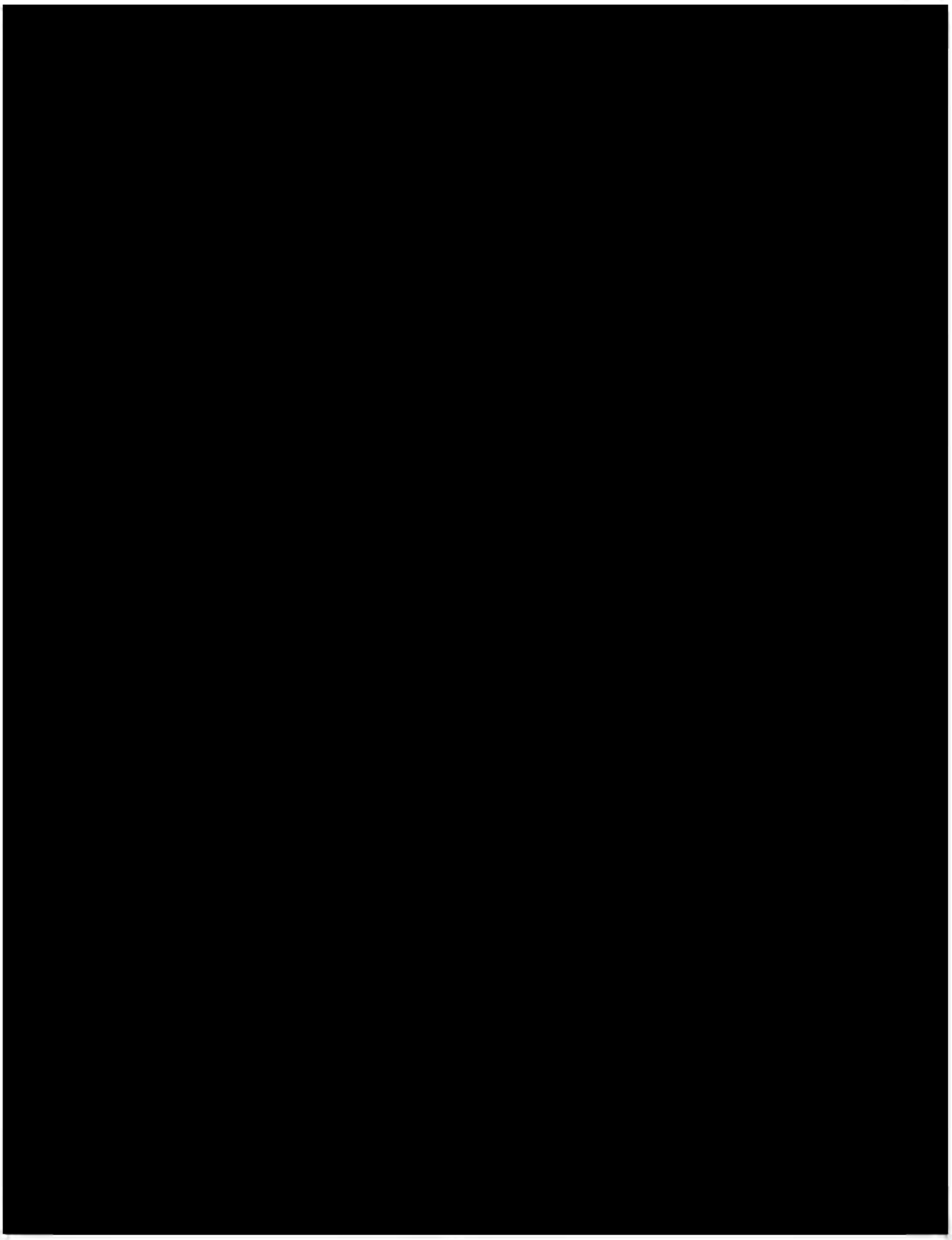


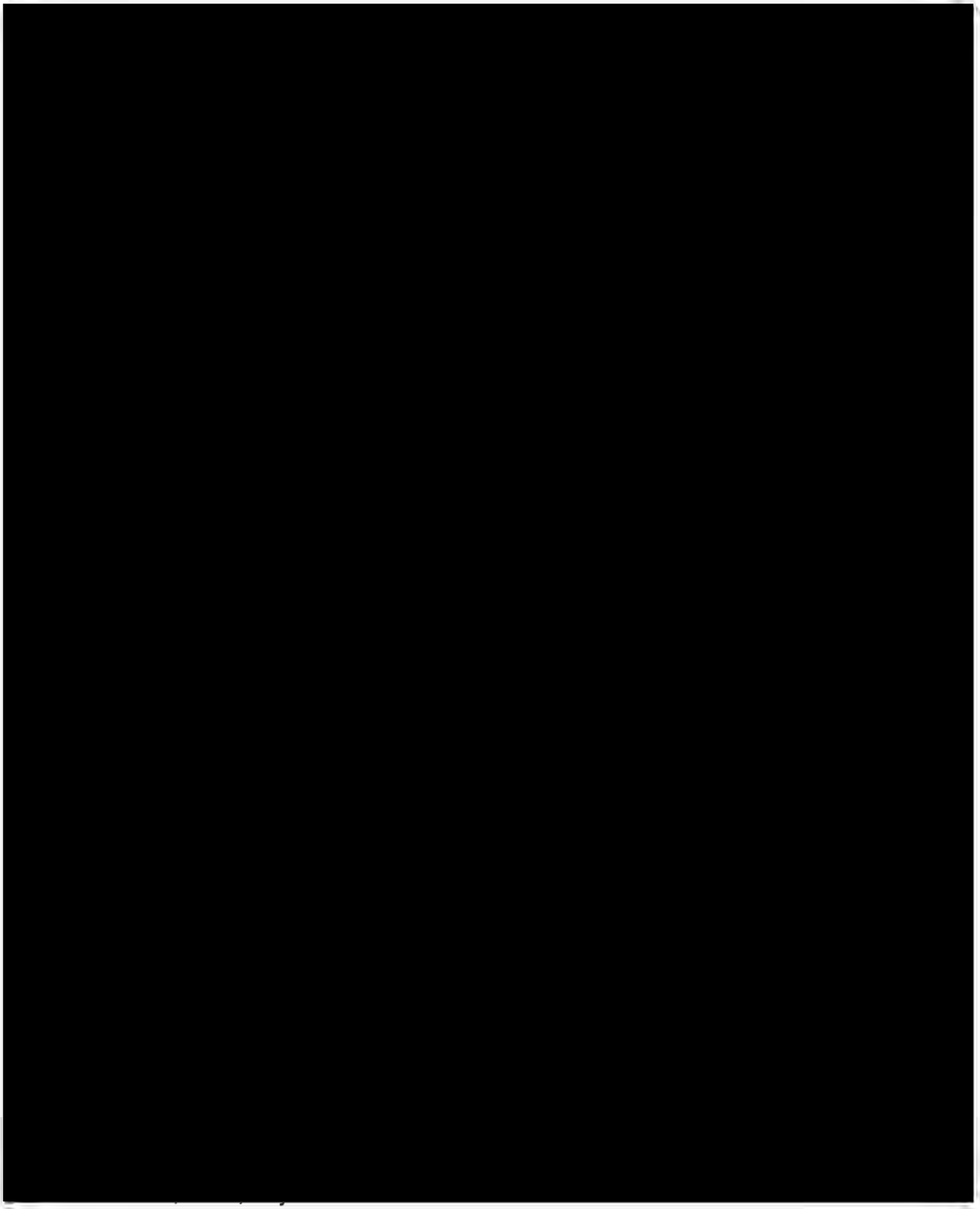


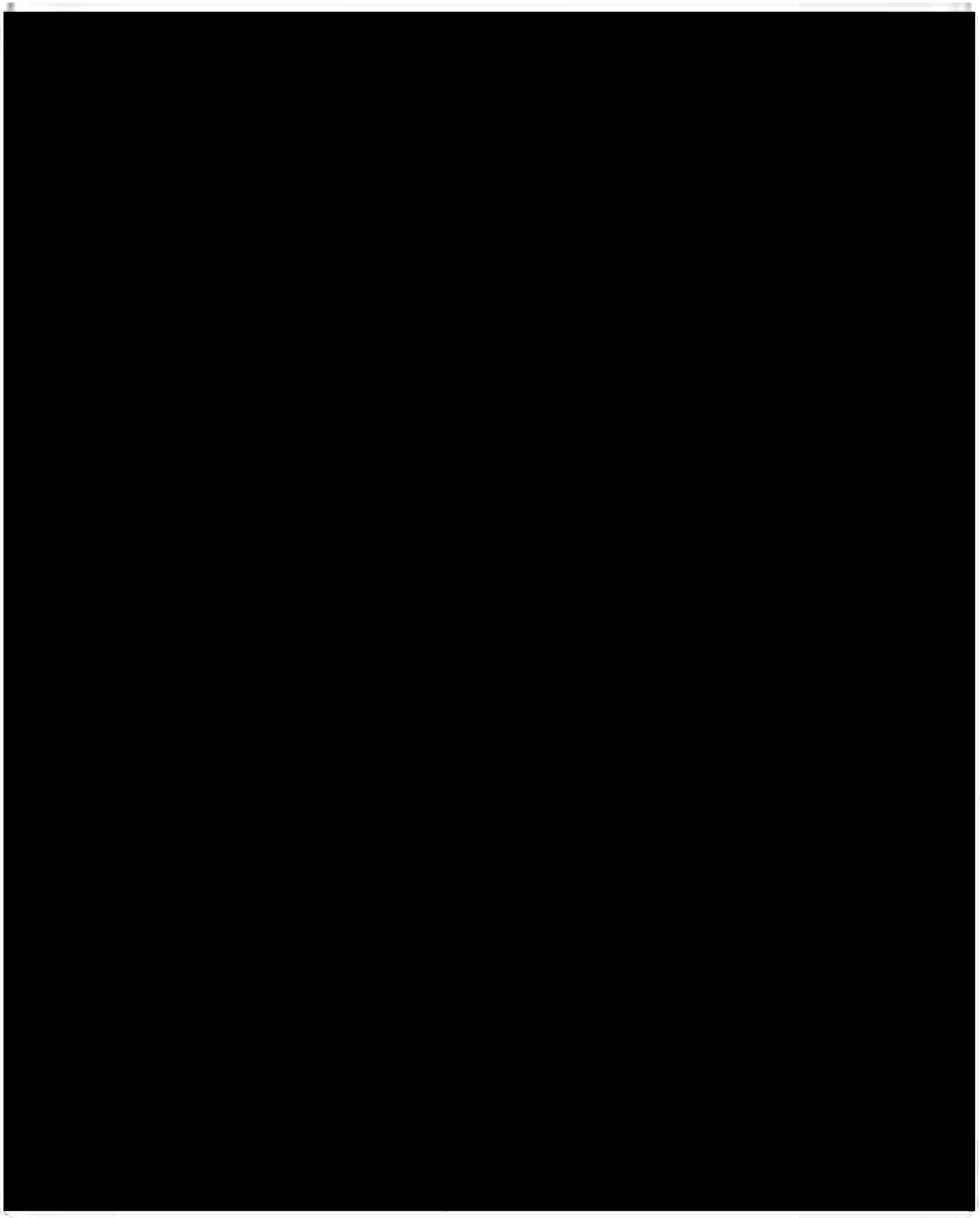












[redacted]

MISCELLANEOUS QUESTIONS

[redacted]

UNIT____

PATIENT HOURLY ROUNDS

DATE____

Room	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
	CN / RN Designee Initials (twice per shift):																								
	Staff Initials:																								
	CENSUS:								11-7 / 7-3 Initials								7-3 / 3-11 Initials								3-11 / 11-7 Initials

NIGHT: 2200-0600	ON UNIT CODES	CODES	OFF UNIT CODES		My signature/ Initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995
A= Awake BR= Bathroom D= Disruptive LN= Late night RQC= Resting quietly/ Respiration confirmed Other:____ Other:____	AG= Activities/Groups BR= Bathroom CY= Courtyard DR= Dorm G= Grooming M= Meals U= Unit/Dayroom Other:____ Other:____	1:1= 1:1 Supervision DS= Designated Staff Q15= Q15 minute checks DISCHARGED= Discharged I= 1:1 w/staff or MD QT= Quiet Time R= Restraints SE= Seclusion T= Transfer V= Visitor Other:____	AL= Administrative Leave CT= Court DP= Day Program EDR= Esc. Dining Room EG= Escorted Grounds EL= Extended Leave EOF= Esc. Off Grounds HR= Home Room IT= Work MC= On Grounds Clinic OA= Off Grounds Clinic/Appt. OT= Occupational Therapy	P= Pass PIP= PIP store PT= Physical Therapy RT= Recreational Therapy SC= Sick Call TM= Treatment Mall UDR= Unescorted Dining Room UG= Unescorted Grounds UOG= Unescorted Off Grounds VG= Village Green Other:____	SIGNATURE and Title / Init.

UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, 7

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
[redacted]		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	DR	U	DR	U	U	U	U	U	U	U	U	U	DR	DR	RQC	RQC
		X	RQC	RQC	RQC	RQC	RQC	RQC	DR	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UR	[illegible]	AW	AW	AW	AW
		X	X	RQC	RQC	RQC	X	X	U	U	U	U	U	M	U	U	U	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	DR	DR	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	DR	DR	U	M	DR	DR	U	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	DR	U	M	DR	U	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	Church Service	U	M	DR	U	U	U	U	U	DR	DR	RQC	RQC
	Check Lobby Bathrooms		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
	Check Exit Doors (3)		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√

Staff Initials: [redacted]

Census: 34 (POD 3=10)

NIGHT: 2200-0600 ON UNIT

CODES

A = Awake/Quiet	AG = Activities/Group	1:1 = 1:1 Supervision	AL = Administrative Leave	OA = Off Grounds Clinic/Appt
BR = Bathroom	BR = Bathroom	D/S = Designated	Caf = Cafeteria	OT = Occupational Therapy
D = Disruptive	CY = Courtyard	DISCHARGED	CT = Court	P = Pass
LN = Late Night	DR = Dorm	I = 1:1 w/staff or MD	DP = Day Program	PIP = PIP Store
RQC = Resting Quietly/ Respiration Confirmed	G = Grooming	QT = Quiet Time	E D/R = Esc. Dining Room	PT = Physical Therapy
	M = Meals	R = Restraints	EG = Esc. Grounds	RT = Recreational Therapy
* = Name Alert	U = Unit/Dayroom	SE = Seclusion	EL = Extended Leave	SC = Sick Call
	____ = ____	T = Transfer	EOF = Esc. Off Grounds	TM = Treatment Mall
√ = Doors Locked	____ = ____	TT = Tx. Team/RPR	FA= Fresh air	U D/R = Unesc. Dining Room
= Bathroom Checked		V = Visitor	HR = Home Room	UG = Unesc. Grounds
		____ = ____	IT = Work	UOG = Unesc. Off Grounds
		AW = AWOL	MC = On Grounds Clinic	VG = Village Green

My signature/initials certify that I have personally checked each patient in accordance with the "Patient Rounds SOP"

Signature	Title	Initials
[redacted]		

Y04/13ka

[redacted]

A.G. 17–4571 EXHIBIT 'C' 1 of 2

A.G. 17-4571 EXHIBIT 'G' 1 of 2

[redacted] taff/Patient Care Assignment Sheet 7-3 Shift POD 3

Charge Nurse: [redacted] Meal/Break 1100 0900/1400 Relief: Key/PMT #:

Team Leader: Staff Names: [redacted] Date: 11/12/2017

Other Assignments: POD 3 : Monitor patients; brew 10 token coffee; serve coffee

Rm#	Patient	Medications	Special Precaution	Nursing Interventions/Treatment Goals	Patient's Behavior
[redacted]					

Nov. 13. 2017 1:4/AM HSH UNIT 1 No. 9949 P.

UNIT 73-11 Shift Staff/Patient Ca[illegible]ssignment Sheets-POD 3

Charge N[illegible]e: [redacted] Meal/Break: _____ Relief: _____ Key/PMT: _____

[illegible]am Leader: [redacted] Staff Names: [redacted] Date: 11-12-23

ther assignments: Monitor patients, Flow sheets, Assist with meals and ADLs, Unit activity, Close watch Supervision, Hourly checks of exit doors

Patient '	Psych Medications	Special Precautions	Nursing Intervention/Treatment Goals	Patient's Behavior
[redacted]				

Door lock checks when passing exit doors

A.G. 17-4571 EXHIBIT 'H' 1 of 2

[redacted] Hawaii State Hospital

Nursing Services

Master Patient/Staff Assignment Sheet

11-12-17

Charge Nurse: [redacted]

Medication Nurse (Code 500): [redacted]

Ward/Unit: Building I

Shift: 7-3

Designated	Pod 1 Nurse		Pod 2 Nurse [redacted]		Day Area		Precautions
[redacted]	Pod 1Dorm	Pod 1 Day area	Pod 2Dorm	Pod 2 Day area	Pod 3	RPR	Universal precaution:
							Q15 min. checks: [redacted]
							Fall Precautions: [redacted]
							Assault Precautions: [redacted]
FRONT DESK / TOKENS: [redacted]							
Meal:	11:00		1100				
Break:							Charge Nurse Notes:
Relief	Day area staff		Day Area staff				
PMT/Key#	15		10				
Special Assignments	Dorm, flow sheets, environmental rounds, PIP escort	Day area, AGS sheets, trash, linen	Dorm, clean linen, trash, flow sheets	Day area, transport, unit activities	Cafeteria, med line, code 200, token economy		
Activity assignments:	Dorm	Day Area	Dorm	Day Area	Front Desk		######

Accounting of keys: Incoming Charge Nurse [redacted] → Outgoing Charge Nurse [redacted]

Hawaii State Hospital

Master Patient/Staff Assignment Sheet

Charge Nurse: [redacted]

Float / Key #8 _____

Date: 11/12/17

Med Nurse:

Designated	Team/Pod 1		Team/Pod 2 Nurse		Dayarea		Precautions
	NURSE: [redacted]		NURSE: [redacted]				
	DORM [redacted]	DAY AREA [redacted]	DORM [redacted]	DAY AREA [redacted]	[redacted]		Census: 34
							# of Staff:
							Assault Risk: [redacted]
							Fall Risk [redacted]
Front Desk: [redacted]							** Please remind staff: door lock checks when passing exit doors **
Meal:	17:00	17:30	17:00	17:30	18:15		
Break:	20:30	21:00	20:30	21:00	21:15		Charge Nurse Notes: **remind pts to save towels Q Friday for the weekend d/t supply shortage.
Relief	Day Area PT		Front Desk				
PMT/Key#							
Special Assignments:	Dorm, Flow sheet, Environmental Rounds, Vital signs.	Day Area, AGS, sheets, Trash, Linen, PIP escort	Dorm, Clean linen, Trash, Flow sheets	Day Area, Transport, Unit Activites	Cafeteria, Medline, Code 200, Token Economy		
Activity Assignments:	Dorm	DayArea	Dorm	DayArea	Front Desk		

A.G. 17-4571 EXHIBIT 'I' 1 of 1

PATIENT Call-In Log Sheet

Patients on Unescorted status need to check in

Supervision status: UG = unescorted grounds UOG = unescorted off-grounds

Patient Name	Supervision Status	Location of Check-in	Who called-in-in? (Staff name? Patient?)	Date	Time Out	Check-in Time	Staff Verifying Print / initial
~~(example)~~ M. Mouse	~~UG~~	~~Gym~~	~~RT (D. Duck)~~	~~11/15/17~~	~~1500~~	~~1600~~	~~J. Cricket~~

[redacted] 3/28/18

A.G. 17-4571 EXHIBIT 'R' 1 of 4 [redacted]

[redacted] # 16

DATE	LEVEL	DESTINATION	OUT	IN
11.11	3	grds / lunch / grds	1010	1150
11.11	3	grds	1215	130
11.11	3	grds/din/grds	330	600
11.12	3	B-fast	750	900
11.12	3	grds/lunch/grds	900	

RTS2011 [redacted]

3/28/18

A.G. 17-4571

EXHIBIT 'T'

UNIT I

POD 1 - PATIENT HOURLY ROUNDS

DATE: 3 / 2 / 2018

Room	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
I-54																									
I-56																									
I-57																									
I-59																									
I-60																									
I-62																									
I-90																									
I-92																									
I-93																									
I-95																									
I-96																									
I-98																									
CN / RN Designee Initials (twice per shift):																									
Staff Initials:																									

11-7 / 7-3 initials — 7-3 / 3-11 initials — 3-11 / 11-7 initials

CENSUS:

NIGHT: 2200-0600

A= Awake
BR= Bathroom
D= Disruptive
LN= Late night
RQC= Resting quietly/ Respiration confirmed

Other:_____

Other:_____

ON UNIT CODES

AG= Activities/Groups
BR= Bathroom
CY= Courtyard
DR= Dorm
G= Grooming
M= Meals
U= Unit/Dayroom

Other:_____

Other:_____

CODES

1:1= 1:1 Supervision
DS= Designated Staff
Q15= Q15 minute checks
DISCHARGED= Discharged
I= 1:1 w/staff or MD
QT= Quiet Time
R= Restraints
SE= Seclusion
T= Transfer
V= Visitor

Other:_____

OFF UNIT CODES

AL= Administrative Leave
CT= Court
DP= Day Program
EDR= Esc. Dining Room
EG= Escorted Grounds
EL= Extended Leave
EOF= Esc. Off Grounds
HR= Home Room
IT= Work
MC= On Grounds Clinic
OA= Off Grounds Clinic/Appt.
OT= Occupational Therapy

Other:_____

P= Pass
PIP= PIP store
PT= Physical Therapy
RT= Recreational Therapy
SC= Sick Call
TM= Treatment Mall
UDR= Unescorted Dining Room
UG= Unescorted Grounds
UOG= Unescorted Off Grounds
VG= Village Green

Other:_____

My signature/ initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995

SIGNATURE and Title	Init.

Rev. 01/15/19HV

Interview Questions for

[redacted]

Interview Date:

04-02-18

AG17-4571[redacted]/ADMIN

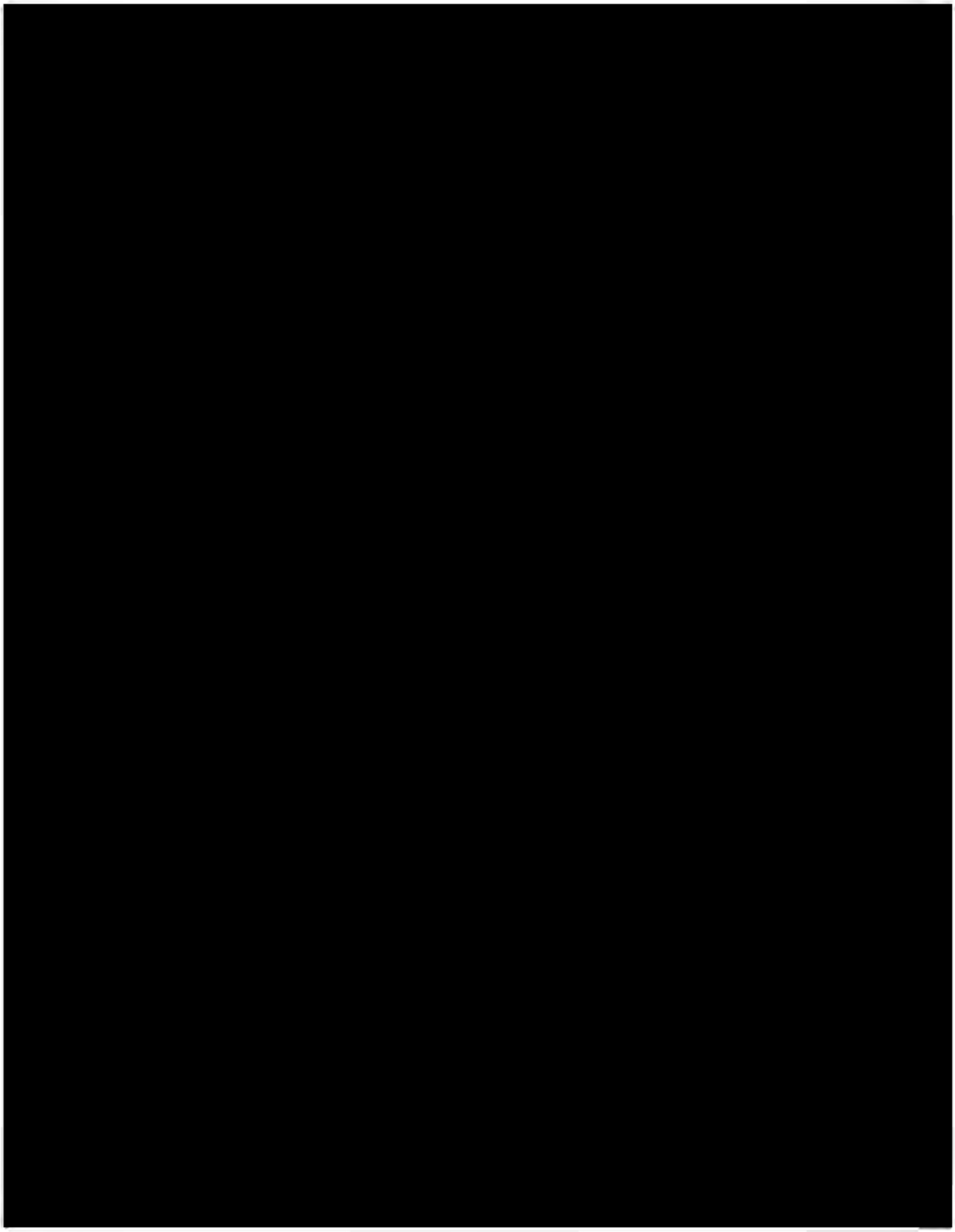
Interview Questions – HSH Administrative Staff – [redacted]

[redacted]

[redacted]

QUESTIONS RELATED SPECIFICALLY TO [redacted] ESCAPE:

[redacted]



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SATURDAY, NOVEMBER 12, 2017

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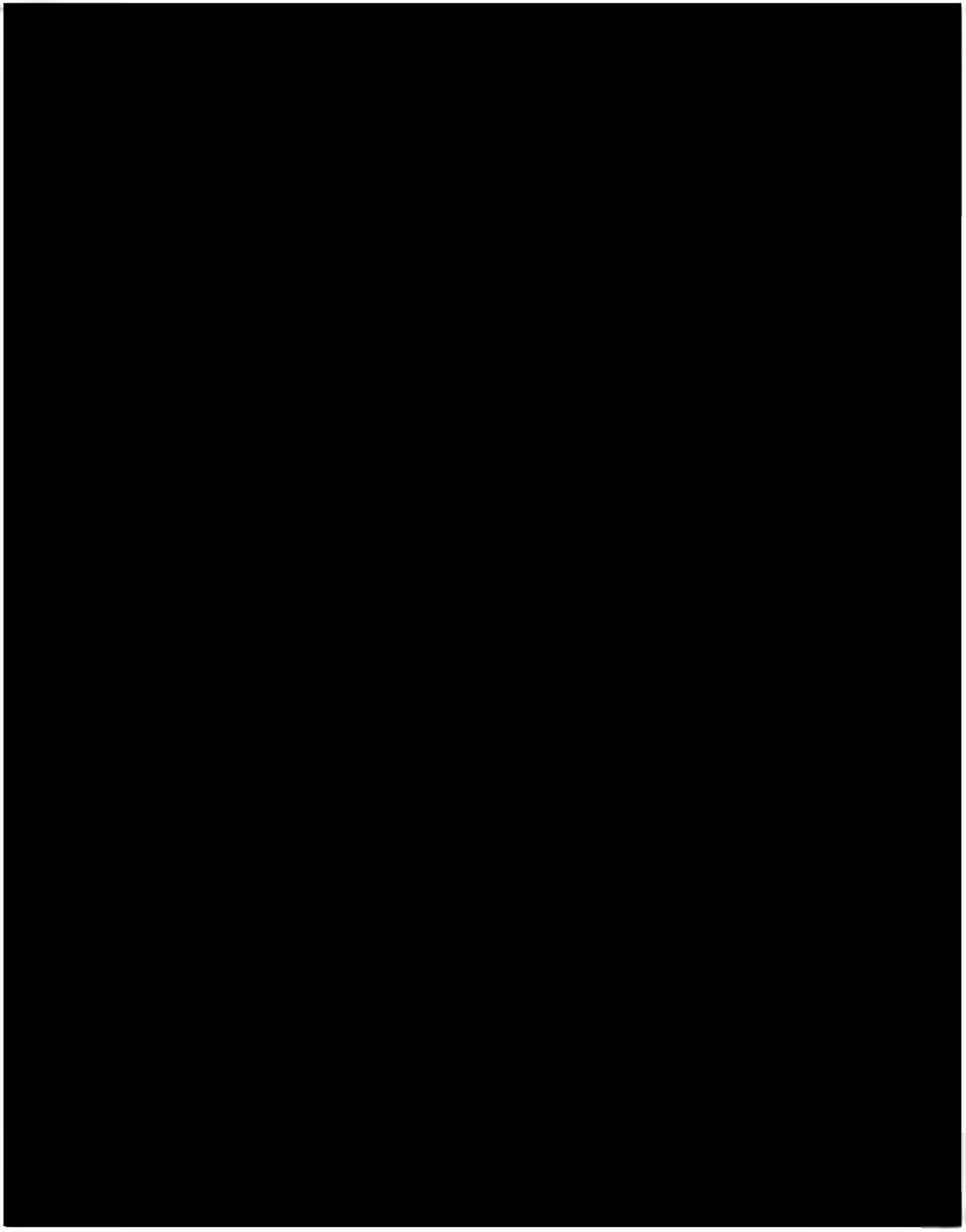
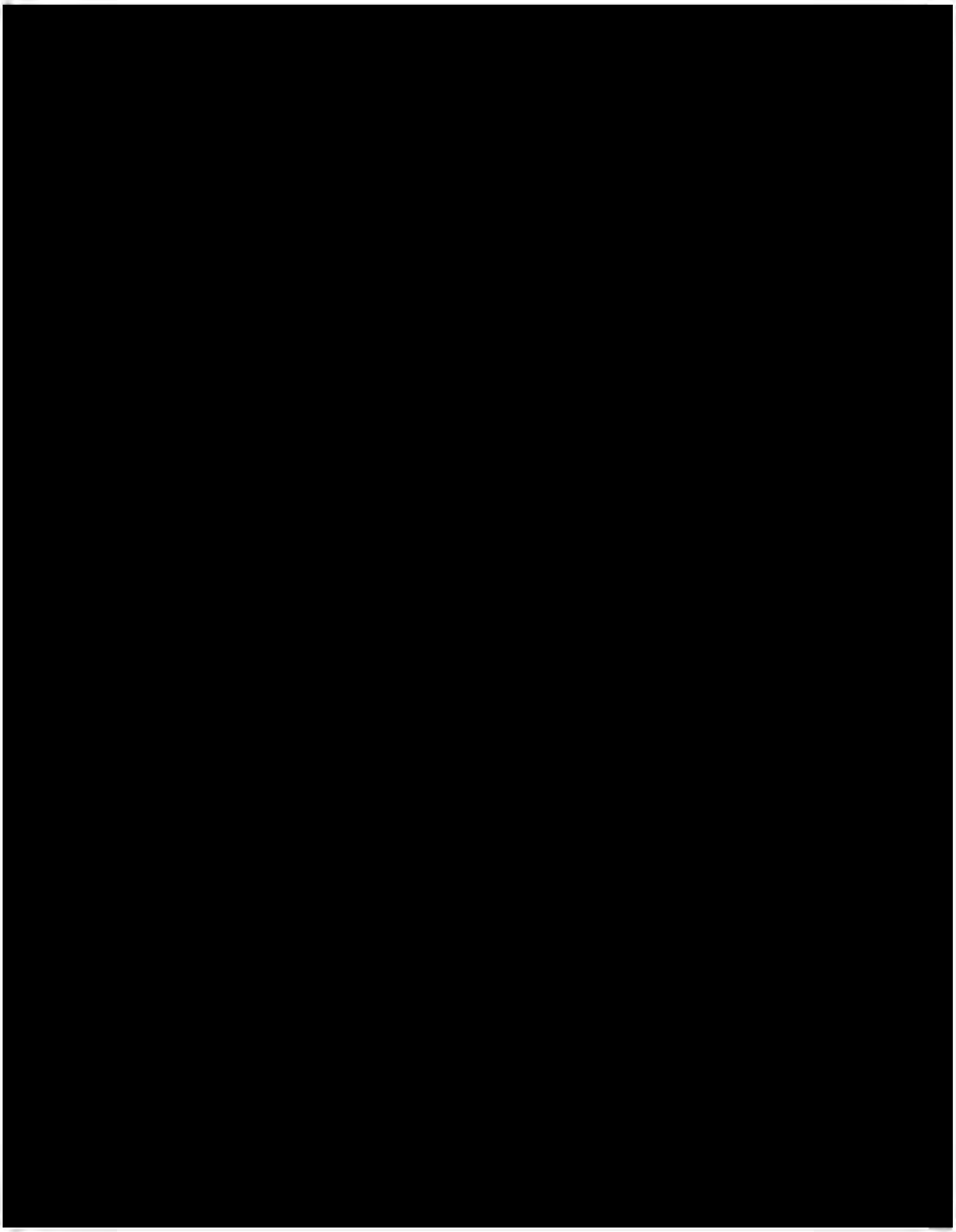
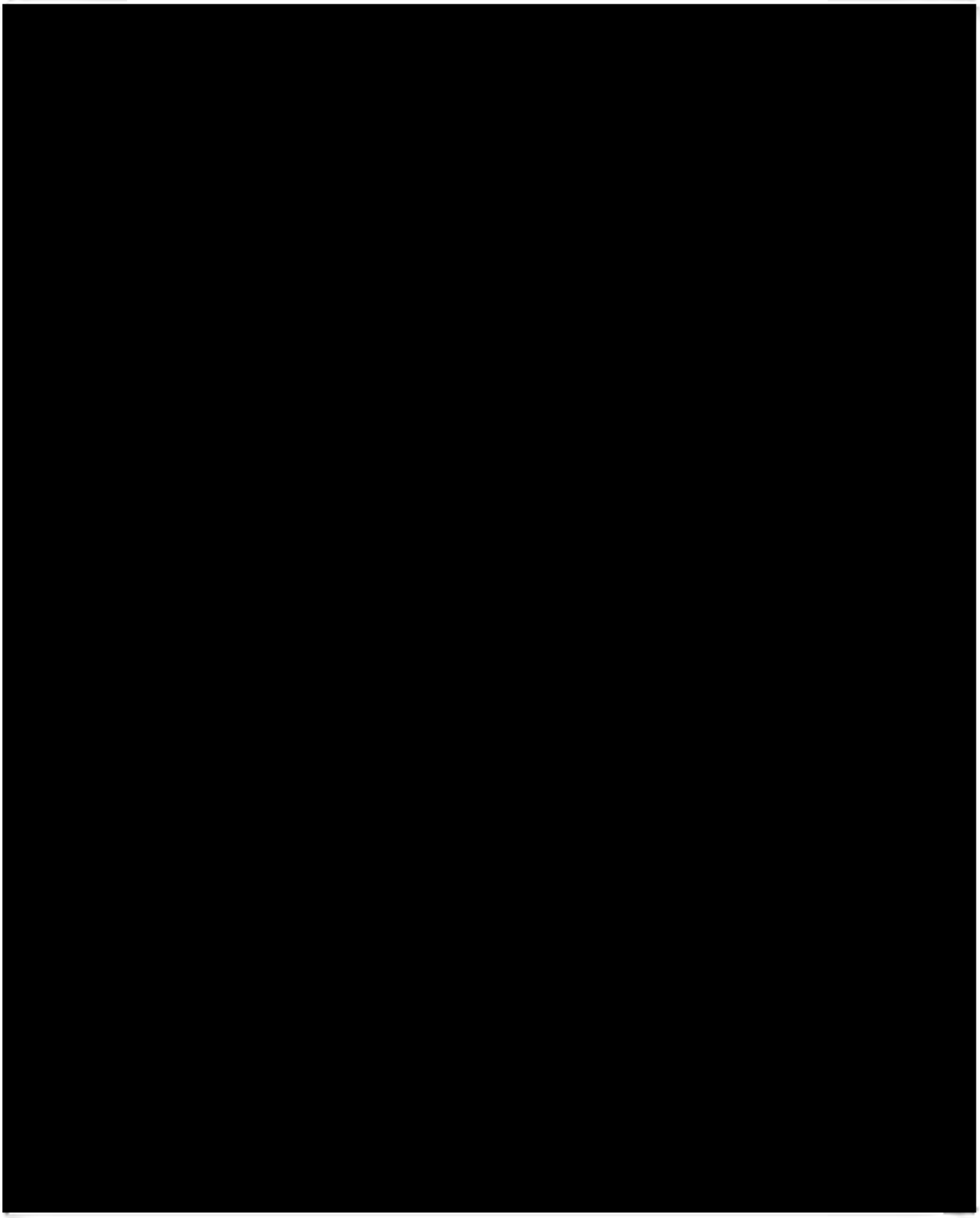
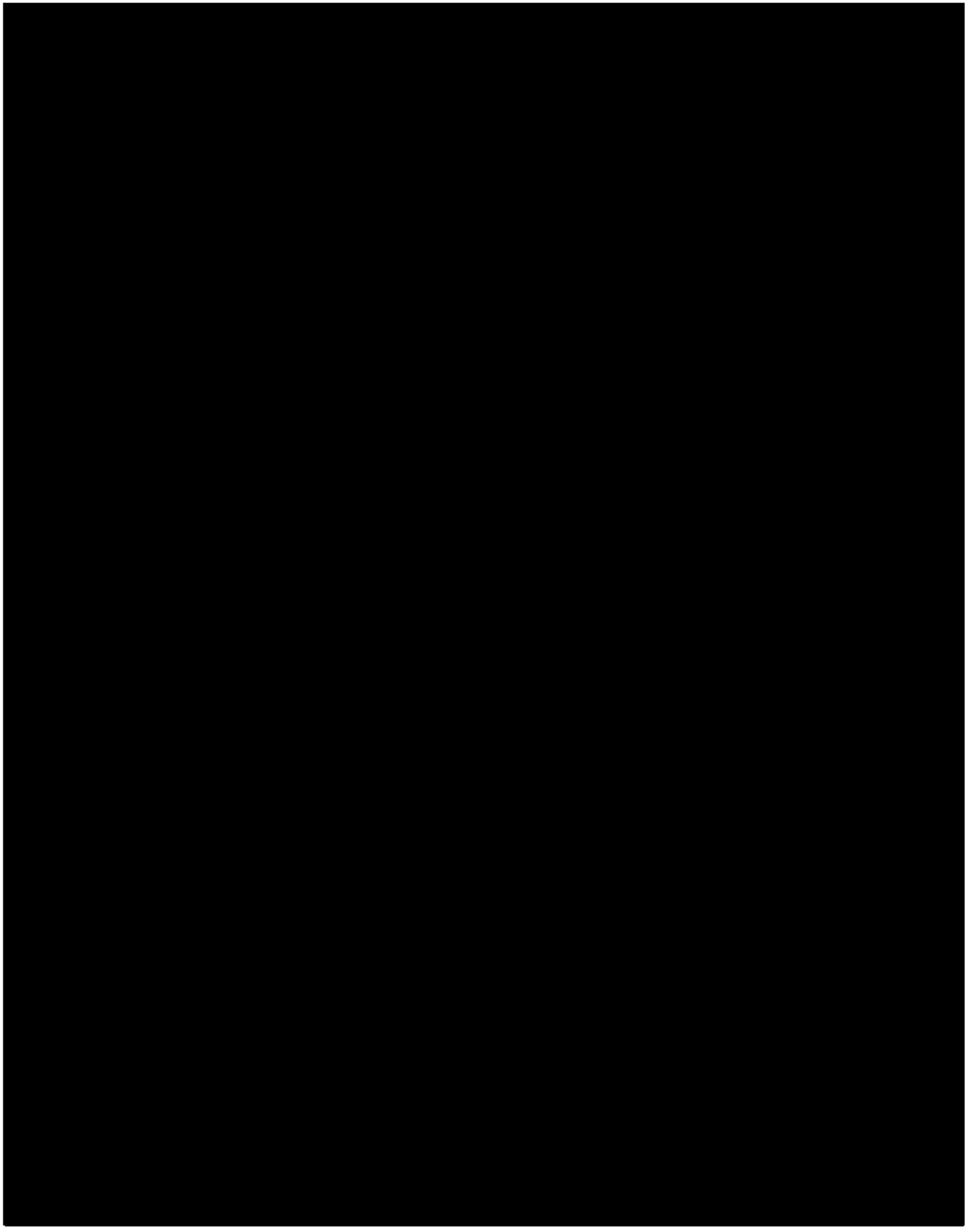
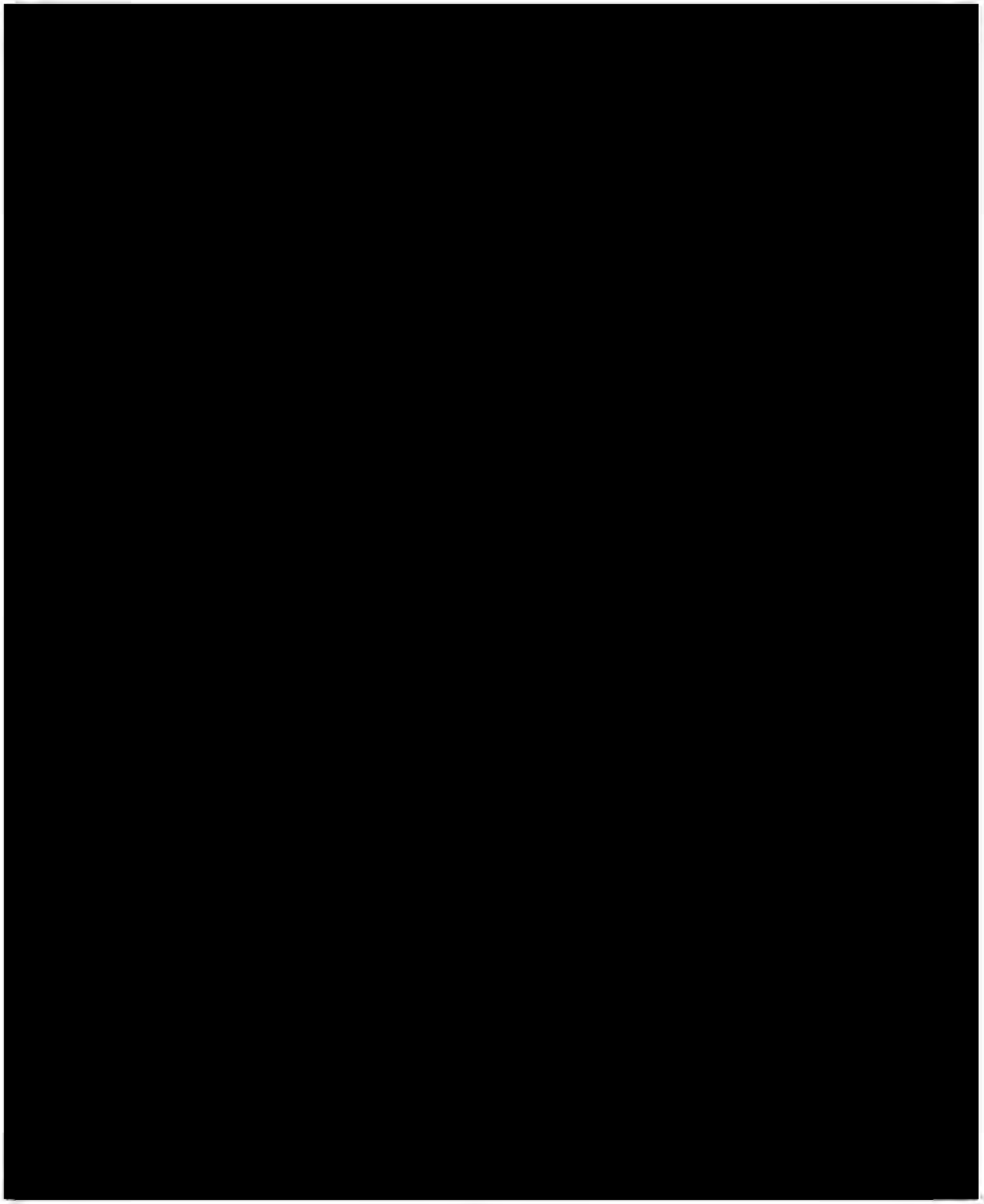
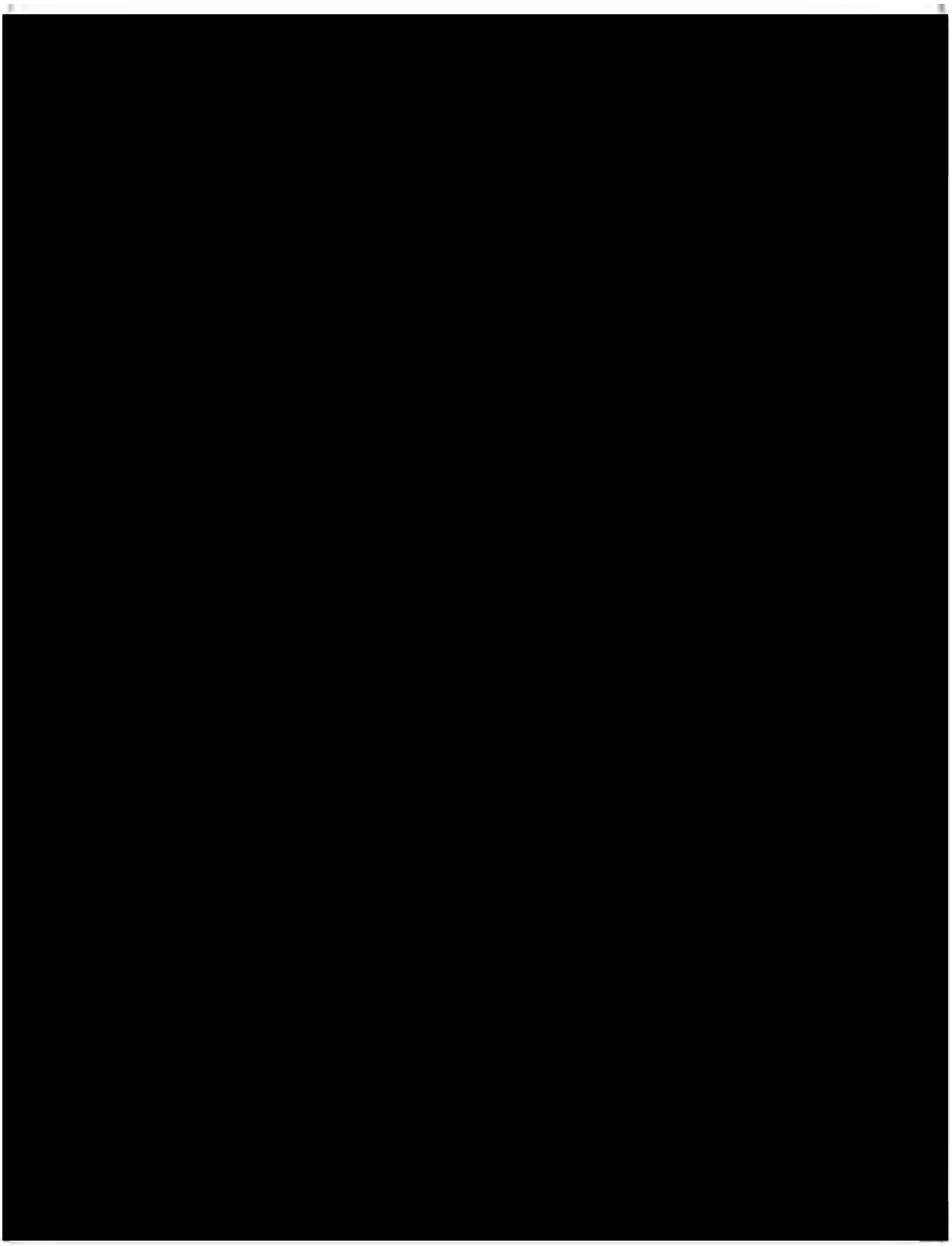


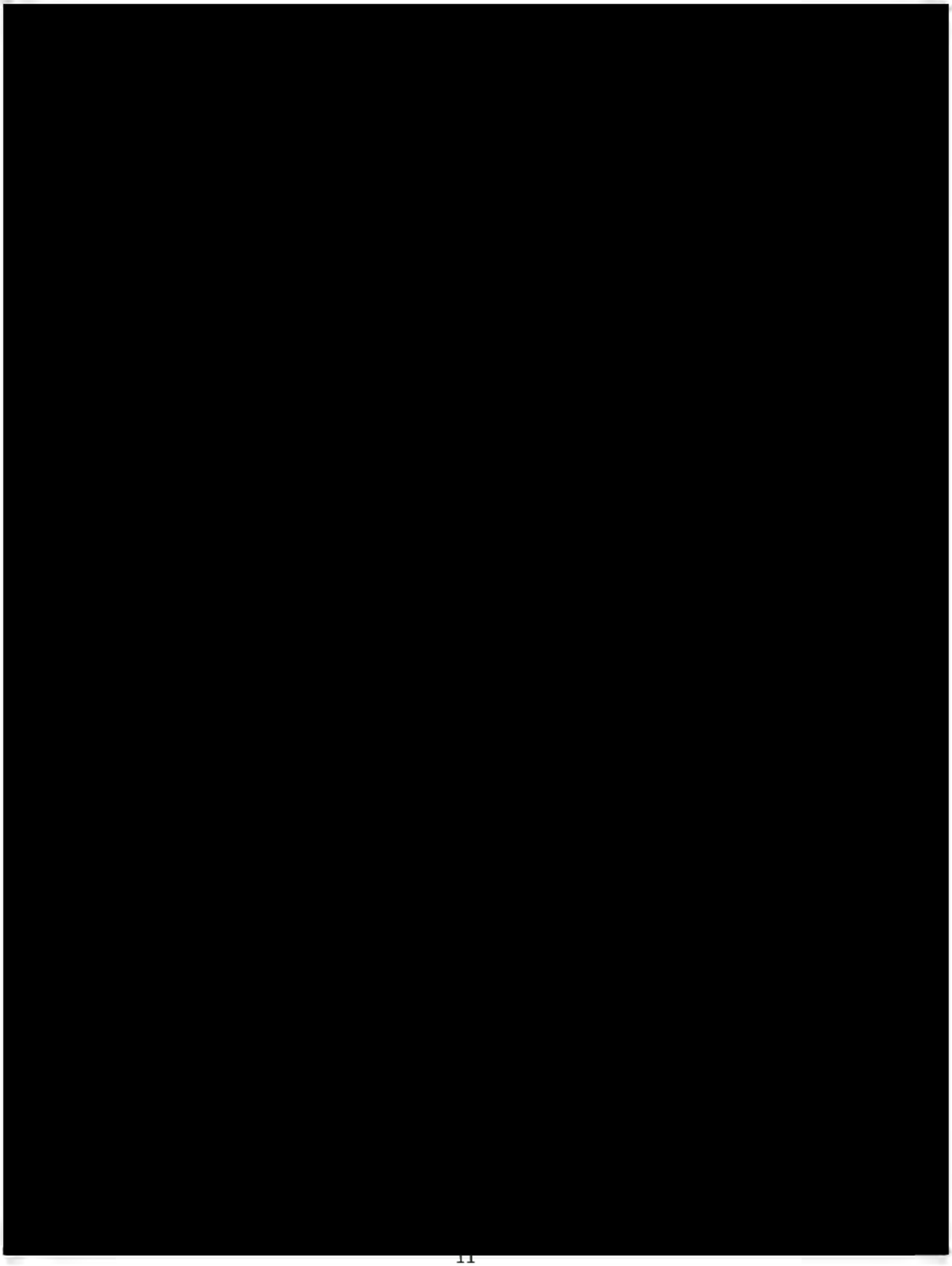


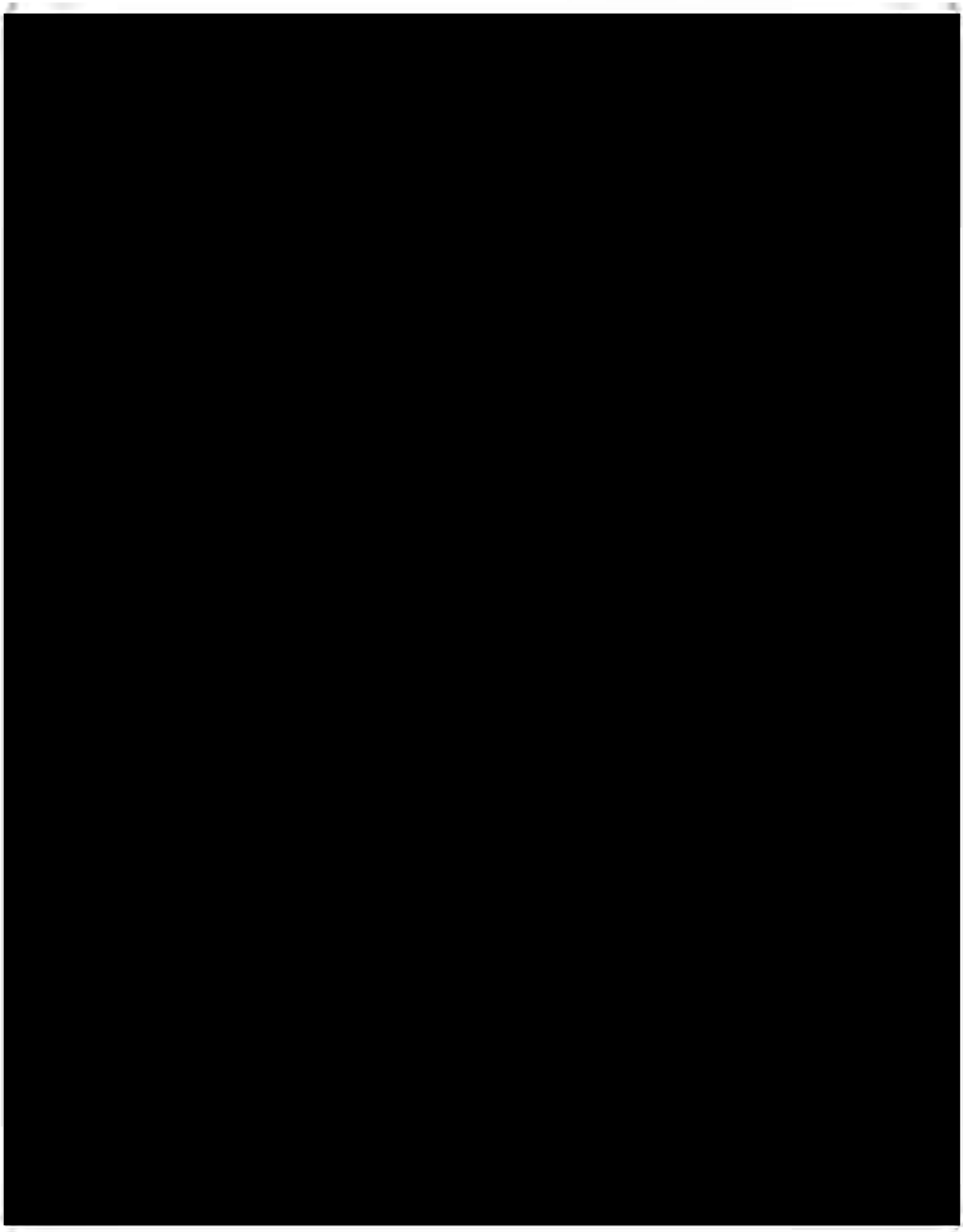


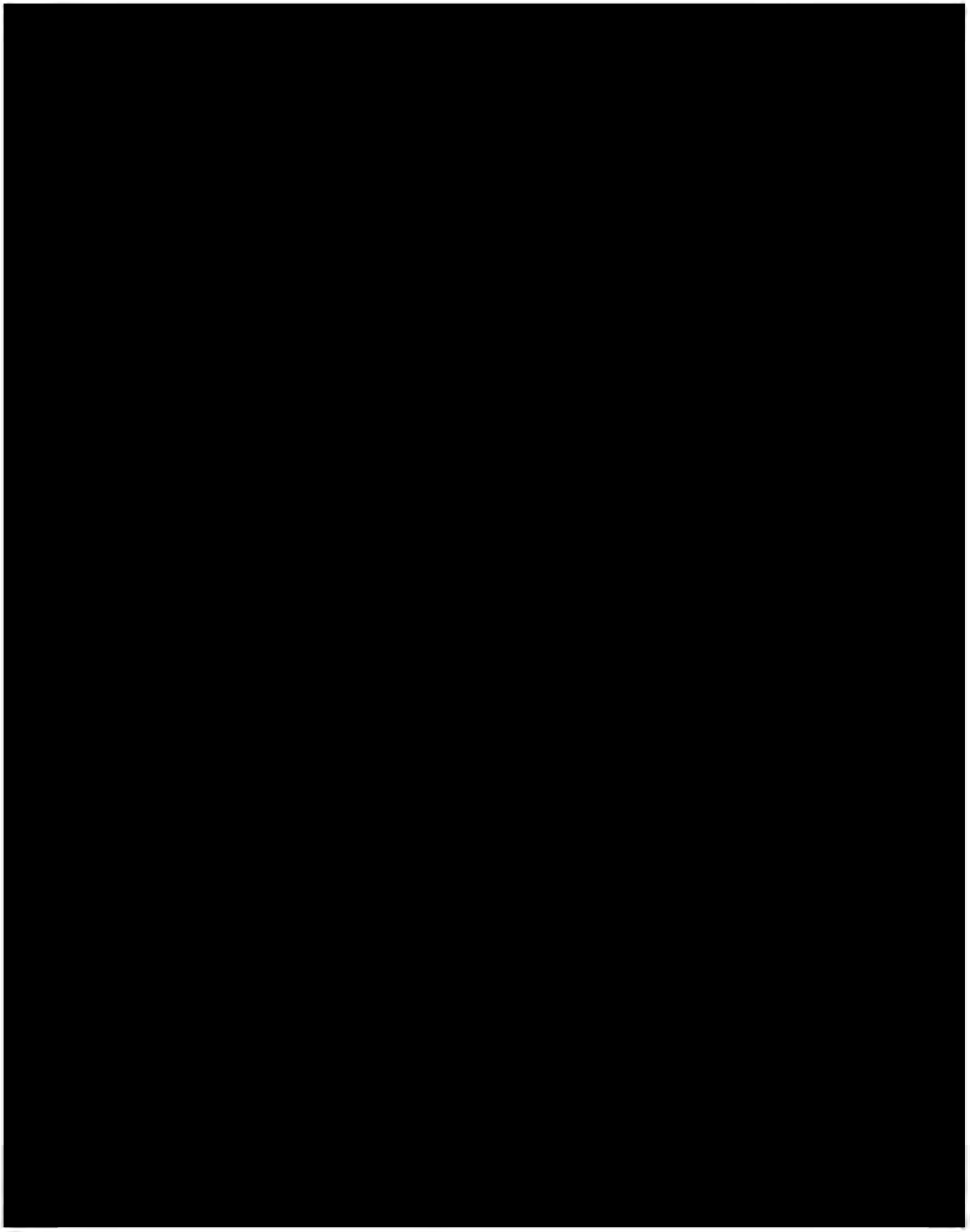












[redacted]

MISCELLANEOUS QUESTIONS

[redacted]

UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, 2017

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
[redacted]																									
	Check Lobby Bathrooms	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
	Check Exit Doors (3)	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√

Staff Initials: [redacted]

Census: 34 (POD 3=10)

NIGHT: 2200-0600

A = Awake/Quiet
BR = Bathroom
D = Disruptive
LN = Late Night
RQC = Resting Quietly/ Respiration Confirmed

* = Name Alert

√ = Doors Locked
" = Bathroom Checked

ON UNIT

AG = Activities/Group
BR = Bathroom
CY = Courtyard
DR = Dorm
G = Grooming
M = Meals
U = Unit/Dayroom
___ = ___
___ = ___

CODES

1:1 = 1:1 Supervision
D/S = Designated
DISCHARGED
I = 1:1 w/staff or MD
QT = Quiet Time
R = Restraints
SE = Seclusion
T = Transfer
TT = Tx. Team/RPR
V = Visitor
___ = ___
AW = AWOL

OFF UNIT

AL = Administrative Leave
Caf = Cafeteria
CT = Court
DP = Day Program
E D/R = Esc. Dining Room
EG = Esc. Grounds
EL = Extended Leave
EOF = Esc. Off Grounds
FA= Fresh air
HR = Home Room
IT = Work
MC = On Grounds Clinic
OA = Off Grounds Clinic/Appt
OT = Occupational Therapy
P = Pass
PIP = PIP Store
PT = Physical Therapy
RT = Recreational Therapy
SC = Sick Call
TM = Treatment Mall
U D/R = Unesc. Dining Room
UG = Unesc. Grounds
UOG = Unesc. Off Grounds
VG = Village Green

My signature/initials certify that I have personally checked each patient in accordance with the "Patient Rounds SOP"

Signature	Title	Initials
[redacted]		

[redacted]

'C' 2 of 2

June 12, 2017
Hourly rounds checklist

+1
7 Alleged Staff

[redacted]

[redacted]

[redacted] 3-11 Shift Staff/ Patient Care Assignment Sheets-POD 3

Charge Nurse: [redacted] Meal/Break: _____ Relief: _____ Key/PMT: _____

Team Leader: [redacted] Date: 11-12-12

Other assignments: Monitor patients, Flow sheets, Assist with meals and ADLs, Unit activity, Close watch Supervision, Hourly checks of exit doors

Patient	Psych Medications	Special Precautions	Nursing Intervention/Treatment Goals	Patient's Behavior
[redacted]				

Door lock checks when passing exit doors

04/02/[redacted]

'G' 2 of 2

[redacted] Staff/Patient Care Assignment Sheet 7-3 Shift POD 3

Charge Nurse: [redacted] Meal/Break 1100 0900/1400 ____ Relief: _____ Key/PMT #: _____

Team Leader: [redacted] Staff Names: [redacted] Date: 11/12/2017

Other Assignments: POD 3 : Monitor patients; brew 10 token coffee; serve coffee

Rm#	Patient	Medications	Special Precaution	Nursing Interventions/Treatment Goals	Patient's Behavior
[redacted]					

No. 9943 P. 1
Nov. 15. 2017 1:4/AM HSH UNIT 1

Interview Questions for

[redacted]

Interview Date:

04-02-18

AG17-4571[redacted]/ADMIN

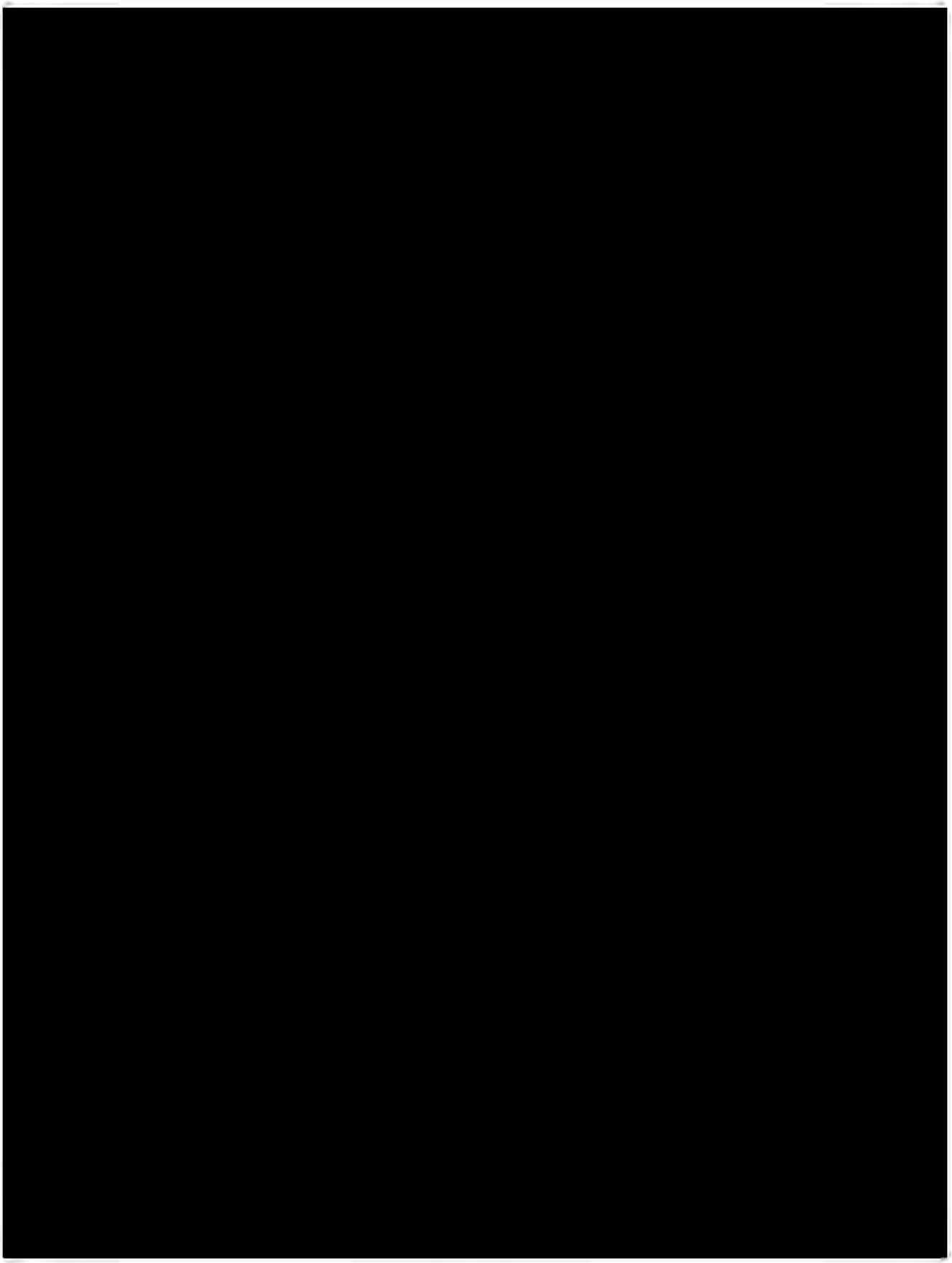
Interview Questions – HSH Administrative Staff – [redacted]

[redacted]

[redacted]

QUESTIONS RELATED SPECIFICALLY TO [redacted] ESCAPE:

[redacted]



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SATURDAY, NOVEMBER 12, 2017

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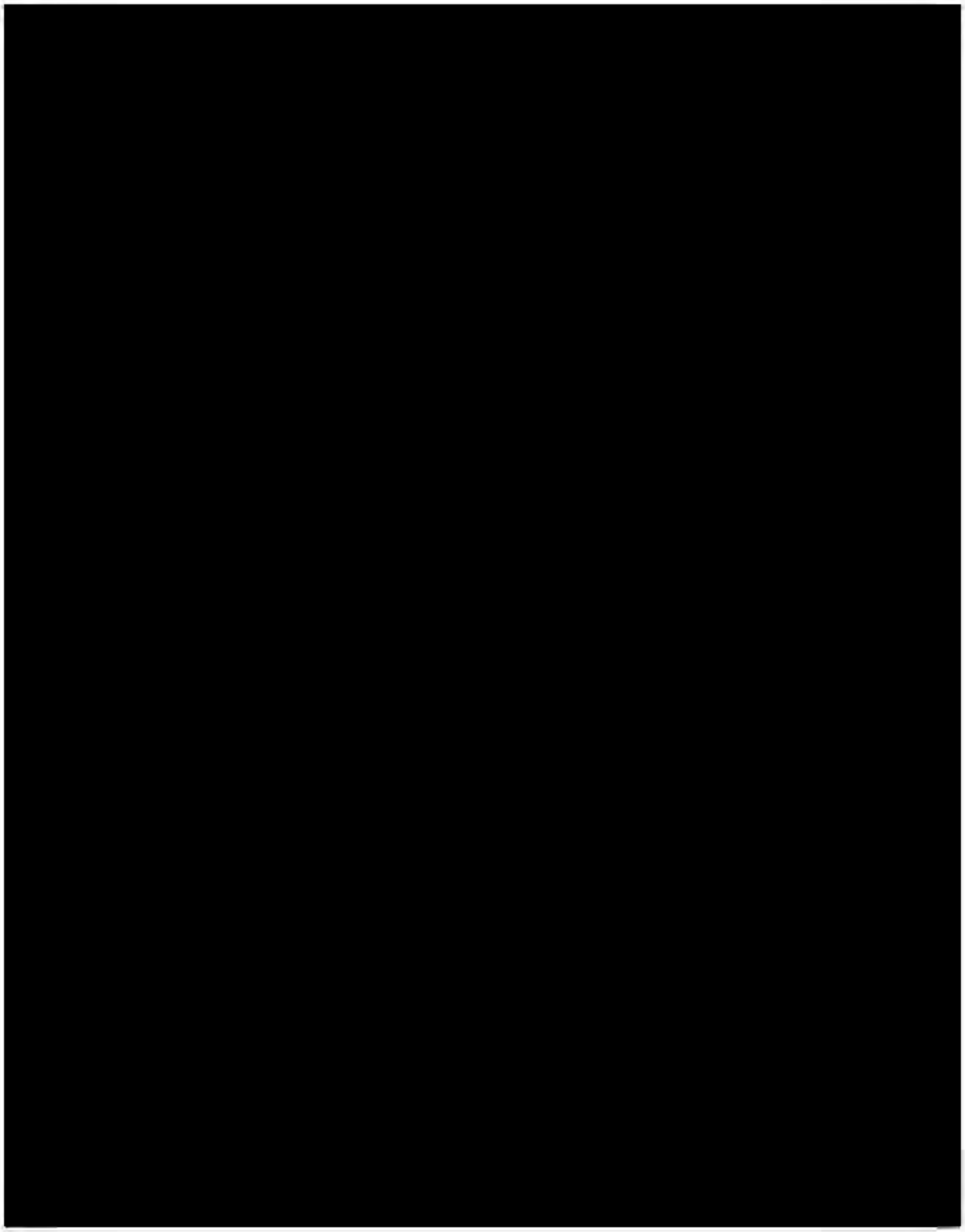

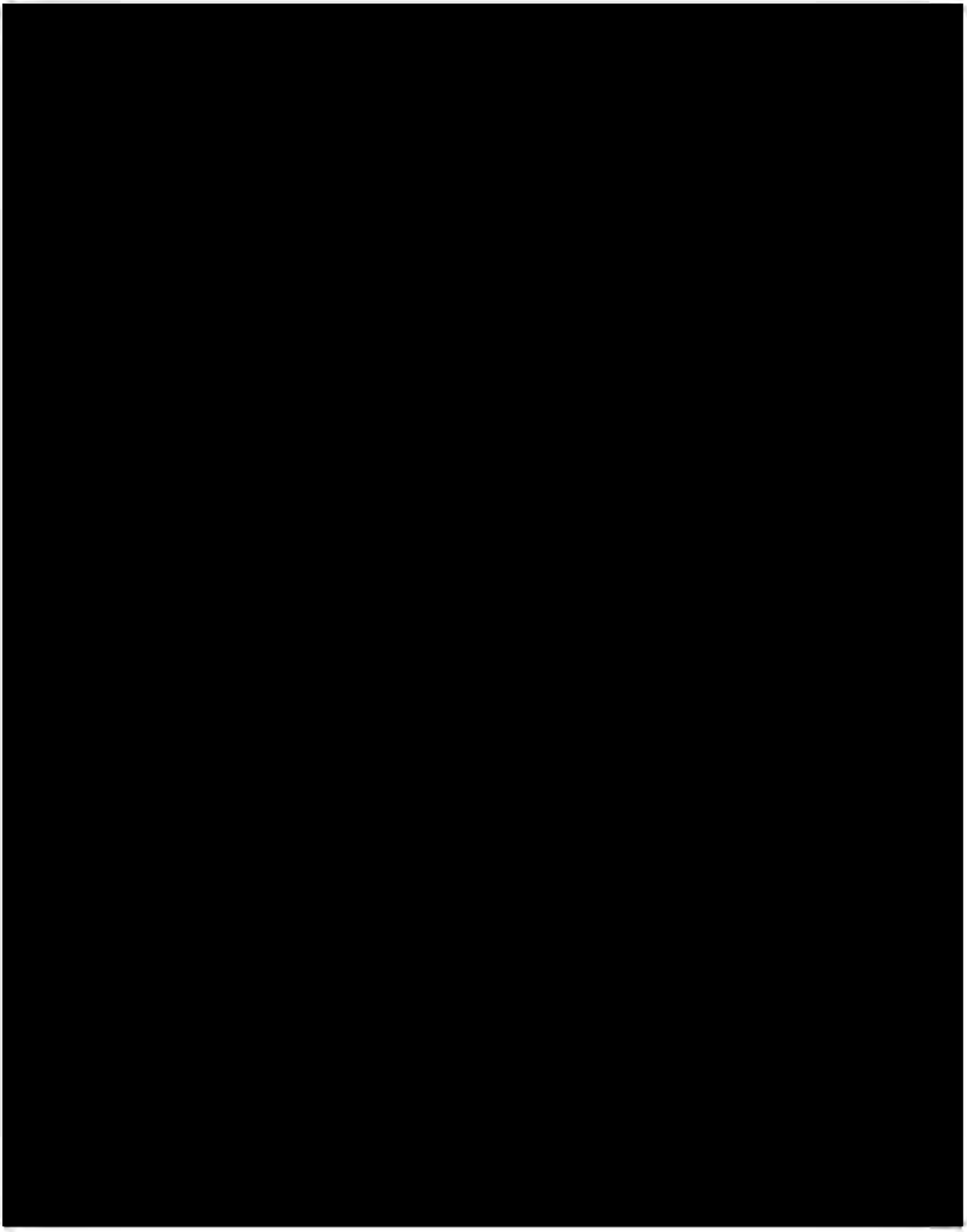

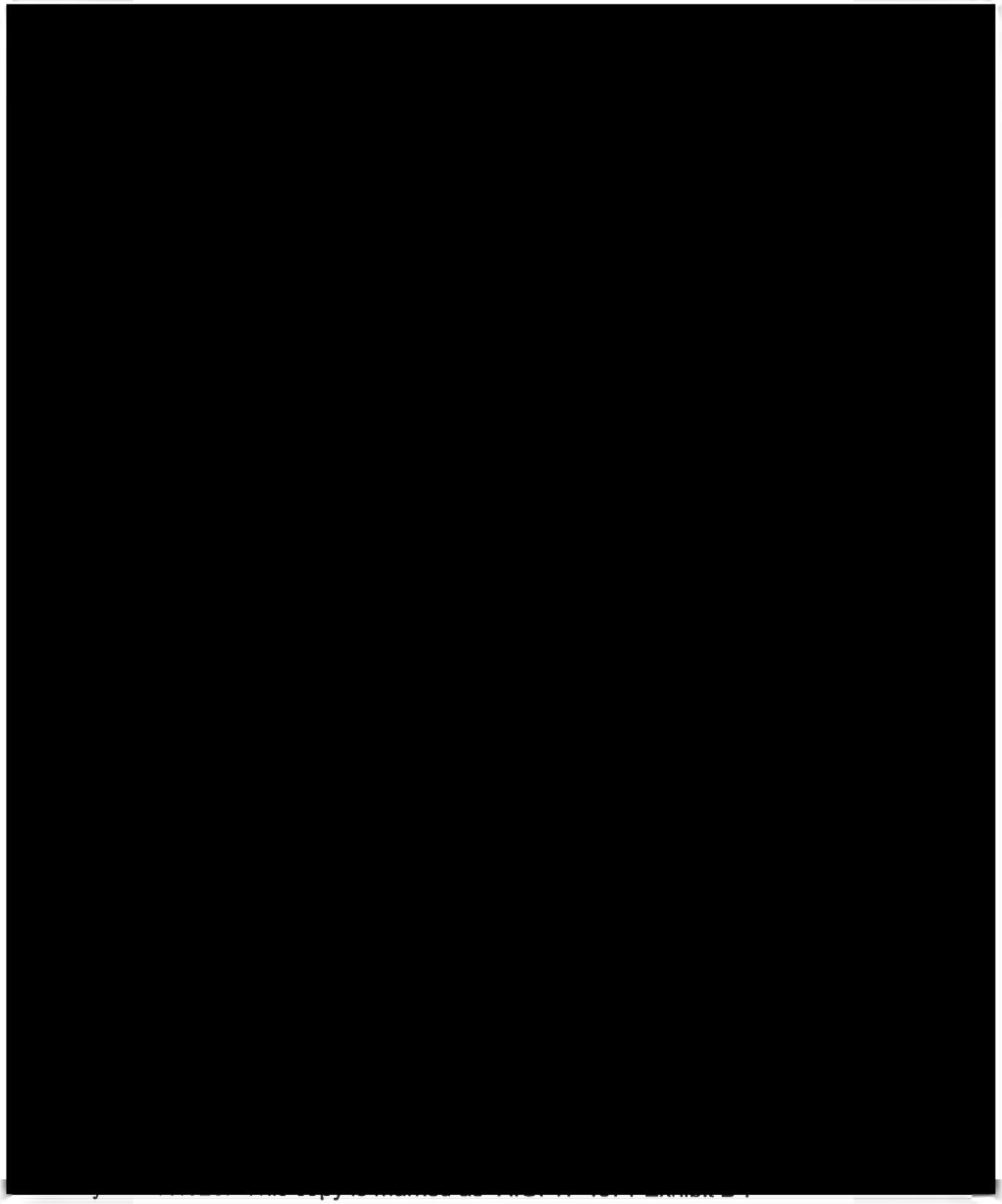

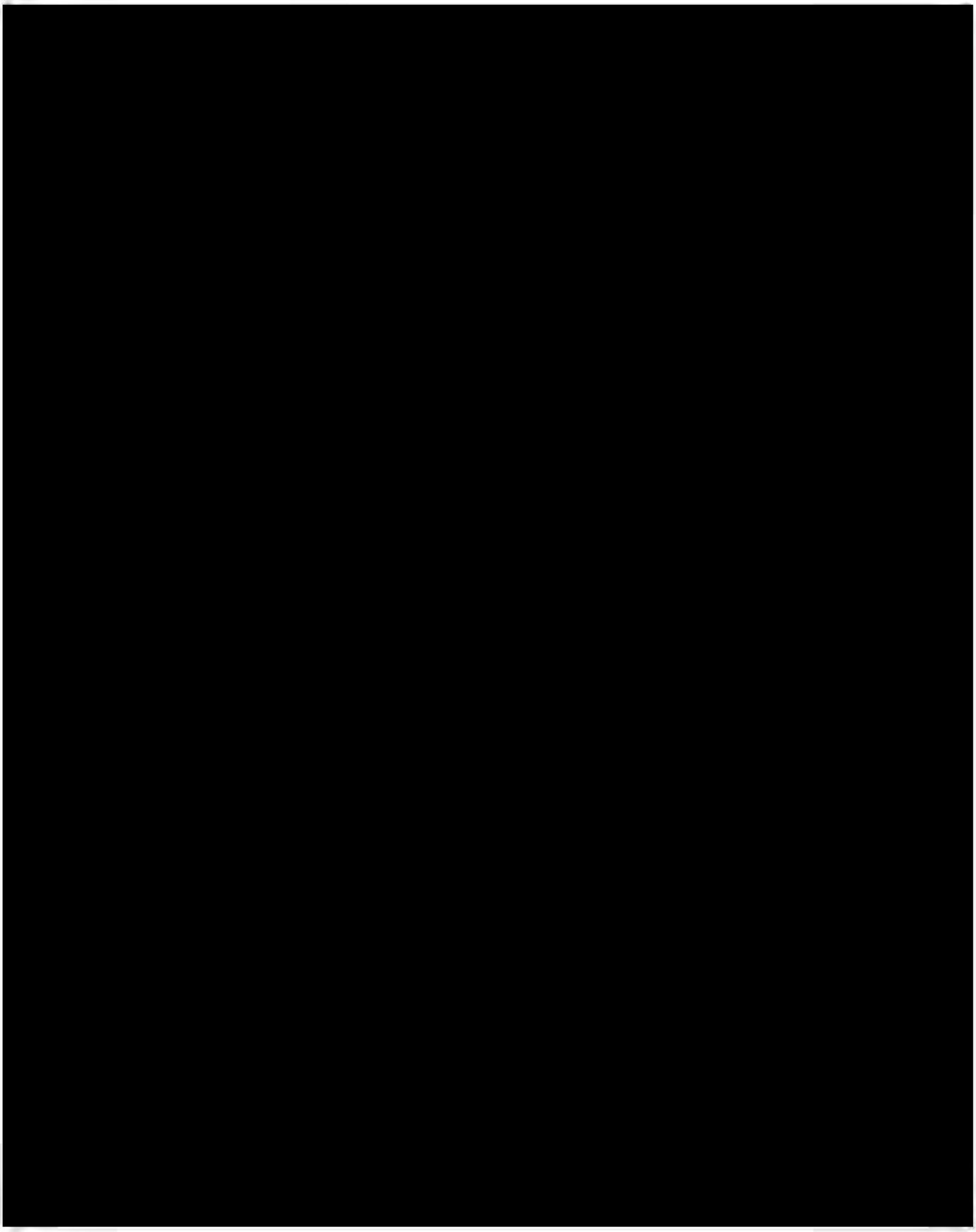

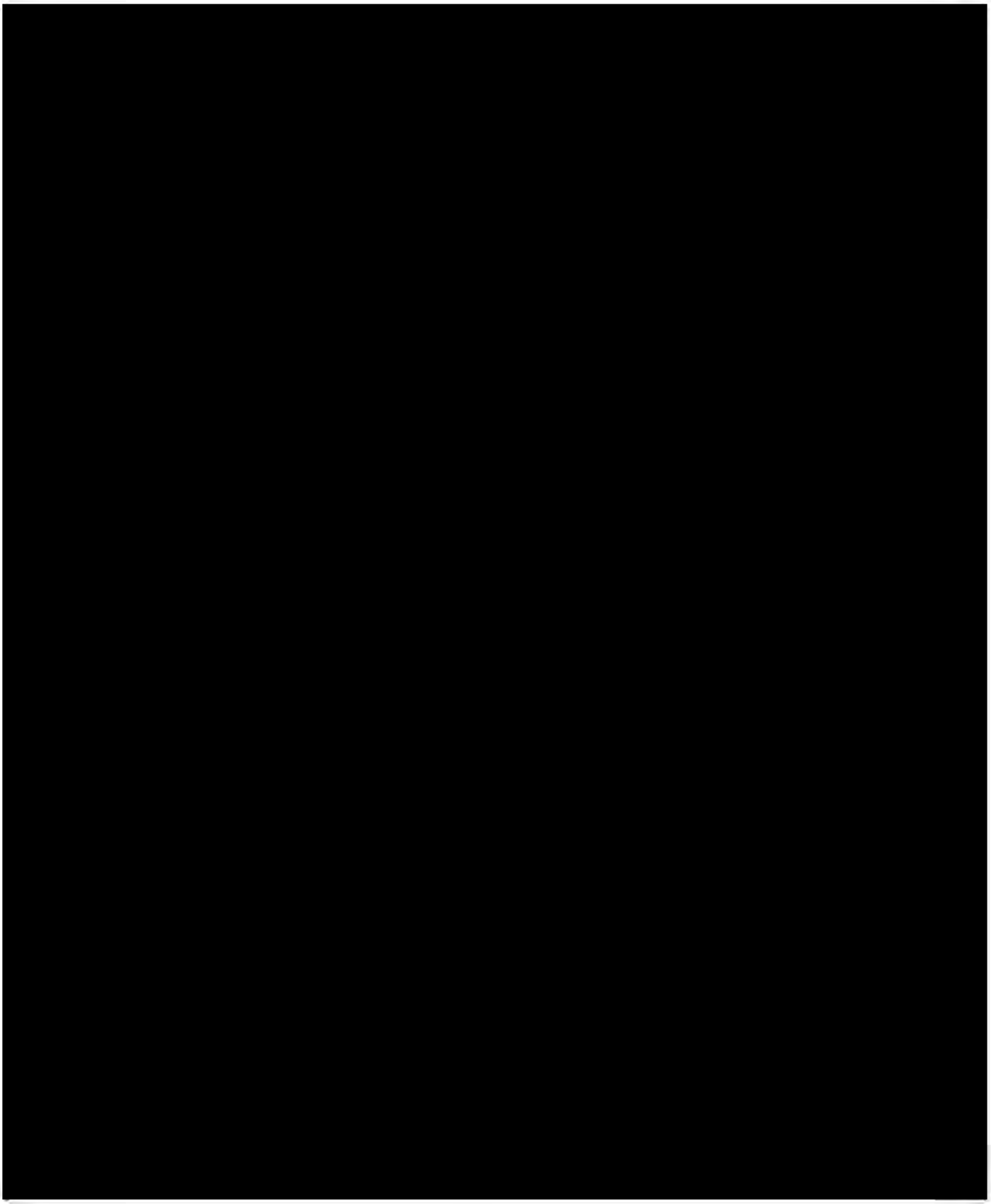

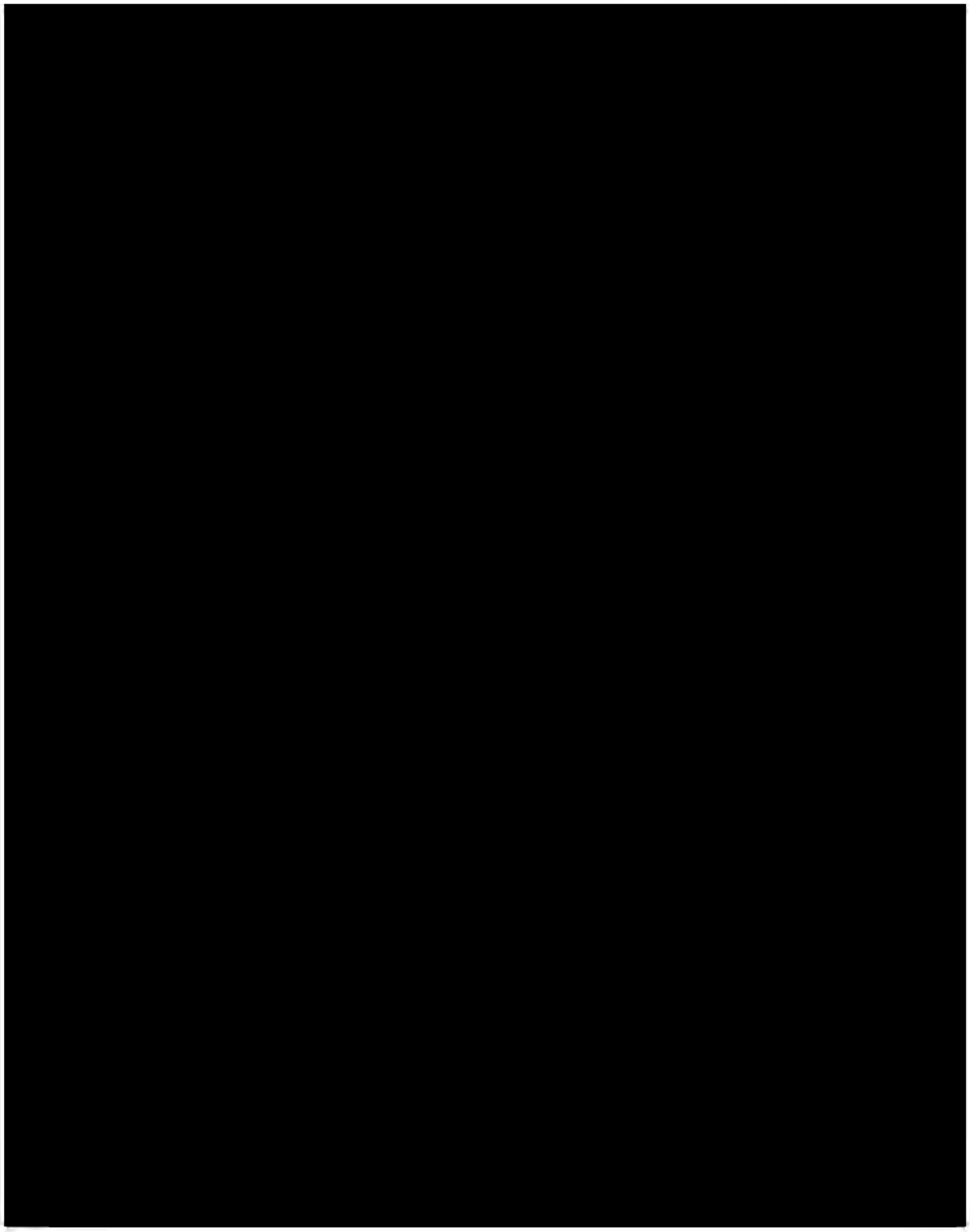

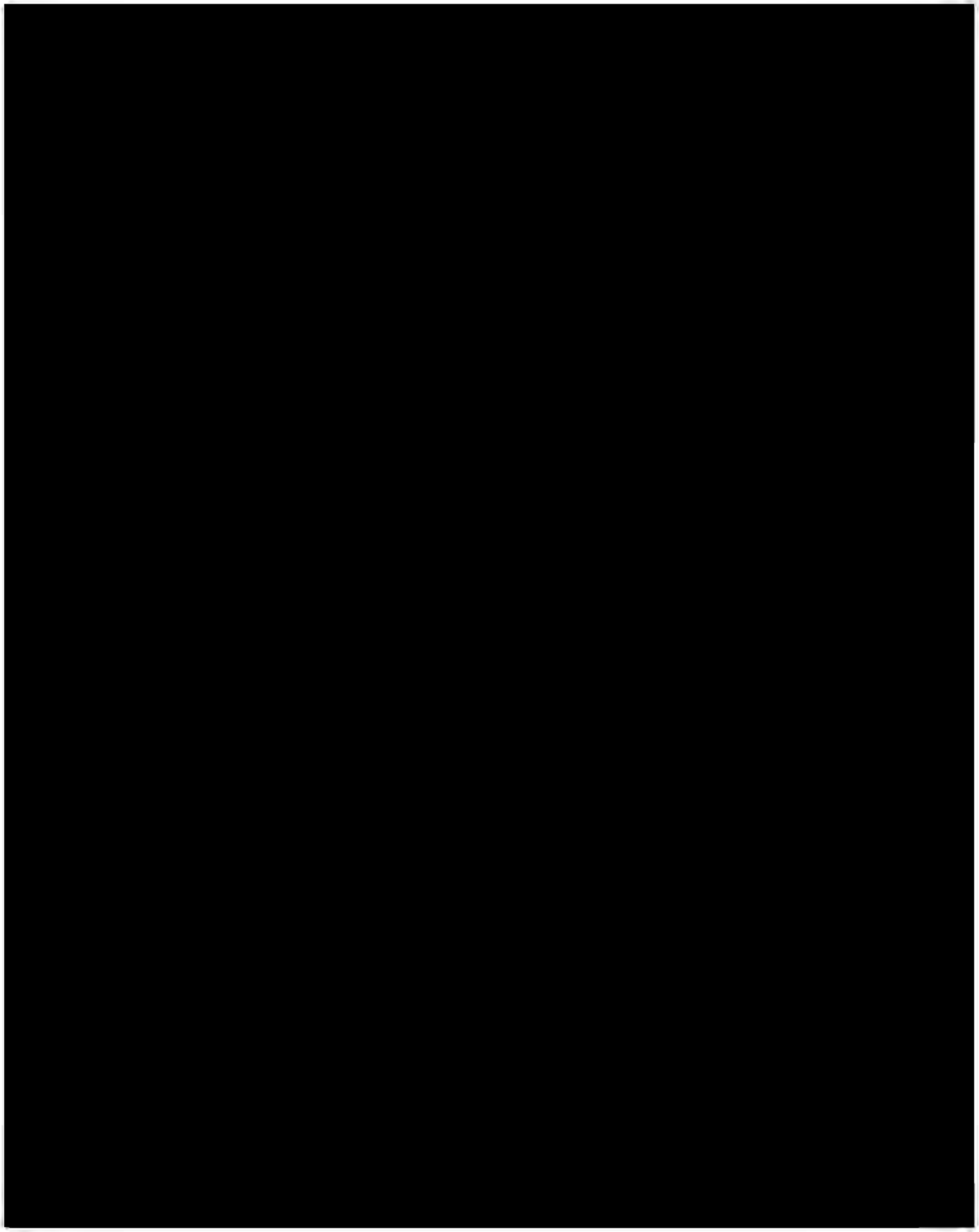

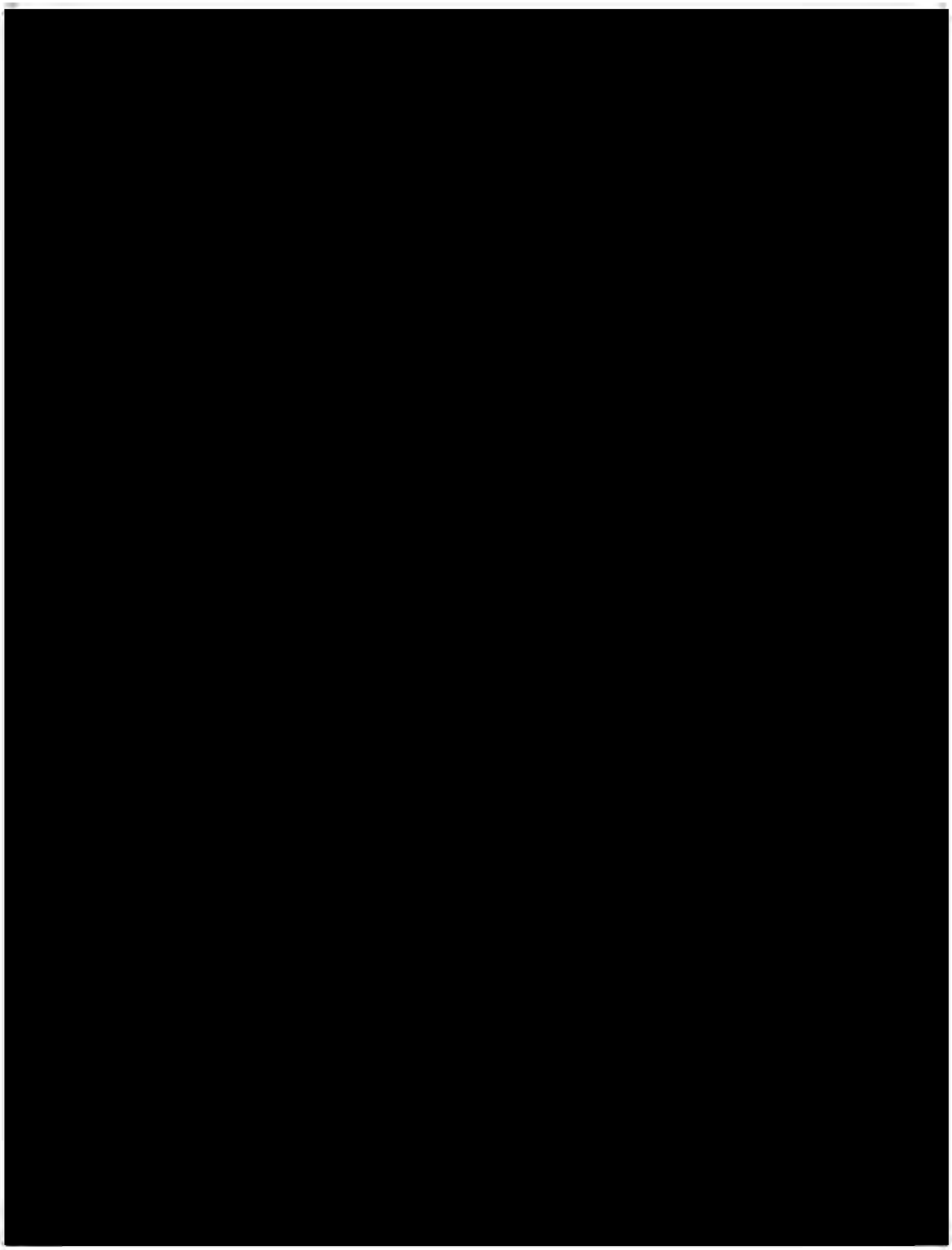

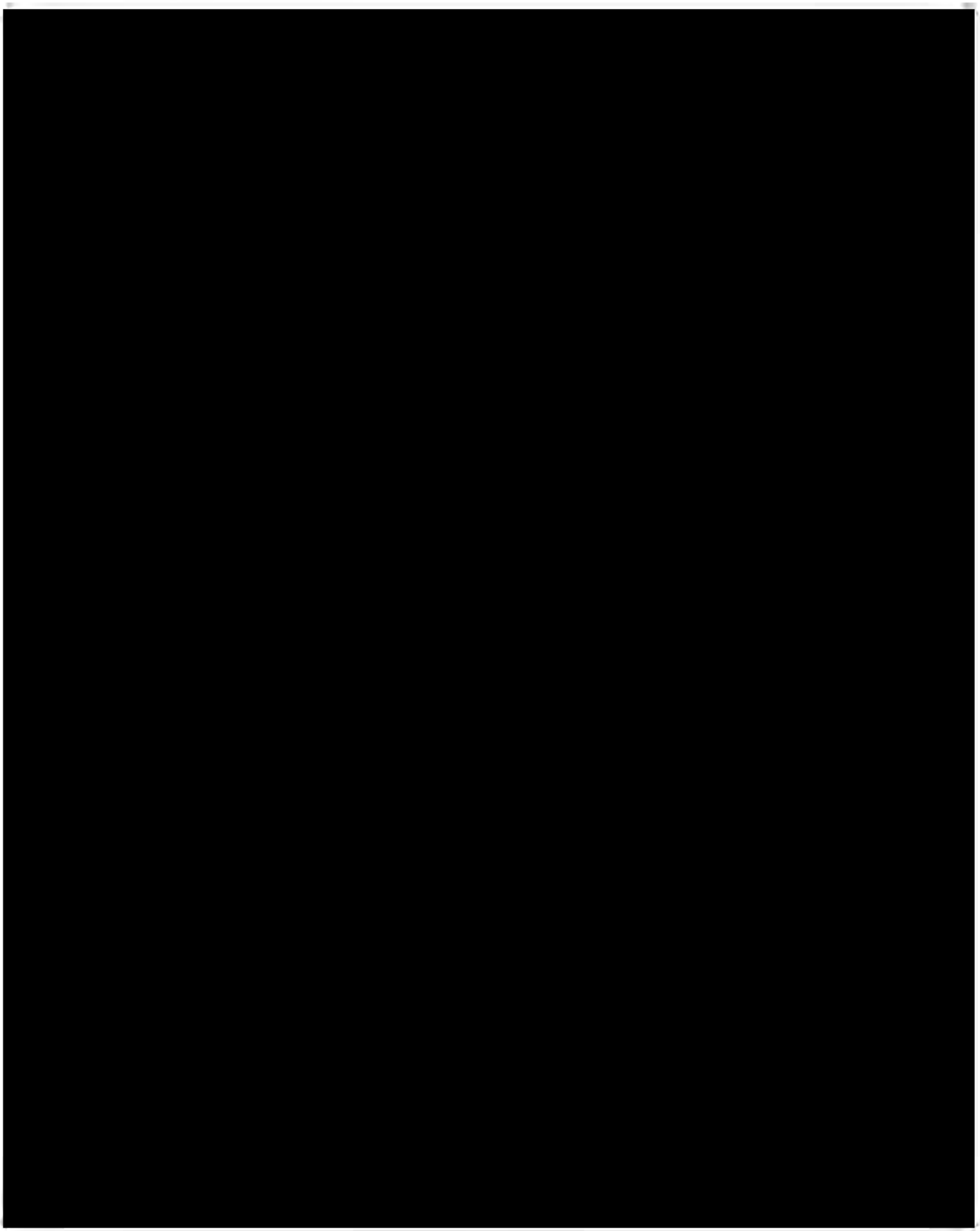

[redacted]

MISCELLANEOUS QUESTIONS

[redacted]

UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, 2017

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
[redacted]		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	DR	U	DR	U	U	U	U	U	U	U	U	U	DR	DR	RQC	RQC
		X		RQC	RQC	RQC	RQC	RQC	DR	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	AW	AW	AW	AW
		X	X	RQC	RQC	RQC	X	X	U	U	U	U	U	M	U	U	U	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	DR	DR	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	DR	DR	U	M	DR	DR	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	DR	U	M	DR	U	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	Church Service	U	M	DR	U	U	U	U	U	U	DR	DR	RQC	RQC
	Check Lobby Bathrooms		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
	Check Exit Doors (3)		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Staff Initials:		[redacted]																							
Census: 34 (POD 3=10)																									

NIGHT: 2200-0600

- A = Awake/Quiet
- BR = Bathroom
- D = Disruptive
- LN = Late Night
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- √ = Doors Locked
- = Bathroom Checked

GN UNIT

- AG = Activities/Group
- BR = Bathroom
- CY = Courtyard
- DR = Dorm
- G = Grooming
- M = Meals
- U = Unit/Dayroom
- ____ = ____
- ____ = ____

CODES

- 1:1 = 1:1 Supervision
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- DISCHARGED
- I = 1:1 w/staff or MD
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- R = Restraints
- SE = Seclusion
- T = Transfer
- TT = Tx. Team/RPR
- V = Visitor
- ____ = ____
- AW = AWOL

DEP UNIT

- AL = Administrative Leave
- Caf = Cafeteria
- CT = Court
- DP = Day Program
- E D/R = Esc. Dining Room
- EG = Esc. Grounds
- EL = Extended Leave
- EOF = Esc. Off Grounds
- FA= Fresh air
- HR = Home Room
- IT = Work
- MC = On Grounds Clinic
- OA = Off Grounds Clinic/Appt
- OT = Occupational Therapy
- P = Pass
- PIP = PIP Store
- PT = Physical Therapy
- RT = Recreational Therapy
- SC = Sick Call
- TM = Treatment Mall
- U D/R = Unesc. Dining Ro
- UG = Unesc. Grounds
- UOG = Unesc. Off Grounds
- VG = Village Green

My signature(s) certify that I have personally checked each patient in accordance with the "Patient Rounds Step"

Signature	Title	Initials
[redacted]		

1/84/13ka

1- 2 [redacted]

UNIT 15-11 Shift Staff/ Patient Care Assignment Sheets-POD 3

Charge Nurse: [redacted] Meal/Break: Relief: Key/PMT:

[redacted] Staff Names: Date: 11-12-12

[redacted] low sheets, Assist with m Supervision, Hourly checks of exit doors

Patient	Psy	Special Precautions	

[redacted]

Staff/Patient Care Assignment Sheet 7-3 Shift POD 3

Charge Nurse: [redacted] Meal/Break 1100 0900/1400 Relief: Key/PMT #:

Team Leader: [redacted] Staff Names: [redacted] Date: 11/12/2017

Other Assignments: POD 3 : Monitor patients; brew 10 token coffee; serve coffee

Rm#	Patient	Medications	Special Precaution	Nursing Interventions/Treatment Goals	Patient's Behavior
[redacted]					

Nov. 13. 2017 1:4/AM HSH UNIT 1 no. 9943 P. 1

Hawaii State Hospital

Master Patient/Staff Assignment Sheet

Charge Nurse: [redacted]

Float / Key #8 _____

Date: 11/12/17

Med Nurse: [redacted]

Designated	Team/Pod 1		Team/Pod 2 Nurse		Dayarea		Precautions
	NURSE: [redacted]		NURSE: [redacted]				
	DORM [redacted]	DAY AREA [redacted]	DORM [redacted]	DAY AREA [redacted]			Census: 34
	[redacted]						# of Staff:
							Assault Risk: [redacted]
							Fall Risk: [redacted]
Front Desk:	[redacted]						** Please remind staff: door lock checks when passing exit doors **
Meal:	17:00	17:30	17:00	17:30	18:15		Charge Nurse Notes:
Break:	20:30	21:00	20:30	21:00	21:15		**remind pts to save towels Q Friday for the weekend d/t supply shortage.
Relief	Day Area PT		Front Desk				
PMT/Key#							
Special Assignments:	Dorm, Flow sheet, Environmental Rounds, Vital signs.	Day Area, AGS, sheets, Trash, Linen, PIP escort	Dorm, Clean linen, Trash, Flow sheets	Day Area, Transport, Unit Activites	Cafeteria, Medline, Code 200, Token Economy		
Activity Assignments:	Dorm	DayArea	Dorm	DayArea	Front Desk		

4-12 - OP

Hawaii State Hospital

Nursing Services

Master Patient/Staff Assignment Sheet

4-12-17

Charge Nurse: [redacted]

Medication Nurse (Code 500): [redacted]

Ward/Unit: Building I

Shift: 7-3

Designated	Pod 1 Nurse		Pod 2 Nurse		Day Area		Precautions
[redacted]	Pod 1Dorm	Pod 1 Day area	Pod 2Dorm	Pod 2 Day area	Pod 3	RPR	Universal precaution:
	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		Q15 min. checks: [redacted]
							Fall Precautions: [redacted]
							Assault Precautions: [redacted]
FRONT DESK / TOKENS: [redacted]							
Meal:	11:00		1100				
Break:							Charge Nurse Notes:
Relief	Day area staff		Day Area staff				
PMT/Key#	15		10				
Special Assignments	Dorm, flow sheets, environmental rounds, PIP escort	Day area, AGS sheets, trash, linen	Dorm, clean linen, trash, flow sheets	Day area, transport, unit activities	Cafeteria, med line, code 200, token economy		
Activity assignments:	Dorm	Day Area	Dorm	Day Area	Front Desk		#######

Accounting of keys: Incoming Charge Nurse [redacted] Outgoing Charge Nurse [redacted]

A.G. 17-4571 EXHIBIT 'I' 1 of 1

PATIENT Call-In Log Sheet

Patients on Unescorted status need to check in

Supervision status: UG = unescorted grounds UOG = unescorted off-grounds

Patient Name	Supervision Status	Location of Check-in	Who called it in? (Staff name) Patient?)	Date	Time Out	Check-in Time	Staff Verifying Print / initial
~~(example)~~ M. Mouse	~~UG~~	~~Gym~~	~~RT (D. Buck)~~	~~11/15/17~~	~~1500~~	~~1600~~	~~J. Cricket~~

4-12 - [redacted]

A.G. 17-4571 EXHIBIT 'P' 1 of 4

[redacted]

#16

[redacted]

DATE	LEVEL	DESTINATION	OUT	IN
11.11	3	gyms / lunch / gyms	1010	1450
11.11	3	gyms	1215	130
11.11	3	gym / dinner / gyms	330	6000
11.12	3	breakfast	750	900
11.12	3	gyms / lunch / gyms	900	

RTS2011

4-12 [redacted]

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
10-30	3	gate/din/gym	440	60
10 31	3	bkfst	650	740
10-31	3	gate/din/gate	400	555
10:1	3	bkfast	650	740
11:1	3	gate/din/gym	330	600
11-2	3	bkfast	740	745
11-2	3	gate/din/gym	330	600
11:3	3	bkfast	660	735
11:3	3	gate/din/gate	330	525
11:4	3	bkfast	750	859
11:4	3	gate/lunch/gate	1005	130
11:4	3	gate/din/gate	400	520
11-5	3	bkfast	800	850
11:5	3	gate/lunch/gate	920	220
11:5	3	gate/din/gate	330	630
11:6	3	bkfast	650	750
11:6	3	gate/din/gym	330	540
11:7	3	bkfast	700	746
11:7	3	gate/din/gym	330	615
11:8	3	bkfast	650	725
11-8	3	gate/din/gym	330	550
11:9	3	bkfast	1050	740
11:9	3	gate/din/gym	830	580
11-10	3	bkfast	800	835
11:10	3	gate/lunch/gate	1005	1105
11:10	3	gate/lunch/gate	1125	1220
11:10	3	gate/din/gym	330	520
11:11	3	bkfast	750	80

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
10·20	3	[illegible]	650	730
10·20	3	[illegible]	330	530
10·21	3	[illegible]	800	830
10·21	3	[illegible]	915	1255
10·21	3	[illegible]	445	530
10·22	3	[illegible]	750	830
10·22	3	[illegible]	915	955
10·22	3	[illegible]	330	456
10·23	3	[illegible]	650	740
10·23	3	lunch	1110	1200
10·23	3	[illegible]	330	530
10·24	3	[illegible]	700	810
10·24	3	[illegible]	330	555
10·25	3	[illegible]	650	715
10·25	3	lunch	1110	1200
10·25	3	[illegible]	330	530
10·26	3	[illegible]	650	740
10·26	3	lunch	1115	1150
10·26	3	[illegible]	330	600
10·27	3	[illegible]	650	735
10·27	3	[illegible]	330	600
10·28	3	[illegible]	758	830
10·28	3	[illegible]	915	1200
10·28	3	[illegible]	330	535
10·29	3	[illegible]	950	1020
10·29	3	[illegible]	915	1150
10·29	3	[illegible]	330	600
10·30	3	[illegible]	650	730

'B' 4 of 4

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
10·08	3	bkfst	750	825
10·08	3	gods/lunch/gods	1215	1245
10·08	3	gods/din/gods	1730	1755
10·09	3	bkfst	650	750
10·09	3	gods/din/gym	330	400
10·10	3	bkfst	700	740
10·10	3	gods/din/gym	330	540
10·11	3	bkfst	650	735
10·11	3	gods/din/gym	330	545
10·12	3	bkfst	650	730
10·12	3	gods/din/gym	800	915
10·13	3	bkfst	650	735
10·13	3	gods/din/gym	330	640
10·14	3	bkfst	700	720
10·14	3	NAMI walk	750	1200
10·14	3	gods	1200	1230
10·14	3	gods/dinner/gym	330	545
10·15	3	bkfst	800	825
10·15	3	gods/lunch/gods	945	1225
10·15	3	gods/din/gym	330	600
10·16	3	bkfst	650	750
10·16	3	gods/din/gym	330	540
10·17	3	bkfst	650	720
10·17	3	gods/din/gym	330	545
10·18	3	bkfst	655	730
10·18	3	gods/din/gym	330	540
10·19	3	bkfst	650	735
10·19	3	gods/din/gym	330	545

A.G. 17-4571

EXHIBIT 'T'

UNIT I

POD 1 - PATIENT HOURLY ROUNDS

DATE: 3 / 2 / 2018

Room	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
I-54																									
I-56																									
I-57																									
I-59																									
I-60																									
I-62																									
I-90																									
I-92																									
I-93																									
I-95																									
I-96																									
I-98																									
CN / RN Designee Initials (twice per shift):																									
Staff Initials:																									
CENSUS:									11-7 / 7-3 Initials								7-3 / 3-11 Initials								3-11 / 11-7 Initials

NIGHT: 2200-0600	ON UNIT CODES	CODES	OFF UNIT CODES	
A= Awake	AG= Activities/Groups	1:1= 1:1 Supervision	AL= Administrative Leave	P= Pass
BR= Bathroom	BR= Bathroom	DS= Designated Staff	CT= Court	PIP= PIP store
D= Disruptive	CY= Courtyard	Q15= Q15 minute checks	DP= Day Program	PT= Physical Therapy
LN= Late night	DR= Dorm	DISCHARGED= Discharged	EDR= Esc. Dining Room	RT= Recreational Therapy
RQC= Resting quietly/ Respiration confirmed	G= Grooming	I= 1:1 w/staff or MD	EG= Escorted Grounds	SC= Sick Call
	M= Meals	QT= Quiet Time	EL= Extended Leave	TM= Treatment Mall
	U= Unit/Dayroom	R= Restraints	EOF= Esc. Off Grounds	UDR= Unescorted Dining Room
Other:_____	Other:_____	SE= Seclusion	HR= Home Room	UG= Unescorted Grounds
		T= Transfer	IT= Work	UOG= Unescorted Off Grounds
Other:_____	Other:_____	V= Visitor	MC= On Grounds Clinic	VG= Village Green
			OA= Off Grounds Clinic/Appt.	
		Other:_____	OT= Occupational Therapy	Other:_____
			Other:_____	

My signature/ initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995

SIGNATURE and Title	Init.

Rev. 01/29/2007

I-2 - [redacted]

Interview Questions for

[redacted]

Interview Date:

04-04-18

AG17-4571[redacted]/ADMIN

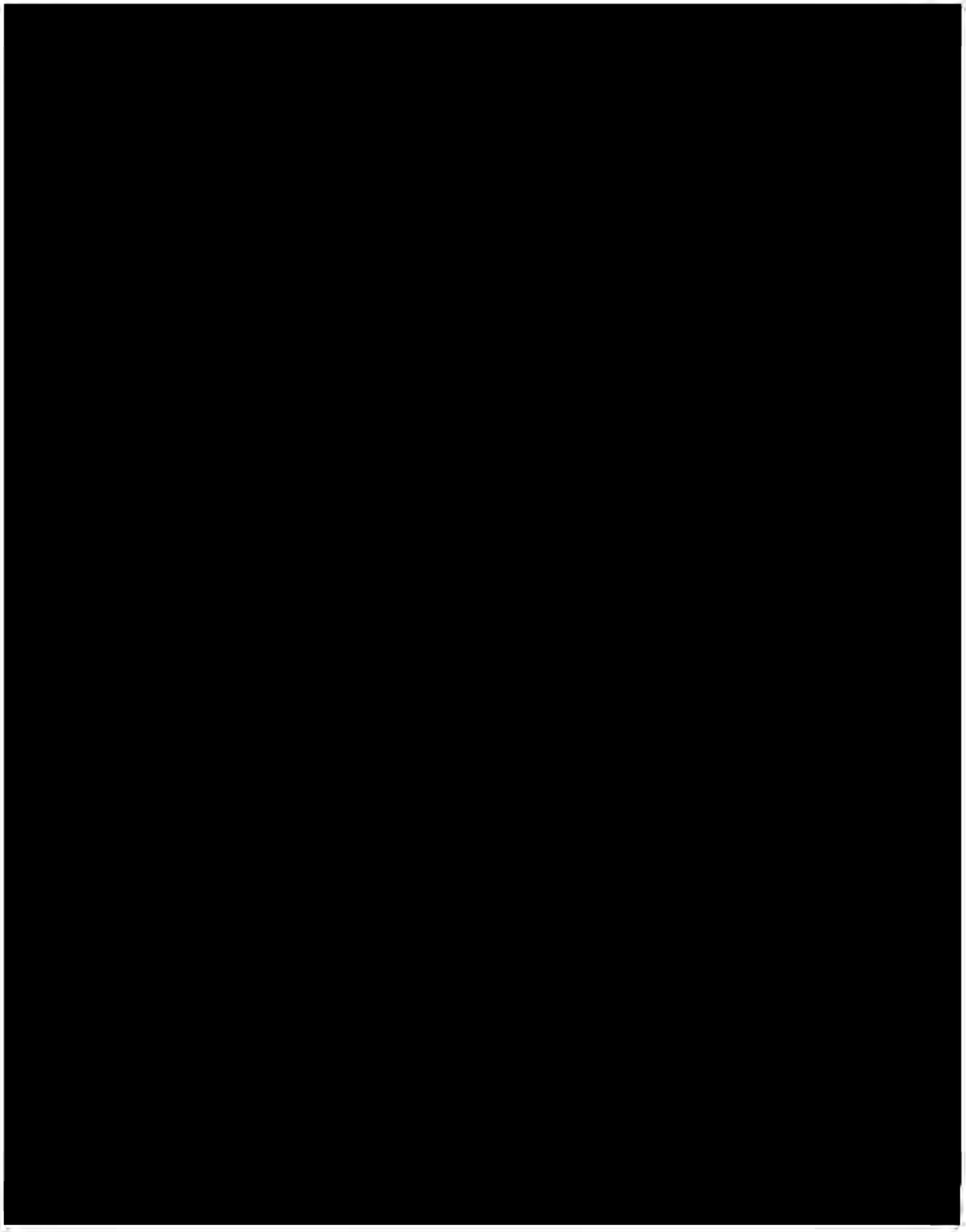
Interview Questions – HSH Administrative Staff – [redacted]

[redacted]

[redacted]

QUESTIONS RELATED SPECIFICALLY TO [redacted] ESCAPE:

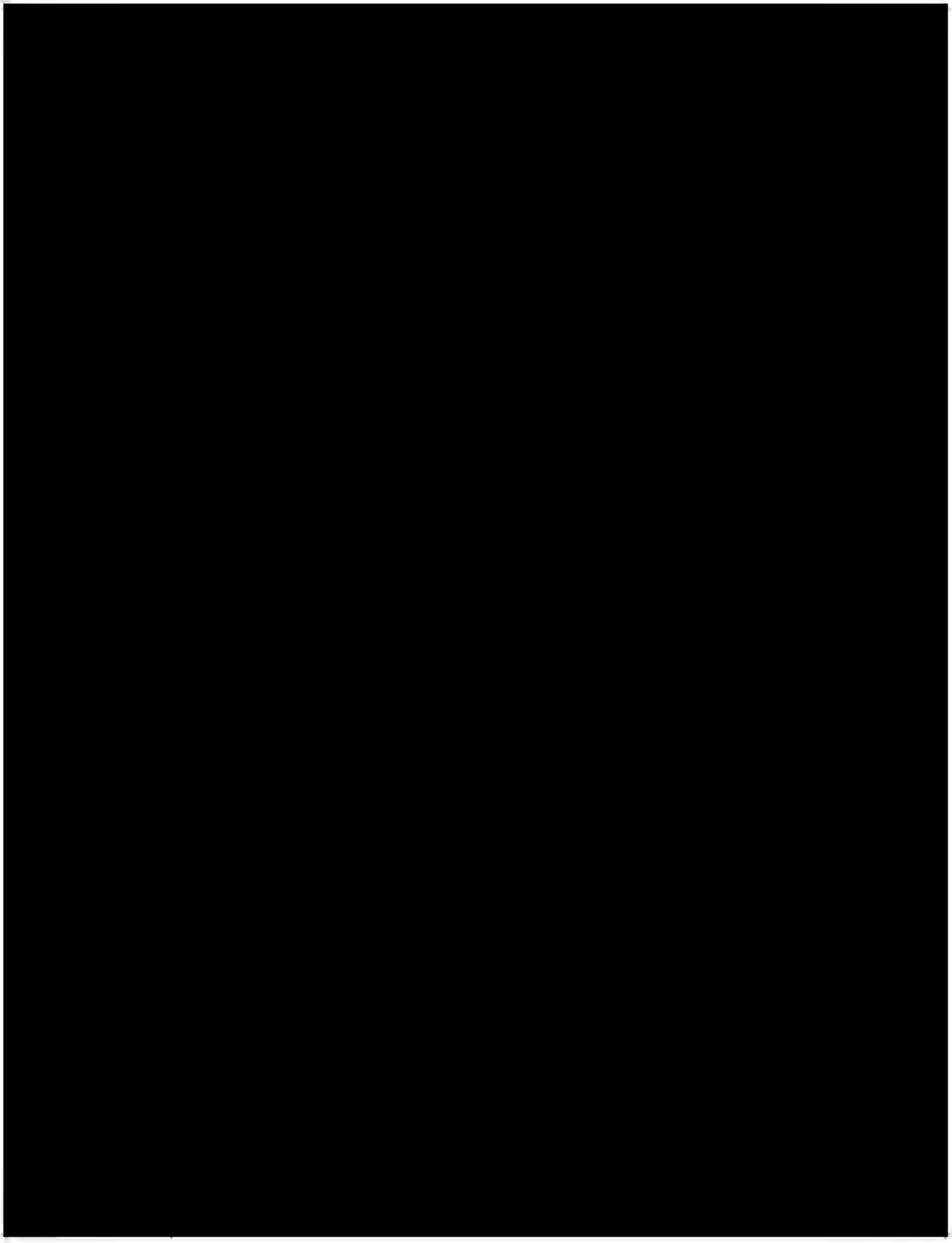
[redacted]

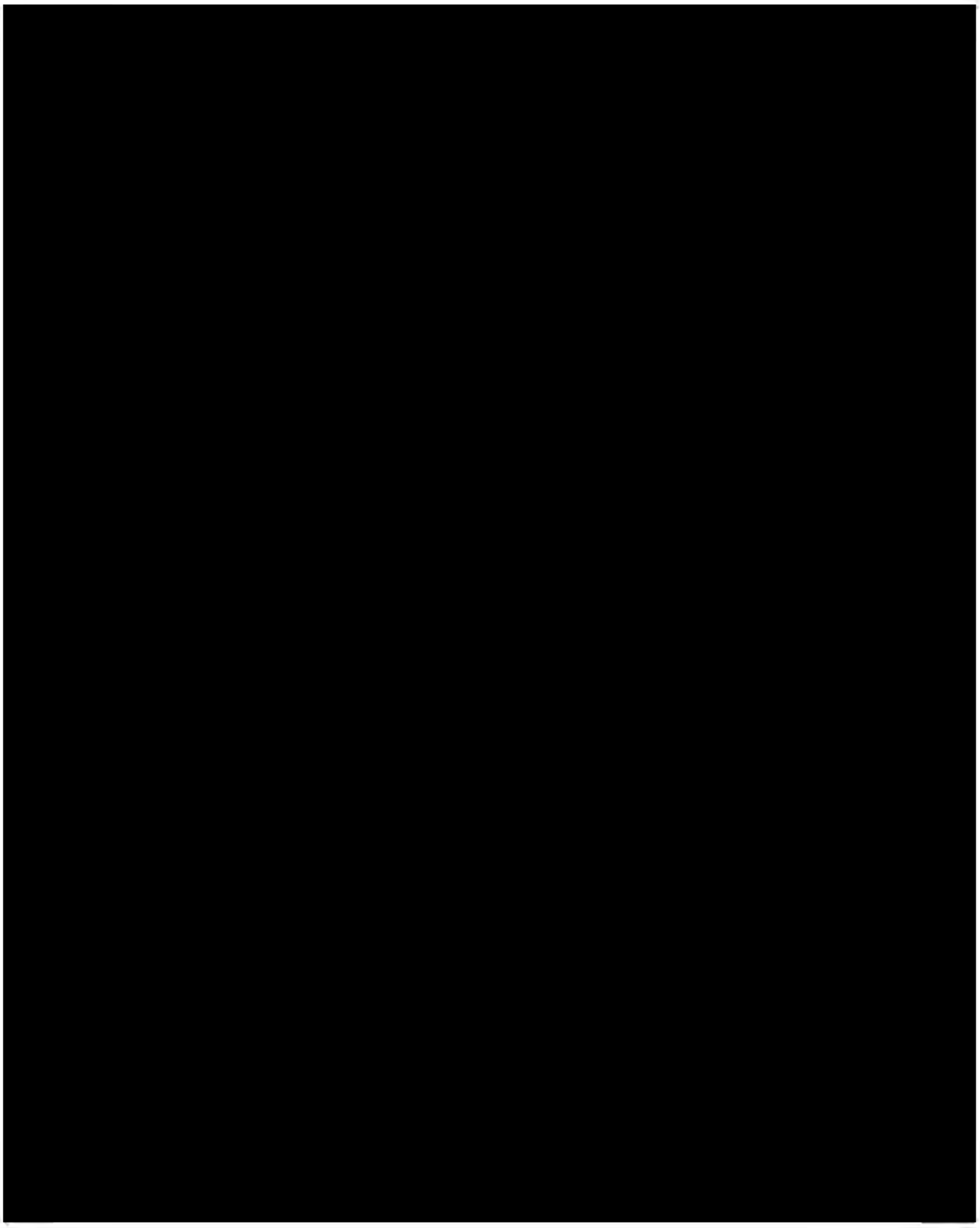


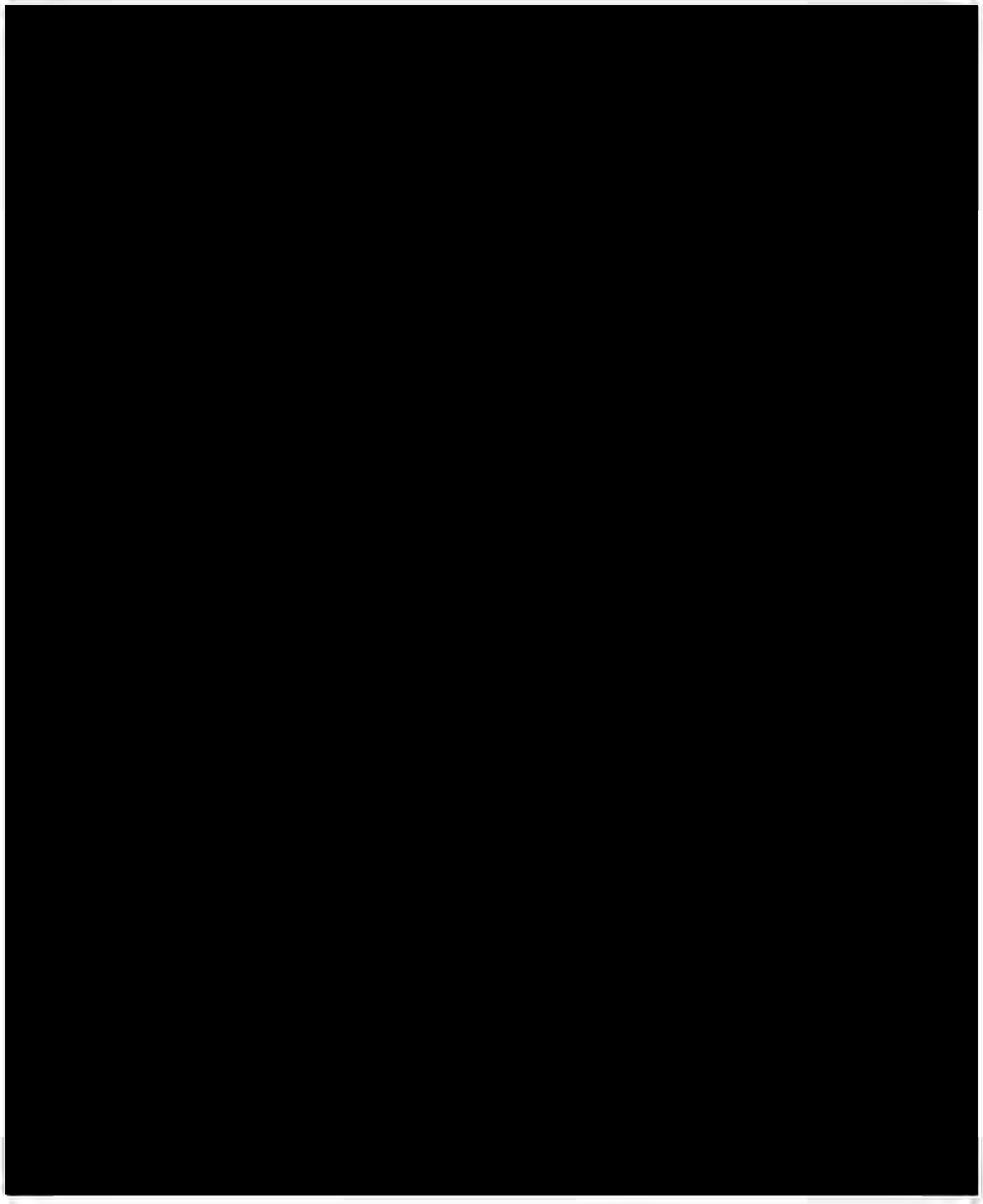
[redacted]

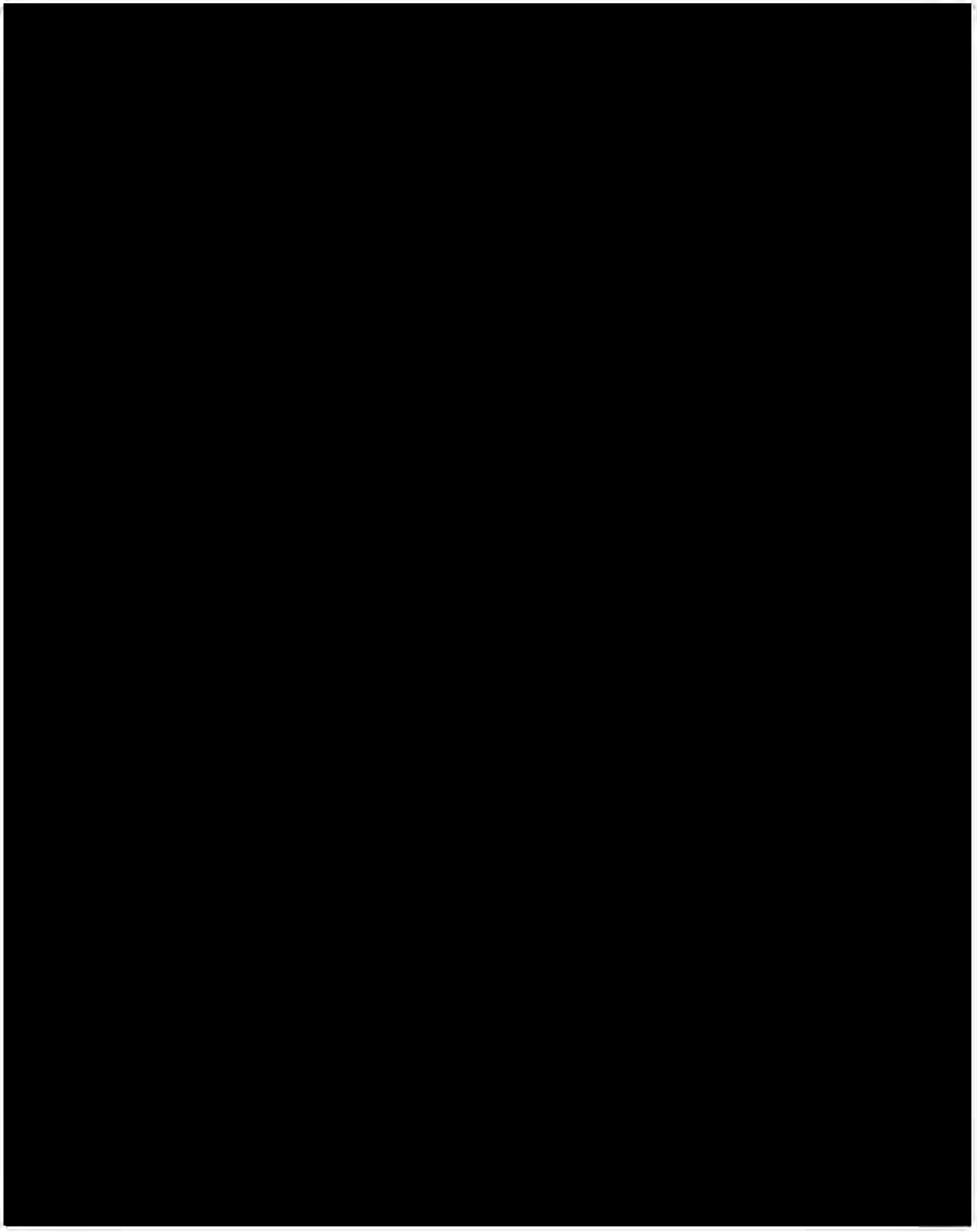
SATURDAY, NOVEMBER 12, 2017

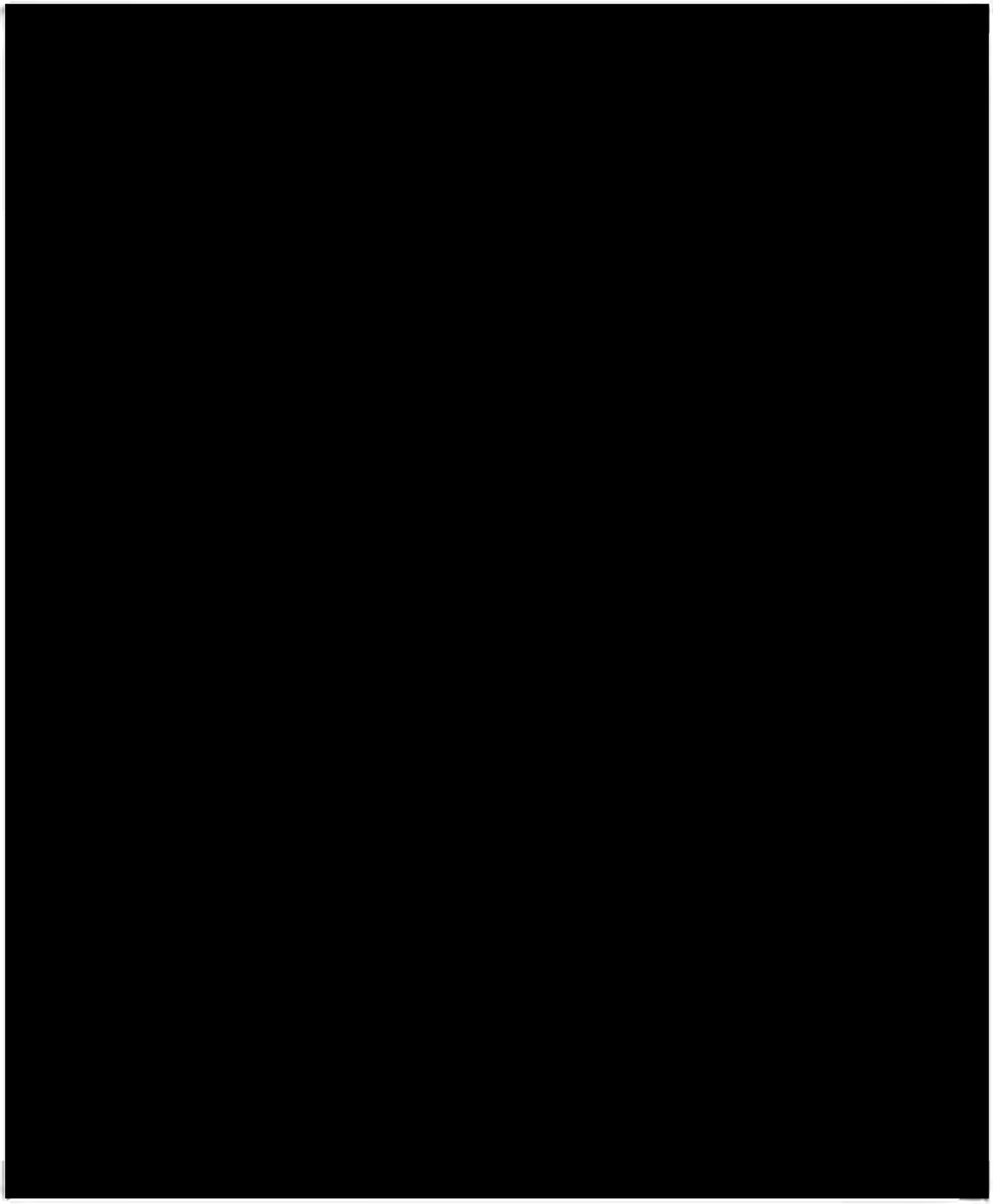
[redacted]

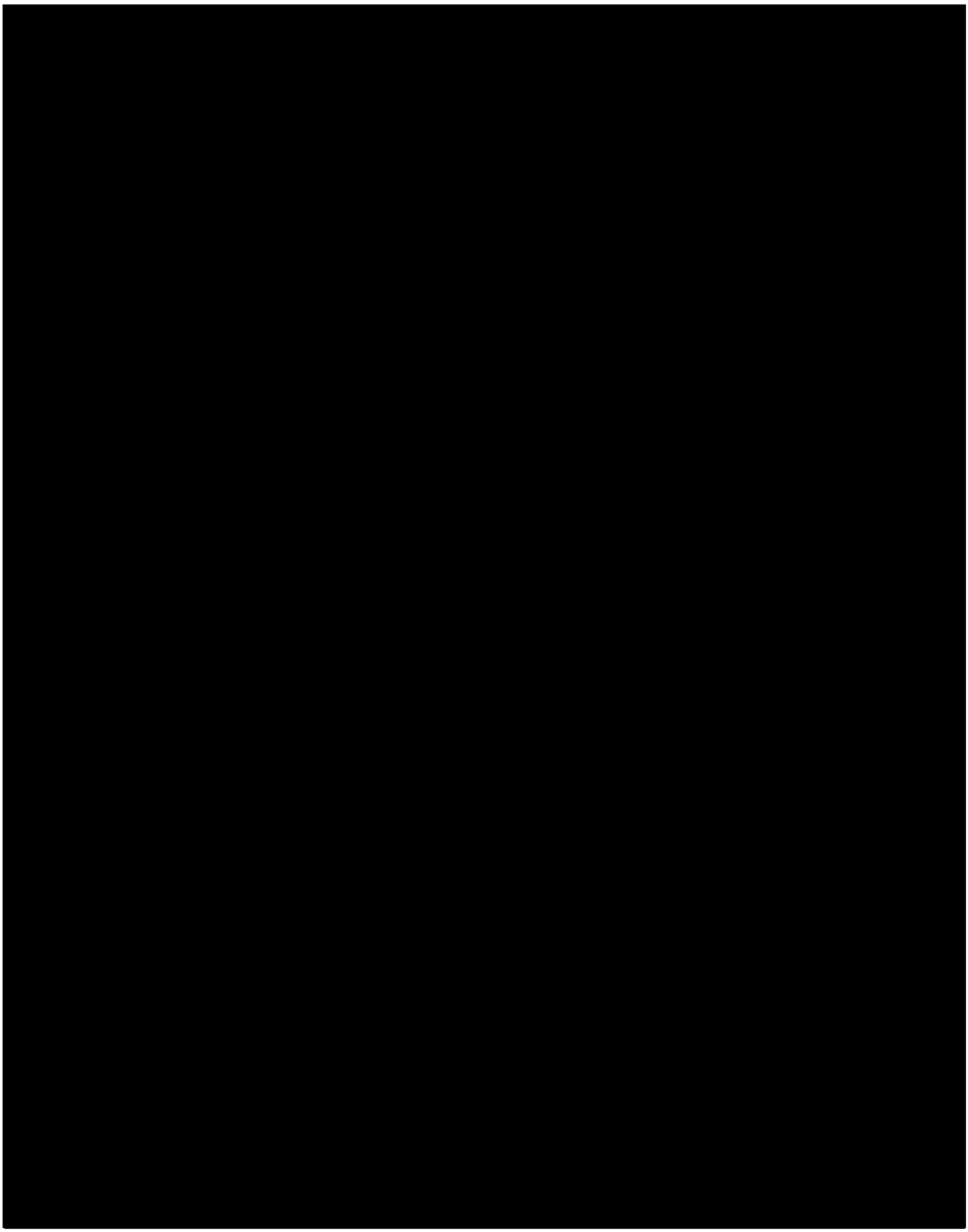


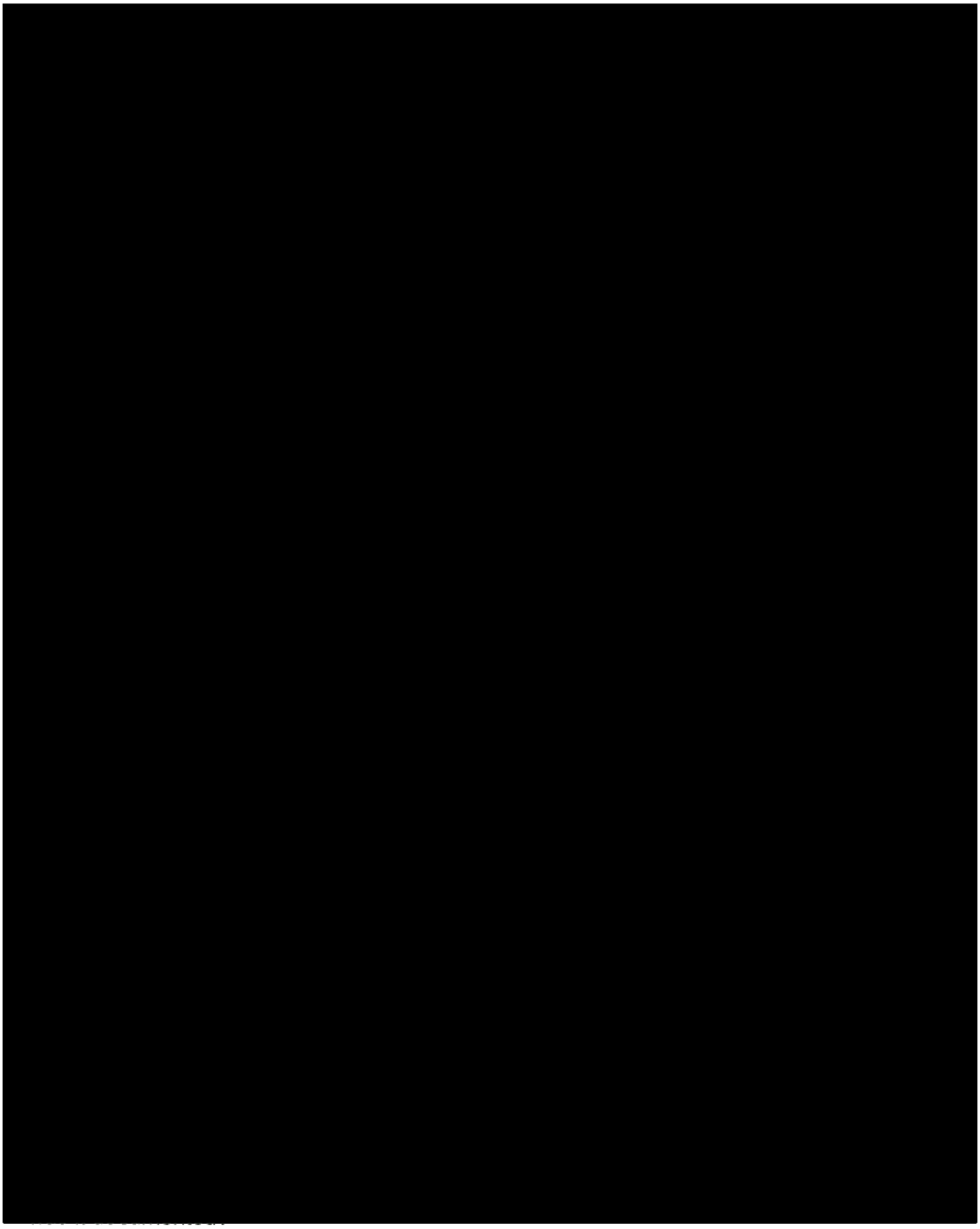


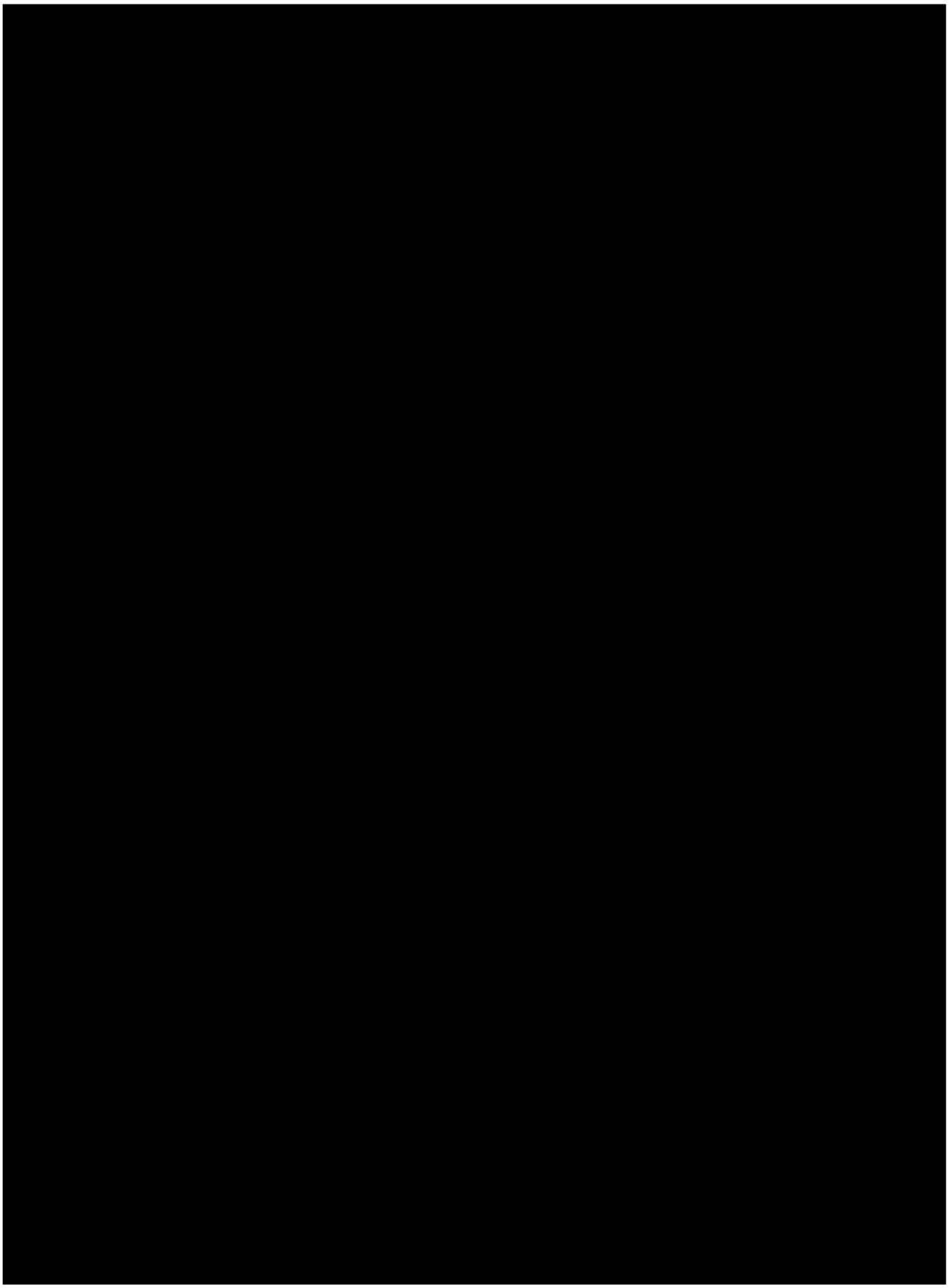


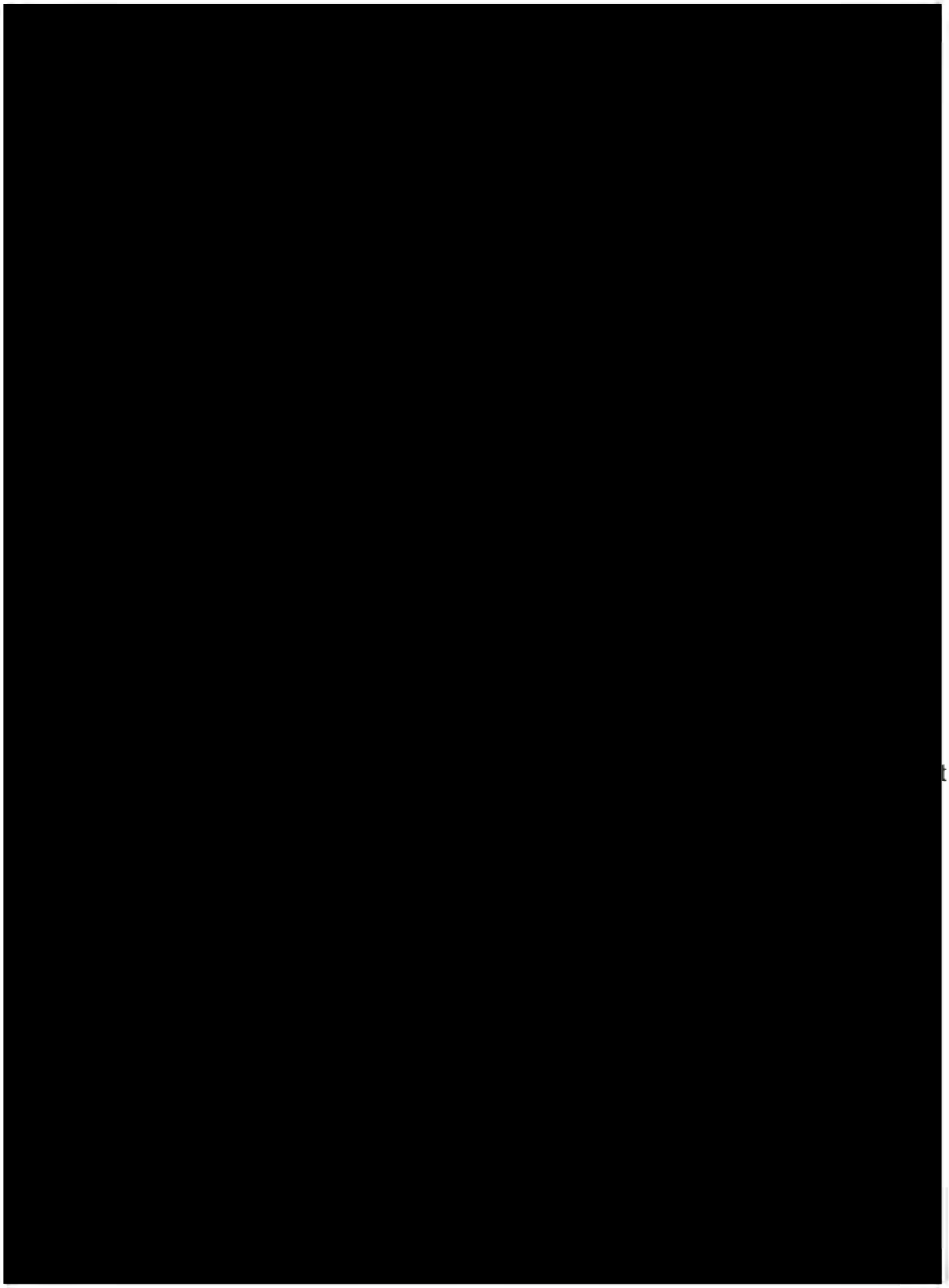












[redacted]

MISCELLANEOUS QUESTIONS

[redacted]

UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, 2017

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
[redacted]		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	DR	U	DR	U	U	U	U	U	U	U	U	U	DR	DR	RQC	RQC
		X	RQC	RQC	RQC	RQC	RQC	RQC	DR	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	AW	AW	AW	AW
		X	X	RQC	RQC	RQC	X	X	U	U	U	U	U	M	U	U	U	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	U	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	U	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	DR	DR	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	DR	DR	U	M	DR	DR	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	DR	U	M	DR	U	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	Church Service	U	M	DR	U	U	U	U	U	U	DR	DR	RQC	RQC
	Check Lobby Bathrooms		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Check Exit Doors (3)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Staff Initials: [redacted]

Census: 34 (POD 3=10)

NIGHT: 2200-0600	ON UNIT	CODES	OFF UNIT
A = Awake/Quiet	AG = Activities/Group	1:1 = 1:1 Supervision	AL = Administrative Leave
BR = Bathroom	BR = Bathroom	D/S = Designated	Caf = Cafeteria
D = Disruptive	CY = Courtyard	DISCHARGED	CT = Court
LN = Late Night	DR = Dorm	I = 1:1 w/staff or MD	DP = Day Program
RQC = Resting Quietly/ Respiration Confirmed	G = Grooming	QT = Quiet Time	E D/R = Esc. Dining Room
	M = Meals	R = Restraints	EG = Esc. Grounds
* = Name Alert	U = Unit/Dayroom	SE = Seclusion	EL = Extended Leave
	____ = ____	T = Transfer	EOF = Esc. Off Grounds
✓ = Doors Locked	____ = ____	TT = Tx. Team/RPR	FA= Fresh air
= Bathroom Checked		V = Visitor	HR = Home Room
		____ = ____	IT = Work
7/04/13ka		AW = AWOL	MC = On Grounds Clinic

OFF UNIT	My signature/initials certify that I have personally checked each patient in accordance with the "Patient Hourly SOP"
OA = Off Grounds Clinic/Appt	
OT = Occupational Therapy	
P = Pass	
PIP = PIP Store	
PT = Physical Therapy	
RT = Recreational Therapy	
SC = Sick Call	
TM = Treatment Mall	
U D/R = Unesc. Dining Roo	
UG = Unesc. Grounds	
UOG = Unesc. Off Grounds	
VG = Village Green	

Signature	Title	Initials
[redacted]		

A.G. 17-4571 EXHIBIT 'G' 1 of 2

[redacted]ff/Patient Care Assignment Sheet 7-3 Shift POD 3

Charge Nurse: [redacted] Meal/Break 1100 0900/1400 Relief: Key/PMT #:

Team Leader: [redacted] Staff Names: [redacted] Date: 11/12/2017

Other Assignments: POD 3 : Monitor patients; brew 10 token coffee; serve coffee

Rm#	Patient	Medications	Special Precaution	Nursing Interventions/Treatment Goals	Patient's Behavior
[redacted]					

[redacted]

no. 9949 P. 1
Nov. 13. 2017 1:4/AM HSP UNIT 1

UNIT 13-11 Shift Staff/ Patient Care Assignment Sheets-POD 3

Charge Nurse: [redacted] Meal/Break: _____ Relief: _____ Key/PMT: _____

Team Leader: [redacted] Staff Names: [redacted] Date: 11-12-12

Other assignments: Monitor patients, Flow sheets, Assist with meals and ADLs, Unit activity, Close watch Supervision, Hourly checks of exit doors

Patient	Psych Medications	Special Precautions	Nursing Intervention/Treatment Goals	Patient's Behavior
[redacted]				

Door lock checks when passing exit doors

'G' 2 of 2

Hawaii State Hospital

Nursing Services

Master Patient/Staff Assignment Sheet

4-12-17

Charge Nurse; [redacted]

Medication Nurse (Code 500): [redacted]

Ward/Unit: Building I

Shift: 7-3

Designated	Pod 1 Nurse		Pod 2 Nurse [redacted]		Day Area		Precautions
[redacted]	Pod 1Dorm	Pod 1 Day area	Pod 2Dorm	Pod 2 Day area	Pod 3	RPR	Universal precaution:
	[redacted]	[redacted]	[redacted]	[redacted]			Q15 min. checks: [redacted]
							Fall Precautions; [redacted]
							Assault Precautions: [redacted]
FRONT DESK / TOKENS: [redacted]							
Meal:	11:00		1100				
Break:							Charge Nurse Notes:
Relief	Day area staff		Day Area staff				
PMT/Key#	15		10				
Special Assignments	Dorm, flow sheets, environmental rounds, PIP escort	Day area, AGS sheets, trash, linen	Dorm, clean linen, trash, flow sheets	Day area, transport, unit activities	Cafeteria, med line, code 200, token economy		
Activity assignments:	Dorm	Day Area	Dorm	Day Area	Front Desk		#######

Accounting of keys: Incoming Charge Nurs[redacted] Outgoing Charge Nurse [redacted]

Hawaii State Hospital

Master Patient/Staff Assignment Sheet

Charge Nurse: [redacted] Float / Key #8 _____ Date: 11/12/17

Med Nurse:

Designated	Team/Pod 1		Team/Pod 2 Nurse		Dayarea		Precautions
	NURSE: [redacted]		NURSE: [redacted]				
	DORM [redacted]		DORM [redacted]		POD 3 [redacted]		Census: 34
							# of Staff:
							Assault Risk: [redacted]
							Fall Risk: [redacted]
Front Desk: [redacted]							** Please remind staff: door lock checks when passing exit doors **
Meal:	17:00	17:30	17:00	17:30	18:15		Charge Nurse Notes:
Break:	20:30	21:00	20:30	21:00	21:15		**remind pts to save towels Q Friday for the weekend d/t supply shortage.
Relief	Day Area PT		Front Desk				
PMT/Key#							
Special Assignments:	Dorm, Flow sheet, Environmental Rounds, Vital signs.	Day Area, AGS, sheets, Trash, Linen, PIP escort	Dorm, Clean linen, Trash, Flow sheets	Day Area, Transport, Unit Activites	Cafeteria, Medline, Code 200, Token Economy		
Activity Assignments:	Dorm	DayArea	Dorm	DayArea	Front Desk		

A.G. 17-4571 EXHIBIT 'I' 1 of 1

PATIENT Call-In Log Sheet

Patients on Unescorted status need to check in

Supervision status: UG = unescorted grounds UOG = unescorted off-grounds

Patient Name	Supervision Status	Location of Check-in	Who called it in? (Staff name/ Patient?)	Date	Time Out	Check-in Time	Staff Verifying Print / initial
~~(example)~~ M. Mouse	~~UG~~	~~Gym~~	~~RT (D. Duck)~~	~~11/15/17~~	~~1500~~	~~1600~~	~~J. Cricket~~

[redacted] 4/4/18

A.G. 17-1571 EXHIBIT 'D' 1 of 4

[redacted]

#16

[redacted]

DATE	LEVEL	DESTINATION	OUT	IN
11.11	3	gyms / lunch / gyms	1010	1450
11.11	3	gyms	1215	130
11.11	3	gym / dinner / gyms	330	6000
11.12	3	breakfast	750	900
11.12	3	gyms / lunch / gyms	900	

RTS2011

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
10-30	3	gods/din/gym	440	60
10 31	3	bkfst	650	740
10-31	3	gods/din/gods	400	555
11.1	3	bkfst	650	740
11.1	3	gods/din/gym	330	600
11.2	3	bkfst	740	745
11.2	3	gods/din/gym	330	600
11.3	3	bkfst	660	735
11.3	3	gods/din/gods	330	535
11.4	3	bkfst	750	859
11.4	3	gods/lunch/gods	1005	120
11.4	3	gods/din/gods	400	520
11.5	3	bkfst	800	850
11.5	3	gods/lunch/gods	920	220
11.5	3	gods/din/gods	330	630
11.6	3	bkfst	650	750
11.6	3	gods din/gym	330	540
11.7	3	bkfst	700	746
11.7	3	gods/din/gym	330	605
11.8	3	bkfst	650	725
11.8	3	gods/din/gym	330	550
11.9	3	bkfst	1650	740
11.9	3	gods/din/gym	330	580
11-10	3	bkfst	8:05	835
11.10	3	gods/lunch/gods	1005	1105
11:10	3	gods/lunch/gods	1125	1220
11:10	3	gods/din/gym	330	520
11.11	3	bkfst	750	80

[redacted] #16

DATE	LEVEL	DESTINATION	OUT	IN
10-20	3	brkfst	650	730
10-20	3	gods/dinn/gym	330	530
10-21	3	brkfst	800	830
10-21	3	gods/lunch/gods	915	1255
10-21	3	gods/dinn/gods	445	530
10-22	3	brkfst	750	830
10-22	3	gods/lunch/gods	915	155
10-22	3	gods/dinn/gym	330	455
10-23	3	brkfst	650	740
10-23	3	lunch	1110	1200
10-23	3	gods/dinn	330	530
10-24	3	brkfst	700	810
10-24	3	gods/dinn/gods	330	555
10-25	3	brkfst	650	745
10-25	3	lunch	1110	1200
10-25	3	gods/dinn/gym	330	530
10-26	3	brkfst	650	740
10-26	3	lunch	1115	1150
10-26	3	gods/dinn/gym	330	600
10-27	3	brkfst	660	735
10-27	3	gods/dinn/gym	330	600
10-28	3	brkfst	758	830
10-28	3	gods/lunch/gods	915	1200
10-28	3	gods/dinn/gym	330	535
10-29	3	brkfst	950	1100
10-29	3	gods/lunch/gods	915	1150
10-29	3	gods/dinn/gods	330	600
10-30	3	brkfst	660	730

'B' 4 of 4

[redacted]

#16

DATE	LEVEL	DESTINATION	OUT	IN
10·08	3	Breakfast	750	825
10·08	3	Gods / Lunch / Gods	1115	1215
10·08	3	Gods / dinner / Gods	1730	1855
10·09	3	Breakfast	650	750
10·09	3	Gods / dinner / Gym	1330	1500
10·10	3	Breakfast	700	740
10·10	3	Gods / dinner / Gym	1330	1540
10·11	3	Breakfast	650	735
10·11	3	Gods / dinner / Gym	1330	1545
10·12	3	Breakfast	650	730
10·12	3	Gods / dinner / Gym	1800	1915
10·13	3	Breakfast	650	735
10·13	3	Gods / dinner / Gym	1330	1540
10·14	3	Breakfast	700	730
10·14	3	NAMI walk	1430	1700
10·14	3	Gods	1700	1730
10·14	3	Gods / dinner / Gym	1330	1545
10·15	3	Breakfast	800	825
10·15	3	Gods / lunch / Gods	1115	1215
10·15	3	Gods / dinner / Gym	1730	1900
10·16	3	Breakfast	650	750
10·16	3	Gods / dinner / Gym	1330	1540
10·17	3	Breakfast	650	730
10·17	3	Gods / dinner / Gym	1330	1545
10·18	3	Breakfast	655	730
10·19	3	Gods / dinner / Gym	1330	1540
10·19	3	Breakfast	650	735
10·19	3	Gods / dinner / Gym	1330	1545

A.G. 17-4571

EXHIBIT 'T'

UNIT I

POD 1 - PATIENT HOURLY ROUNDS

DATE: 3 / 2 / 2018

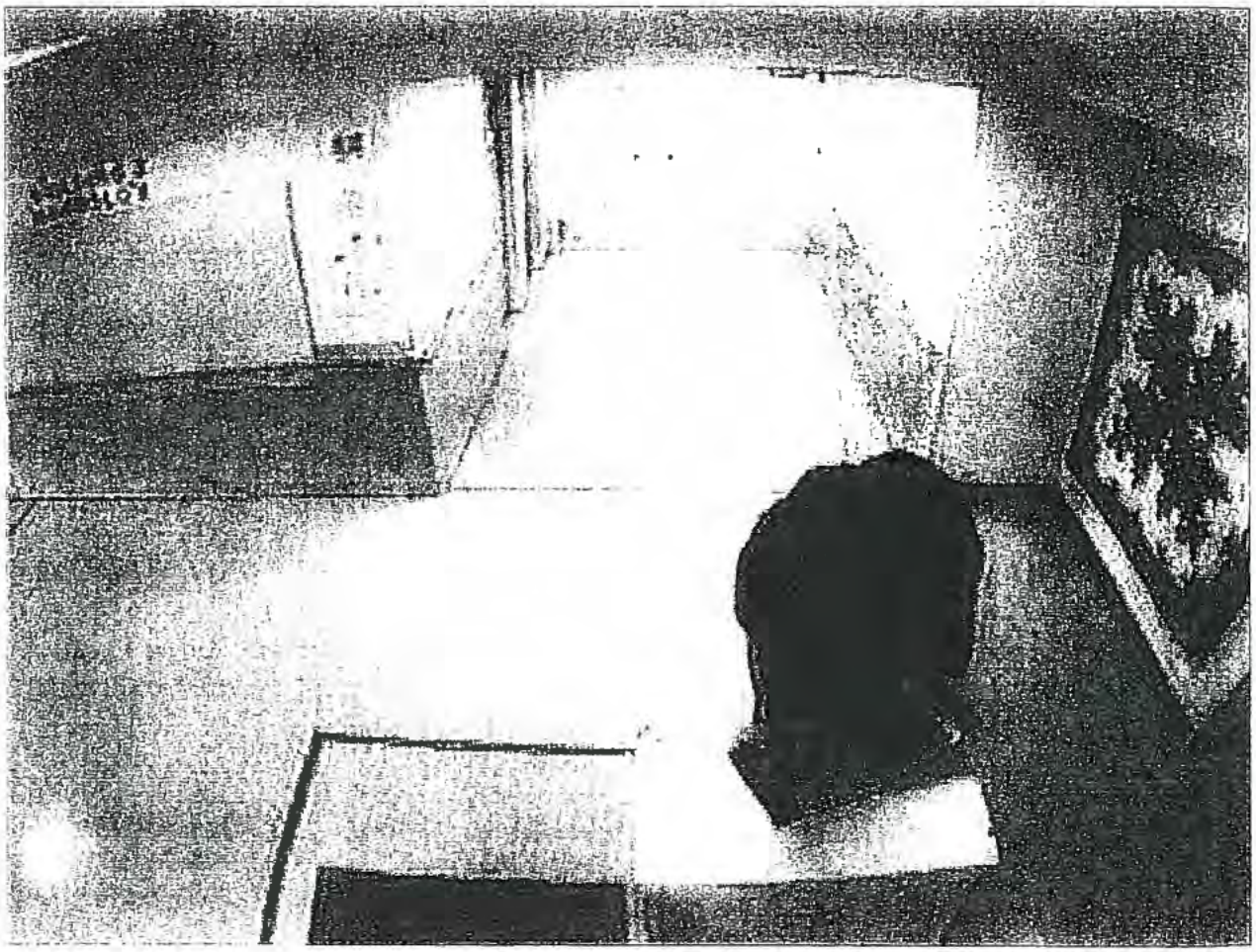
Room	Patient Name	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
I-54																									
I-56																									
I-57																									
I-59																									
I-60																									
I-62																									
I-90																									
I-92																									
I-93																									
I-95																									
I-96																									
I-98																									
CN / RN Designee Initials (twice per shift):																									
Staff Initials:																									
CENSUS:									11-7 / 7-3 initials								7-3 / 3-11 initials								3-11 / 11-7 initials

NIGHT: 2200-0600	ON UNIT CODES	CODES	OFF UNIT CODES		My signature/ initials certify that I have personally checked each patient in accordance with the Patient Rounds SOP No.23.995
A= Awake BR= Bathroom D= Disruptive LN= Late night RQC= Resting quietly/ Respiration confirmed Other:_____ Other:_____	AG= Activities/Groups BR= Bathroom CY= Courtyard DR= Dorm G= Grooming M= Meals U= Unit/Dayroom Other:_____ Other:_____	1:1= 1:1 Supervision DS= Designated Staff Q15= Q15 minute checks DISCHARGED= Discharged I= 1:1 w/staff or MD QT= Quiet Time R= Restraints SE= Seclusion T= Transfer V= Visitor Other:_____	AL= Administrative Leave CT= Court DP= Day Program EDR= Esc. Dining Room EG= Escorted Grounds EL= Extended Leave EOF= Esc. Off Grounds HR= Home Room IT= Work MC= On Grounds Clinic OA= Off Grounds Clinic/Appt. OT= Occupational Therapy Other:_____	P= Pass PIP= PIP store PT= Physical Therapy RT= Recreational Therap[redacted] SC= Sick Call TM= Treatment Mall UDR= Unescorted Dining Room UG= Unescorted Grounds UOG= Unescorted Off Grounds VG= Village Green Other:_____	SIGNATURE and Title / Initials

Rev. 0 / 23/2017

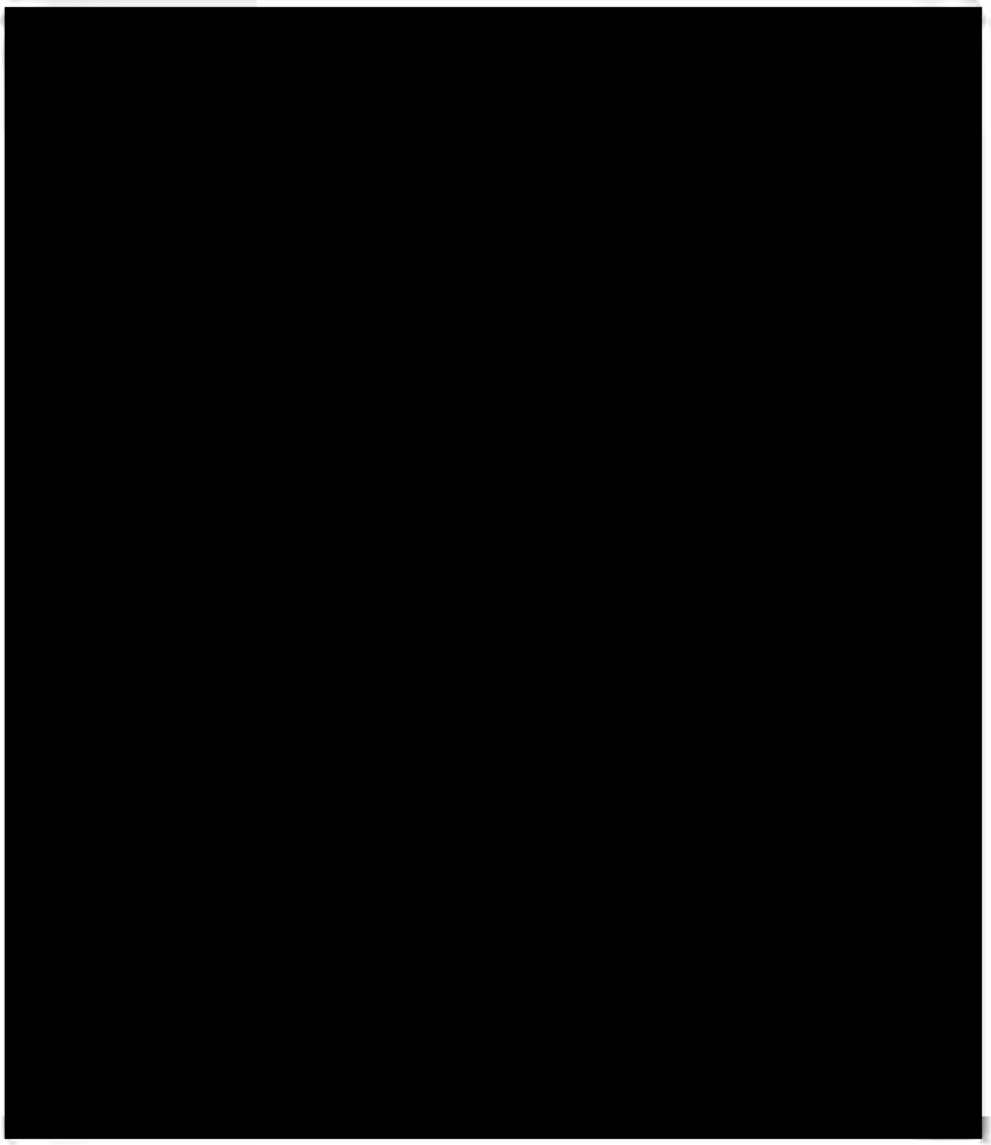
A.G. 17-4571 EXHIBIT 'U' 1 of 1

Intellex Player

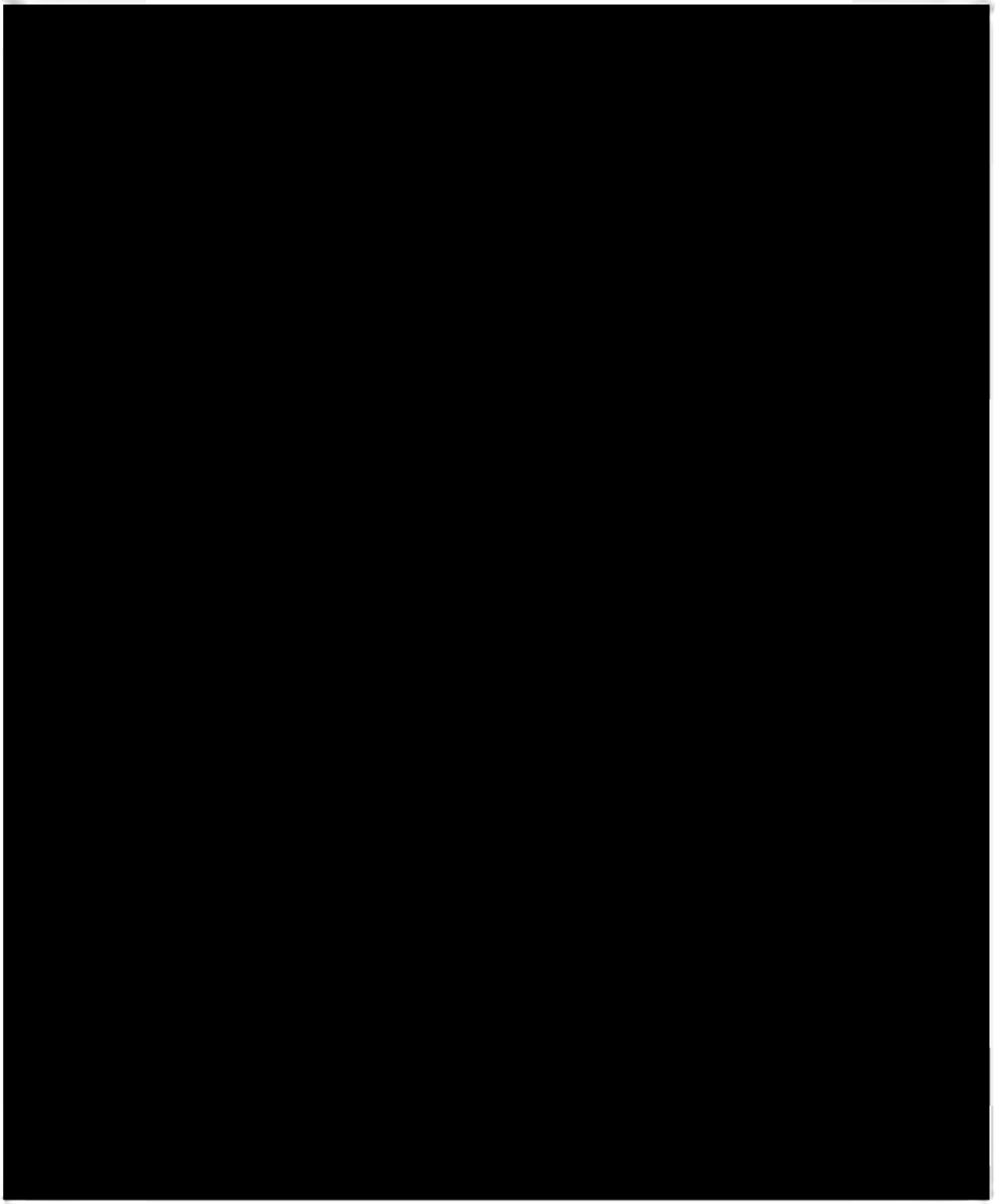


Camera:	**Camera1**	**System:**	**BLDG-I**
Date:	**11/12/2017**		
Time:	**08:03:09.93**	**Print Date:**	**1/19/2018**
Alarm:		**Print Time:**	**11:53:03 AM**

Interview Questions for



Peripheral Witness Questions:



UNIT I PATIENT HOURLY ROUNDS POD 3

Date: November 12, 2017

RM	NAME	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
[redacted]		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	DR	U	DR	U	U	U	U	U	U	U	U	U	DR	DR	RQC	RQC
[redacted]		X	RQC	RQC	RQC	RQC	RQC	RQC	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	UG	AW	AW	AW	AW
		X	X	RQC	RQC	RQC	X	X	U	U	U	U	U	M	U	U	V	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	DR	DR	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	DR	DR	U	M	DR	DR	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	DR	U	M	DR	U	DR	U	U	U	DR	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	U	U	M	U	U	DR	U	U	U	U	DR	DR	RQC	RQC
		RQC	RQC	RQC	RQC	RQC	RQC	RQC	DR	U	U	Church Service	U	M	DR	U	U	U	U	U	U	DR	DR	RQC	RQC
	Check Lobby Bathrooms		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
	Check Exit Doors (3)		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√

Staff Initials: [redacted]

Census: 34 (POD 3=10)

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	M = Meals	R = Restraints	EG = Esc. Grounds
* = Name Alert	U = Unit/Dayroom	SE = Seclusion	EL = Extended Leave
	=	T = Transfer	EOF = Esc. Off Grounds
√ = Doors Locked	=	TT = Tx. Team/RPR	FA= Fresh air
= Bathroom Checked		V = Visitor	HR = Home Room
		=	IT = Work
		AW = AWOL	MC = On Grounds Clinic

OFF UNIT	My signature/initials certify that I have personally checked each patient in accordance with the "Patient Rounds SOP"		
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OT = Occupational Therapy	[redacted]		
P = Pass			
PIP = PIP Store			
PT = Physical Therapy			
RT = Recreational Therapy			
SC = Sick Call			
TM = Treatment Mall			
U D/R = Unesc. Dining Roo			
UG = Unesc. Grounds			
UOG = Unesc. Off Grounds			
VG = Village Green			

~~10/13/17~~

[redacted]

Attachment "Y"

Administrative Subpoena for

[redacted]

April 3, 2018

TO: Russell A. Suzuki
Attorney General

VIA: Debbie L. Tanakaya
Deputy Attorney General
Health & Human Services Division

Boyd K. Sakai
Deputy Chief Special Agent
Investigations Division

George Do
Supervisory Special Agent

FROM: Wendell Takata
Special Agent

SUBJECT: Administrative Subpoena Service [redacted]
AG INV #17-4571; HSH Admin-[redacted]

Hawaii State Hospital employee, [redacted] being subpoenaed to further the administrative investigation of the escape of patient [redacted] on November 12, 2017. An interview with [redacted] is necessary because [redacted] is one of the seven hospital employees that was placed on administrative leave pending investigation. The Hawaii State Hospital is the Complainant in this matter. Previous efforts to contact [redacted] have met with negative results.

Signature & Date

Print Name – Deputy Attorney General

DEPARTMENT OF THE ATTORNEY GENERAL
STATE OF HAWAII

ORIGINAL

IN RE INVESTIGATION OF: [redacted]

) SUBPOENA
)
) AG Subpoena No. 2018-05
)

SUBPOENA

TO: [redacted]

YOU ARE HEREBY COMMANDED to appear at the Department of the Attorney General, State of Hawaii, Investigations Division, located at 465 S. King Street Room B-2, Honolulu, Hawaii, on the 18th day of April 2018, at 9:00 a.m. (HST) to be examined under oath regarding: The administrative investigation of the escape of Hawaii State Hospital patient [redacted]

YOU ARE FURTHER COMMANDED to provide verbal statements regarding: The escape of Hawaii State Hospital patient [redacted] that occurred on November 12, 2017.

OBEDIENCE to this subpoena may be enforced by the Circuit Court of the First Circuit.

DATED: Honolulu, Hawaii, on the APR 04 2018

[ ] If this box is checked, it may not be necessary to appear in person. Please call Special Agent Jerry Won to make Arrangements.

Russell A. Suzuki
ATTORNEY GENERAL
STATE OF HAWAII

Contact Person: Special Agent Jerry Won
Telephone Number: (808) 586-1240
Fax Number: (808) 586-1371

SEE REVERSE SIDE FOR RECIPIENT'S RIGHTS

RETURN OF SERVICE

Received this subpoena at 465 S. King St. on April 4, 2018

and on April 6, 2018 at 1400 hrs., I served it on the

within named by delivering a copy to [redacted]

Dated April 6, 2018

Signature of Serving Agent

RECIPIENT'S RIGHTS

You have been served with an investigative subpoena issued by the Attorney General of the State of Hawaii in accordance with section 28-2.5, Hawaii Revised Statutes, to appear at the time and place specified, to give sworn testimony, and, if indicated, to bring certain materials with you. Attendance is required only in the county in which the subpoena is served or such other place as may be agreed upon by you and the issuing authority. If the subpoena is served in a county other than that in which you reside, are employed, or transact business, the Department of the Attorney General shall bear the expense of travel as provided by the rules of the court.

If you disobey this subpoena, the Attorney General may apply to the circuit court in the county in which you reside or are located to compel obedience. Prior to the date on which you are commanded to appear, you may move the circuit court to quash or modify the subpoena if compliance would be unreasonable or oppressive or violate any privilege you may be entitled to exercise in a court proceeding.

DEPARTMENT OF THE ATTORNEY GENERAL
STATE OF HAWAII

ORIGINAL

IN RE INVESTIGATION OF: [redacted]) SUBPOENA

) AG Subpoena No. 2018-05

SUBPOENA

TO: [redacted]

YOU ARE HEREBY COMMANDED to appear at the Department of the Attorney General, State of Hawaii, Investigations Division, located at 465 S. King Street Room B-2, Honolulu, Hawaii, on the 18th day of April 2018, at 9:00 a.m. (HST) to be examined under oath regarding: The administrative investigation of the escape of Hawaii State Hospital patient [redacted]

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Russell A. Suzuki
ATTORNEY GENERAL
STATE OF HAWAII

Contact Person: Special Agent Jerry Won
Telephone Number: (808) 586-1240
Fax Number: (808) 586-1371

Attachment "Z"

Surveillance Video Timeline Still Photographs

VIDEO FOOTAGE HSH 11-12-17

BUILDING A / TELECOM OFFICE:

[redacted]

BUILDING C:

[redacted]

Unit "I":

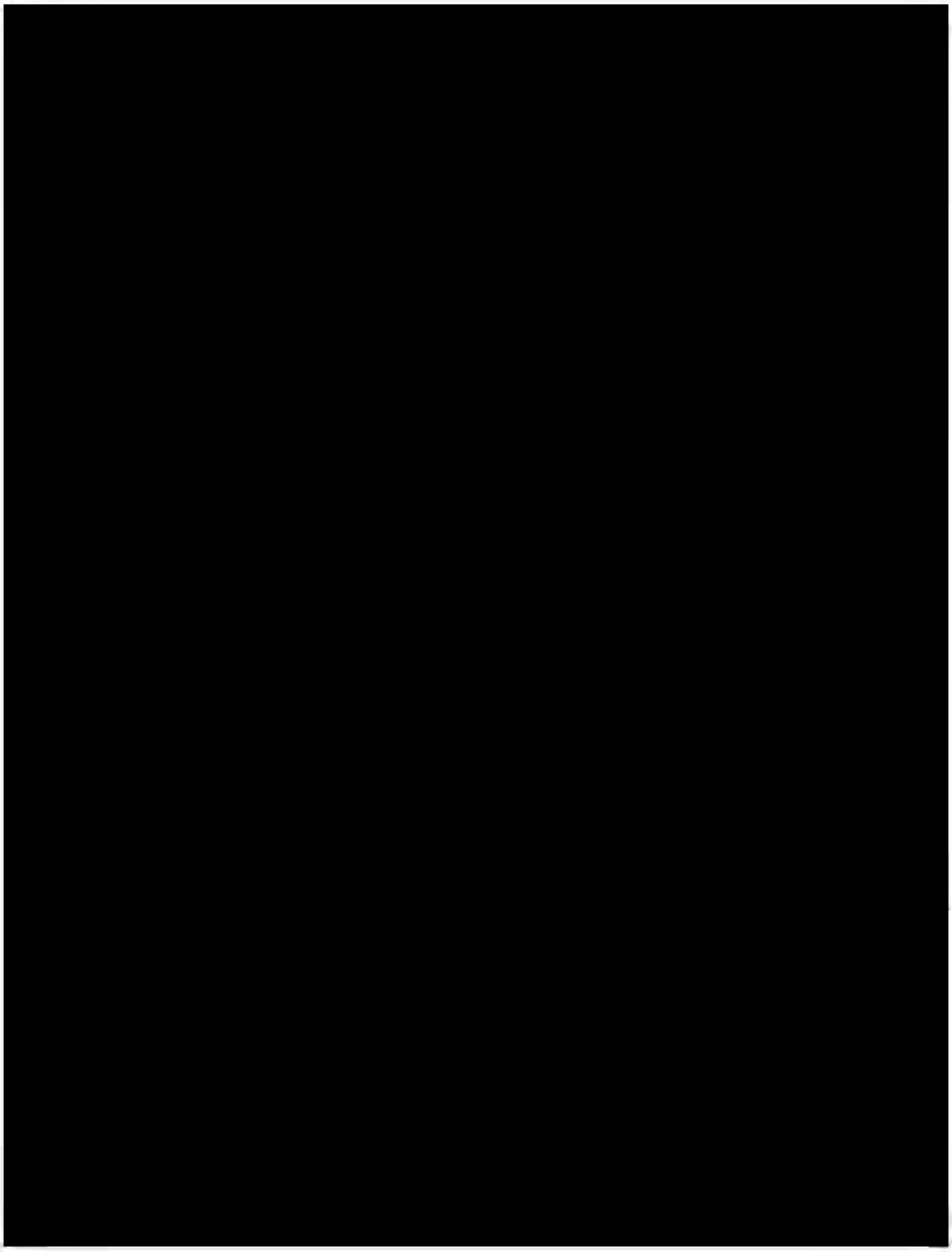
[redacted]

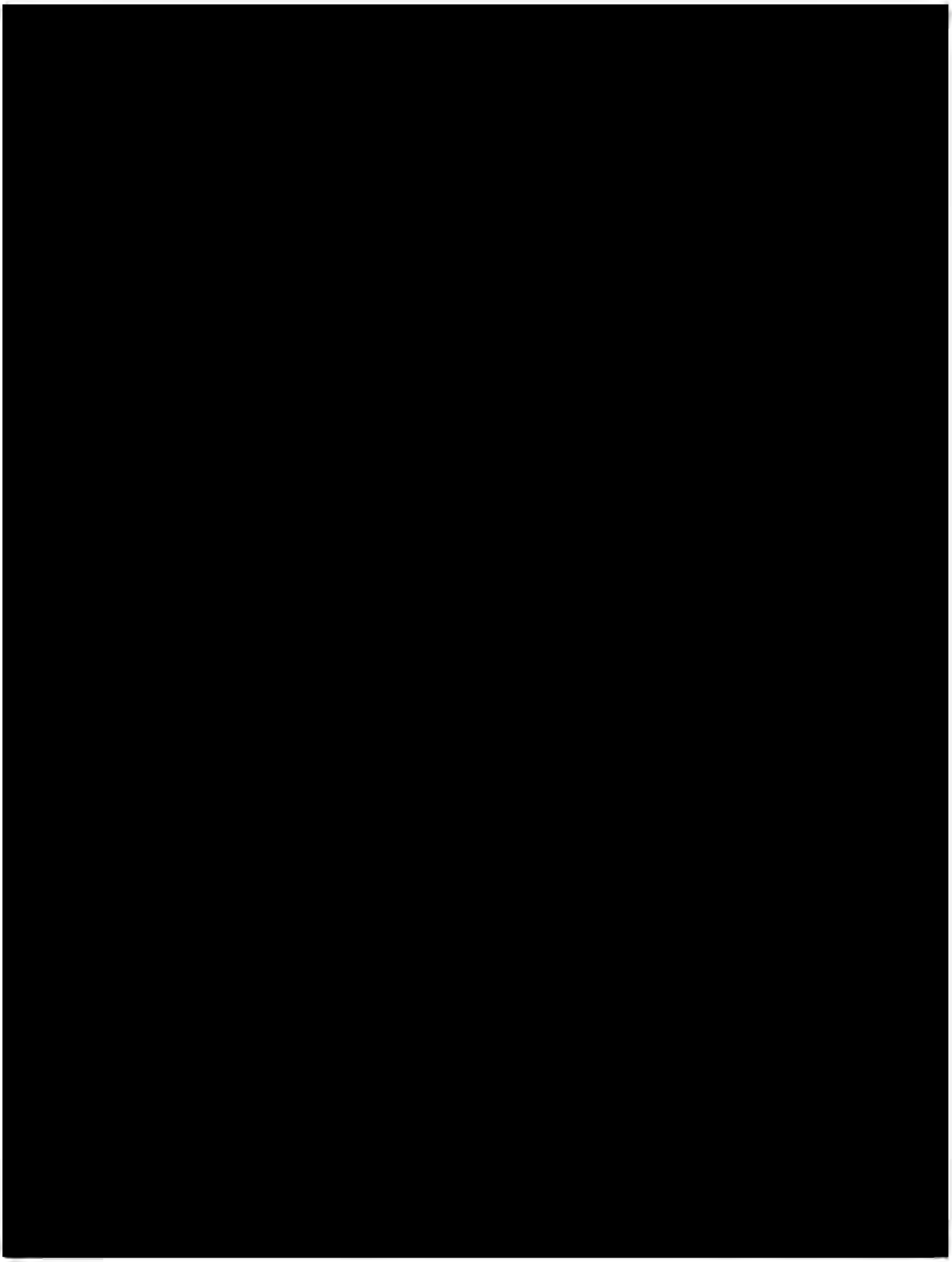
[redacted]

Building "B" - Ka-Hua-Iki Room (Recreational Therapy)

[redacted]

[redacted]





- **This is the last image of** [redacted]

Intellex Player

Camera:	**Camera1**	**System:**	**BLDG-I**
Date:	**11/12/2017**		
Time:	**06:19:23.43**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**6:22:55 AM**

Intellex Player

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Time:	**06:19:28.67**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**11:50:05 AM**

Intellex Player

Camera:	**Camera8**	**System:**	**BLDG-I**
Date:	**11/12/2017**		
Time:	**06:20:51.90**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**6:29:12 AM**

Intellex Player

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Date:	**11/12/2017**		
Time:	**06:23:39.06**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**6:42:46 AM**

Intellex Player

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Date:	**11/12/2017**		
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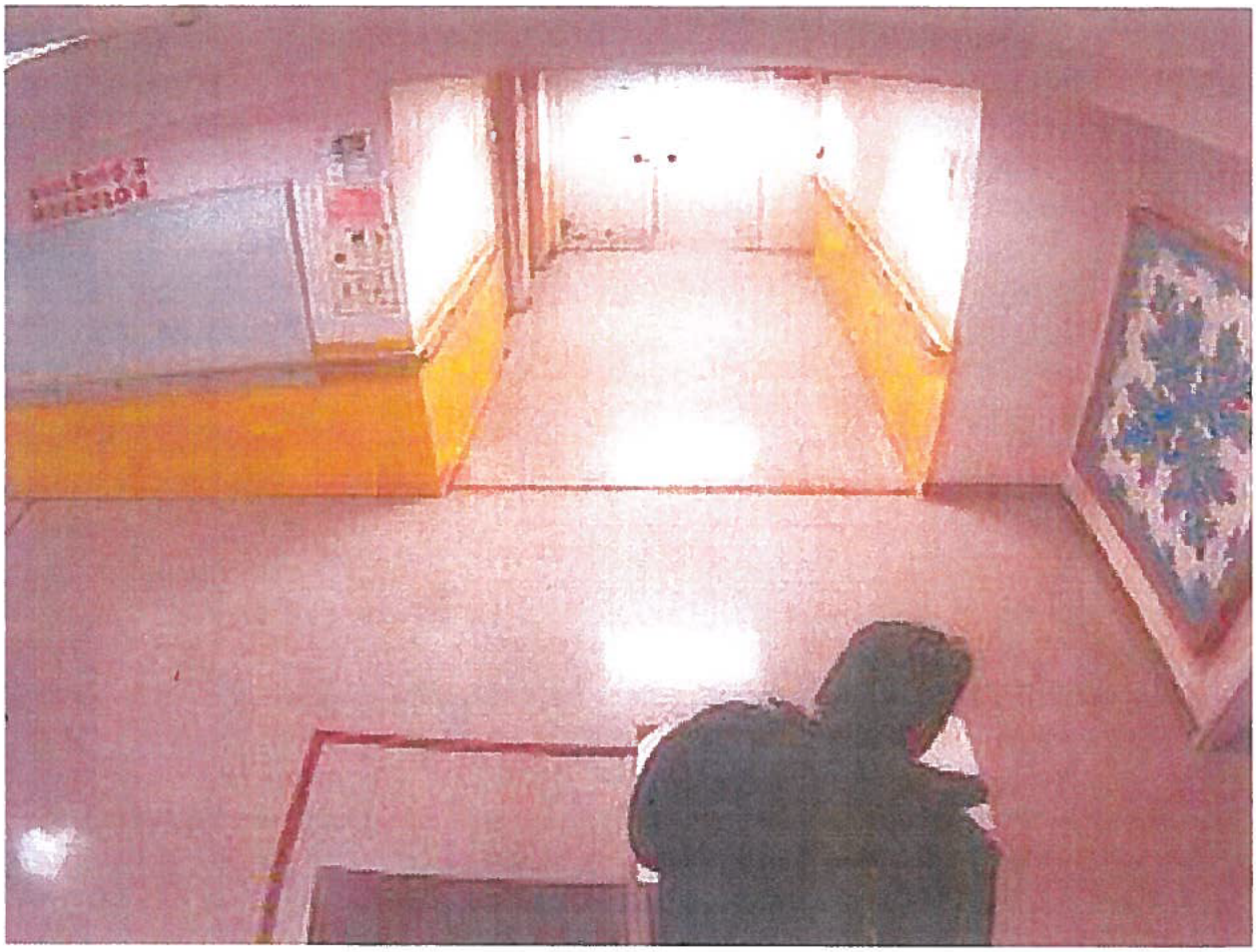
Alarm:		**Print Time:**	**6:44:29 AM**

Intellex Player



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Intellex Player

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Time:	**06:33:04.14**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**6:49:09 AM**

Intellex Player

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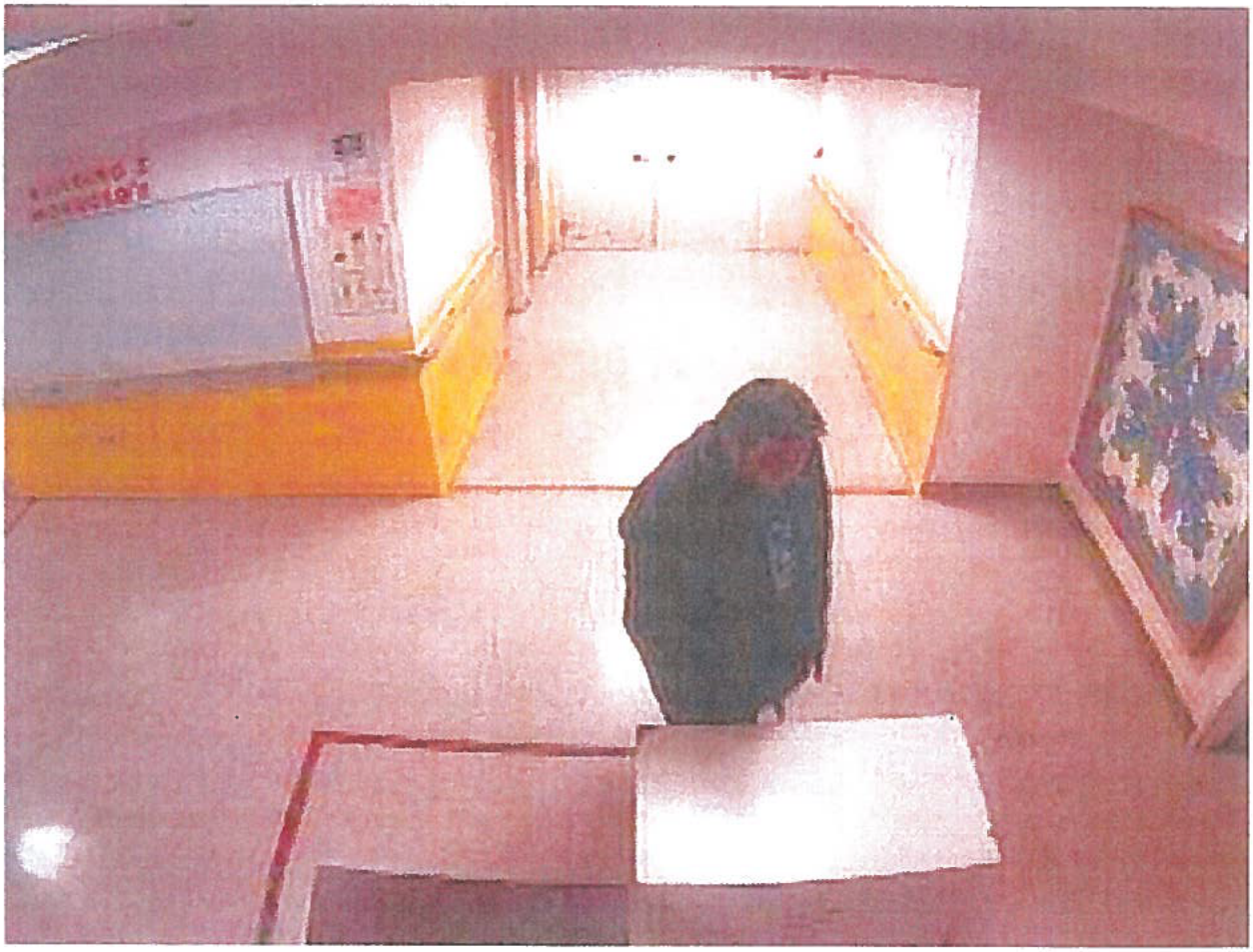
Alarm:		**Print Time:**	**6:53:50 AM**

Intellex Player



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Intellex Player

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Date:	**11/12/2017**		
Time:	**06:46:16.72**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**7:02:14 AM**

Intellex Player

Camera:	**Camera1**	**System:**	**BLDG-I**
Date:	**11/12/2017**		
Time:	**06:46:51.75**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**7:03:08 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_A3**
Date:	**11/12/2017**		
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Alarm:		**Print Time:**	**8:22:23 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_A3**
Date:	**11/12/2017**		
Time:	**07:49:01.60**	**Print Date:**	**4/19/2018**
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Intellex Player

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Time:	**07:49:09.97**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**8:24:17 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_A3**
Date:	**11/12/2017**		
Time:	**07:49:38.50**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**8:26:41 AM**

Bldg A-2 should be Bldg K

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**07:52:22.35**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**7:30:08 AM**

Intellex Player

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Intellex Player

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Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**07:54:04.45**	**Print Date:**	**4/23/2018**
Alarm:		**Print Time:**	**7:10:25 AM**

Intellex Player

Camera:	**Camera1**	**System:**	**BLDG-I**
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Intellex Player

Camera:	**Camera1**	**System:**	**BLDG-I**
Date:	**11/12/2017**		
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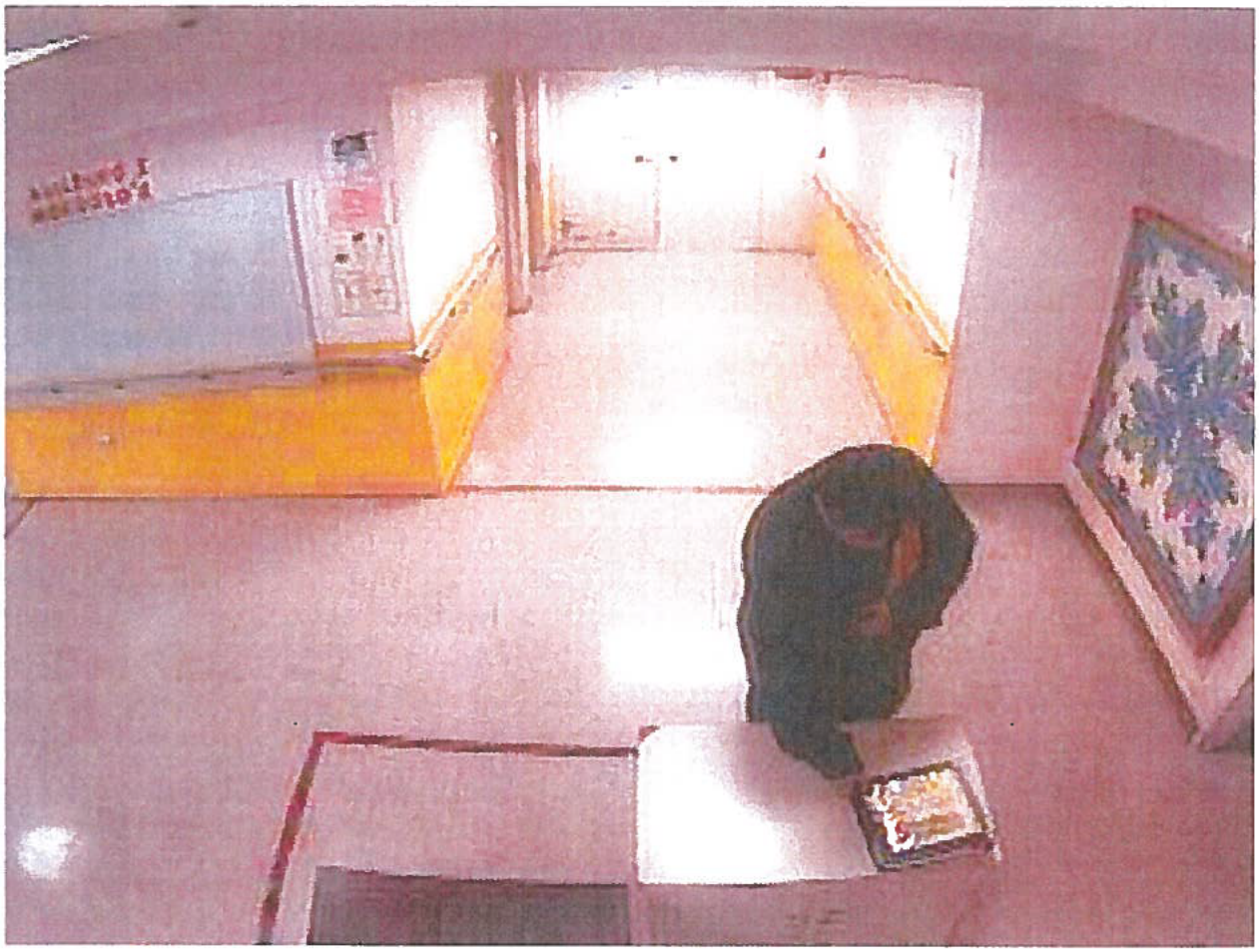
Intellex Player



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Intellex Player

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Intellex Player

Camera:	**Camera1**	**System:**	**BLDG-I**
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Intellex Player

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Intellex Player

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Alarm:		**Print Time:**	**7:16:20 AM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**08:07:05.41**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**6:40:18 AM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_A2**
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Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_A2**
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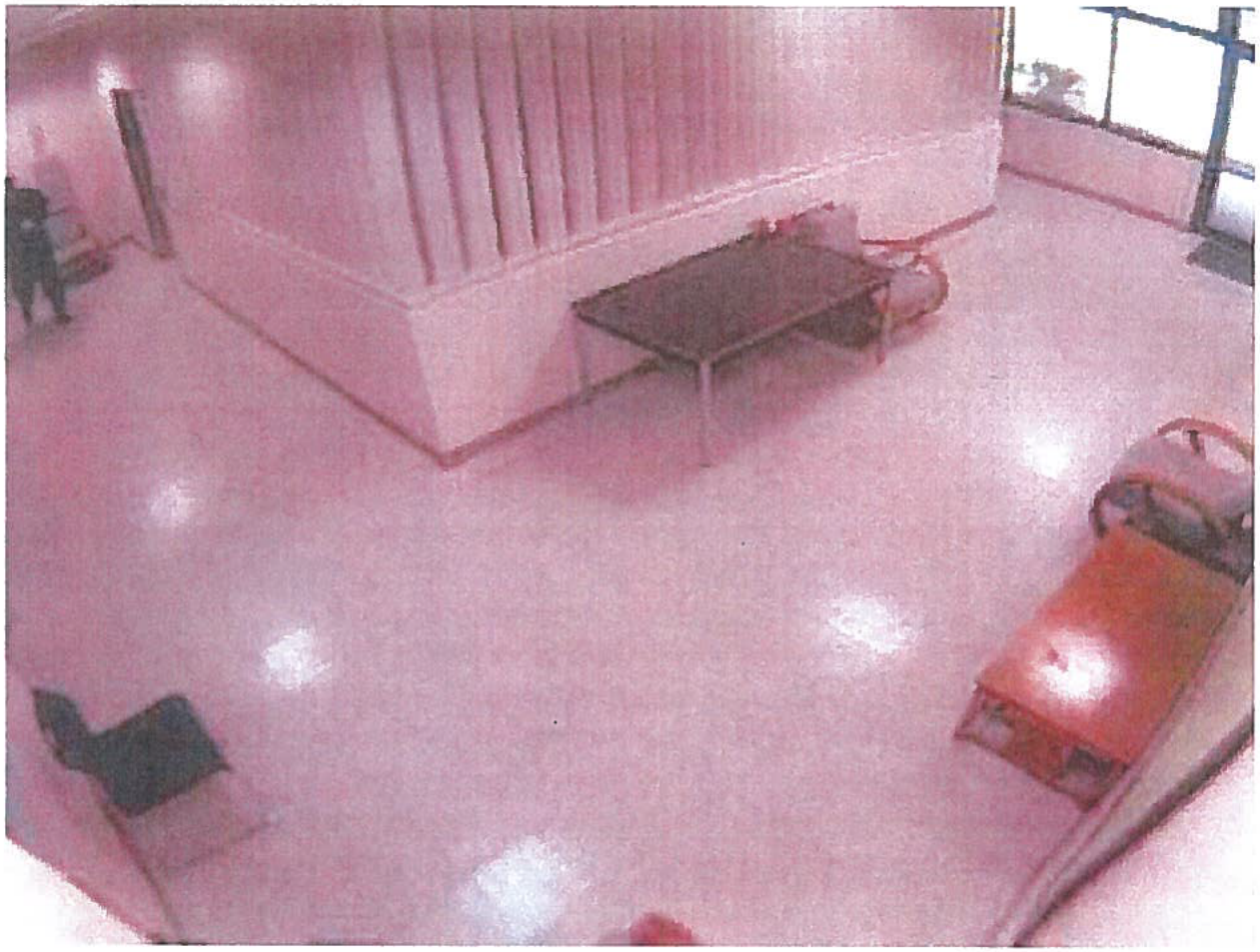
Intellex Player



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Intellex Player

Camera:	**Camera7**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**08:28:00.01**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**7:56:44 AM**

Intellex Player

Camera:	**Camera7**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**08:28:11.51**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**11:00:27 AM**

Intellex Player

Camera:	**Camera7**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**08:48:45.56**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**11:02:07 AM**

Intellex Player

Camera:	**Camera5**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**08:49:20.33**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**8:52:50 AM**

Intellex Player

Camera:	**Camera6**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**08:49:26.61**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**11:03:22 AM**

Intellex Player

Camera:	**Camera6**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**08:51:25.36**	**Print Date:**	**4/19/2018**
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Intellex Player

Camera:	**Camera6**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**08:52:37.53**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**9:02:39 AM**

Intellex Player

Camera:	**Camera6**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
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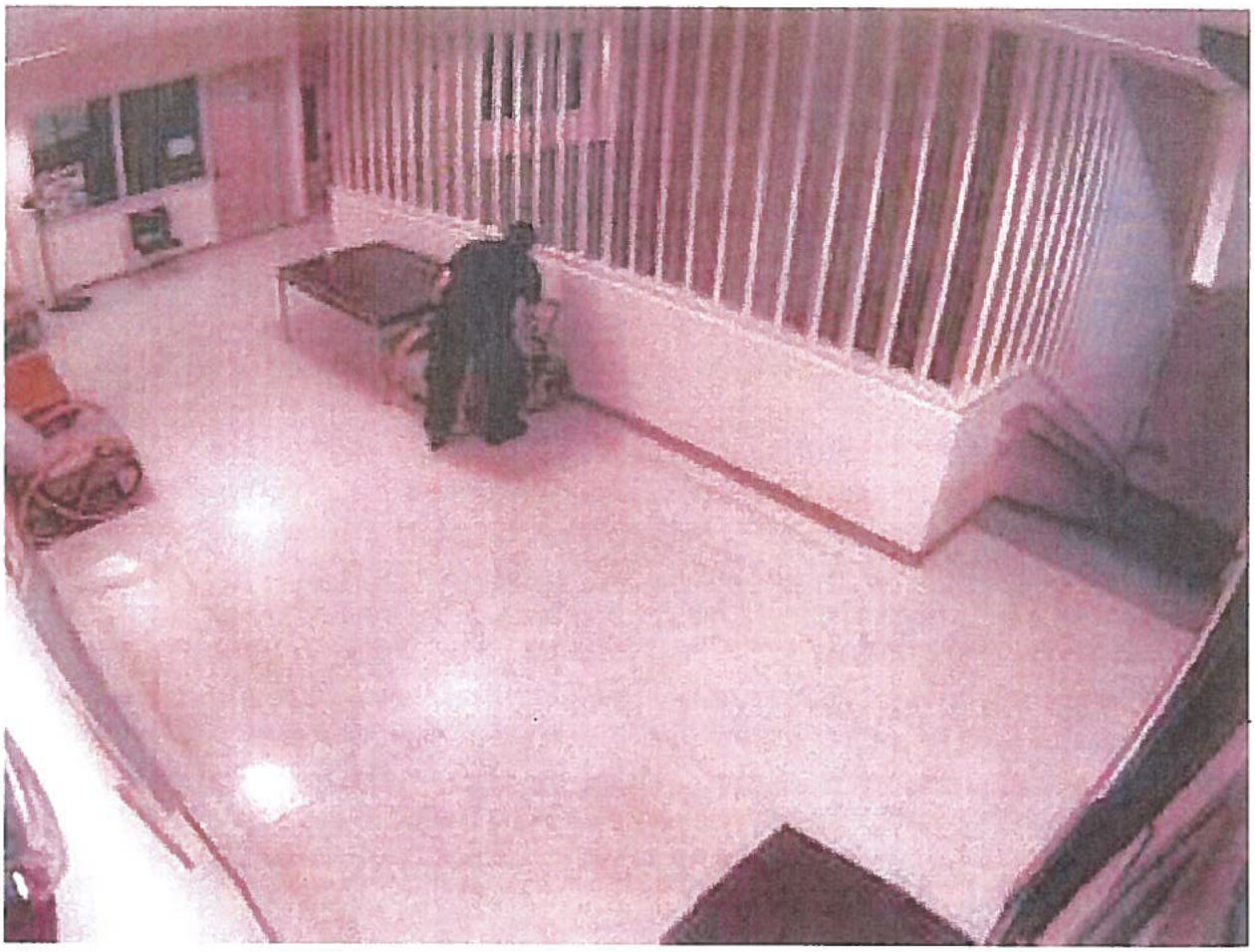
Alarm:		**Print Time:**	**9:03:38 AM**

Intellex Player



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Intellex Player

Camera:	**Camera7**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
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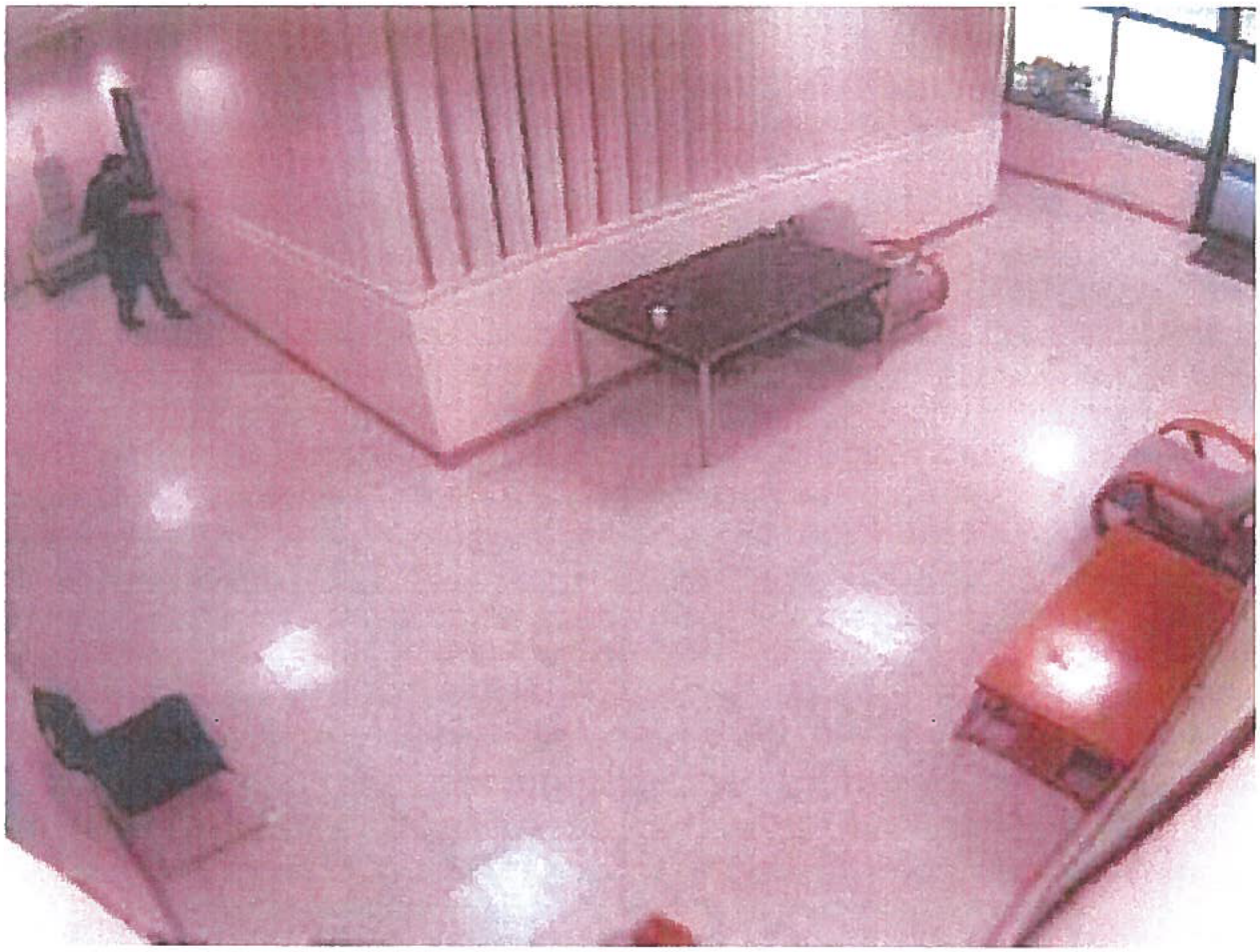
Alarm:		**Print Time:**	**11:05:51 AM**

Intellex Player



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Alarm:		**Print Time:**	**9:16:57 AM**

Intellex Player

Camera:	**Camera7**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
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Alarm:		**Print Time:**	**9:19:00 AM**

Intellex Player

Camera:	**Camera7**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**08:59:49.60**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**11:08:16 AM**

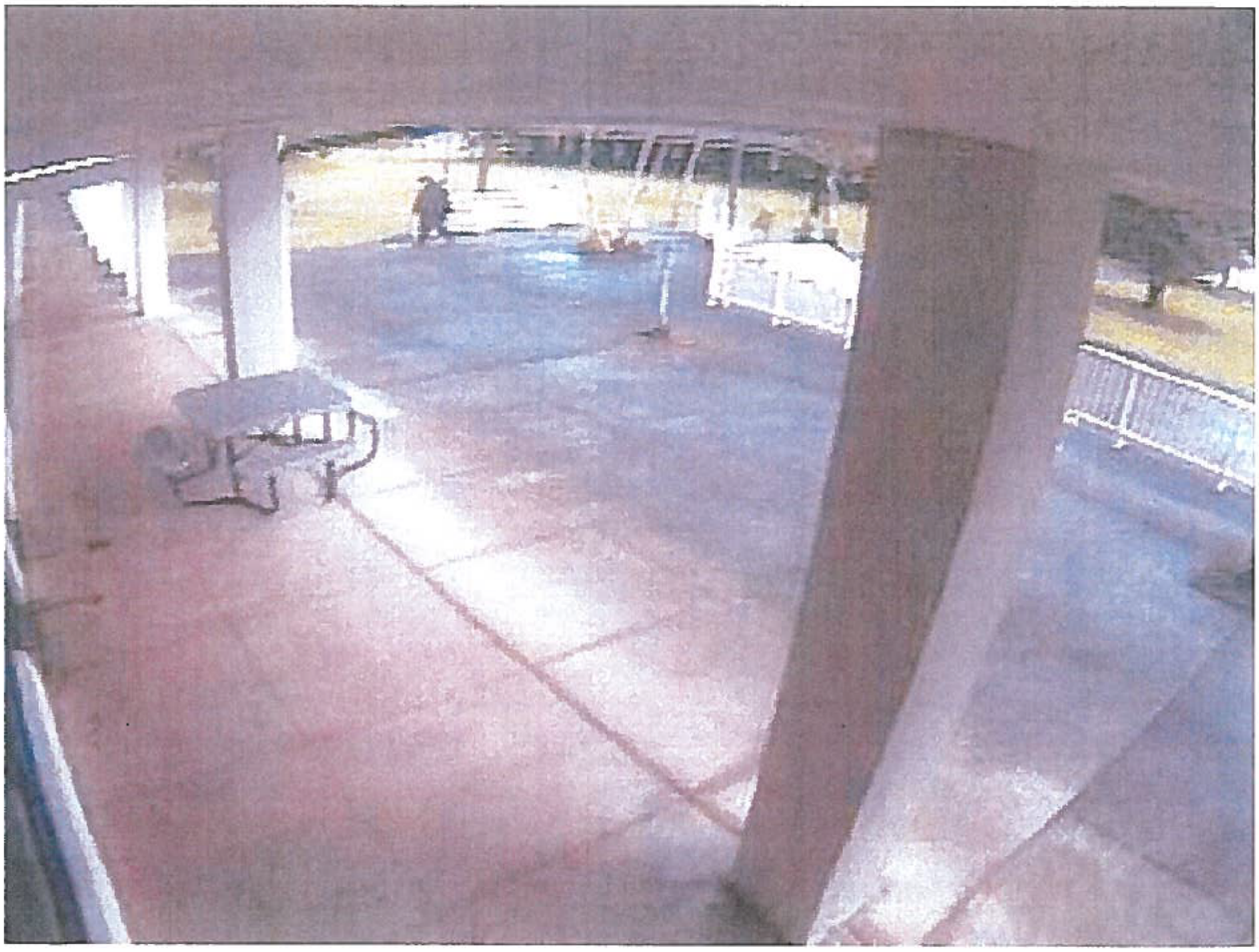
Intellex Player

Camera:	**Camera7**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:00:02.68**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**11:08:56 AM**

Intellex Player

Camera:	**Camera5**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:00:14.32**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**11:09:47 AM**

Intellex Player



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Alarm:		**Print Time:**	**10:14:18 AM**

Intellex Player

Camera:	**Camera3**	**System:**	**BLDG_C1**
Date:	**11/12/2017**		
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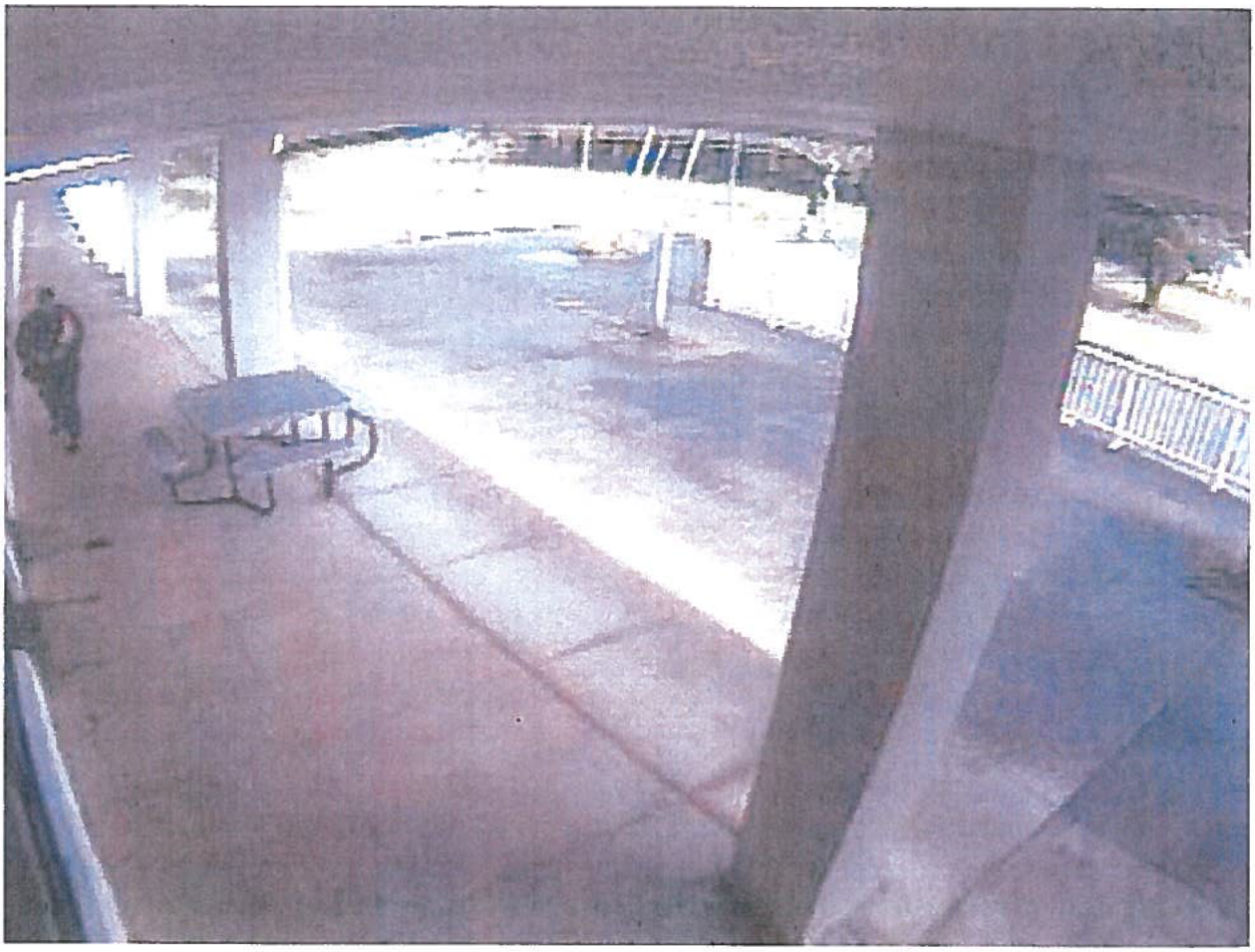
Alarm:		**Print Time:**	**12:02:49 PM**

Intellex Player



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Date:	**11/12/2017**		
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Alarm:		**Print Time:**	**11:08:43 AM**

Intellex Player

Camera:	**Camera9**	**System:**	**BLDG_C1**
Date:	**11/12/2017**		
Time:	**09:26:19.42**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**11:22:40 AM**

Intellex Player

Camera:	**Camera4**	**System:**	**BLDG_C1**
Date:	**11/12/2017**		
Time:	**09:30:18.96**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:00:02 PM**

Intellex Player

Camera:	**Camera4**	**System:**	**BLDG_C1**
Date:	**11/12/2017**		
Time:	**09:30:45.22**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**11:13:44 AM**

Intellex Player

Camera:	**Camera3**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:30:57.98**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:07:20 PM**

Intellex Player

Camera:	**Camera5**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:31:13.37**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:08:16 PM**

Intellex Player

Camera:	**Camera7**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:32:03.65**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:33:24 PM**

Intellex Player

Camera:	**Camera7**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:50:03.02**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:34:29 PM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
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Alarm:		**Print Time:**	**7:38:41 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:50:25.03**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:36:38 PM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:50:36.05**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:37:32 PM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:50:18.47**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**6:49:26 AM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:50:34.62**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**6:48:37 AM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:51:06.42**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**6:50:07 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:51:46.75**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:38:41 PM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:51:21.03**	**Print Date:**	**4/23/2018**
Alarm:		**Print Time:**	**9:14:36 AM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:51:28.81**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**7:40:42 AM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:51:51.83**	**Print Date:**	**4/10/2018**
Alarm:		**Print Time:**	**7:06:10 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:52:20.02**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:39:35 PM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:52:12.08**	**Print Date:**	**4/23/2018**
Alarm:		**Print Time:**	**9:18:51 AM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:53:01.13**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**7:18:54 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:53:41.50**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:40:43 PM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:53:23.92**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**7:43:38 AM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:53:47.45**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**8:05:59 AM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:54:22.62**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**8:07:02 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:54:42.43**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:41:55 PM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:57:59.43**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**7:57:05 AM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**09:58:07.30**	**Print Date:**	**4/10/2018**
Alarm:		**Print Time:**	**7:09:59 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:59:00.29**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:43:03 PM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:59:49.47**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**1:08:25 PM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**09:59:51.87**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**1:09:04 PM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**10:00:01.95**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**1:09:57 PM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**10:00:13.47**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**8:10:39 AM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**10:00:30.86**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**8:11:08 AM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**10:00:39.50**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**8:11:54 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**10:01:12.02**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:45:32 PM**

Intellex Player

Camera:	**Camera12**	**System:**	**BLDG_A2**
Date:	**11/12/2017**		
Time:	**10:01:12.53**	**Print Date:**	**4/19/2018**
Alarm:		**Print Time:**	**8:13:34 AM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**10:01:12.89**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:47:01 PM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**10:01:17.53**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**1:13:53 PM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**10:01:30.04**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:47:35 PM**

Intellex Player

Camera:	**Camera13**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**10:01:45.79**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**12:48:16 PM**

Intellex Player

Camera:	**Camera10**	**System:**	**BLDG_B1**
Date:	**11/12/2017**		
Time:	**10:02:35.24**	**Print Date:**	**4/9/2018**
Alarm:		**Print Time:**	**1:15:43 PM**

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DRAFT

A.G. No. 17-4571

ADMINISTRATIVE INVESTIGATION

HAWAII STATE HOSPITAL

Binder 4 of 4

A.G. 17-4571
ADMINISTRATIVE INVESTIGATION
HAWAII STATE HOSPITAL

TABLE OF CONTENTS
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- Attachment "AA" – Evidence Report.....
- Attachment "BB" – Miscellaneous Documents and Medical Records of [redacted].....

Attachment "AA"

Evidence Report

Case and Custody Report - Case 17-4571

Attorney General - State Of Hawaii
425 Queen Street
Honolulu,Hawaii 96813

EVIDENCE PMT TRACKER

Friday, April 27, 2018

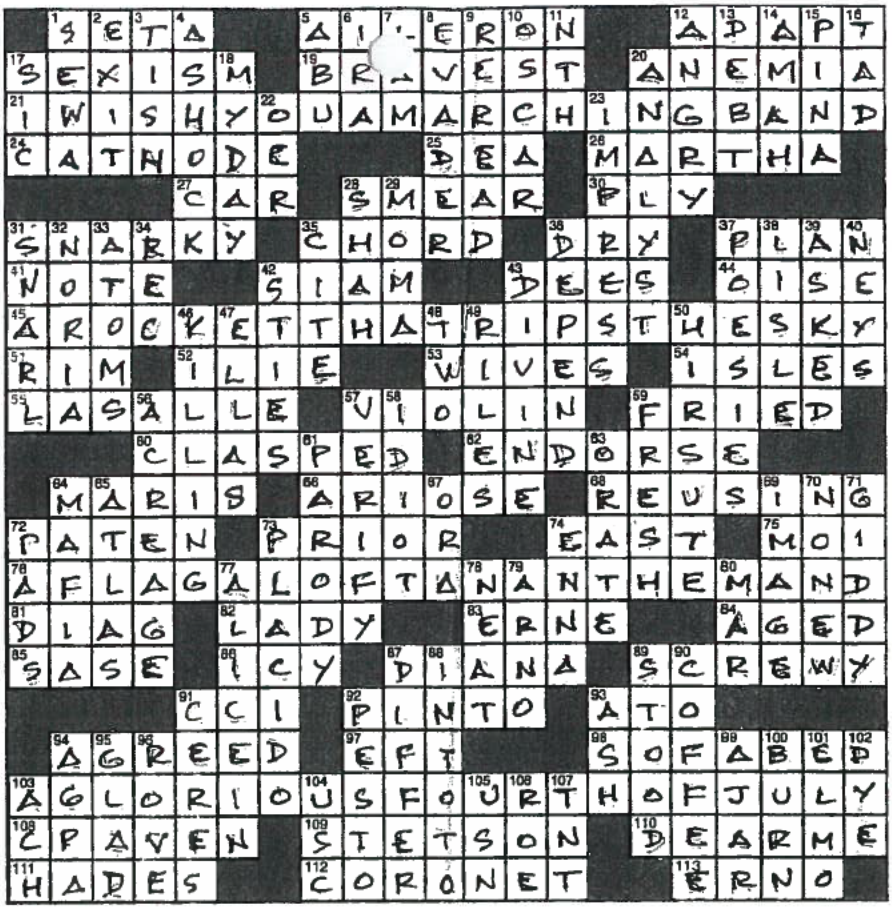
AG Key Case #	17-4571	**Connecting Case #**	
		Case Number 4	
Tracking Number	2033	**Offense LocationFull Address**	45-710 Keaahala Rd. Kaneohe, HI 96744
Address of Owner	45-710 Keaahala Rd. Kaneohe, HI 96744	**Classification/HRS #**	MISC. PUB.
Victim/Complainant	Hawaii State Hospital	**Model/Serial Number**	
Date/Time of Recovery	1/2/2018 7:55:00 AM	**Do Not Use**	
Location of Recovery	Bldg. B/Ka-Hua-Iki Room	**Recovered By**	[redacted]
Evid Drop Box-DateTime	04/27/18 10:10am	**Evidence Room Location**	

Evidence Description

1. Star Advertiser dated Sunday 10-15-17 Crossword Puzzle.
2. Star Advertiser dated Sunday 10-22-17 Crossword Puzzle.
3. Dark gray plastic trash bag
4. Brown plastic bag

National Holiday

By Linda and Charles Preston



ACROSS

1 Bristle
5 Half gable
12 Conform
17 Gender bias
19 Most heroic
20 Lack of vigor
21 Start of patriotic verse
24 Electrode type
25 Controlled substance grp.
26 Graham or Raye
27 Elevator cage
28 Smudge
30 Wood thickness
31 Testy, in Tiverton
35 Combination of musical notes
36 Help with the dishes
37 Scheme
41 Observe
42 Thialand formerly
43 Ruby and Sandra
44 Compiegne's river
45 More of verse
51 Edge
52 Netman Nastase
53 Merry Windsor women
54 British ___
55 Explorer who named Louisiana
57 Perlman's forte
59 "___ Green Tomatoes"
60 Embraced
62 Vouch for
64 Homer King Roger
66 Melodic
68 Fervent
72 Eucharist plate
73 Previous
74 Bridge position
75 Miss Piggy's "Me"?
76 More of verse
81 Rect. divider
82 Godiva's title
83 Sea eagle
84 Ripened
85 Ms accompaniment, usually
86 Glacial
87 Vocalist Krall
89 Wacky
91 Half of CDII
92 Bean or horse
93 From ___ Z
94 Saw eye to eye
97 Immature newt
98 For a house guest?
103 End of verse
108 Cowardly
109 J. R. Ewing's hat
110 Ustinov's autobiography
111 Netherland
112 Small crown
113 Rubik of the cube craze

DOWN

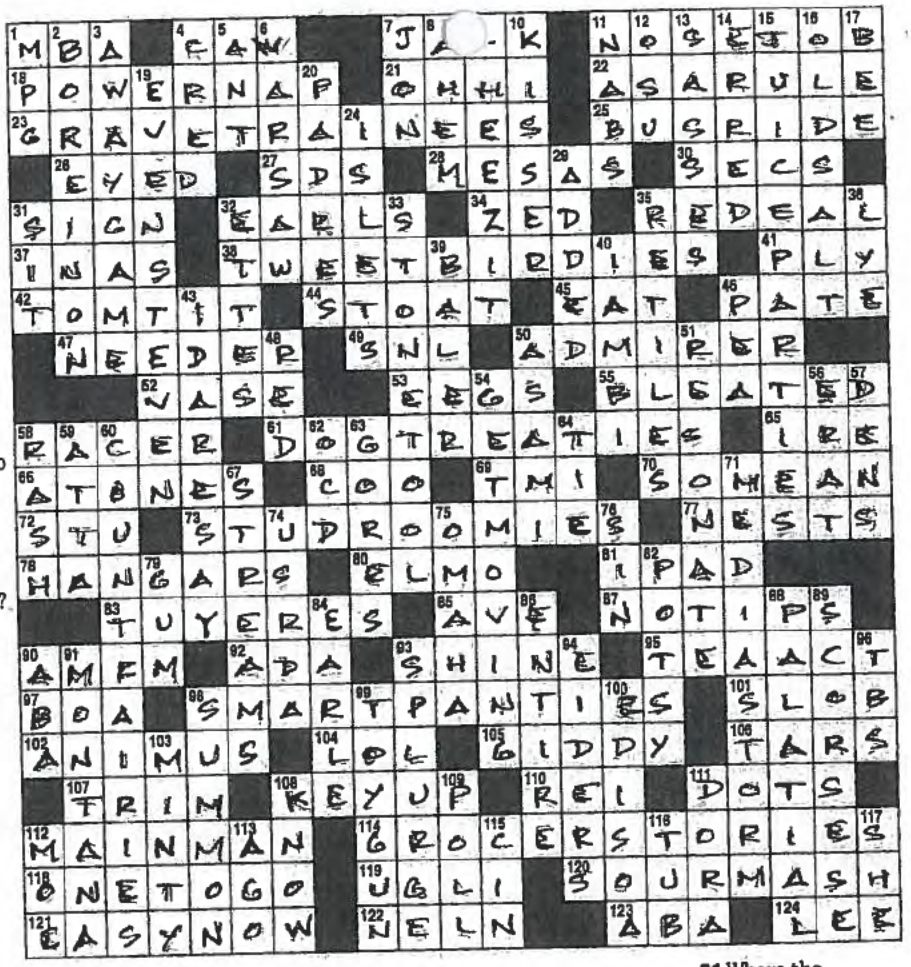
1 "And ___ fine seam . . ."
2 Ramp sign
3 Singer Hinojosa
4 "___ to the System": Caine film
5 ___ Dhabi: Arab sheikdom
6 Radio's Glass
7 On the ___: fleeing
8 Tax or draft dodger
9 Peruse again
10 Hammerstein
11 Last degree
12 ___ birds game
13 Obligation
14 Shanghai servant
15 ___ colada: rum drink
16 Small amount
17 Urge Fido to attack
18 Eleanor Roosevelt's column
20 Data digester
22 "___ the ramparts . . ."
23 Bedazzle
28 Pahlavi, for one
29 N.Y.C. museum
31 Tangle
32 Waterwheel
33 Mighty mites
34 ___ room: rumpus area
35 Quote
36 Rely (on)
37 Pretty verses
38 Hosiery material

ANSWERS ON PAGE D7

39 Inquired
40 French marshal and family
42 Piggeries
43 John Water's star
46 "The ___ Fields": 1984 shocker
47 Erstwhile Hellas
48 Number for tea, tunefully
49 Gets one's goat
50 Hairy
56 Farmer's property
57 Validate
58 Dostoyevsky's Prince Myshkin
59 Next year's soph
61 Satirical imitation
63 Mount the soapbox
64 Soprano's crime group
65 Rand's shrugger
67 ___ pro nobis
69 Photo ___
70 ". . . ___ thing under the sun.": Eccl. 1:9
71 Light-headed
72 Hippies' homes
73 Domingo
74 Sicilian resort
77 "___ Wonderland"
78 Word for Felix Unger
79 Florence's river
80 Deface
87 Be at variance
88 Entirely
89 Put up with
90 Demitasse beverage
91 Only dwarf planet
92 Popular Italian sauce
93 Shade of blonde
94 N Indian city
95 Joyous
96 Politico Karl
99 Slightly open
100 Torch
101 Ticklish toy
102 Henna
103 Hausfrau's cry
104 L.A. campus
105 Svc. branch
106 Caviar
107 Warning initials

Wise Move

By John Guzzetta and Michael Hawkins / Edited by Will Shortz



ACROSS

1 M.I.T. Sloan grad, often
4 Raven's cry
7 Steal, slangily
11 Bridge work?
18 Office restoration
21 "Didn't expect to see you here!"
22 Generally
23 Interns at a cemetery?
25 Start of a class field trip, maybe
26 Had a bead on
27 New Left org.
28 Features of Utah's Capitol Reef National Park
30 Instants
31 Endorse
32 ____ Court (London district)
34 Series ender in London
35 Start over in cards
37 Lead-in to much
38 Take to social media following a good round of golf?
41 Work at, as a trade
42 Chickadee, e.g.
44 Brown ermine
45 Ready-to-____
46 Crown
47 Have-not
49 Emmy-winning show of 1976 and 2017, in brief
50 One sending flowers, say
52 One holding flowers
53 Brain readings, for short
55 Sounded sheepish?
58 Speed demon
61 Pacts between packs?
65 Rage
66 Does penance
68 Corp. manager
69 "More than I wanted to hear!"
70 "Not nice!"
72 Original Beatle Sutcliffe
73 Ones sharing quarters at the most macho fraternity?
77 Aviary parts
78 Places to cool one's jets?
80 Adventurer in Grouchland
81 Big tablet
83 Nozzles into blast furnaces
85 One of 17 on a Monopoly board: Abbr.
87 Policy at a wedding's open bar, maybe
90 Switch on the radio
92 Nabokov novel
93 Excel
95 It led to a 1773 protest
97 Amazon peril
98 Stylish underwear?
101 Mess maker
102 Ill feeling
104 It doesn't mean "lots of love"
105 Euphoric
106 Smears, as a reputation
107 Svelte
108 Excite
110 Camping-gear retailer
111 See 48-Down
112 Homie
114 Things swapped at a convention of supermarket owners?
118 "Just about done"
119 Citrus hybrid
120 Starter supply for making bourbon
121 "Slow down, tiger!"
122 Fifth-most abundant element in the universe
123 Court org.
124 Director Ang

DOWN

1 It decreases with acceleration, for short
2 Get closer to, as the heart of the matter
3 It's played on the road
4 Rep
5 A myrmeke of Greek myth is a giant one
6 City near where Chopin was born
7 Actor Hamm of "Mad Men"
8 *cough*
9 Bit from Sunshine Biscuits
10 Yap
11 Catches
12 Big Ten powerhouse, for short
13 Mouths off to
14 Slipped up
15 Social gatherings where fruit drinks are served?
16 Bluejacket
17 Samantha of 96-Down
19 Drawn
20 California ball club
24 Some bars in the Caribbean
29 Over-and-above
31 "Park it!"
32 Diminutive suffixes
33 Paleolith
35 Fixes, as a bath area
36 Caustic soda
39 Haymaker?
40 Some feet
43 Presumptive assertion
46 Something a shooter shoots
48 With 111-Across, cinnamon candy
50 "Same here"
51 Speak to, with "with"
54 "Hurry up!"
56 Q.E.D. part
57 Places to hibernate
58 Unconsidered
59 Kofi Annan's middle name
60 Take attendance in a magical forest?
62 Routine problem, for short
63 Horns in on?
64 Something kept close to the chest
67 Watches via Netflix, say
71 Modern-day circus
74 Onetime govt.-prescribed nutritional figure
75 Home of Berkshire Hathaway
76 Sloth, for one
79 Extra product
82 Another name for hopscotch
84 Country rocker Steve
86 Complete
88 Spacious and splendid
89 "The Departed" director
90 Court org.
91 Where the Missouri River begins
93 Be extravagant
94 Ones holding down things?
96 Station for 17-Down
98 Call for
99 Cork popper
100 Early record label
103 Like much mouthwash
108 Not just think
109 ____ grounds
111 Part of un día
112 Bully in "Calvin and Hobbes"
113 Long ____
115 The Bengals, on scoreboards
116 Place to soak
117 "That's all ____ wrote"

ANSWERS ON PAGE D7

ANSWERS ON PAGE D7

		3	4		8			
	4			3	1		7	2
6			2					

	3			
6				
		2		

2017 Blue Ox Technologies Ltd

HOW TO PLAY

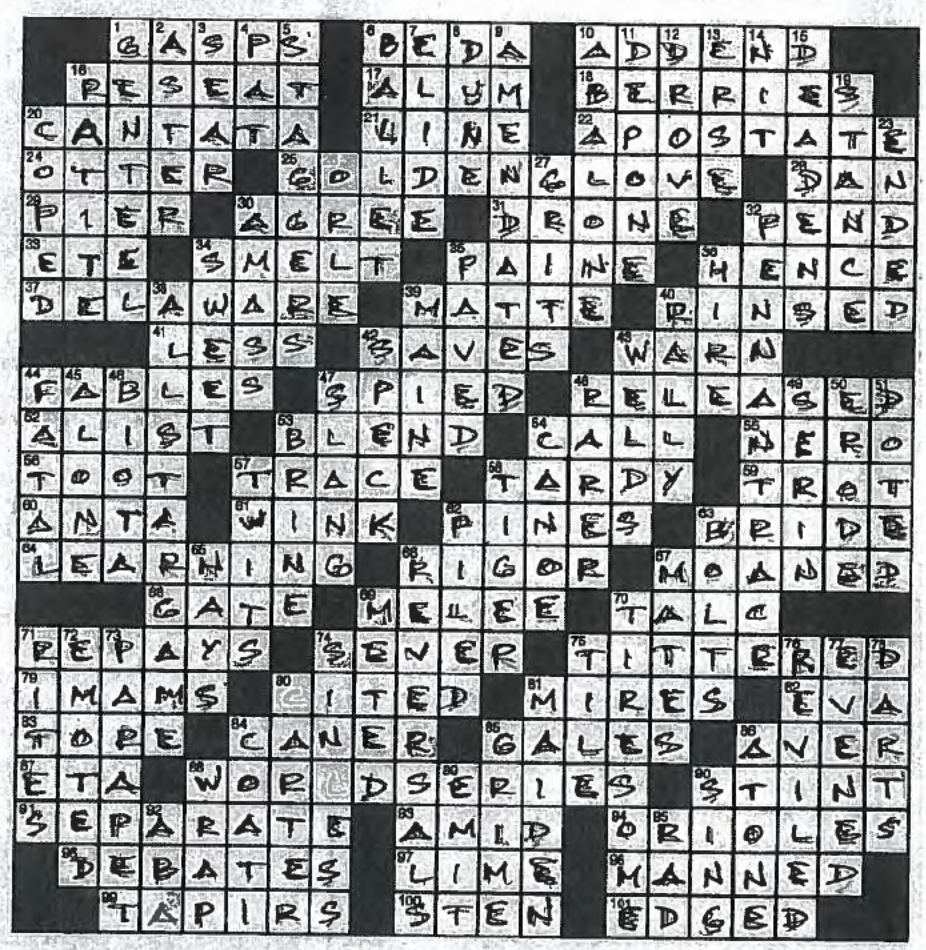
Sudoku High Fives consists of five regular Sudoku grids, sharing o boxes. Each row, column and set of 3-by-3 boxes must contain the through 9 without repetition. The numbers in any shared set of 3 to each of the individual Sudokus.

ANSWERS ON PAGE D7

OBSERVER CROSSWORD

Champions

By Linda and Charles Preston



ACROSS

1 Struggles for breath
6 English monk-historian
10 Figured to be totaled
16 Place in another pew
17 Coll. reunion prospect
18 Word with black or blue
20 Musical composition
21 Cable
22 Religious rebel
24 Aquatic mammal
25 Diamond award
28 "Da Vinci Code" author Brown
29 Marina area
30 Concur
31 Male honeybee
32 Await a decision
33 Hiver's opposite
34 Metal refining process
35 Common Sense author
36 Therefore
37 Biden's State
39 Dull finish
40 Lightly washed
41 Diminished by
42 Holds for the future
43 Alert
44 Aesop's tales
47 Caught sight of
48 Freed
52 Slanting
53 Mixture
54 Telephone
55 Son of Claudius
56 Spree
57 Clue
58 Late
59 Hackney's gait
60 Pilaster
61 Brief nap
62 Yearns
63 Newlywed
64 Knowledge acquisition
66 Hardship
67 Sang the blues
68 Receipts
69 Donnybrook
70 Powder
71 Honors a debt
74 Cut
75 Laughed nervously
79 Muslim holy men
80 Referred to
81 Moral customs
82 ___ Marie Saint
83 Ripped
84 Chair seat repairman
85 Strong winds
86 State as true
87 Language teachers' org.
88 Fall classic
90 Pinch pennies
91 Divide
93 Among
94 Baltimore's boys of summer
96 Campaign confrontations
97 Citrus fruit
98 Staffed
99 Long-snouted animals
100 British gun
101 Tended a border

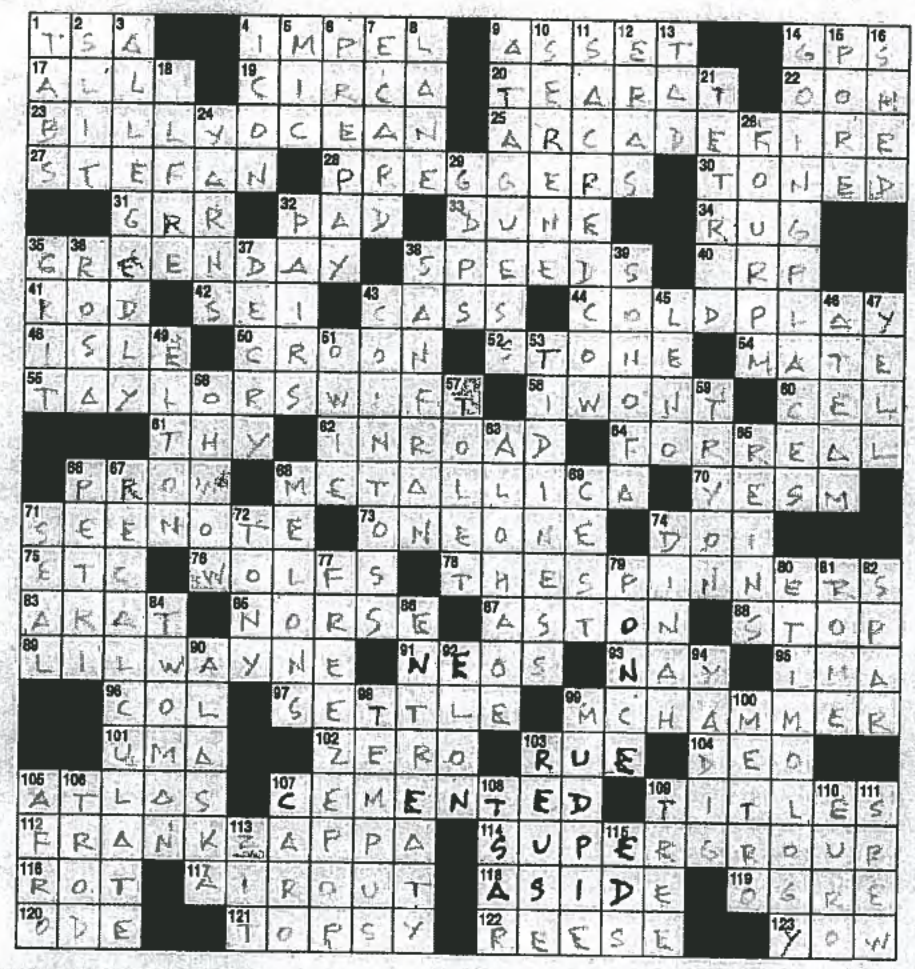
DOWN

1 Well-mannered
2 Fall flower
3 Char
4 Lady Bird's successor
5 Lumbers
6 Balanchine's forte
7 Abridge
8 Beach feature
9 Corrected a text
10 Mother-of-pearl source
11 State under oath
12 Herd
13 Gaelic
14 College basketball tourn.
15 Insulates
16 Kwi, emu or moa, e.g.
19 Bearing
20 Handled the situation
23 Finished
26 Filet border
27 Southern corn dish
30 Accumulate
32 88 Across preliminary
34 Sugary
35 Covered with asphalt
36 Employ
38 Mid-season baseball classic
39 Pine Tree State
40 Recovery
42 Tiny bit
43 Joins metallically
44 "___ Attraction"
45 Solitary
46 Regional flora and fauna
47 Colloquial speech
48 More unusual
49 European finch
50 Rust
51 Lavished affection on
53 Salty solution
54 Dugout
57 Teases
58 Combative person
62 Heaped
63 Nuts' partners
65 Negative votes
66 Setbacks
67 Partners
69 Distributed by measure
70 Boring
71 Ceremonies
72 Played the ham
73 Protective wall
74 Like Adam and Eve before the fall
75 Enameled metalware
76 Cursed
77 Made equal
78 Pub game
80 Jimmy or Dixie
81 Young girl
84 Raccoon's cousin
85 Soil
86 Make amends
88 Outer garment
89 Give off
90 Tell all
92 Lawyers grp.
95 High praise among teens

ANSWERS ON PAGE D7

Power Ballads

By Erik Agard and Alex Briñas / Edited by Will Shortz



ACROSS

1 Agcy. for Kennedy and Reagan
4 Push
9 Positive quality
14 Provider of directions, for short
17 Penne ___ vodka
19 Around
20 Claw
22 "Intriguing!"
23 Aquaman's favorite singer?
25 The Human Torch's favorite band?
27 ___ Edberg, two-time U.S. Open tennis champion
28 With child, informally
30 Nicely muscled
31 Canine warning
32 Feminine-hygiene product
33 Seashore feature
34 Oriental, e.g.
35 The Hulk's favorite band?
38 Does 110, say
40 Sculptor/collagist Jean
41 Staff
42 Number between cinque and sette
43 Mama ___ Elliot
44 Iceman's favorite band?
48 Bermuda, e.g.
50 Sweetly sing
52 14-pound unit
54 Australian friend
55 The Flash's favorite singer?
58 Adamant refusal
60 Animator's frame
61 "Your" of yore
62 Bit of progress
64 "Seriously?"
66 Front of a vessel
68 Magneto's favorite band?
70 Quaint agreement
71 Comment advising you to set your sights a little lower?
73 Low tie
74 Response to "You have something on your face," maybe
75 List-ending abbr.
76 Gobbles (down)
78 Spider-Man's favorite band?
83 Smell ___ (sense something fishy)
85 Like Hagar the Horrible
87 ___ Martin
88 "Enough already!"
89 Batman's favorite rapper?
91 Revivalists, for short
93 Not only that but also
95 Singer Sumac
96 The Avalanche, on sports tickers
97 Make do with a lesser option
99 Thor's favorite rapper?
101 Actress Thurman
102 32° Fahrenheit, in Celsius
103 Parisian street
104 ___ volente (God willing)
105 Old-fashioned provider of directions
107 Completely set
109 Sir and madam
112 Electro's favorite singer?
114 What the musical artists in this puzzle would form if they all performed together?
116 Decompose
117 Let breathe, as stinky shoes
118 Tangent line?
119 Princess Fiona, after sunset
120 One begins, "Thou still unravish'd bride of quietness"
121 ___-turvy
122 Chocolate cup inventor H. B. ___
123 Pained cry

DOWN

1 Things the police may keep on suspects
2 Narrow cut
3 [legally covering our butts here]
4 Clickable item
5 Boom ___
6 Remit in advance
7 Digital greeting
8 "Stay in your ___!"
9 Approximately
10 Untroubled
11 Divine bovine?
12 Timeline sections
13 Wee bit
14 Destined for greatness
15 Opening in cosmetology?
16 Molt
18 Woodard with four Emmys
21 Covalent bonds of a carbon atom, e.g.
24 Things sailors spin
26 Late afternoon hour
29 Some economic figs.
32 Tournament bridge players, typically
35 Stick-to-it-iveness
36 Santa ___, Calif.
37 Speak out against
38 City by the Bay, informally
39 "Why, you little ..."
43 Several quarter turns?
45 Jay with jokes
46 Starting squad
47 Speak up, and then some
49 ___ Brand, two-time N.B.A. All-Star
51 Boo-boo
53 Good trait in a housemate
56 "Jeez, wasn't expecting that!"
57 For rent
59 Test for fit
63 Song with the lyric "A loko e hana nei"
65 Things equestrians have on hand?
66 ___ dish
67 What 14-Across will do if you miss a turn
68 Fruit-salad ingredients
69 "___ bon"
71 Pup grown up
72 Uptown
74 "___, won't you blow your horn?" (old lyric)
77 Cold summer treat
79 Puerto Rican city that shares its name with an explorer
80 System of roots?
81 Part of a so-called "grand tour"
82 Trade barbs or blows
84 Like some saws and bobsleds
86 Supplication
90 "What did Delaware?" "I don't know, but ___" (classic joke)
92 University in North Carolina
94 "Feel me?"
98 "___ fugit"
99 Gooey chocolate treat
100 Public transit system
103 Be economical with
105 Lead-in to -centric
106 Stepped
107 Italian dear
108 Victim of a revolution
109 What the upright yoga pose vrikshasana simulates
110 It's worth a little more than a dollar
111 Violently send out
113 Stridex target, informally
115 Mag personnel

ANSWERS ON PAGE D7

Takata, Wendell H

From: Olson, Daniel B. (LD) (FBI) <dbolson@fbi.gov>
Sent: Monday, January 08, 2018 3:45 AM
To: Takata, Wendell H; CRRU
Cc: Turner, Heidi Lee (HN) (FBI); Backhaus, Peter R. (HN) (FBI)
Subject: RE: AG17-4571 INVESTIGATOR WORK PRODUCT-CRYPTOGRAPHY

Wendell,

[redacted]

[redacted] If you have any questions or obtain additional evidence in this case or any other, please don't hesitate to call on us.

Thanks.

Dan Olson
Unit Chief
Cryptanalysis and Racketeering Records Unit
FBI Laboratory
Quantico, VA
[redacted]

From: Takata, Wendell H [mailto:Wendell.H.Takata@hawaii.gov]
Sent: Friday, January 05, 2018 5:11 PM
To: CRRU <CRRU@ic.fbi.gov>
Cc: Turner, Heidi Lee (HN) (FBI) <hlturner@fbi.gov>; Backhaus, Peter R. (HN) (FBI) <prbackhaus@fbi.gov>
Subject: AG17-4571 INVESTIGATOR WORK PRODUCT-CRYPTOGRAPHY

Aloha Dan,

Thanks for the pleasant phone contact.

[redacted]

Please use this email string for future replies.

Thank you for your assistance,

Wendell Takata

Special Agent
Department of the Attorney General
Investigations Division
465 South King Street, Suite B-2
Honolulu, HI 96813
Office: (808) 587-4240
Cell: [redacted]
Fax: (808) 586-1371

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Attachment "BB"

Miscellaneous Documents and Medical Records of [redacted]

Misc. Records

Aug. 2017 – Nov. 2017

TO: HAWAII STATE HOSPITAL
MEDICAL RECORDS DEPARTMENT
FAX: 236-8413

DATE
TIME
AG

Sharon Littlejohn- Akiona 17-0928 11/12/17 0900
FROM INVESTIGATOR EVENT NO. EVENT DATE/TIME

[redacted] [redacted] I
PATIENT NAME CR# UNIT

Please provide all documents to the AG Investigator.

MR Check Documents Provided

✓ Multidisciplinary Signature Record
✓ Physician's Orders (approximately 2 days before, day of the event, & 1 day after event date)
✓ Psychiatric Evaluation/Re-evaluation
✓ Psychological Intake Assessment (HCR-20)
✓ Master Recover Plan (MRP)
N/A Sick Call Referral Form or Consultation Form on the day of the event (or on the day day closest to the event date)
✓ Progress Notes (approx. 2 days before and 2 days after event date)
N/A Special Intervention Check List such as 1:1 form (inter-filed w/progress notes). Obtain form on the day of the event, 1 day prior to the event and 1 day after the event, (inter-filed w/progress notes)
N/A Seclusion & Restraint Monitoring Form. Obtain form on the day of the event, 1 day prior to the event and 1 day after the event, (inter-filed w/progress notes)
✓ Medication Administration Records (MAR) 1 day prior to the event and on Day of the event.
N/A Nursing Staff Roster from the Nursing Office (day of the event)

COMMENTS BY MEDICAL RECORDS STAFF:

11/30/17 [redacted]
DATE MR REQUEST COMPLETED **COMPLETED BY**

NOTICE OF RIGHTS AND RESPONSIBILITIES, CONTRABAND AND UNAUTHORIZED ABSENCE

HAWAII STATE HOSPITAL (HSH)

1. IS REQUIRED TO INFORM PATIENT OF THEIR RIGHT'S AND RESPONSIBILITIES;
2. DOES NOT TOLERATE ILLEGAL DRUG, CONTRABAND USE OR POSSESSION; AND
3. DOES NOT ALLOW UNAUTHORIZED ABSENCE FROM HSH GROUNDS.

Staff initials each box [ ] as each item is explained to and/or discussed with the Patient.

[ ] The Patient Handbook contains important information about rights and responsibilities.
[ ] The unauthorized possession of drugs or dangerous instruments by patients hospitalized pursuant to a court order may be prosecuted as promoting prison contraband in accord with Hawaii state law (HRS section 710-1022 through 710-1023). Voluntary patients may be charged with possession. Definitions:

"CONTRABAND" means all dangerous instruments, drugs, and/or illegal items.

"DANGEROUS INSTRUMENTS" means any firearm, or other weapon, device, instrument, material, or substance capable of producing death or serious bodily injury.

"DRUG PARAPHERNALIA" means all equipment, products, and materials of any kind which are used, intended for use, or designed for use, in planting, propagating cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, inhaling or otherwise introducing into the human body a controlled substance in violation of Hawaii Revised Statutes Chapter 329.

"DRUGS" shall include all substances identified as Schedule I through V substances by Chapter 329 of Hawaii Revised Statutes, as well as intoxicating compounds as defined by HRS 712-1240, intoxicating liquor, marijuana and marijuana concentrate.

[ ] Unauthorized absence from HSH by patients hospitalized pursuant to a court order may result in arrest and prosecution. Unauthorized absence from HSH by voluntary patients may result in discharge. Definitions:

"UNAUTHORIZED ABSENCE"
Elopement: An elopement is an event for any length of time in which a patient, whether voluntary or involuntary, leaves the facility grounds, or leaves from a community outing, without authorization and without notifying the staff of their intention to do so.
AWOL: Refers to the term Absent Without Leave, which describes a patient who is not in his or her assigned location but is on grounds. For example, an unescorted patient who is assigned to attend an off-unit Occupational Therapy class but doesn't go and is on the Village Green instead.

ACKNOWLEDGMENT

HAWAII STATE HOSPITAL

I have been [ ] **Informed of my rights and responsibilities as a patient and given a copy of the Patient Handbook.**
[ ] **Informed that Hawaii State Hospital does not tolerate possession of dangerous instruments, drugs, drug paraphernalia, or illegal items.**
[ ] **Informed that Hawaii State Hospital does not allow unauthorized absence from Hawaii State Hospital grounds.**

Patient is requested to sign acknowledging receipt of the information.

[redacted] Date Sept. 26, 2017

The above statements were explained and discussed with patient but patient was ☐ **unable to sign** ☐ **unwilling to sign.**

Explanation: [redacted]

[redacted] 9/26/17

Staff Signature | Staff Printed Name | Date | [redacted] HSH M 03 06 81 [redacted]

HSH/Adm-NPP 1 Rev. 04/2015

ADDRESSOGRAPH

DAVID Y.IGE
GOVERNOR OF HAWAI'I

ADDRESS ONLY
ADMINISTRATOR
HAWAI'I STATE HOSPITAL

INFORMATION REGARDING PATIENTS
IS CONFIDENTIAL AND FURNISHED
FOR PROFESSIONAL PURPOSES ONLY

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
HAWAI'I STATE HOSPITAL
45-710 KEAAHALA ROAD
KANEOHE, HAWAI'I 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

FAXED
11/16/2017
1:39 PM

CONFIDENTIAL

Date Sent: Thursday, November 16, 2017

To:	Correctional Heath Care San Joaquin County Jail Mental Health	**Fax#:**	209-468-4554
From:	[redacted] Medical Records Technician V	**Fax#:**	808-236-8413

DOCUMENT BEING SENT: Total # of Pages (incl. cover sheet & blank pgs.): 32

Medical Services H&P 2/17/16
Medication Administration Record November 2017
Master Recovery Plan and Review 11/14/17

REMARKS:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

If you have any questions, please call (808) 236-8270. Thank you!

This communication is intended solely for the individual or the entity to which it is addressed, and may contain information that is privileged, confidential and/or prohibited from disclosure. If the reader of this communication is not the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address above via the U.S. Postal Service. Thank you.

Correctional Health Care
7000 Michael N. Canlis Blvd.
French Camp, CA 95231
(209) 468-4550
Fax (209) 468-4554

MR#: 06.93.04
NAME: [redacted]
DOB: [redacted] LOC: Somers
Booking #: 1720B 1720336

AUTHORIZATION for RELEASE of INFORMATION

I, [redacted] , hereby authorize
Patient or Legal Representative

Correctional Health Care Services to use or disclose my health information as described below. I understand the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

Patient Name: [redacted] Med Rec/ID Number:
Date of Birth: [redacted] Sex: M Date(s) of Service: Any and all relevant information

Persons/organization providing the information: (From)
Hawaii State Hospital
808-247-2191
45710 Kea'ahala Rd Kaneohe HI 96744
808.236.8774 Fax.

Persons/organization receiving the information: (To)
CHC (209) 468-3129
San Joaquin County Jail
mental Health

Specific Medical Condition(s): mental health
And/or
Specific Timeframe(s): Any and all relevant mental Health Hx

What is the purpose of the disclosure? continue care

(**Note:** "at the request of the individual" is a sufficient description of the purpose when the patient initiates the authorization and elects not to provide a statement of purpose.)

Type of Records Needed:

- ☐ Discharge Summary
- ☐ Progress Notes
- ☐ Laboratory Test(s)
- ☐ Consultation Report(s)
- ☐ Outpatient Clinic Notes
- ☐ Operative Reports
- ☐ Prenatal/Delivery Record
- ☐ Complete Medical Record
- ☑ Mental Health
- ☑ History & Physical
- ☐ Emergency Record
- ☐ Pathology Report(s)
- ☐ Radiology Test(s)
- ☑ Current Medications
- ☐ Other _____ (Please Specify)

Correctional Health Care
7000 Michael N. Canlis Blvd.
French Camp, CA 95231
(209) 468-4550
(209) 468-4554 Fax

I specifically authorized release of the following information (check if appropriate):

- ☐ Alcohol/Drug Treatment Records
- ☐ HIV test results

☑ All of the records marked above pertaining to me.
☐ Only the records from _____ Date(s) of Treatment.

Exceptions: _____

I understand that this authorization shall become effective immediately and shall remain in effect until _____ (six months from date of signature).

I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of.

I understand that I may revoke this authorization at any time by completing the Revocation of Authorization Form, obtained from the Medical Records/HIM Department. The revocation will only be effective from the date it is received in this office and will not apply retroactively.

I further understand that I have the right to refuse to sign this form and that my refusal will not result in Correctional Health Care conditioning the provision of health care with two exceptions:

1. If it is for disclosure of information created for research that includes treatment.
2. If it is for disclosure of information created for the sole purpose of disclosure to a third party.

I also agree to pay any fees associated with copying, reviewing and mailing the requested records. I understand that I am entitled to receive a copy of my information.

I have a right to receive a copy of this authorization. If this box is checked, ☐ the requester will receive compensation for the use or disclosure on my information.

Print Nam[redacted] _____

Signature: [redacted] _____

Date: 11-16 Time: 1250 am/pm

If signed by other than the patient, indicate relationship: _____

Witness: _____ Date: 11-16-17

* * * Communication Result Report (Nov. 16. 2017 2:07PM) * * *

1)
2)

Date/Time: Nov. 16. 2017 1:59PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2122	Memory TX	912094684554---1012	P. 32	OK	

Fax# 209-468-3129
would not go through
so forted to 209-468-4554.

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

DAVID Y. IGE
GOVERNOR OF HAWAII

ADDRESS ONLY
ADMINISTRATOR
HAWAII STATE HOSPITAL

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IS CONFIDENTIAL AND FURNISHED
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STATE OF HAWAII
DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL
45-710 KEAHALA ROAD
KANEOHE, HAWAII 96744-3522

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

FAXED
11/14/2017
1:39 PM

CONFIDENTIAL

Date Sent: Thursday, November 16, 2017

To: Correctional Heath Care
San Joaquin County Jail
Mental Health

Fax#: 209-468-4554

From: [redacted]
Medical Records Technician V

Fax#: 808-236-8479

DOCUMENT BEING SENT:

Total # of Pages (incl. cover sheet & blank pgs.): 32

Medical Services H&P 2/17/16
Medication Administration Record November 2017
Master Recovery Plan and Review 11/14/17

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If you have any questions, please call (808) 236-8270. Thank you!

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HAWAII STATE HOSPITAL
MULTIDISCIPLINARY SIGNATURE RECORD

Service Code	Initials	PRINT Name	Signature / Title
04	[redacted]		
04			
07			
04			
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Service Codes:

01 – Psychiatrist, Resident	08 - Occupational Therapist
02 - Other Physician	09 - Recreational Therapist
03 - Psychologist	10 - Dietician
04 - Registered Nurse	11 - Chaplain
05 - LPN	12 - MISA
06 – PMA/Psych Tech	13 – Other (Students, Interns, UM, etc.)
07 - Social Worker	14 – Outside Agency/Providers (Case mgr., etc.)

HSH/NSG/mrd/MSR-15 rev 02.08

MULTIDISCIPLINARY SIGNATURE RECORD

Service Code	Initials	PRINT Name	Signature / Title
04	[redacted]		
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04			
01			

Service Codes:

01 – Psychiatrist, Resident
02 - Other Physician
03 - Psychologist
04 - Registered Nurse
05 - LPN
06 – PMA/Psych Tech
07 - Social Worker
08 - Occupational Therapist
09 - Recreational Therapist
10 - Dietician
11 - Chaplain
12 - MISA
13 – Other (Students, Interns, UM, etc.)
14 – Outside Agency/Providers (Case mgr., etc.)

[redacted]

[redacted] HSH # 03 06 81

TRAINING

[redacted]

HAWAII STATE HOSPITAL
MULTIDISCIPLINARY SIGNATURE RECORD

Service Code	Initials	PRINT Name	Signature / Title
04	[redacted]		
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Service Codes:

01 - Psychiatrist
02 - Other Physician
03 - Psychologist
04 - Registered Nurse
05 - LPN
06 - PMA
07 - Social Worker
08 - Occupational Therapist
09 - Recreational Therapist
10 - Dietician
11 - Vocational Rehab
12 - Educational Therapist
13 - Other

[redacted] HSH M 03 06 81

F /BOOKER [redacted]

MULTIDISCIPLINARY SIGNATURE RECORD

Service Code	Initials	PRINT Name	Signature / Title
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09 - Recreational Therapist
10 - Dietician
11 - Vocational Rehab
12 - Educational Therapist
13 - Other

HAWAII STATE HOSPITAL
MULTIDISCIPLINARY SIGNATURE RECORD

Service Code	Initials	PRINT Name	Signature / Title
05	[redacted]		
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Cont. on back

Service Codes:
01 - Psychiatrist
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06 - PMA
07 - Social Worker
08 - Occupational Therapist
09 - Recreational Therapist
10 - Dietician
11 - Vocational Rehab
12 - Educational Thera
13 - Other

[redacted] Sn 03 06 81
39 M
[redacted]

(addressograph)

MULTIDISCIPLINARY SIGNATURE RECORD

Service Code	Initials	PRINT Name	Signature / Title
04	[redacted]	[redacted]	[redacted]
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04			

Service Codes:

01 - Psychiatrist
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09 - Recreational Therapist
10 - Dietician
11 - Vocational Rehab
12 - Educational Therapist
13 - Other

HAWAII STATE HOSPITAL
MULTIDISCIPLINARY SIGNATURE RECORD

Service Code	Initials	PRINT Name	Signature / Title
06	[redacted]		
06			
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09 - Recreational Therapist
10 - Dietician
11 - Vocational Rehab
12 - Educational Therapist
13 - Other

03 06 81

(addressograph)

MULTIDISCIPLINARY SIGNATURE RECORD

Service Code	Initials	PRINT Name	Signature / Title
04		[redacted]	
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03 - Psychologist
04 - Registered Nurse
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06 - PMA
07 - Social Worker
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09 - Recreational Therapist
10 - Dietician
11 - Vocational Rehab
12 - Educational Therapist
13 - Other

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME	DO NOT USE THIS SHEET UNLESS YELLOW SHOWS	NOTED BY
10/20/17 1655	[redacted]	

ADDRESSOGRAPH

[redacted]

[redacted] HSH M 03 06 81 [redacted]

HAWAII STATE HOSPITAL

PHYSICIAN'S ORDERS

PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME	Monthly treatment recap for NOVEMBER 2017	NOTED BY
10/26/	[redacted]	
163		

[redacted]

[redacted]

HSH M 3/6/81

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME	15) On weekends and holidays, he also has unescorted grounds walks	NOTED BY
10/26/07 1630	[redacted]	

ADDRESSOGRAPH

[redacted]

HSH M 3/6/81

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME	DO NOT USE THIS SHEET UNLESS YELLOW SHOWS	NOTED BY
10/10/17	[redacted]	
0755		
10/13/17		
10/15/17		
10/17/17		
10/19/17		
10/22/17		
10/25/17		

ADDRESSOGRAPH

[redacted]

[redacted]

[redacted]

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS
PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME	DO NOT USE THIS SHEET UNLESS YELLOW SHOWS	NOTED BY
9/29/17	[redacted]	
1415		
9/30/17		
10/1/17@		
10.3.17		
10-5-17		
10/6/17		
1550		
10/6/17		
1555		

[redacted]

ADDRESSOGRAPH

[redacted]

HSH H 83 06 81

[redacted]

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

PLEASE! USE BALL POINT PEN ONLY!

Monthly treatment recap for OCTOBER 2017

DATE & TIME	DO NOT USE THIS SHEET UNLESS YELLOW SHOWS	NOTED BY
9/27/ 0800	[redacted]	

[redacted]

HSH M 3/6/81

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

PLEASE USE BALL POINT PEN ONLY!

[redacted]

DATE & TIME	
9/27/17 0800	

ADDRESSOGRAPH

[redacted]

HSH M 3/6/81

[redacted]

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS
PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME		NOTED BY
9/2/17	[redacted]	
9/6/17		
9/7/17		
9/10/17		
9/13/17		
9/15/17		
9-18-17		
9/21/17		
9/20		
9/21/17		
9/22/17		
9/24/17		
9.26.17		
9/28/17		

ADDRESSOGRAPH

[redacted]

HSH # 03 06 81

[redacted]

HSH/Psych 6-3/03

HAWAII STATE HOSPITAL

PHYSICIAN'S ORDERS

PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME	Monthly treatment recap for SEPTEMBER 2017	NOTED BY
8/30/17 0755	[redacted]	

[redacted]

[redacted] HSH M 3/6/81

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS
PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME	[redacted]
8/30/17	
07(	

ADDRESSOGRAPH

[redacted]

HSH M 3/6/81

[redacted]

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME	DO NOT USE THIS SHEET UNLESS YELLOW SHOWS	NOTED BY
7/24/17@	[redacted]	
7-31-17 24-11		
8-3-17 24-11		
8/7/17 @10 CN		
8/10/17 @		
8/12/17@		
8/16/17		
8/19/17 3-11 [illegible]		
8/22/17		
8/24/17 3-11 -15		
8-26-17 3-11		
8-27-17 7-4		

ADDRESSOGRAPH

[redacted]

[redacted] HSH # 05 05 81 [redacted]

HAWAII STATE HOSPITAL

PHYSICIAN'S ORDERS

PLEASE! USE BALL POINT PEN ONLY!

Monthly treatment recap for AUGUST 2017

DATE & TIME	DO NOT USE THIS SHEET UNLESS YELLOW SHOWS	NOTED BY
July 26, 2017	[redacted]	
1125		

7/27/17 11-7 VSK

[redacted]

[redacted]

HSH M 3/6/81

[redacted]

State of Hawaii
DEPARTMENT OF HEALTH HAWAII STATE HOSPITAL

Includes:

1. Identifying Data/Reason for Admission/Current Legal Status
2. Additional History
3. Current Medications
4. Hospital Course
5. Significant Medical Issues
6. Mental Status Exam
7. Current Diagnoses
8. Treatment Plan

ANNUAL PSYCHIATRIC RE-EVALUATION

IDENTIFYING DATA/REASON FOR ADMISSION/CURRENT LEGAL STATUS:

[redacted]

HISTORY OF PRESENT ILLNESS:

[redacted]

CLINICAL HISTORY/EVALUATION

Name [redacted]
CR/HSH NO. [redacted]
Unit F
Date of Admission March 6, 1981
Date Dictated May 18, 2010

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]
Staff Psychiatrist

5.25.10
Date

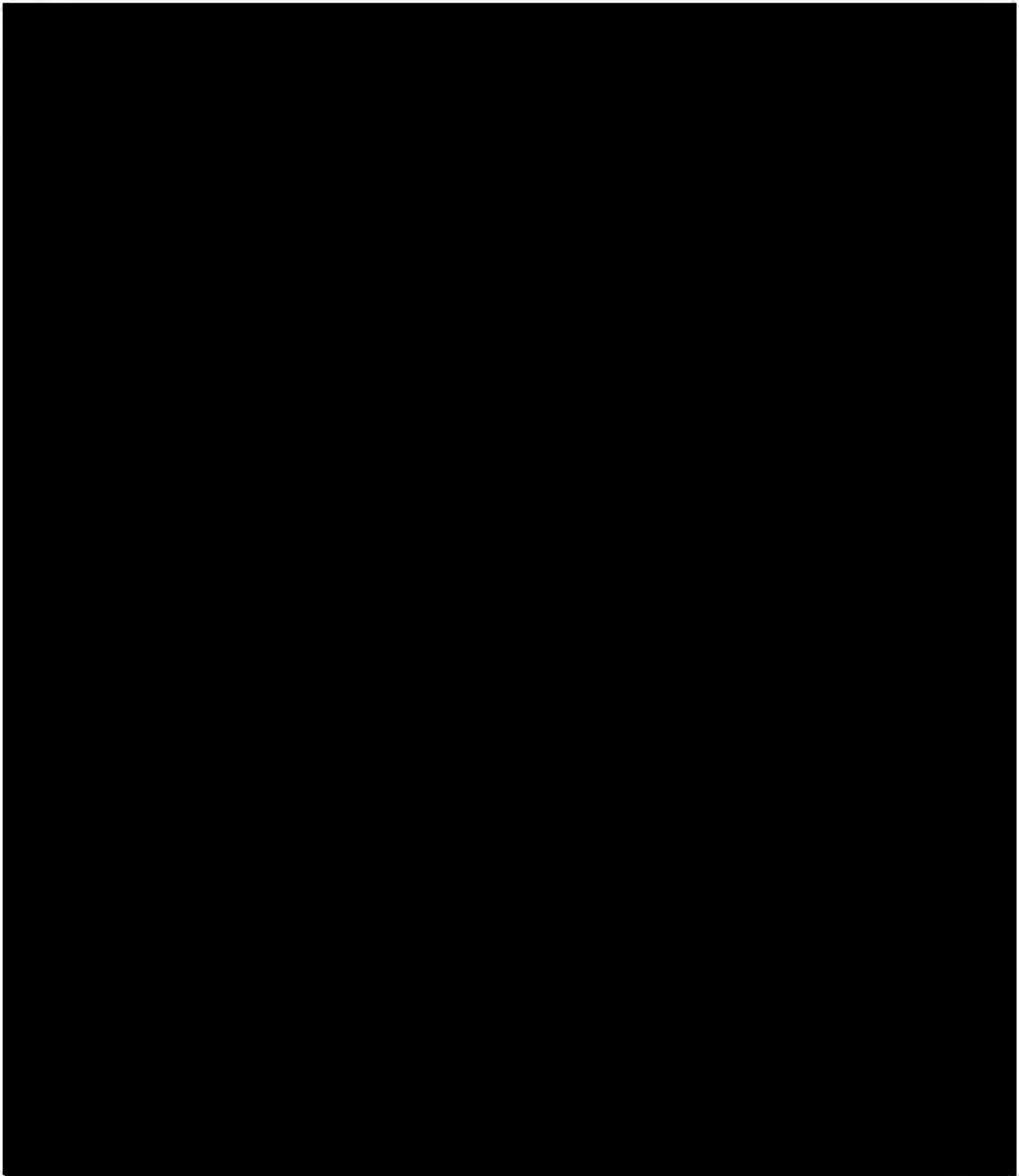
[redacted]
DD: 5/18/10
DT: 5/19/10

HAWAII STATE HOSPITAL
PSYCHOLOGICAL EVALUATION: INTAKE ah

Name: [redacted]
CR Number: [redacted]
Date of Birth: [redacted]
Date of Evaluation: 10/20/92
Date of Report: 10/27/92
Psychologist: Sasha Kariel, Ph.D.

[redacted]

PSYCHOLOGY DATA



HAWAII STATE HOSPITAL
PSYCHOLOGICAL EVALUATION

Name: [redacted]
CR Number: [redacted]

[redacted]

[redacted]
Clinical Psychologist

10-28-92
Date

[redacted]
Psychology Practicum Student
University of Hawaii

11/2/92
Date

PSYCHOLOGY DATA

HAWAII STATE HOSPITAL

Updated Community Risk Assessment with Risk Management Recommendations

Patient: [redacted] **CR#:** [redacted] **Unit:** I

Date of Birth: [redacted]

Date of Admission: 03/06/1981

Previous Report Prepared by: Conrad B, Bernisto, PsyD, on 09/26/2013

Updated Report Prepared by: Marc R. Malone, PsyD, on 11/23/2016

[redacted]

[redacted]

[redacted]

Respectfully Submitted By,

[redacted]

11/23/2016
Date

Clinical Psychologist
Hawaii State Hospital, Unit-I

Hawaii State Hospital

Assessment Of Risk In The Absence Of Supervision/Hospitalization (ARASH) Page 1

Patient Name [redacted]	Patient CR Number [redacted]	Date of Assessment 11/12/2017
Name of Physician completing assessment [ ] Attending [✓] OD Print: [redacted] Signature: [redacted]	Name of Nurse completing assessment [ ] Charge Nurse [ ] Designee Print: [redacted] Signature: [redacted]	

[redacted]

[redacted] HSH M 03 06 81 [redacted]

Addressograph

P&P 19.520 Attachment B
HSH/RM-ARASH 1 01/12

Hawaii State Hospital

Nutrition Assessment

Check ONE: Initial: _____ Quarterly: _____ Annual: ✓ Consult: _____

[redacted]

8-30-17 [redacted]

Date Dietitian's Signature

[redacted]

[redacted] HSH M 03 06 81 [redacted]

[redacted]

Hawaii State Hospital

Nutrition Assessment

[redacted]

A.

P.

Key*: N = Nausea V = Vomiting D = Diarrhea C = Chewing S = Swallowing

Addressograph:

[redacted]

8-8-16

Date

[redacted]

Dietitian's Signature

[redacted] HSH M 03 06 81 [redacted]

Year: 2017 Week of: 9/17 | 9/24 | 10/1 | 10/8 | 10/15 | 10/22 | 10/29 | 11/5

[redacted]

Addressog [redacted]

[redacted] HSH M 03 06 81 [redacted]

Hawaii State Hosp Activity & Goal Sheet

Week of: 11/10/2017 - 11/16/2017 Session:2017C

CR No: [redacted] [redacted] Unit: I Team: 3 Token No: 16

16

HAWAII STATE HOSPITAL TREATMENT MALL

Friday			Saturday			Monday			Tuesday			Wednesday			Thursday		
Activity	Tokens	Init	Activity	Tokens	Init	Activity	Tokens	Init	Activity	Tokens	Init	Activity	Tokens	Init	Activity	Tokens	Init
Wake-Up	0 1 2		Appearance Chk	0 1 2		Wake-Up	0 1 2		Wake-Up	0 1 2		Wake-Up	0 1 2		Wake-Up	0 1 2	
Room Check	0 1 2		Community Meeting	0 1 2		Room Check	0 1 2		Room Check	0 1 2		Room Check	0 1 2		Room Check	0 1 2	
Appearance Chk	0 1 2		AM(UNIT) AFTER HOURS Nursing Activity	0 1 2 3		Appearance Chk	0 1 2		Appearance Chk	0 1 2		Appearance Chk	0 1 2		Appearance Chk	0 1 2	
Exercise	0 1 2		6:00 pm Appearance Chk	0 1 2		Exercise	0 1 2		Exercise	0 1 2		Exercise	0 1 2		Exercise	0 1 2	
0840-0930(UNIT) Homeroom(())	0 1 2 3 4 5		PM(UNIT) AFTER HOURS Social Activity	0 1 2 3		0840-0930(UNIT) Homeroom(())	0 1 2 3 4 5		0840-0930(UNIT) Homeroom(())	0 1 2 3 4 5		0840-0930(UNIT) Homeroom(())	0 1 2 3 4 5		0840-0930(UNIT) Homeroom(())	0 1 2 3 4 5	
1015-1105 (COMMUNITY) Clubhouse Koolau (2 hrs)	0 1 2 3 4 5		Sunday			1015-1105 (COMMUNITY) Clubhouse Koolau (2 hrs)	0 1 2 3 4 5		1015-1105 (COMMUNITY) Clubhouse Koolau (2 hrs)	0 1 2 3 4 5		1015-1105 (COMMUNITY) Clubhouse Koolau (2 hrs)	0 1 2 3 4 5		1015-1105 (COMMUNITY) Clubhouse Koolau (2 hrs)	0 1 2 3 4 5	
Homeroom & Lunch			Appearance Chk	0 1 2		Homeroom & Lunch			Homeroom & Lunch			Homeroom & Lunch			Homeroom & Lunch		
1215-1405 (COMMUNITY) Club House Koolau (2 hrs)	0 1 2 3 4 5		Community Meeting	0 1 2		1215-1405 (COMMUNITY) Club House Koolau (2 hrs)	0 1 2 3 4 5		1215-1405 (COMMUNITY) Club House Koolau (2 hrs)	0 1 2 3 4 5		1215-1405 (COMMUNITY) Club House Koolau (2 hrs)	0 1 2 3 4 5		1215-1405 (COMMUNITY) Club House Koolau (2 hrs)	0 1 2 3 4 5	
1315-1405 (COMMUNITY) Conf. Club House Koolau (2 hrs)	0 1 2 3 4 5		AM(UNIT) AFTER HOURS Nursing Activity	0 1 2 3		1315-1405 (COMMUNITY) Conf. Club House Koolau (2 hrs)	0 1 2 3 4 5		1315-1405 (COMMUNITY) Conf. Club House Koolau (2 hrs)	0 1 2 3 4 5		1315-1405 (COMMUNITY) Conf. Club House Koolau (2 hrs)	0 1 2 3 4 5		1315-1405 (COMMUNITY) Conf. Club House Koolau (2 hrs)	0 1 2 3 4 5	
6:00pm Appearance Chk	0 1 2		6:00 pm Appearance Chk	0 1 2		6:00pm Appearance Chk	0 1 2		6:00pm Appearance Chk	0 1 2		6:00pm Appearance Chk	0 1 2		6:00pm Appearance Chk	0 1 2	
AM(UNIT) AFTER HOURS Nursing Activity			PM(UNIT) AFTER HOURS Social Activity	0 1 2 3		PM(UNIT) AFTER HOURS Nursing Activity			PM(UNIT) AFTER HOURS Nursing Activity			PM(UNIT) AFTER HOURS Nursing Activity			PM(UNIT) AFTER HOURS Nursing Activity		
			Total ADLs & TX Activites														
PM2(UNIT) AFTER HOURS Karaoke Gym	0 1 2 3 4 5					PM2(UNIT) AFTER HOURS Karaoke Gym	0 1 2 3 4 5		PM2(AD) AFTER HOURS MSANA (1900-2000)	0 1 2 3 4 5		PM2(AD) AFTER HOURS MSANA (1900-2000)	0 1 2 3 4 5		PM2(UNIT) AFTER HOURS Karaoke Gym	0 1 2 3 4 5	
Total ADLs & TX Activites						Total ADLs & TX Activites			Total ADLs & TX Activites			Total ADLs & TX Activites			Total ADLs & TX Activites		

2017 6:39:59AM

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 08/08/2017

1. CASE HISTORY / BACKGROUND AND FORMULATION:

(Succinct analysis and integration of interdisciplinary assessments, including risk evaluation, patient strengths, and cultural assessment that provides an understanding of the individual's situation based on information gathered on admission, treatment priorities, and recovery needs.)

[redacted]

ADDRESSOGRAPH
[redacted]
HSH M
Unit-I [redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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HAWAII STATE HOSPITAL
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Date: 08/08/2017

[redacted]

2. DIAGNOSES:

[redacted]

ADDRESSOGRAPH

[redacted] HSH M 03 06 81
Unit-1 [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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Date: 08/08/2017

3. DATA:

[redacted]

4. LIFE GOAL: (In the individual's own words; include statements of dreams, hopes and vision of life.)

[redacted]

5. DISCHARGE AND TRANSITION PLAN: (Changes in individual symptoms, functional status that will lead to discharge.)

LEGAL STATUS

[redacted]

ADDRESSOGRAPH

[redacted]
[redacted] HSH M 03 06 81
Unit-I / [redacted]

HAWAII STATE HOSPITAL
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[redacted]

CONTINUITY OF CARE PLAN

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ADDRESSOGRAPH

[redacted] HSH M

Unit I / [redacted]

03 06 81

[redacted]

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[redacted]

6. PROBLEMS:

[redacted]

7. TREATMENT NEEDS AND PROGRESS:

[redacted]

ADDRESSOGRAPH

[redacted]
[redacted] HSH M 03 06 81
Unit I / [redacted]

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8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

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HSH M
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[redacted]

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH

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HAWAII STATE HOSPITAL
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9. INDIVIDUAL / PATIENT COMMENTS:

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[ ] Special Treatment Team Review

Date: 08/08/2017

10. SIGNATURES:

NAME (Print)	(Signature)	Discipline	Date
[redacted]	X	Patient	08/08/2017
[redacted]		Psychiatrist	08/08/2017
		Psychologist	08/08/2017
	Referral Only	Social Worker	08/08/2017
		Nurse	08/08/2017
		MISA	08/08/2017
		Psych Tech/ PMA	08/08/2017
		Dietitian	08/08/2017
			08/08/2017
			08/08/2017
			08/08/2017

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[redacted] HSH M 03 06 81
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Date: 08/08/2017

10. SIGNATURES:

NAME (Print)	(Signature)	Discipline	Date
[redacted]		Patient	08/08/2017
		Psychiatrist	08/08/2017
		Psychologist	08/08/2017
		Social Worker	08/08/2017
		Nurse	08/08/2017
		MISA	08/08/2017
		Psych Tech/ PMA	08/08/2017
		Dietitian	08/08/2017
[redacted]		[illegible]	
		[illegible]	

ADDRESSOGRAPH

[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted] 06 06 58

HAWAII STATE HOSPITAL
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1. CASE HISTORY / BACKGROUND AND FORMULATION:

(Succinct analysis and integration of interdisciplinary assessments, including risk evaluation, patient strengths, and cultural assessment that provides an understanding of the individual's situation based on information gathered on admission, treatment priorities, and recovery needs.)

[redacted]

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[redacted] [redacted]
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Unit-I [redacted] [redacted]

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2. DIAGNOSES:

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ADDRESSOGRAPH

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HAWAII STATE HOSPITAL
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3. DATA:

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4. LIFE GOAL: (In the individual's own words; include statements of dreams, hopes and vision of life.)

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5. DISCHARGE AND TRANSITION PLAN: (Changes in individual symptoms, functional status that will lead to discharge.)

LEGAL STATUS

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Date: 09-12-17

[redacted]

CONTINUITY OF CARE PLAN

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[redacted] ADDRESSOGRAPH

[redacted] HSH M . 03.06.81

Unit I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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HAWAII STATE HOSPITAL
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6. PROBLEMS:

[redacted]

7. TREATMENT NEEDS AND PROGRESS:

[redacted]

[redacted] ADDRESSOGRAPH

[redacted] HSH M 03 06 81

Unit I [redacted]

HAWAII STATE HOSPITAL
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assessments.

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[redacted]

9. INDIVIDUAL / PATIENT COMMENTS:

ADDRESSOGRAPH

[redacted] HSH M 03.06.81
Unit-I [redacted]

HAWAII STATE HOSPITAL
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10. SIGNATURES:

NAME (Print)	(Signature)	Discipline	Date
[redacted]	X	Patient	08/08/2017
		Psychiatrist	08/08/2017
		Psychologist	08/08/2017
	Referral Only	Social Worker	08/08/2017
		Nurse	08/08/2017
		MISA	08/08/2017
		Psych Tech/ PMA	08/08/2017
		Dietitian	08/08/2017
			08/08/2017
			08/08/2017
			08/08/2017

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: ~~09-12-17~~ 10-10-17

1. CASE HISTORY / BACKGROUND AND FORMULATION:

(Succinct analysis and integration of interdisciplinary assessments, including risk evaluation, patient strengths and cultural assessment that provides an understanding of the individual's situation based on information gathered on admission, treatment priorities, and recovery needs.)

[redacted]

ADDRESSOGRAPH

[redacted] HSH M 03 06 81

Unit I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
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[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 09-12-17

[redacted]

ADDRESSOGRAPH
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[redacted]HSH M
Unit-I [redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan
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[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 09-12-17

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Unit-I [redacted]

03 06 81

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HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 09-12-17

[redacted]

2. DIAGNOSES:

	DSM-5 Diagnosis	(Start date)	(End date)
[redacted]			

ADDRESSOGRAPH
[redacted]
HSH M 03 06 81
Unit-I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

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[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 09-12-17

3. DATA:

[redacted]

4. LIFE GOAL: (In the individual's own words; include statements of dreams, hopes and vision of life.)

[redacted]

5. DISCHARGE AND TRANSITION PLAN: (Changes in individual symptoms, functional status that will lead to discharge.)

LEGAL STATUS

[redacted]

ADDRESSOGRAPH

[redacted]
HSH M
Unit-I [redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[X]	30-Day	[ ]	Admission Treatment Plan
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Date: 09-12-17

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ADDRESSOGRAPH
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HSH M
Unit-I [redacted]
03 06 81
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HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[X]	30-Day	[ ]	Admission Treatment Plan
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Date: 09-12-17

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ADDRESSOGRAPH
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[redacted] HSH M 03 06 81
Unit I [redacted] [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ] Admission Treatment Plan
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[ ] Special Treatment Team Review

Date. 09-12-17

[redacted]

6. PROBLEMS:

(Status)	(Narrative)	(Start date)	(End date)
[redacted]			

7. TREATMENT NEEDS AND PROGRESS:

[redacted]

[redacted] ADDRESSOGRAPH

[redacted] HSH M 03 06 81

Unit-I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

)Originally Created: 12-01-2005

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Date: 09-12-17

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ADDRESSOGRAPH
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[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

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[ ] Admission Treatment Plan
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[ ] Special Treatment Team Review

Date. 09-12-17

assessments.

[redacted]

ADDRESSOGRAPH

[redacted]
HSH M
Unit-I [redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

)Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan	Date: 09-12-17
[ ]	60-Day	[ ]	Transfer Review (72-Hour)	
[ ]	90-Day	[ ]	Special Treatment Team Review	

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ADDRESSOGRAPH
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[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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ADDRESSOGRAPH
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[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
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[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 09-12-17

[redacted]

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH

[redacted] HSH M 03 06 81
Unit-I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ] Special Treatment Team Review

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8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 09-12-17

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

[redacted] ADDRESSOGRAPH
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

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[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 09-12-17

8. REVIEW:

(As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

9. INDIVIDUAL / PATIENT COMMENTS:

ADDRESSOGRAPH

[redacted] HSH M 03 06 81
Unit-I/[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
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[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 09-12-17

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH

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Unit-I [redacted]

HAWAII STATE HOSPITAL
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[ ] Special Treatment Team Review

Date: 09-12-17

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH
[redacted]
HSH M 03 06 81
Unit-I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan
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[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 09-12-17

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ] Special Treatment Team Review

Date: 09-12-17

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

) Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] [redacted]
[ ] [redacted]
[ ] [redacted]

10. SIGNATURES:

NAME (Print)	(Signature)	Discipline	Date
[redacted]	X	Patient	08/08/2017
		Psychiatrist	08/08/2017
		Psychologist	08/08/2017
	Referral Only	Social Worker	08/08/2017
		Nurse	08/08/2017
		MISA	08/08/2017
		Psych Tech/ PMA	08/08/2017
		Dietitian	08/08/2017
			08/08/2017
			08/08/2017
			08/08/2017

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted] 06 06 58

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
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10. SIGNATURES:

NAME (Print)	(Signature)	Discipline	Date
[redacted]	X	Patient	08/08/2017
		Psychiatrist	08/08/2017
		Psychologist	08/08/2017
	Referral Only	Social Worker	08/08/2017
		Nurse	08/08/2017
		MISA	08/08/2017
		Psych Tech/ PMA	08/08/2017
		Dietitian	08/08/2017
			08/08/2017
			08/08/2017
			08/08/2017

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted] [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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Date: 09/12/2017

10. SIGNATURES:

NAME (Print)	(Signature)	Discipline	Date
[redacted]	[redacted]	Patient	09/12/2017
		Psychiatrist	09/12/2017
		Psychologist	09/12/2017
	Referral Only	Social Worker	09/12/2017
	[redacted]	Nurse	09/12/2017
		MISA	09/12/2017
		Psych Tech/ PMA	09/12/2017
		Dietitian	09/12/2017
[redacted]		[illegible]	09/12/2017
			09/12/2017
			09/12/2017

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[X] 30-Day
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Date: 10-10-17

1. CASE HISTORY / BACKGROUND AND FORMULATION:

(Succinct analysis and integration of interdisciplinary assessments, including risk evaluation, patient strengths, and cultural assessment that provides an understanding of the individual's situation based on information gathered on admission, treatment priorities, and recovery needs.)

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03.06.81
Unit I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

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[ ] Admission Treatment Plan
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[ ] Special Treatment Team Review

Date: 10-10-17

[redacted]

[redacted] ADDRESSOGRAPH

[redacted] HSH M

Unit-I [redacted]

03 06 81 [redacted]

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

[redacted]

2. DIAGNOSES:

	DSM-5 Diagnosis	(Start date)	(End date)
[redacted]			

ADDRESSOGRAPH
[redacted]
[redacted] HSH M
Unit-I [redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
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[ ] Admission Treatment Plan
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Date: 10-10-17

3. DATA:

(Instrument)	(Changes Noted)	Date Changed
[redacted]		

4. LIFE GOAL: (In the individual's own words; include statements of dreams, hopes and vision of life.)

[redacted]

5. DISCHARGE AND TRANSITION PLAN: (Changes in individual symptoms, functional status that will lead to discharge.)

LEGAL STATUS

[redacted]

ADDRESSOGRAPH

[redacted] HSH M
Unit-I [redacted]
03 06 81 [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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ADDRESSOGRAPH
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HSH M
Unit-I [redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 10-10-17

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ADDRESSOGRAPH

[redacted] HSH M 03 06 81

Unit I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

[redacted]

6. PROBLEMS:

(Status)	(Narrative)	(Start date)	(End date)
[redacted]			

7. TREATMENT NEEDS AND PROGRESS:

[redacted]

ADDRESSOGRAPH
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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Date: 10-10-17

[redacted]

[redacted] ADDRESSOGRAPH

[redacted] HSH M 03 06 81

Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

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[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

assessments.

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03.06.81
Unit-I [redacted]
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[X]	30-Day	[ ]	Admission Treatment Plan
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Date: 10-10-17

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted] [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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ADDRESSOGRAPH
[redacted]
[redacted] HSH M
Unit-I [redacted]
03 06 81 [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 10-10-17

[redacted]

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I / [redacted]

HAWAII STATE HOSPITAL
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Date: 10-10-17

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M
Unit-I [redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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Date: 10-10-17

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH

[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M
Unit-I [redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[X]	30-Day	[ ]	Admission Treatment Plan
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[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 10-10-17

8. REVIEW:

(As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

that it was a HIPPA issue.

ADDRESSOGRAPH

[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
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[ ] Admission Treatment Plan
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[ ] Special Treatment Team Review

Date: 10-10-17

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

[redacted] ADDRESSOGRAPH

[redacted] HSH M [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH

[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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Date: 10-10-17

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH
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[redacted] HSH M 03.06.81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ] 90-Day

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Date: 10-10-17

10. SIGNATURES:

NAME (Print)	(Signature)	Discipline	Date
[redacted]	X	Patient	08/08/2017
		Psychiatrist	08/08/2017
		Psychologist	08/08/2017
	Referral Only	Social Worker	08/08/2017
		Nurse	08/08/2017
		MISA	08/08/2017
		Psych Tech/ PMA	08/08/2017
		Dietitian	08/08/2017
			08/08/2017
			08/08/2017
			08/08/2017

ADDRESSOGRAPH
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[redacted] HSH M 03 06 81
Unit-I [redacted] 06 06 58

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

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[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 11/14/2017

1. CASE HISTORY / BACKGROUND AND FORMULATION:

(Succinct analysis and integration of interdisciplinary assessments, including risk evaluation, patient strengths, and cultural assessment that provides an understanding of the individual's situation based on information gathered on admission, treatment priorities, and recovery needs.)

[redacted]

ADDRESSOGRAPH

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Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ]	60-Day	[ ]	Transfer Review (72-Hour)
[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 11/14/2017

[redacted]

ADDRESSOGRAPH

[redacted] HSH M

Unit-I / [redacted]

03 06 81

[redacted]

HAWAII STATE HOSPITAL
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[ ] 90-Day

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ADDRESSOGRAPH

[redacted] HSH M 03 06 81

Unit I [redacted]

HAWAII STATE HOSPITAL
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[ ] 60-Day
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Date: 11/14/2017

[redacted]

2. DIAGNOSES:

	DSM-5 Diagnosis	(Start date)	(End date)
[redacted]			

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[X] 30-Day
[ ] 60-Day
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[ ] Transfer Review (72-Hour)
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Date: 11/14/2017

3. DATA:

(Instrument)	(Changes Noted)	Date Changed
[redacted]		

[redacted]

4. LIFE GOAL: (In the individual's own words; include statements of dreams, hopes and vision of life.)

"Get out, start a business, have a life."

5. DISCHARGE AND TRANSITION PLAN: (Changes in individual symptoms, functional status that will lead to discharge.)

LEGAL STATUS

[redacted]

ADDRESSOGRAPH

[redacted] HSH M 03 06 81
Unit-I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X]	30-Day	[ ]	Admission Treatment Plan
[ ]	60-Day	[ ]	Transfer Review (72-Hour)
[ ]	90-Day	[ ]	Special Treatment Team Review

Date: 11/14/2017

[redacted]

ADDRESSOGRAPH

[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 11/14/2017

[redacted]

ADDRESSOGRAPH

[redacted] HSH M

Unit I [redacted]

03 06 81

[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 11/14/2017

[redacted]

6. PROBLEMS:

(Status)	(Narrative)	(Start date)	(End date)
[redacted]			

7. TREATMENT NEEDS AND PROGRESS:

[redacted]

ADDRESSOGRAPH
[redacted]
HSH M
Unit-I [redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

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ADDRESSOGRAPH
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[redacted] HSH M 03 06 81
Unit-I[redacted]

HAWAII STATE HOSPITAL
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[redacted]

ADDRESSOGRAPH

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[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[redacted]

ADDRESSOGRAPH

[redacted]
[redacted]HSH M
Unit I [redacted] I
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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Date. 11/14/2017

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03.06.81
Unit-I / [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 11/14/2017

[redacted]

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[X]	30-Day	[ ]	Admission Treatment Plan
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Date: 11/14/2017

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M
Unit-I /[redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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Date: 11/14/2017

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

ADDRESSOGRAPH
[redacted]
HSH M
Unit-[redacted]
03 06 81
[redacted]

HAWAII STATE HOSPITAL
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[ ] Special Treatment Team Review

Date: 11/14/2017

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[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
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Date: 11/14/2017

8. REVIEW: (As formulation, LTG, STG and Interventions are considered; note briefly major clinical and legal events, and important new clinical or legal information.)

[redacted]

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH

[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[X] 30-Day
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[ ] 90-Day

[ ] Admission Treatment Plan
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[ ] Special Treatment Team Review

Date: 11/14/2017

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ] Special Treatment Team Review

Date: 11/14/2017

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH

[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

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[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 11/14/2017

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH
[redacted]
HSH M
Unit-I [redacted]
03.06.81
[redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 11/14/2017

9. INDIVIDUAL / PATIENT COMMENTS:

[redacted]

ADDRESSOGRAPH

[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
MASTER RECOVERY PLAN AND REVIEW

Originally Created: 12-01-2005

[X] 30-Day
[ ] 60-Day
[ ] 90-Day

[ ] Admission Treatment Plan
[ ] Transfer Review (72-Hour)
[ ] Special Treatment Team Review

Date: 11/14/2017

10. SIGNATURES:

NAME (Print)	(Signature)	Discipline	Date
[redacted]		Patient	11/14/2017
		Psychiatrist	11/14/2017
		Psychologist	11/14/2017
		Social Worker	11/14/2017
		Nurse	11/14/2017
		Dietitian	11/14/2017
		Psych Tech/ PMA	11/14/2017
		MISA	11/14/2017
			11/14/2017
			11/14/2017
			11/14/2017

ADDRESSOGRAPH
[redacted]
[redacted] HSH M 03 06 81
Unit-I [redacted]

HAWAII STATE HOSPITAL
PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
04	7/20/1[redacted] 2030	[redacted]
01	7/27/[redacted] 16[redacted]	
04	7/27/1[redacted] 2000	

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT
02 - OTHER PHYSICIAN
03 - PSYCHOLOGIST
04 - REGISTERED NURSE
05 - LPN
06 - PMA/PSYCH TECH
07 - SOCIAL WORKER
08 -OCCUPATIONAL THERAPIST
09 - RECREATIONAL THERAPIST
10 - DIETICIAN
11 - CHAPLAIN
12 - MISA
13 – OTHER (Students, Interns, UM, et[redacted]
14- OUTSIDE AGENCY/PROVIDERS (Case M[redacted]

[redacted]

03 06 81 [redacted]

HAWAII STATE HOSPITAL PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
04	8/3/17 2045	[redacted]
01	8/4/17 1520	
04	8/8/17 1410	

HAWAII STATE HOSPITAL

PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
01	8/9/17 1205	[redacted]

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT	08 -OCCUPATIONAL THERAPIST
02 - OTHER PHYSICIAN	09 - RECREATIONAL THERAPIST
03 - PSYCHOLOGIST	10 - DIETICIAN
04 - REGISTERED NURSE	11 - CHAPLAIN
05 - LPN	12 - MISA
06 - PMA/PSYCH TECH	13 – OTHER (Students, Interns, UM, etc.)
07 - SOCIAL WORKER	14- OUTSIDE AGENCY/PROVIDERS (Case Mgr, etc.)

066963 HSH M 03 06 81
1 [redacted]

HAWAII STATE HOSPITAL PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
01	8/9/17 1205	[redacted]
01	8/16/17 1260	
01	8/17/17 0940	

HAWAII STATE HOSPITAL

PROGRESS NOTES

SRVC. CODE	DATE & TIME
04	8/17/17
	1020
02	8/24/17
	1530
04	8/24/17
	2130
01	8/31/17
	0945

P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION
D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN
SIGNATURE AND TITLE FOR EACH PROGRESS NOTE

[redacted]

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT	08 -OCCUPATIONAL THERAPIST
02 - OTHER PHYSICIAN	09 - RECREATIONAL THERAPIST
03 - PSYCHOLOGIST	10 - DIETICIAN
04 - REGISTERED NURSE	11 - CHAPLAIN
05 - LPN	12 - MISA
06 - PMA/PSYCH TECH	13 – OTHER (Students, Interns, UM, etc.)
07 - SOCIAL WORKER	14- OUTSIDE AGENCY/PROVIDERS (Case Mgr, etc.)

[redacted] HSH M 03 06 81 [redacted]

ADDRESSOGRAPH

HAWAII STATE HOSPITAL PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
01	8/31/17 0940	[redacted]
04	8/21/17 2000	
01	9/8/17 1540	

HAWAII STATE HOSPITAL

PROGRESS NOTES

P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION
D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN

SRVC. CODE	DATE & TIME	
04	9/8/17	[redacted]
	2205	
01	9/12/17	
	1720	

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT
02 - OTHER PHYSICIAN
03 - PSYCHOLOGIST
04 - REGISTERED NURSE
05 - LPN
06 - PMA/PSYCH TECH
07 - SOCIAL WORKER
08 -OCCUPATIONAL THERAPIST
09 - RECREATIONAL THERAPIST
10 - DIETICIAN
11 - CHAPLAIN
12 - MISA
13 – OTHER (Students, Interns, UM, etc.)
14- OUTSIDE AGENCY/PROVIDERS (Case Mgr, etc.)

[redacted] HSH M 03 06 81

I [redacted]

ADDRESSOGRAPH

HAWAII STATE HOSPITAL PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
01	9/12/	[redacted]
	1120	
04	9/12/17	
	1555	
01	9/14/1	
	1150	
04	9/15/17	
	2115	
04	9/19/17	
	2025	

HAWAII STATE HOSPITAL

PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
01	9/21/17 1510	[redacted]
04	9/22/17 2050	
04	9/26/17 2105	
01	9/28/17 1125	

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT	08 -OCCUPATIONAL THERAPIST
02 - OTHER PHYSICIAN	09 - RECREATIONAL THERAPIST
03 - PSYCHOLOGIST	10 - DIETICIAN
04 - REGISTERED NURSE	11 - CHAPLAIN
05 - LPN	12 - MISA
06 - PMA/PSYCH TECH	13 – OTHER (Students, Interns, UM, etc.)
07 - SOCIAL WORKER	14- OUTSIDE AGENCY/PROVIDERS (Case Mgr, etc.)

[redacted]

[redacted] HSH M 03 06 81 [redacted]

HAWAII STATE HOSPITAL PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
01	9/28/17 1125	[redacted]
01	9/28/17 1520	
01	9/29/17 2115	(P)

HAWAII STATE HOSPITAL

PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
04	10/3/12 2000	[redacted]
01	10/6/[redacted] 1540	[redacted]

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT
02 - OTHER PHYSICIAN
03 - PSYCHOLOGIST
04 - REGISTERED NURSE
05 - LPN
06 - PMA/PSYCH TECH
07 - SOCIAL WORKER
08 - OCCUPATIONAL THERAPIST
09 - RECREATIONAL THERAPIST
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13 – OTHER (Students, Interns, UM, etc.)
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[redacted]

[redacted] HSH M 03 06 81 [redacted]

HAWAII STATE HOSPITAL PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
01	10/6/17 1548	[redacted]
01	10/6/17 1600	
04	10/6/17 2000	
01	10/10/17 0950	

HAWAII STATE HOSPITAL

PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P = PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
02	10/10/17	[redacted]
	0935	
04	10/10/17	
	1430	
04	10/13/17	
	2210	

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT	08 -OCCUPATIONAL THERAPIST
02 - OTHER PHYSICIAN	09 - RECREATIONAL THERAPIST
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[redacted]

[redacted] HSH M 03 06 81

HAWAII STATE HOSPITAL PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
04	10/17/17 2110	[redacted]
01	10/20/17 1542	
04	10/23/17 2035	
04	10/24/17 2015	

HAWAII STATE HOSPITAL

PROGRESS NOTES

P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION
D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN
SIGNATURE AND TITLE FOR EACH PROGRESS NOTE

SRVC. CODE	DATE & TIME
01	10/26/17 1130
04	10/26/17 2210
04	10/31/17 2030
01	11/1/17 1555

[redacted]

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT	08 -OCCUPATIONAL THERAPIST
02 - OTHER PHYSICIAN	09 - RECREATIONAL THERAPIST
03 - PSYCHOLOGIST	10 - DIETICIAN
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[redacted]

HSH M 03 06 81

[redacted]

HAWAII STATE HOSPITAL PROGRESS NOTES

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01	11/1/17 1500	[redacted]
04	11/7/17 2100	
01	11/8/17 1021	

HAWAII STATE HOSPITAL

PROGRESS NOTES

SRVC. CODE	DATE & TIME	P = PROBLEM S = SHORT TERM GOAL I = INTERVENTION D = DATA A = ASSESSMENT (OF PROGRESS TOWARD GOAL) P= PLAN SIGNATURE AND TITLE FOR EACH PROGRESS NOTE
01	11/8/17 1625	[redacted]
04	11/10/17 2105	[redacted]

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT	08 -OCCUPATIONAL THERAPIST
02 - OTHER PHYSICIAN	09 - RECREATIONAL THERAPIST
03 - PSYCHOLOGIST	10 - DIETICIAN
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[redacted]

HSH M 03 06 81

[redacted]

HAWAII STATE HOSPITAL PROGRESS NOTES

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HAWAII STATE HOSPITAL

PROGRESS NOTES

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D4	11/12/17 2700	[redacted]

SERVICE CODES:

01- PSYCHIATRIST, RESIDENT	08 -OCCUPATIONAL THERAPIST
02 - OTHER PHYSICIAN	09 - RECREATIONAL THERAPIST
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[redacted]

[redacted] HSH M 03 06 81 [redacted]

HAWAII STATE HOSPITAL PROGRESS NOTES

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PROGRAMMING PROGRESS NOTES

AFTER HOURS/MISA NA (1900-2000) [redacted] 1900 - 2000 [redacted]

Days: W Room: [redacted] Evaluation Period: 8/16/2017

[redacted] Unit I CR# [redacted]

[redacted]

HSH/NSG-PPN 35 rev 01/07 Signature/Title [redacted] Date: 8-16-19

HAWAII STATE HOSPITAL

Site Codes: 1. Gluteu[illegible] 2. Gluteus Right 3. Deltoid Left 4. Deltoid R[illegible]. Quadriceps Left 6. Quadriceps Right 7. Abdomen Left 8. Abdomen Right 9. Forearm Left 10. Forearm Right

NOV 2017

MEDICATION ADMINISTRATION RECORD

PRN MEDICATION	Order Date	RESULT CODES: E = Effective, I = Ineffective (recommend Nurse's note) P = Partially effective	1st check: 10-27-17	2nd check: 10/28/17
[redacted]		DATE		
		HOUR		
		INITIAL		
		SITE		
		RESULT		
[redacted]		DATE		
		HOUR		
		INITIAL		
		SITE		
		RESULT		
[redacted]	02/01/13	DATE	11/1 11/5 11/7 11/9	
		HOUR	2100 2100 2100 2100	
		INITIAL	[redacted]	
		SITE	[illegible]	
		RESULT	E E E E	
		DATE		
		HOUR		
		INITIAL		
		SITE		
		RESULT		
		DATE		
		HOUR		
		INITIAL		
		SITE		
		RESULT		

Name: [redacted] [redacted] Age: 59 Sex: M Allergies: [redacted] MD: [redacted] Page 2 of 2

CR #[redacted] BED #: I27-B ADMIT: 03/06/1981 Diagnoses: [redacted]

Form #: HSH/NSG-MARPRN 7 rev 08.08

PRINT DATE AND TIME: 2017-10-27 12:08

Nurses MAR Notes Month Year

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
VITAL SIGNS	Blood Pressure																															
	Pulse																															
	Respirations																															
	Temperature																															
	Blood Pressure																															
	Pulse																															
	Respirations																															
	Temperature																															
	Blood Pressure																															
	Pulse																															
	Respirations																															
	Temperature																															
GLUCOSE	Breakfast																															
	Lunch																															
	Dinner																															
	HS																															
	Random																															

Initials	Signature & Title	Initials	Signature & Title	Initials

Addressograph

HSH/NSG-MARN 8 rev 01.08

HAWAII STATE HOSPITAL

NOV 2017

MEDICATION ADMINISTRATION RECORD

Site Codes: 1. Gluteu[illegible] 2. Gluteus Right 3. Deltoid Left 4. Deltoid R[illegible] 5. Quadriceps Left 6. Quadriceps Right 7. Abdomen Left 8. Abdomen Right 9. Forearm Left 10. Forearm Right

10-28-17 1st check: 10/28/17 2nd check [redacted]

ROUTINE MEDICATION	Order Date	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[redacted]		2000		N		N		N		N		N		N		N		N		N		N		N		N		N		N		N	

Name: [redacted] DOB: [redacted] Age: 59 Sex: M Allergies: MACROLIDES, PENICILLINS, LISINOPRIL,+ MD: [redacted] Page 1 of 2

CR #: [redacted] BED #: I27-B ADMIT: 03/06/1981 Diagnoses: OBSERVATION FOR OTHER SUSPECTED MENTAL CONDITION, COMBINATIONS OF DRUG DEPENDENCE,+

Form #: HSH/NSG-MARR 6 rev 06.08

PRINT DATE AND TIME: 2017-10-27 12:08

Nurses MAR Notes Month Year

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
VITAL SIGNS																															
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Random																															

Initials	Signature & Title	Initials	Signature & Title	Initials

Addressograph

[redacted]

HAWAII STATE HOSPITAL D[illegible]ARTMENT OF NURSING

TREATMENT FORM - MEDICATION

CHECKED BY: [redacted] 10.29.17 Nurse

/yr. ials	MEDICATION TREATMENTS	DATE November-2017

[redacted]

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

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ials	Signature / Title

Initials	Signature / Title

[redacted]

ides: O/L=On Leave Discontinued E=Elopement
A=AWOL ( )=Renewal Date & Initial [redacted]

[redacted] HSH M 3/6/81

/25/2017 HSH/NSG 8-TF (REVISED 01/07)

[redacted]

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

TREATMENT FORM - MEDICATION

ECKED BY: _____ Nurse

MEDICATION TREATMENTS	DATE November-2017																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

s	Signature / Title

Initials	Signature / Title

Initials	Signature / Title

Initials	Signature / Title

s: O/L=On Le. Discontinued E=Elopement
A=AWOL ( )=Renewal Date & Initial R=Refused

/2017 HSH/NSG 8-TF (REVISED 01/07)

[redacted] HSH M 3/6/81

RECOI BY: [redacted]
DATE: 10/25/17

HAWAII STATE HOSPITAL . ARTMENT OF NURSING

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CHECKED BY: [redacted]

TREATMENT FORM - NON MEDICATION

PAGE 1

mo/yr NOVEMBER 2017

NON MEDICATION TREATMENTS

[redacted]

DATE

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PRN																															
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3-11																															

5/26 2010

4/26 2010

1/25 2011

6/22 2010

6/9 2016

Codes: O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted] HSH M 3/6/81

TREATMENT FORM
HSH/NSG 8-TF (REVISED 11/97)

[redacted]

/yr ATE	NOVEMBER 2017 NON MEDICATION TREATMENTS	DATE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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H/NSG 8-TF (REVISED 11/97)

Saito, Ra

RECOF BY: [redacted]
DATE: 10/25/17

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CHECKED BY: [redacted]
10-24-17

INFORMATION TREATMENT FORM

PAGE 1

mo/yr	NOVEMBER 2017	Use this section for nonspecific timed orders, ie q-tips prn, escorted privileges. NO LABS, APPTS,REMINDERS
5/21 2012	[redacted]	/22 013
4/24 2010		/22 013
5/25 2010		/22 013
3/22 2013		/18 013
10/2 2013		/22 016
1/20/ 2017		
3/22 2013		
1/4 2012		
3/22 2013		

Codes: O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

TREATMENT FORM
HSH/NSG 8-TF (REVISED 11/97)

[redacted] HSH M 3/6/81
[redacted]

[redacted]

INFORMATION SHEET

RECOPIED BY:_____
DATE:_____

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

llergy	CHECKED BY:
NKDA	_____R.N.

MISCELLANEOUS TEAM INFORMATION

mo/yr	NOVEMBER 2017	Use this section for nonspecific timed orders, ie q-tips prn, escorted privileges. **NO LABS, APPTS,REMINDERS**

odes: O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted] HSH M 3/6/81
I [redacted]

REATMENT FORM
SH/NSG 8-TF (REVISED 11/97)

[redacted]

INFORMATION SHEET

HAWAII STATE HOSPITAL

Site Codes: 1. Gluteu[illegible] 2. Gluteus Right 3. Deltoid Left 4. Deltoid R[illegible] 5. Quadriceps Left 6. Quadriceps Right 7. Abdomen Left 8. Abdomen Right 9. Forearm Left 10. Forearm Right

OCT 2017

MEDICATION ADMINISTRATION RECORD

9-16-17 1st check: 9/21/17 2nd check: [redacted]

ROUTINE MEDICATION	Order Date	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Name: [redacted] DOB: [redacted] Age: 59 Sex: M Allergies: [redacted] MD: [redacted] Page 1 of 2

CR #[redacted] BED #: I27-B ADMIT: 03/06/1981 Diagnoses: [redacted]

Form #: HSH/NSG-MARR 6 rev 08.08

PRINT DATE AND TIME: 2017-09-22 14:29

Nurses MAR Notes Month Year

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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GLUCOSE																															
Breakfast																															
Lunch																															
Dinner																															
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Initials	Signature & Title	Initials	Signature & Title	Initials
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Addressograph

HSH/NSG-MARN 8 rev 01.08

OCT 2017 HAWAII STATE HOSPITAL
MEDICATION ADMINISTRATION RECORD

Site Codes: 1. Gluteu[illegible] 2. Gluteus Right 3. Deltoid Left 4. Deltoid R[illegible] [illegible] Quadriceps Left 6. Quadriceps Right 7. Abdomen Left 8. Abdomen Right 9. Forearm Left 10. Forearm Right

PRN MEDICATION	Order Date	RESULT CODES: E = Effective, I = Ineffective (recommend Nurse's note) P = Partially effective 1st check: 9-25-17 [redacted] 2nd check: 9/27/17 [redacted]																														
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	02/01/13	HOUR	2034	2230	2105	2100	2010	0030	2030	2100	2025	2028																				
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Name: [redacted] DOB [redacted] Age: 59 Sex: M Allergies: [redacted] MD: [redacted]

CR # [redacted] BED #: I27-B ADMIT: 03/06/1981 Diagnoses: [redacted]

Form #: HSH/NSG-MARPRN 7 rev 08.08

PRINT DATE AND TIME: 2017-09-22 14:29

Nurses MAR Notes Month Year

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Initials	Signature & Title	Initials	Signature & Title	Initials
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Addressograph

[redacted]

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

TREATMENT FORM - MEDICATION

CHECKED BY: [redacted] Nurse

no/yr, initials	MEDICATION TREATMENTS	DATE October-2017
	[redacted]	Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 0200 [redacted] 2000 [redacted]
	[redacted]	Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 PRN
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nitials	Signature / Title

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Codes: O/L=On Leave Discontinued E=Elopement
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted] HSH M 3/6/81

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HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

TREATMENT FORM - MEDICATION

CHECKED BY: _____ Nurse

MEDICATION TREATMENTS	DATE October-2017																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Signature / Title	Initials	Signature / Title	Initials	Signature / Title	Initials	Signature / Title

es. O/L=On Le Discontinued E=Elopement
A=AWOL ( )=Renewal Date & Initial R=Refused

26/2017 HSH/NSG 8-TF (REVISED 01/07)

[redacted] HSH 3/6/81

RECOR BY: [redacted]
DATE: 9/25/17

HAWAII STATE HOSPITAL D ARTMENT OF NURSING

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CHECKED BY: [redacted] R.N.
9-29-17

TREATMENT FORM - NON MEDICATION

PAGE 1

mo/yr	OCTOBER 2017 NON MEDICATION TREATMENTS	DATE																													
	[redacted]	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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6/22 2010			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		#3-11																														
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Codes: O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

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[redacted] HSH M 3/6/81
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TREATMENT FORM
HSH/NSG 8-TF (REVISED 11/97)

[redacted]

o/yr	OCTOBER 2017	DATE																													
ATE	NON MEDICATION TREATMENTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6		8	9	1	1	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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H/NSG 8-TF (REV[illegible]ED 11/97)

[redacted]

RECOR BY: [redacted]
DATE: 10/11/17

HAWAII STATE HOSPITAL D ARTMENT OF NURSING

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CHECKED BY: [redacted]

INFORMATION TREATMENT FORM

PAGE 1

mo/yr	OCTOBER 2017	Use this section for nonspecific timed orders, ie q-tips prn, escorted privileges. NO LABS, APPTS,REMINDERS
5/21 2012	[redacted]	[redacted]
4/24 2010		
5/25 2010		
3/22 2013		
10/2 2013		
1/20/ 2017		
3/22 2013		
1/4 2012		
3/22 2013		

Codes: O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted]
[redacted] HSH M 3/6/81
[redacted]

TREATMENT FORM
HSH/NSG 8-TF (REVISED 11/97)

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INFORMATION SHEET

RECOPIED BY:_____
DATE:_____

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

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CHECKED BY:
_____R.N.

MISCELLANEOUS TEAM INFORMATION

PAGE___1___

o/yr | OCTOBER 2017 | Use this section for nonspecific timed orders, ie q-tips prn, escorted privileges. **NO LABS, APPTS,REMINDERS**

les: O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted]
[redacted] HSH M 3/6/81
[redacted]

EATMENT FORM
H/NSG 8-TF (REVISED 11/97)

[redacted]

INFORMATION SHEET

SEP 2017 HAWAII STATE HOSPITAL

MEDICATION ADMINISTRATION RECORD

Site Codes: 1. Gluteus Left 2. Gluteus Right 3. Deltoid Left 4. Deltoid Right 5. Quadriceps Left 6. Quadriceps Right 7. Abdomen Left 8. Abdomen Right 9. Forearm Left 10. Forearm Right

[redacted] 1st check: 8/20 [illegible] 2nd check: 8/?/17 [redacted]

ROUTINE MEDICATION	Order Date	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[redacted]	[redacted]	2000	N	[redacted]																													

Name: [redacted] DOB: [redacted] Age: 59 Sex: M Allergies: [redacted] MD: [redacted] Page 1 of 2

CR # [redacted] BED #: I27-B ADMIT: 03/06/1981 Diagnoses: [redacted]

Form #: HSH/NSG-MARR 6 rev 08.08

PRINT DATE AND TIME: 2017-08-25 14:10

Nurses MAR Notes Month Year

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
VITAL SIGNS																															
Blood Pressure																															
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GLUCOSE Breakfast																															
Lunch																															
Dinner																															
HS																															
Random																															

Initials	Signature & Title	Initials	Signature & Title	Initials

Addressograph

SEP 2017 — HAWAII STATE HOSPITAL — MEDICATION ADMINISTRATION RECORD

Site Codes: 1. Glute[illegible] Left 2. Gluteus Right 3. Deltoid Left 4. Deltoid Right 5. Quadriceps Left 6. Quadriceps Right 7. Abdomen Left 8. Abdomen Right 9. Forearm Left 10. Forearm Right

RESULT CODES: E = Effective, I = Ineffective (recommend Nurse's note) P = Partially effective

1st check: [illegible] [redacted] 2nd check: [illegible] [redacted]

PRN MEDICATION	Order Date									
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[redacted]		DATE	9/6	9/9	9/14	9/18	9/22	9/24	9/26	9/28
		HOUR	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		[redacted]								
		SITE	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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		RESULT								

Name: [redacted] [redacted] Age: 59 Sex: M Allergies: [redacted] MD: [redacted]

CR # [redacted] BED #: I27-B ADMIT: 03/06/1981 Diagnoses: [redacted]

Form #: HSH/NSG-MARPRN 7 rev 08 08

PRINT DATE AND TIME: 2017-08-25 14:10

Nurses MAR Notes Month_____ Year_____

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
VITAL SIGNS	Blood Pressure																															
	Pulse																															
	Respirations																															
	Temperature																															
	Blood Pressure																															
	Pulse																															
	Respirations																															
	Temperature																															
	Blood Pressure																															
	Pulse																															
	Respirations																															
	Temperature																															
GLUCOSE	Breakfast																															
	Lunch																															
	Dinner																															
	HS																															
	Random																															

Initials	Signature & Title	Initials	Signature & Title	Initials

Addressograph

HSH/NSG-MARN 8 rev 01.08

[redacted] – PAIN ASSESSMENT AND MANAGEMENT FLOWSHEET

Patient Name: [redacted] CR#

Date	Time	Location of pain	Pain Rating	Discomfort Scale	What makes it worse? Duration of pain?	Analgesic/ Intervention		Vital Signs /Comments	Pain rating	Time and	Refer to
[redacted]											
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No

Discomfort Scale
1. Noisy breathing
2. Negative vocalization
3. Sad facial expression
4. Frightened facial expression
5. Tense body language
6. Fidgeting
7. Other_____

Non-pharmacological Interventions
1. Repositioning
2. Dim light/quiet
3. Hot application
4. Cold application
5. Relaxation
6. Distraction
7. Music
8. Other

Initial	Signature	Title	Initial	Signature	Title

Addressograph

[redacted]

HAWAII STATE HOSPITAL – PAIN ASSESSMENT AND MANAGEMENT FLOWSHEET

Patient Name: CR#

Date	Time	Location of pain	Pain Rating	Discomfort Scale	What makes it worse? Duration of pain?	Analgesic/ Intervention		Vital Signs /Comments	Pain rating f/u	Time and Initials	Refer to recovery team?
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No
			/10				#		/10		Yes/No

Discomfort Scale
1. Noisy breathing
2. Negative vocalization
3. Sad facial expression
4. Frightened facial expression
5. Tense body language
6. Fidgeting
7. Other_____

Non-pharmacological interventions
1. Repositioning
2. Dim light/quiet
3. Hot application
4. Cold application
5. Relaxation
6. Distraction
7. Music
8. Other

Addressograph

Initial	Signature	Title	Initial	Signature	Title

[redacted]

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

TREATMENT FORM - MEDICATION

HECKED BY: [redacted] Nurse

no/yr, initials	MEDICATION TREATMENTS	DATE	September-2017

[redacted]

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
0800																															
3-11 (W)																															

[redacted]

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PRN																															

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Initials	Signature / Title

Initials	Signature / Title
	[redacted]

Initials	Signature / Title

Initials	Signature / Title

Codes: O/L=On Leave Discontinued E=Elopement
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted] HSH M 3/6/81

rgen / Reactant	Status	Date
[redacted]		

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

TREATMENT FORM - MEDICATION

ECKED BY: _____ Nurse

MEDICATION TREATMENTS	DATE	September-2017

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

s	Signature / Title

Initials	Signature / Title

Initials	Signature / Title

Initials	Signature / Title

s: O/L=On L Discontinued E=Elopement
A=AWOL ( )=Renewal Date & Initial =Refused

'/2017 HSH/NSG 8-TF (REVISED 01/07)

[redacted]

3/6/81

RECOPIED BY: VT
DATE: 8/28/17

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

lergy

NKDA

CHECKED BY: _____ R.N.

TREATMENT FORM - NON MEDICATION

PAGE 1

mo/yr **SEPTEMBER 2017**

NON MEDICATION TREATMENTS

DATE

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
T																															
P																															
R																															
BP																															
Wt																															
0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[redacted]																															
/26 010	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[redacted]				KPI 2mg	cx		64	3				CB	✓	✓	✓			✓	✓	✓	✓	OH			✓		H Pill				
/26/ 010	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PRN																															
/25/ 011	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		22	23	24	25	26	27	28	29	30	31
/22 010	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PRN																															
/9 01[redacted]	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[redacted]						X							X							W							D				

odes: O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted] HSH M 3/6/81

REATMENT FORM
SH/NSG 8-TF (REVISED 11/97)

[redacted]

NON MEDICATION TX

/yr **SEPTEMBER 2017**

TE **NON MEDICATION TREATMENTS**

DATE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Signature/Title	Init	Signature/Title	Init	Signature/Title	Init	Signature/Title
				[redacted]		

I/NSG 8-TF (REVISED 11/97)

Saito, R[illegible]

RECOI _D BY: [redacted]
DATE: 8/20/17

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

allergy

CHECKED BY: [redacted]

NKDA

INFORMATION TREATMENT FORM

PAGE___1___

mo/yr	SEPTEMBER 2017	Use this section for non-specific timed orders, ie q-tips prn, escorted privileges. NO LABS, APPTS,REMINDERS
5/21 2012	[redacted]	3/22 2013
4/24 2010		3/22 2013
5/25 2010		5/22 2013
3/22 2013		5/18 2013
10/2 2013		4/22 2016
1/20/ 2017		
3/22 2013		
1/4 2012		
3/22 2013		

Codes: O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted]

[redacted] HSH M 3/6/81

I [redacted]

TREATMENT FORM
HSH/NSG 8-TF (REVISED 11/97)

[redacted]

RECOPIED BY:_____
DATE:_____

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

ɔy NKDA	CHECKED BY: _____R.N.

MISCELLANEOUS TEAM INFORMATION

PAGE___1___

/yr	SEPTEMBER 2017	Use this section for nonspecific timed orders, ie q-tips prn, escorted privileges. NO LABS, APPTS,REMINDERS

es. O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted] HSH M 3/6/81

EATMENT FORM
/NSG 8-TF (REVISED 11/97)

[redacted]

INFORMATION SHEET

HAWAII STATE HOSPITAL

SEPTEMBER 2017	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Meals: D=0 1=1/3 2=2/3 3=A																															
Breakfast																															
Lunch																															
Dinner																															
GROOMING CARE (AM)																															
Appearance neat																															
Clothes neat/clean/appropriate																															
Oral care																															
Body clean/shower																															
ROOM CARE(AM)																															
Bed made neat																															
Clothes folded=shelf/drawer																															
Bathroom clean																															
Dirty clothes in basket/hamper																															
GROOMING CARE (pm)																															
Appearance neat																															
Clothes neat/clean/ appropriate																															
Oral care																															
Body clean/shower																															
ROOM CARE (PM)																															
Bed made neat																															
Clothes folded=shelf/drawer																															
Bathroom clean																															
Dirty clothes in basket/hamper																															
Sleep hours																															
Recorder Initials 7-3																															
Recorder Initials 3-11																															
Recorder Initials 11-7																															

Y= Yes N= No

NA= Not applicable

[redacted]

[redacted] HSH M 03 06 81

I [redacted]

HAWAII STATE HOSPITAL

OCTOBER 2017	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Meals: 0=0 1=1/3 2=2/3 3=All																															
Breakfast																															
Lunch																															
Dinner																															
GROOMING CARE (AM)																															
Appearance neat																															
Clothes neat/clean/appropriate																															
Oral care																															
y clean/shower																															
ROOM CARE(AM)																															
Bed made neat																															
Clothes folded=shelf/drawer																															
Bathroom clean																															
Dirty clothes in basket/hamper																															
GROOMING CARE (pm)																															
earance neat																															
Clothes neat/clean/ appropriate																															
Oral care																															
Body clean/shower																															
ROOM CARE (PM)																															
Bed made neat																															
Clothes folded=shelf/drawer																															
hroom clean																															
Dirty clothes in basket/hamper																															
Sleep hours																															
Recorder Initials 7-3																															
Recorder Initials 3-11																															
Recorder Initials 11-7																															

Y= Yes N= No

= Not applicable

Addressograph

[redacted]

[redacted] HSH M 03 06 81

I / [redacted]

HAWAII STATE HOSPITAL

AUG 2017 MEDICATION ADMINISTRATION RECORD

Site Codes: 1. Gluteus Left 2. Gluteus Right 3. Deltoid Left 4. Deltoid Right 5. Quadriceps Left 6. Quadriceps Right 7. Abdomen Left 8. Abdomen Right 9. Forearm Left 10. Forearm Right

1st check: 7/29/17 2nd check: [redacted]

ROUTINE MEDICATION	Order Date	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[redacted]		@2000	✓																														

Name: [redacted] DOB [redacted] Age: 59 Sex: M Allergies: [redacted] MD [redacted] Page 1 of

CR # [redacted] BED #: I27-B ADMIT: 03/06/1981 Diagnoses: [redacted]

Form #: HSH/NSG-MARR 6 rev 08.08

PRINT DATE AND TIME: 2017-07-27 13:01

Nurses MAR Notes Month_____ Year

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
VITAL SIGNS																															
Blood Pressure																															
Pulse																															
Respirations																															
Temperature																															
Blood Pressure																															
Pulse																															
Respirations																															
Temperature																															
Blood Pressure																															
Pulse																															
Respirations																															
Temperature																															
GLUCOSE																															
Breakfast																															
Lunch																															
Dinner																															
HS																															
Random																															

Initials	Signature & Title	Initials	Signature & Title	Initials
[redacted]				

Addressograph

HSH/NSG-MARN 8 rev 01.08

HAWAII STATE HOSPITAL

AUG 2017 MEDICATION ADMINISTRATION RECORD

Site Codes: 1. Gluteus Left 2. Gluteus Right 3. Deltoid Left 4. Deltoid Right 5. Quadriceps Left 6. Quadriceps Right 7. Abdomen Left 8. Abdomen Right 9. Forearm Left 10. Forearm Right

PRN MEDICATION	Order Date	RESULT CODES: E = Effective, I = Ineffective (recommend Nurse's note) P = Partially effective 1st check: 2nd check: 7/29/17
[redacted]		DATE / HOUR / INITIAL / SITE / RESULT
[redacted]		DATE / HOUR / SITE / RESULT
[redacted]	02/01/13	DATE / HOUR / INITIAL / SITE / RESULT
		DATE / HOUR / INITIAL / SITE / RESULT
		DATE / HOUR / INITIAL / SITE / RESULT

Name: [redacted] DOB: [redacted] Age: 59 Sex: M Allergies: [redacted] MD: [redacted] Page 2 of

CR #: [redacted] BED #: I27-B ADMIT: 03/06/1981 Diagnoses [redacted]

Form #: HSH/NSG-MARPRN 7 rev 08.08

PRINT DATE AND TIME: 2017-07-27 13:01

Nurses MAR Notes Month Year

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
VITAL SIGNS																															
Blood Pressure																															
Pulse																															
Respirations																															
Temperature																															
Blood Pressure																															
Pulse																															
Respirations																															
Temperature																															
Blood Pressure																															
Pulse																															
Respirations																															
Temperature																															
GLUCOSE Breakfast																															
Lunch																															
Dinner																															
HS																															
Random																															

Initials	Signature & Title	Initials	Signature & Title	Initials

Addressograph

Allergen / Reactant	Status	Date
[redacted]		

[redacted] CHECKED [redacted] 7-30-17 Nurse

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

TREATMENT FORM - MEDICATION

DATE **August-2017**

mo/yr, Initials	MEDICATION TREATMENTS	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[redacted]		0800																															
		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		PRN																															
		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Initials	Signature / Title

Initials	Signature / Title
[redacted]	

Initials	Signature / Title

Initials	Signature / Title

Codes: O/L=On Leave Discontinued E=Elopement
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted] HSH M 3/6/81

ergen / Reactant	Status	Date
MATFIPTAN		

[redacted]

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

TREATMENT FORM - MEDICATION

ECKED BY: _____ Nurse

MEDICATION TREATMENTS	DATE August-2017																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

als	Signature / Title

Initials	Signature / Title

Initials	Signature / Title

Initials	Signature / Title

es: O/L=On Le Discontinued E=Elopement
A=AWOL ( )=Renewal Date & Initial =Refused

10/2017 HSH/NSG 8-TF (REVISED 01/07)

[redacted] HSH 3/6/81

[redacted]

RECOPIED BY: [redacted]
DATE: 7/27/17

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

allergy

NKDA

CHECKED BY: [redacted]

TREATMENT FORM - NON MEDICATION

PAGE 1

mo/yr	AUGUST 2017	DATE																												
	NON MEDICATION TREATMENTS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	[redacted]																															
5/26/ 2010																																
4/26/ 2010																																
1/25/ 2011																																
6/22 2010																																
6/9 2016																																

Codes: [redacted]

A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted] HSH M 3/6/81

[redacted]

TREATMENT FORM

HSH/NSG 8-TF (REVISED 11/97)

[redacted]

mo/yr **AUGUST 2017**

DATE **NON MEDICATION TREATMENTS**

DATE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Init	Signature/Title	Init	Signature/Title	Init	Signature/Title	Init	Signature/Title

ISH/NSG 8-TF (REVISED 11/97)

[redacted]

RECOPIED BY: [redacted]
DATE: 7/31/17

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

allergy

NKDA

CHECKED BY: [redacted]
7-30-17

INFORMATION TREATMENT FORM

PAGE 1

mo/yr	AUGUST 2017	Use this section for nonspecific timed orders, ie q-tips prn, escorted privileges. NO LABS, APPTS,REMINDERS
5/21 2012	[redacted]	3/22 2013
4/24 2010		3/22 2013
5/25 2010		5/22 2013
3/22 2013		6/18 2013
10/2 2013		4/22 2016
1/20/ 2017		
3/22 2013		
1/4 2012		
3/22 2013		

Codes: O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

[redacted] HSH M 3/6/81
[redacted]

TREATMENT FORM
HSH/NSG 8-TF (REVISED 11/97)

[redacted]

RECOPIED BY:_____
DATE:_____

HAWAII STATE HOSPITAL DEPARTMENT OF NURSING

lergy

NKDA

CHECKED BY:
_____R.N.

MISCELLANEOUS TEAM INFORMATION

PAGE___1___

no/yr | AUGUST 2017 | Use this section for nonspecific timed orders, ie q-tips prn, escorted privileges. NO LABS, APPTS,REMINDERS

odes: O/L=On Leave DC= Discontinued E=Escape
A=AWOL ( )=Renewal Date & Initial R=Refused

REATMENT FORM
SH/NSG 8-TF (REVISED 11/97)

[redacted] HSH M 3/6/81
[redacted]

[redacted]

INFORMA__N SHEET

HAWAII STATE HOSPITAL

JUNE 2017	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Meals: 0=0 1=1/3 2=2/3 3=A																															
Breakfast																															
Lunch																															
Dinner																															
GROOMING CARE (AM)																															
Appearance neat																															
Clothes neat/clean/appropriate																															
Oral care																															
Body clean/shower																															
ROOM CARE(AM)																															
Bed made neat																															
Clothes folded=shelf/drawer																															
Bathroom clean																															
Dirty clothes in basket/hamper																															
GROOMING CARE (pm)																															
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Bed made neat																															
Clothes folded=shelf/drawer																															
Bathroom clean																															
Dirty clothes in basket/hamper																															
Sleep hours																															
Recorder Initials 7-3																															
Recorder Initials 3-11																															
Recorder Initials 11-7																															

[redacted]

Y= Yes N= No

NA= Not applicable

[redacted]

[redacted] HSH M [redacted]

HAWAII STATE HOSPITAL

AUGUST 2017	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Recorder Initials 3-11																															
Recorder Initials 11-7																															

[redacted]

Y= Yes N= No

NA= Not applicable

[redacted]

[redacted] HSH [redacted] 03 06 81

[redacted]

HAWAII STATE HOSPITAL

LIST AND DESCRIPTION OF ITEMS	RECEIVED BY: (date & signature)
[redacted]	

Closure Notations:
Admission: "All my belongings are in the above list."
Discharge: "All items checked above are accounted for at the time of my discharge."

[redacted]
Name

[redacted] HSH Hosp. No. [redacted]

HSH-7A PERSONAL BELONGINGS

HAWAII STATE HOSPITAL

LIST AND DESCRIPTION OF ITEMS		RECEIVED BY: (date & signature)
[redacted]		

Closure Notations:
Admission: "All my belongings are in the above list."
Discharge: "All items checked above are accounted for at the time of my discharge."

Name [redacted]

CR _____ Hosp. No. _____

Ward I

HSH-7A

PERSONAL BELONGINGS

HAWAII STATE HOSPITAL

LIST AND DESCRIPTION OF ITEMS	RECEIVED BY: (date & signature)
[redacted]	

Closure Notations:
Admission: "All my belongings are in the above list."
Discharge: "All items checked above are accounted for at the time of my discharge."

Name _____

CR _____ Hosp. No. _____

Ward _____

HSH-7A

PERSONAL BELONGINGS

PERSONAL BELONGINGS

LIST AND DESCRIPTION OF ITEMS		RECEIVED BY: (date & signature)
[redacted]		

Closure Notations:
Admission: "All my belongings are in the above list."
Discharge: "All items checked above are accounted for at the time of my discharge."

Attachment C: chart 1/13/17

DAVID Y. IGE
GOVERNOR OF HAWAI'I

ADDRESS ONLY
ADMINISTRATOR
HAWAI'I STATE HOSPITAL

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STATE OF HAWAI'I
DEPARTMENT OF HEALTH
HAWAI'I STATE HOSPITAL
45-710 KEA'AHALA ROAD
KANE'OHE, HAWAI'I 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

January 9, 2017

To: Mr. [redacted]

Through: [redacted]

From: [redacted]

Subject: Response to requests

This letter is to provide written response to four requests that you submitted using the "Unit I Patient Request Form".

Request 1: "To open a bank account with a reputable financial institution in the community"

Response: The Hawaii State Hospital (HSH) offers a bank account service through the HSH Business Office. That service may be requested through the Business Office directly. That account holds funds in an account, which does not pay interest.

Request 2: "To offer my services to any non-profit charity (like the Red Cross, etc.)"

Response: HSH offers opportunities to volunteer for community service as part of structured, HSH sponsored programs and activities. These opportunities are accessed by referral by treatment teams as part of a patient's treatment plan. HSH does not offer staff escort for individuals wishing to select a specific non-HSH sponsored volunteer activity. It is possible for patients to receive unescorted off grounds privileges, when approved by a court, which may include volunteer activities in the community.

Request 3: "To purchase a laptop computer debilitated from the internet or any other means of accessing the internet (for purposes of 'writing' a book or novel)".

Response: At this time, HSH does not approve possession of personal computers by patients. Computer access is limited to the internet and computer terminals located in Occupational Therapy, and use is under the supervision and monitoring of the Occupational Therapy staff.

Request 4: "To access the internet for purposes of...trading stocks or working the foreign exchange".

Response: HSH limits patient access to the internet because of concerns for information security and privacy. Computer access is limited to the internet and computer terminals located in Occupational Therapy, and use is under the supervision and monitoring of the Occupational Therapy staff.

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DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL
45-710 KEAAHALA ROAD
KANEOHE, HAWAII 96744-3528

PLEASE REFER TO
FILE NO.

MEMORANDUM

TO: Koolau Clubhouse

FROM: Hawaii State Hospital Treatment Team for [redacted]

DATE: 08/26/2010

SUBJECT: **Computer Guidelines for** [redacted]

The subject of [redacted]s access of the internet was discussed by his treatment team. While Koolau Clubhouse members have the permission and are encouraged to use Face Book, it is the hospital's policy that Hawaii State Hospital patients do not have access to the internet without close monitoring.

It is the team's decision that [redacted] is not to use Face Book or any other social web site. He will be allowed to work on the computer only for the duties he is assigned to complete, which we understand includes Craig's List and Monster.com, to look for prospective jobs.

[redacted]
HSH Psychiatrist

[redacted] R.N.

[redacted]
Psychiatric Social Worker

[redacted]
Nurse Manager

Saito, Randall

COPY

LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
ADULT MENTAL HEALTH DIVISION
COURTS & CORRECTIONS BRANCH
1700 LANAKILA AVENUE
HONOLULU, HAWAII 96817
PHONE: (808) 832-1852 • FAX: (808) 832-1855

In reply, please refer to:
File:

October 2, 2003

The Honorable Marcia J. Waldorf
Circuit Court of the First Circuit
777 Punchbowl Street
Honolulu, Hawaii 96813

Dear Judge Waldorf:

RE: [redacted]
CR. NO.: [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Respectfully submitted,

[redacted]

Psychological Consultant
Board Certified in Forensic Psychology
APA-CPP Substance Use Disorders

DRD:ekt

cc: Prosecuting Attorney
Public Defender
Attorney General
Hawaii State Hospital

[redacted]

[redacted]

Sincerely,

[redacted]

UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII
300 ALA MOANA BLVD.
HONOLULU, HI 96850

SUMMONS FOR JURY SERVICE

[redacted]
45-710 KEAAHALA RD, F
KANEOHE HI 96744

YOU ARE HEREBY SUMMONED TO APPEAR AT	DATE: October 15, 2008 TIME 8:00 am
U.S. COURTHOUSE BUILDING **300 ALA MOANA BLVD** **HONOLULU HAWAII**	Phone Number to Call (toll free) 1-888-507-0362 Fax Number 808-541-1328 **Juror Participant Number 100098999**

Please bring this Summons with you when you report to Court.

Pool: **101081001**

AG J. Futa

FIRST CIRCUIT COURT
STATE OF HAWAII
FILED
Sept. 28, 20 10
10:20 o'clock A.M.
Armi Fong
CRIMINAL ADMINISTRATIVE DIVISION

[redacted]

September 24, 2010

Honorable Richard K. Perkins
Circuit Court of the First Circuit
777 Punchbowl Street
Honolulu, HI 96813

RE: [redacted]

Dear Judge Perkins:

[redacted]

SUMMARY OF CONCLUSIONS:

[redacted]

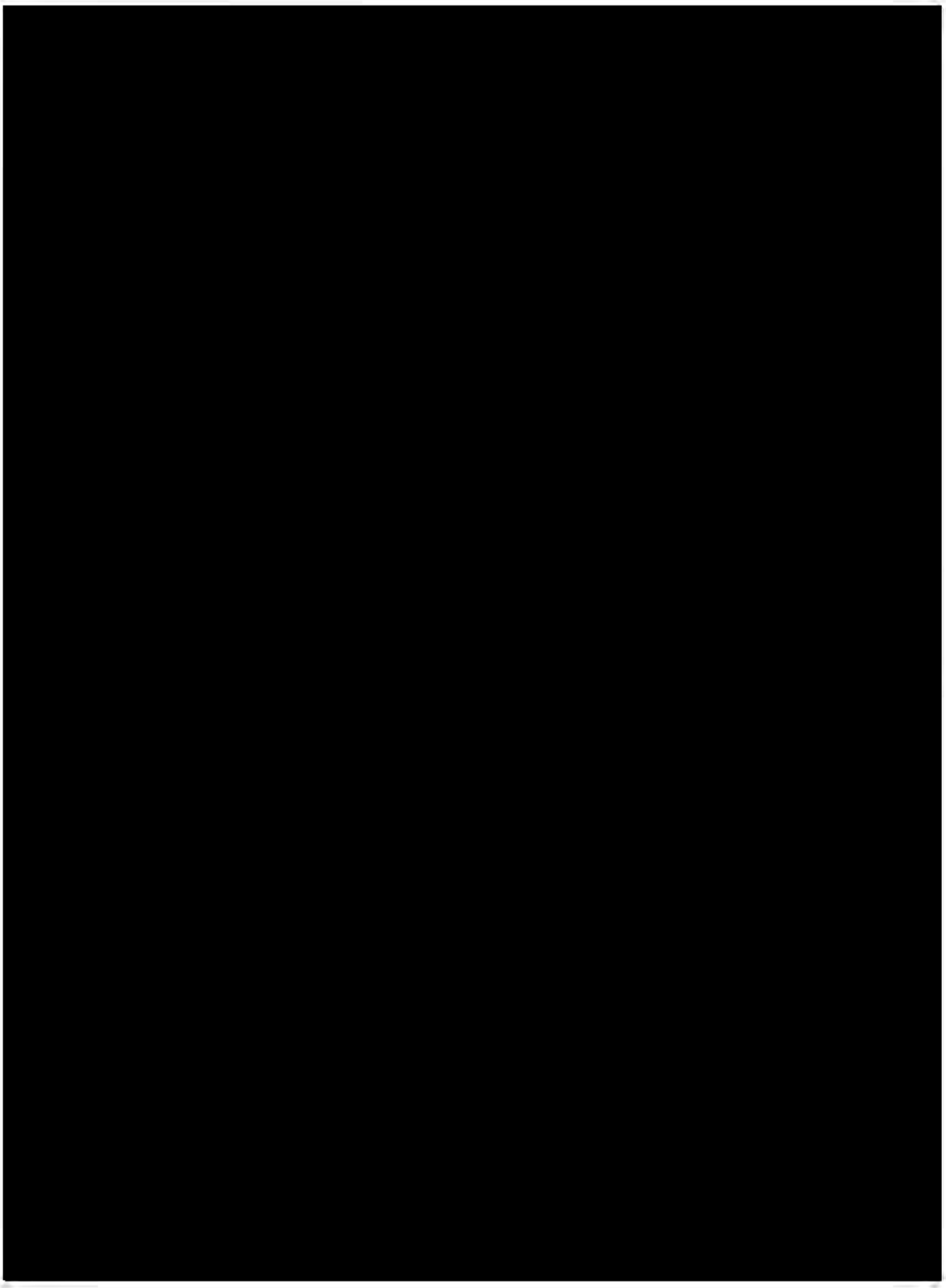
[redacted]
September 24, 2010

[redacted]

[redacted]
September 24, 2010

[redacted]

[redacted]
September 24, 2010



[redacted]

[redacted]
September 24, 2010

[redacted]

[redacted]

[redacted]
September 24, 2010

[redacted]

[redacted]
September 24, 2010

[redacted]

Sincerely,

[redacted]

(Hawaii State License: [redacted]

Special Dkt. K. Kuwabe

LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
ADULT MENTAL HEALTH DIVISION
COURTS & CORRECTIONS BRANCH
1700 LANAKILA AVENUE
HONOLULU, HI 96817
PHONE: (808) 832-1852 • FAX (808) 832-1855

In reply, please refer to
File:

October 5, 2010

FIRST CIRCUIT COURT
STATE OF HAWAII
FILED
OCT 27 2010
3:50 o'clock P.M.
Lynette Sunamoto
Criminal Administrative Division

The Honorable Richard K. Perkins
Circuit Court of the First Circuit
777 Punchbowl Street
Honolulu, HI 96813

Dear Judge Perkins:

RE: [redacted]
CR. NO.: [redacted]

[redacted]

[redacted]

[redacted]

Respectfully submitted,

[redacted]

[redacted]

cc: Prosecuting Attorney
Public Defender
Attorney General

Enclosure: Letter to the Honorable Marcia J. Waldorf dated 10/2/2003

[redacted]

Respectfully submitted,

[redacted]

cc: Prosecuting Attorney
Public Defender
Attorney General

Enclosure: Letter to the Honorable Marcia J. Waldorf dated 10/2/2003

C. Forensics
MD
SW

NEIL ABERCROMBIE
GOVERNOR OF HAWAI'I

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45-710 KEAAHALA ROAD
KANEOHE, HAWAI'I 96744-3528

LINDA ROSEN, M.D., M.P.H.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

March 18, 2014

Darcia Forrester, Esq.
Office of the Public Defender
1130 N. Nimitz Hwy., Suite A-135
Honolulu, Hawaii 96817

Re: [redacted]

Charges: Murder in the Second Degree

Dear Ms. Forrester:

[redacted]

[redacted]

Sincerely,

[redacted]

Staff Psychiatrist
Hawaii State Hospital

C: [redacted] Medical Director, Hawaii State Hospital
[redacted] Acting Chief of Psychiatry, Hawaii State Hospital

[redacted]

March 18, 2014

PROPOSED PLAN FOR UNESCORTED OFF-GROUNDS ACTIVITIES
AT THE KO'OLAU CLUBHOUSE
FOR [redacted]

This is the proposed plan for authorized absences for [redacted] pursuant to HRS §334-75.

[redacted]

[redacted]

[redacted]

[redacted]

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
Windward Oahu Community Mental Health Center
Ko`olau Clubhouse
46-016 Alaloa St.
Kane`ohe, HI 96744

In reply, please refer to:
File:

[redacted]

for distribution

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KANEOHE, HAWAII 96744-3528

LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

September 17, 2013

The Honorable Rickard K. Perkins
Circuit Court of the First Circuit
777 Punchbowl Street
Honolulu, Hawaii 96813

Re: [redacted]

Charges: Murder in the Second Degree

Dear Judge Perkins:

[redacted]

[redacted]

Staff Psychiatrist
Hawaii State Hospital

C: [redacted], Clinical Director of HSH
Assigned Public Defender
Assigned Prosecuting Attorney

Attachment

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

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HAWAII STATE HOSPITAL

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KANEOHE, HAWAII 96744-3528

LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO

September 18, 2013

Darcia Forrester, Esq.
Office of the Public Defender
1130 N. Nimitz Hwy., Suite A-135
Honolulu, Hawaii 96817

RE: [redacted]

Dear Ms. Forrester:

[redacted]

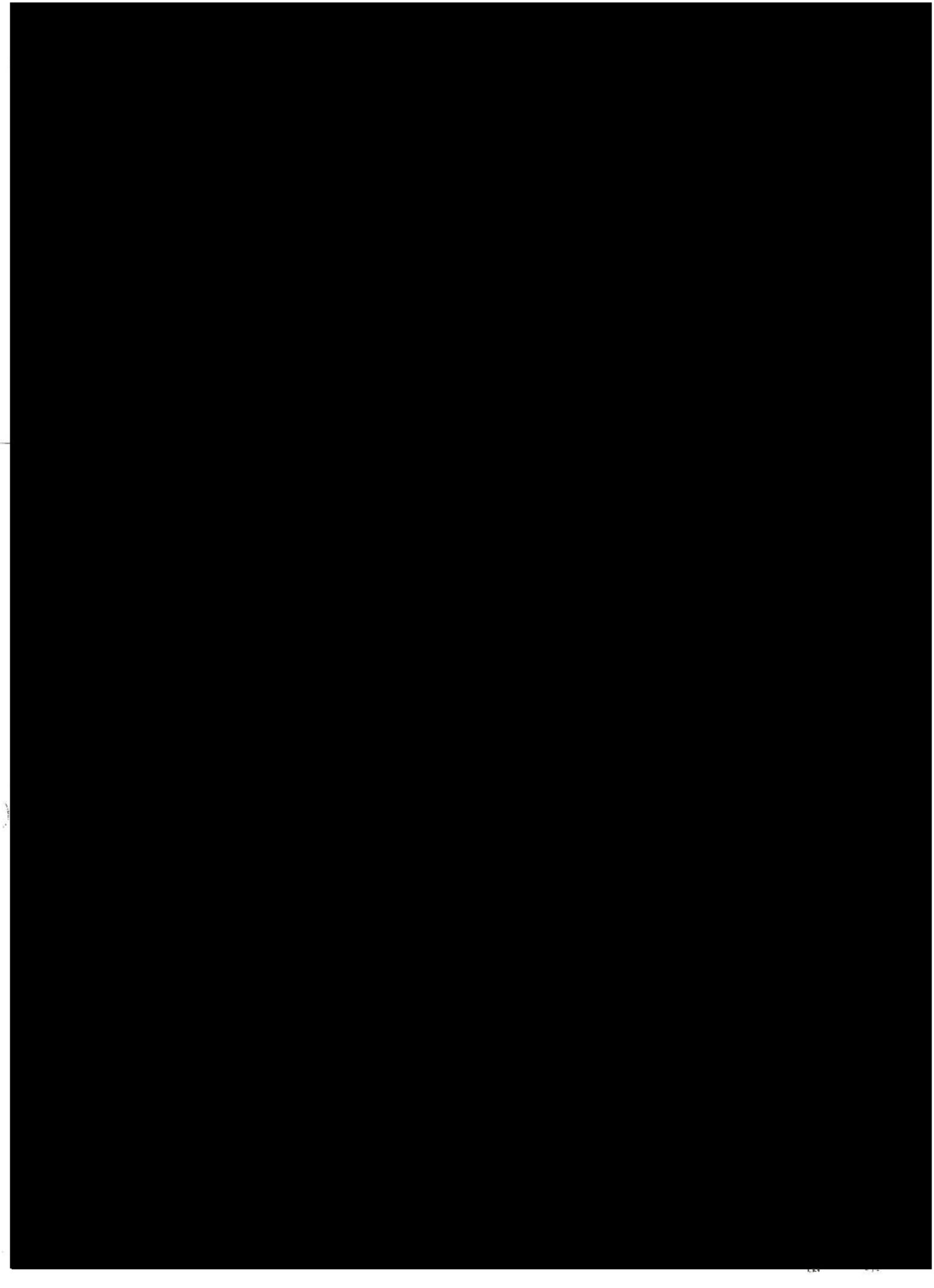
[redacted]

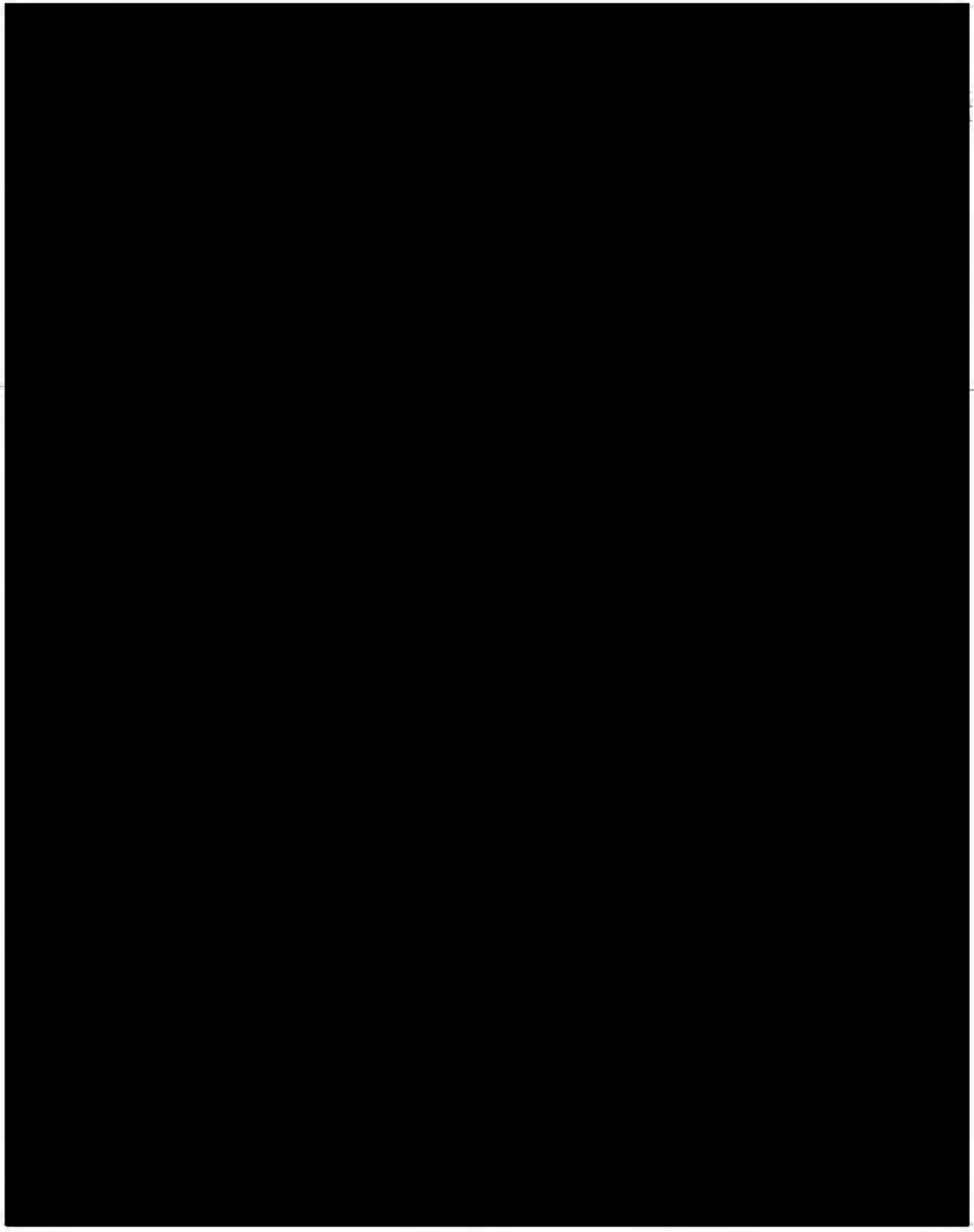
[redacted]

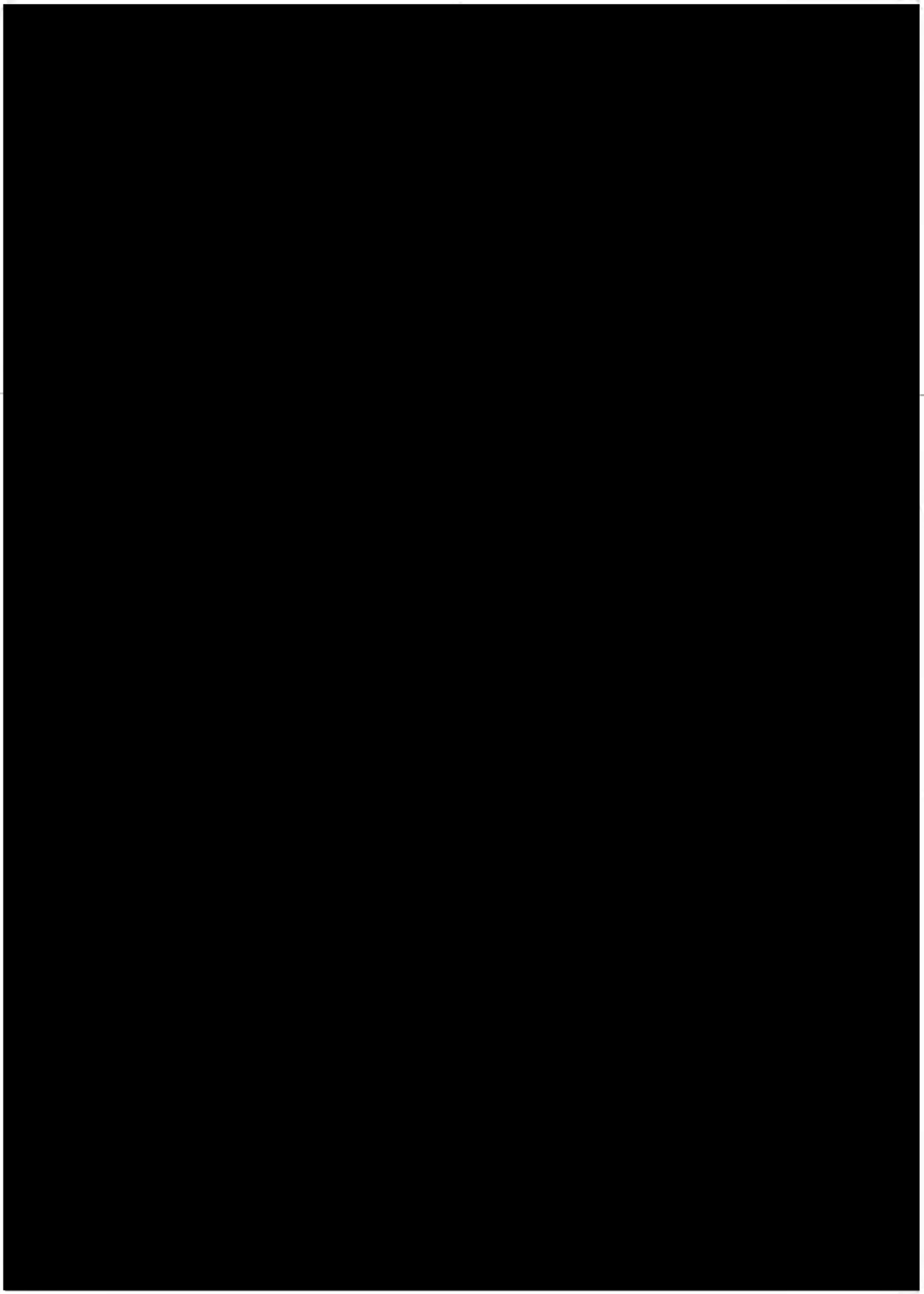
Respectfully Submitted,

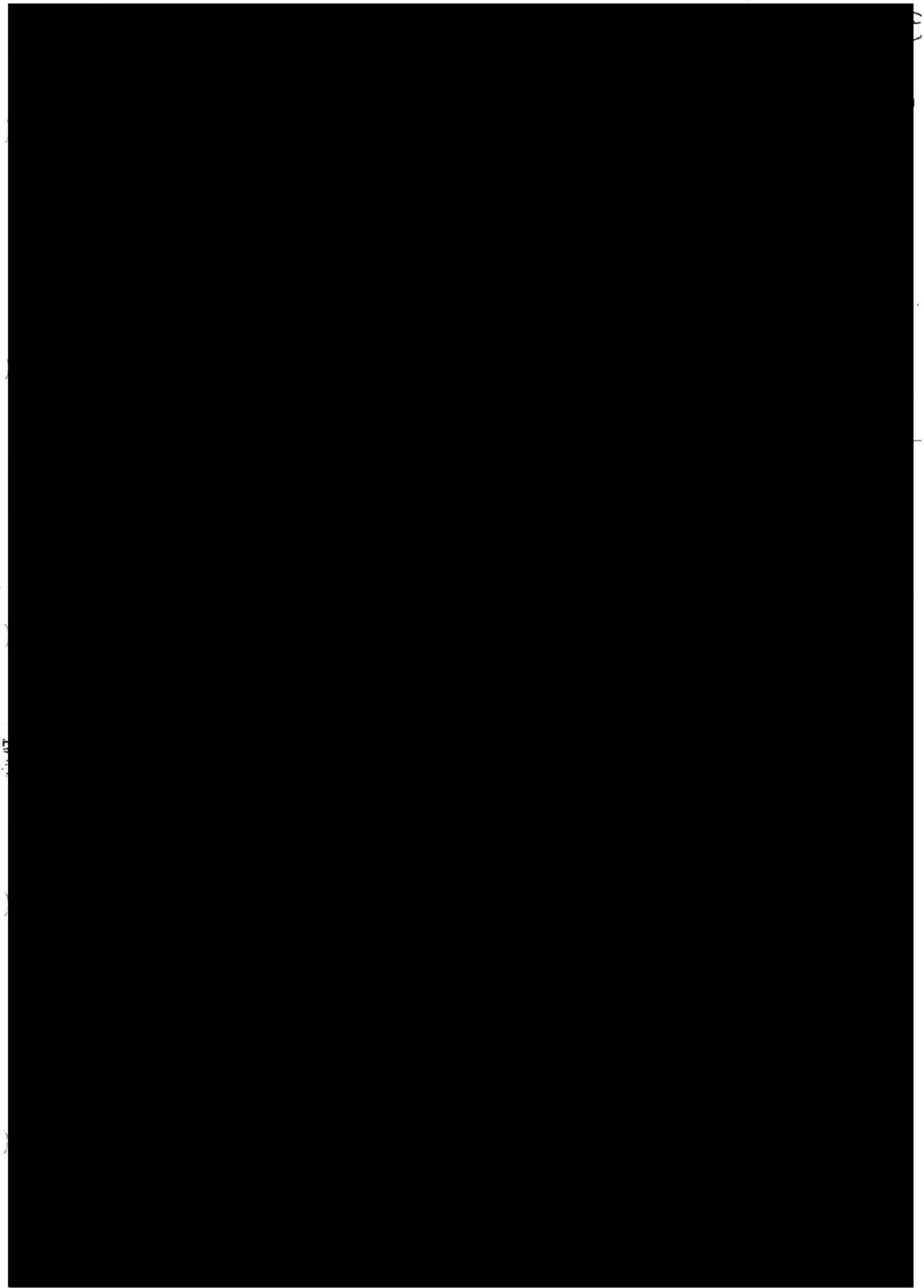
[redacted]

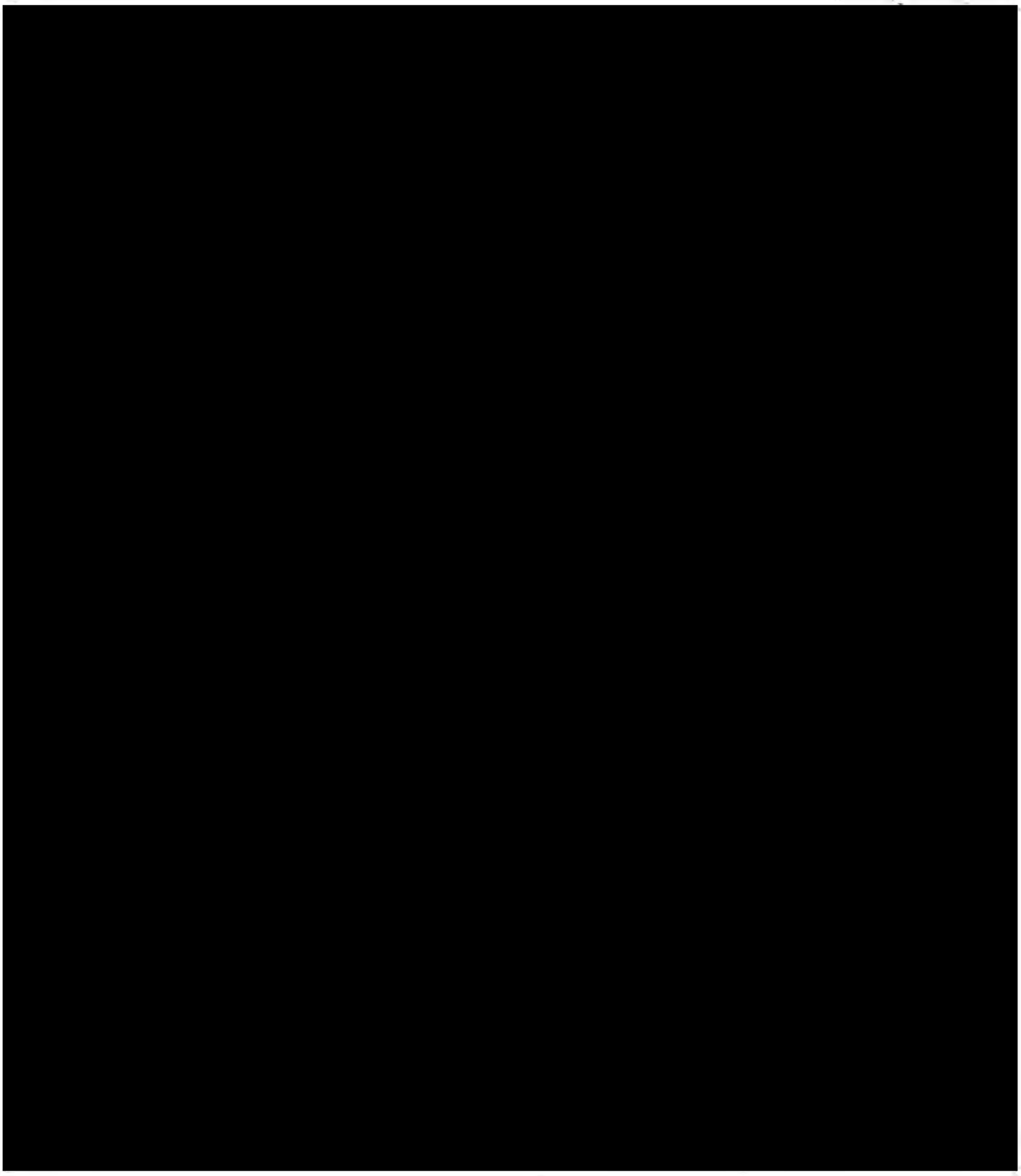
Psychiatric Social Worker
Hawaii State Hospital, Unit I











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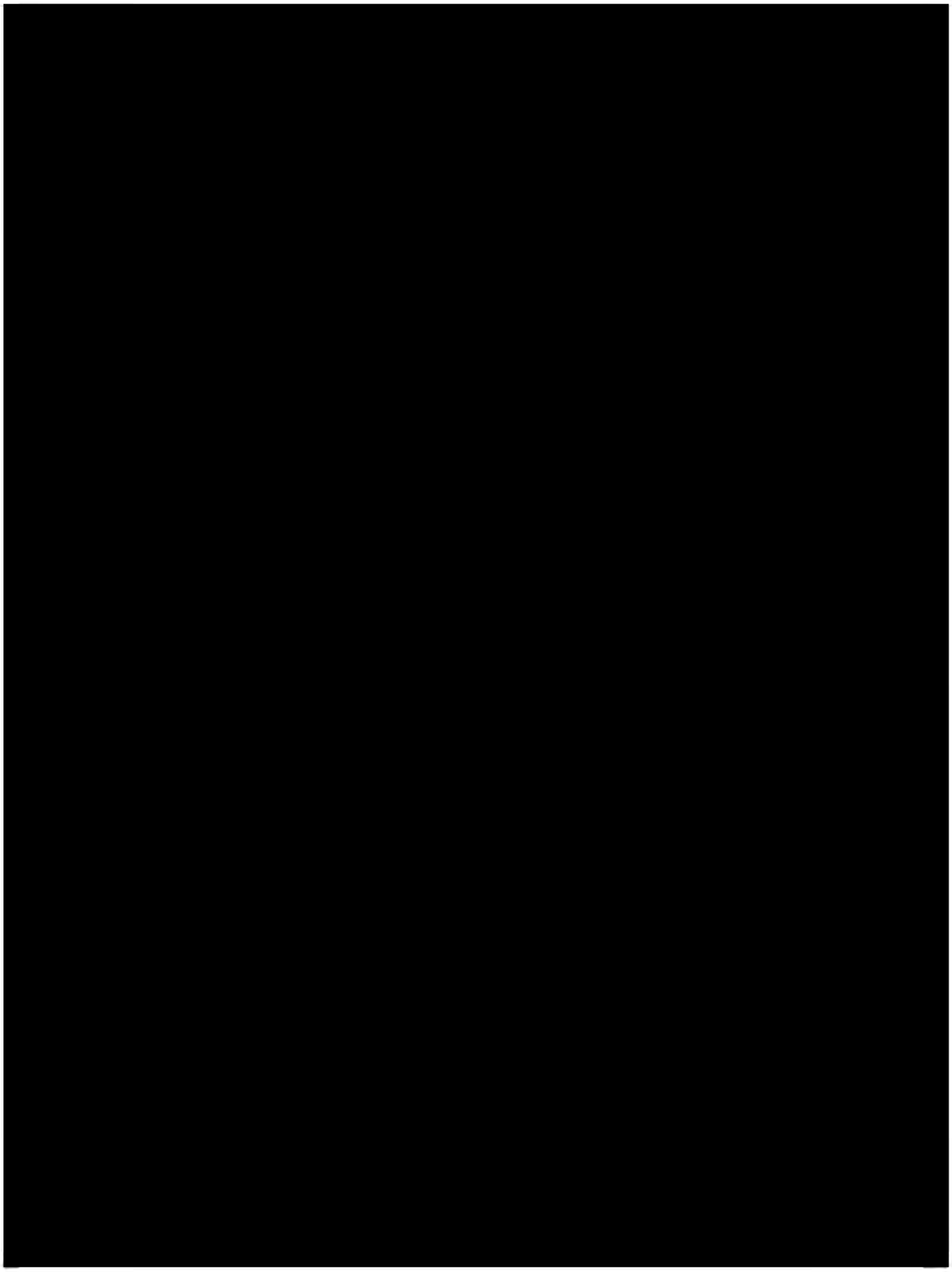

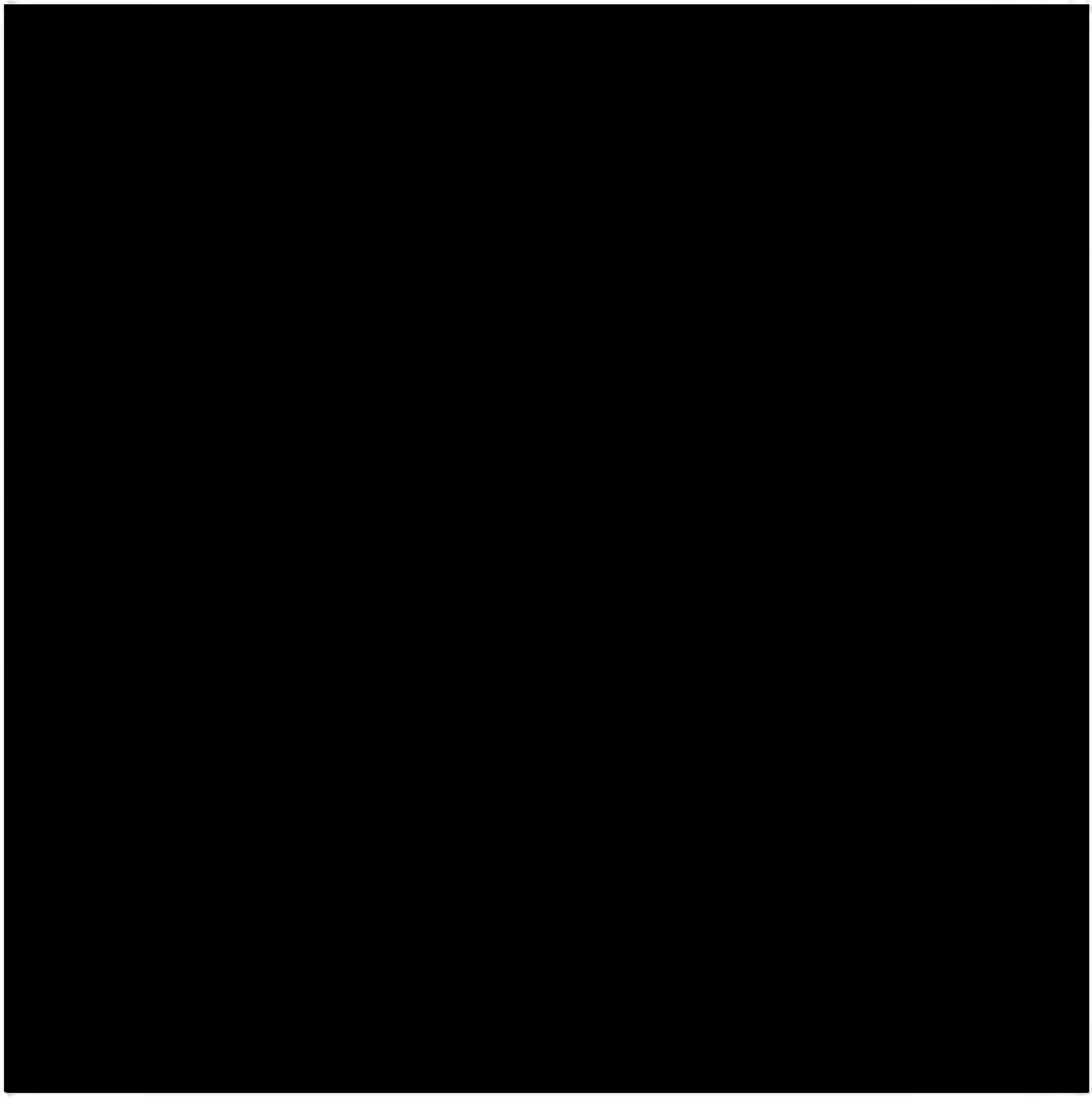

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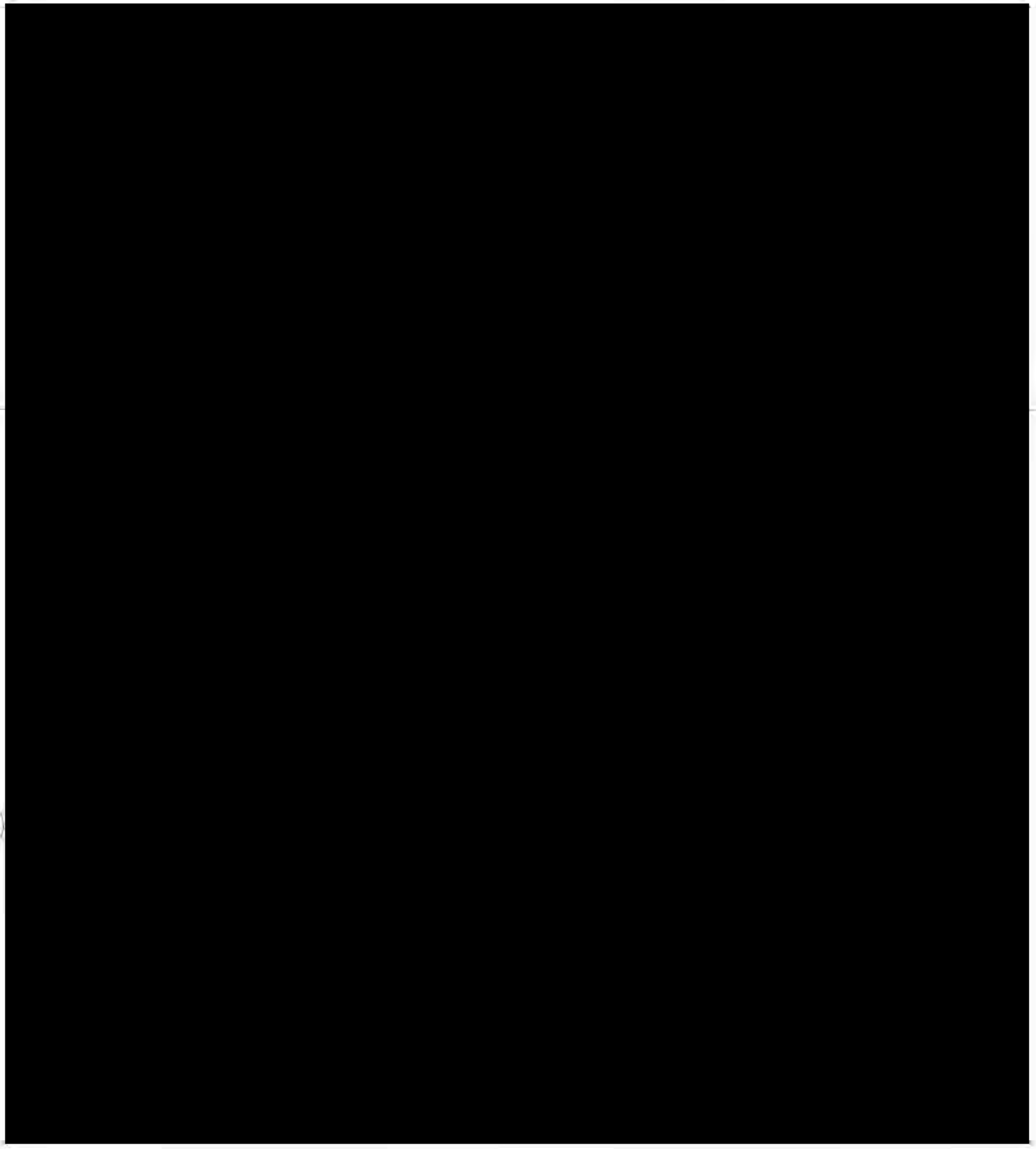

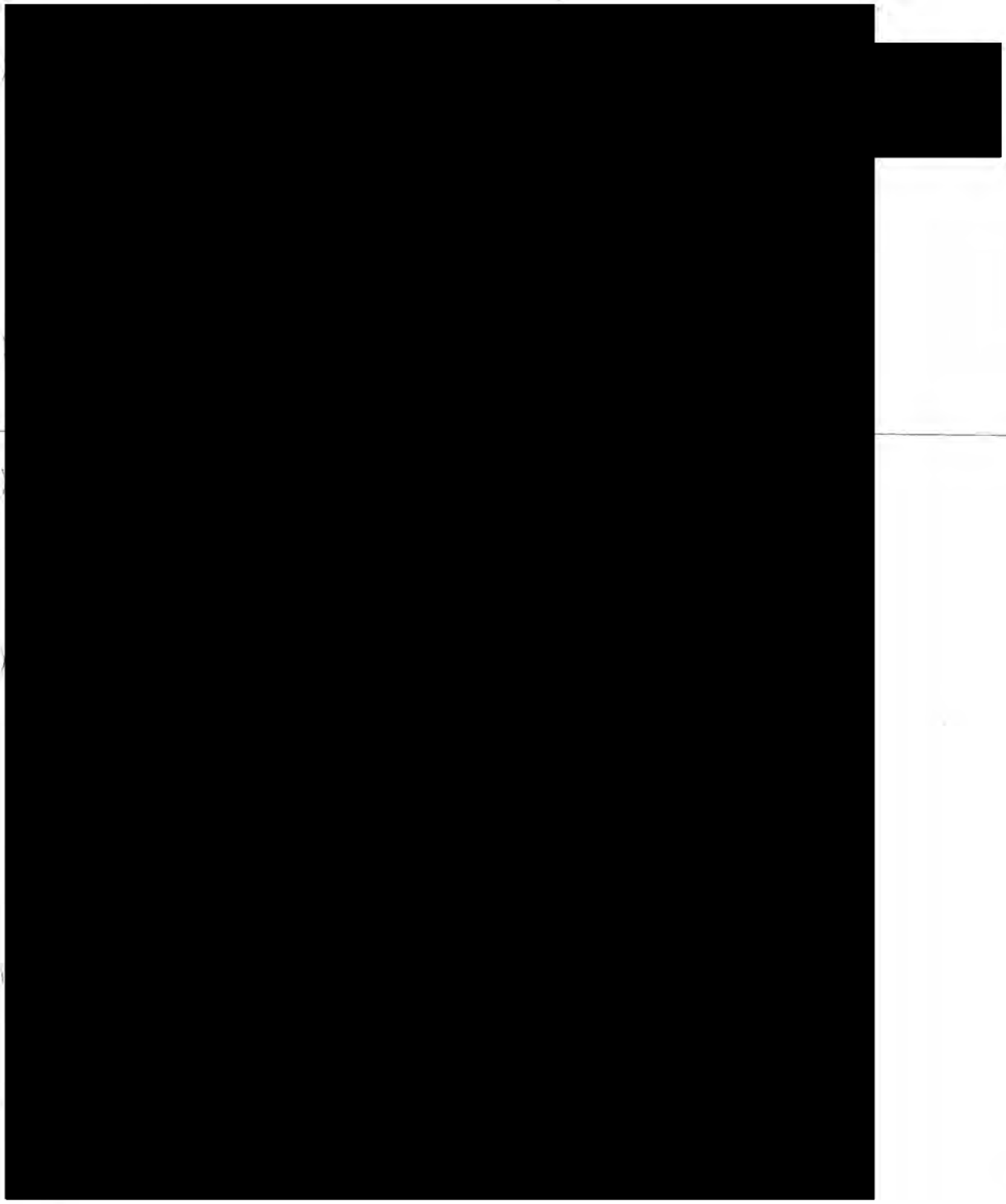

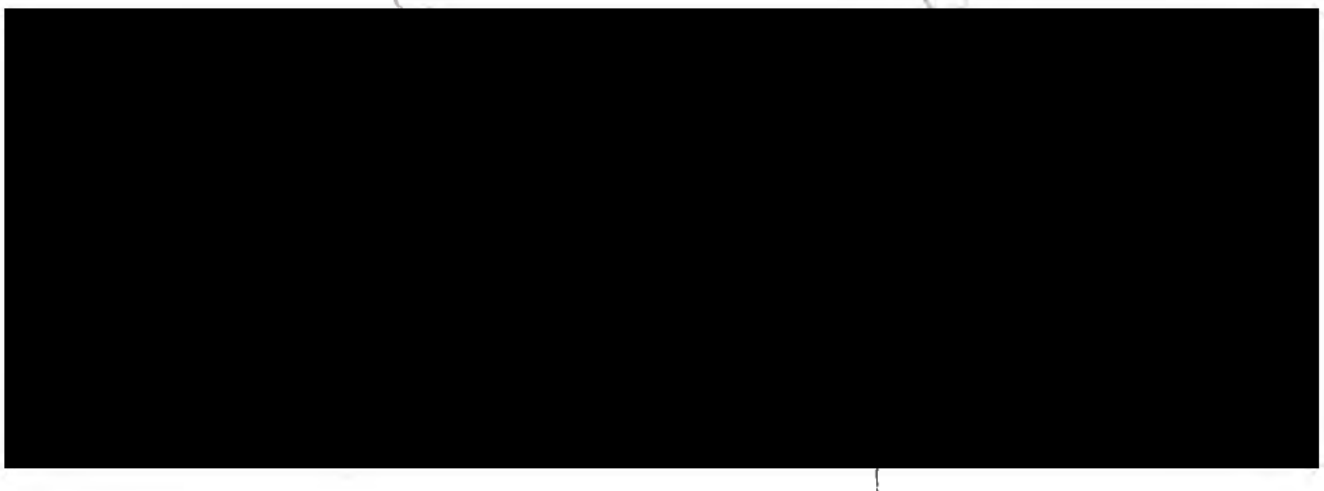

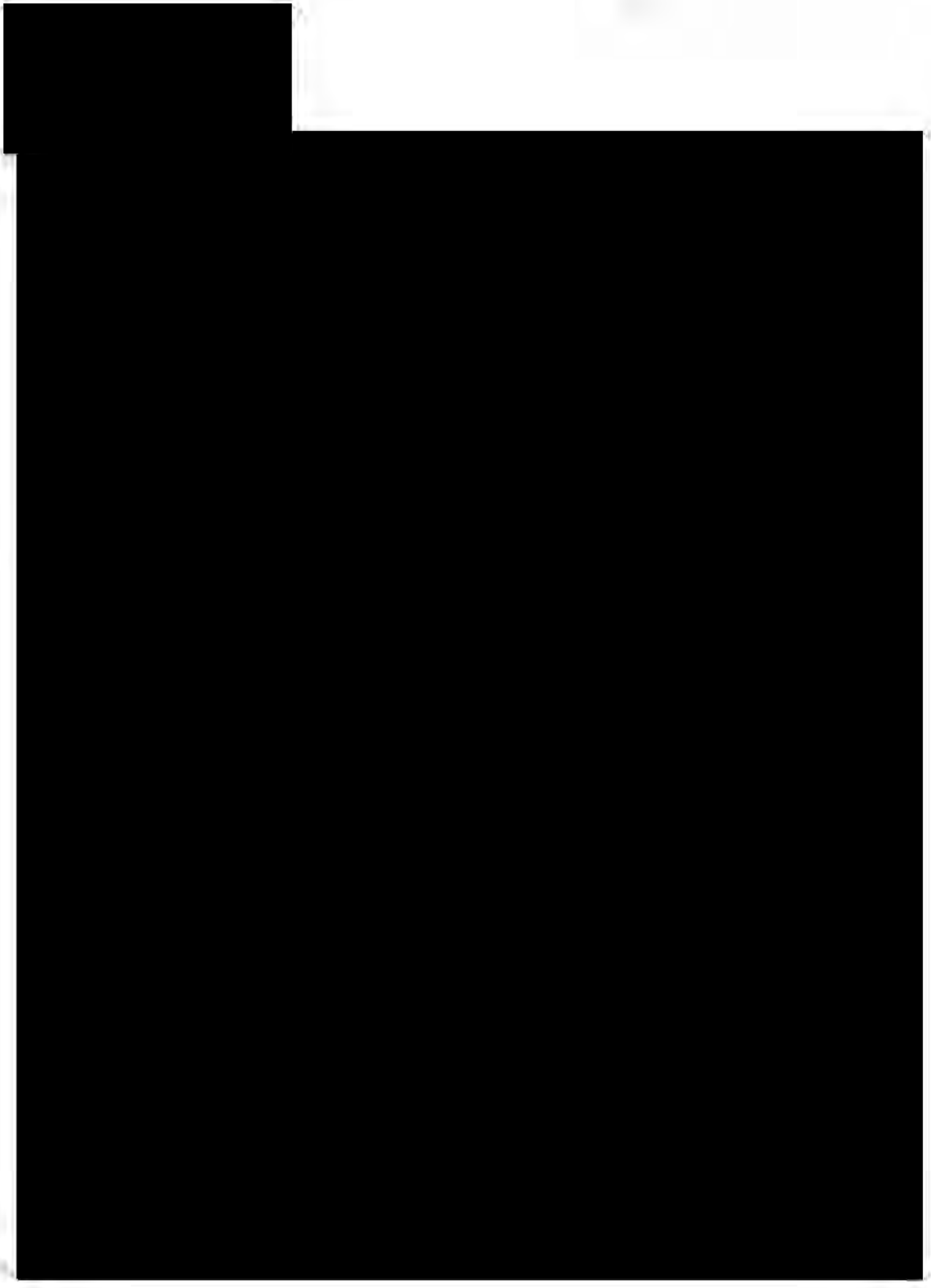

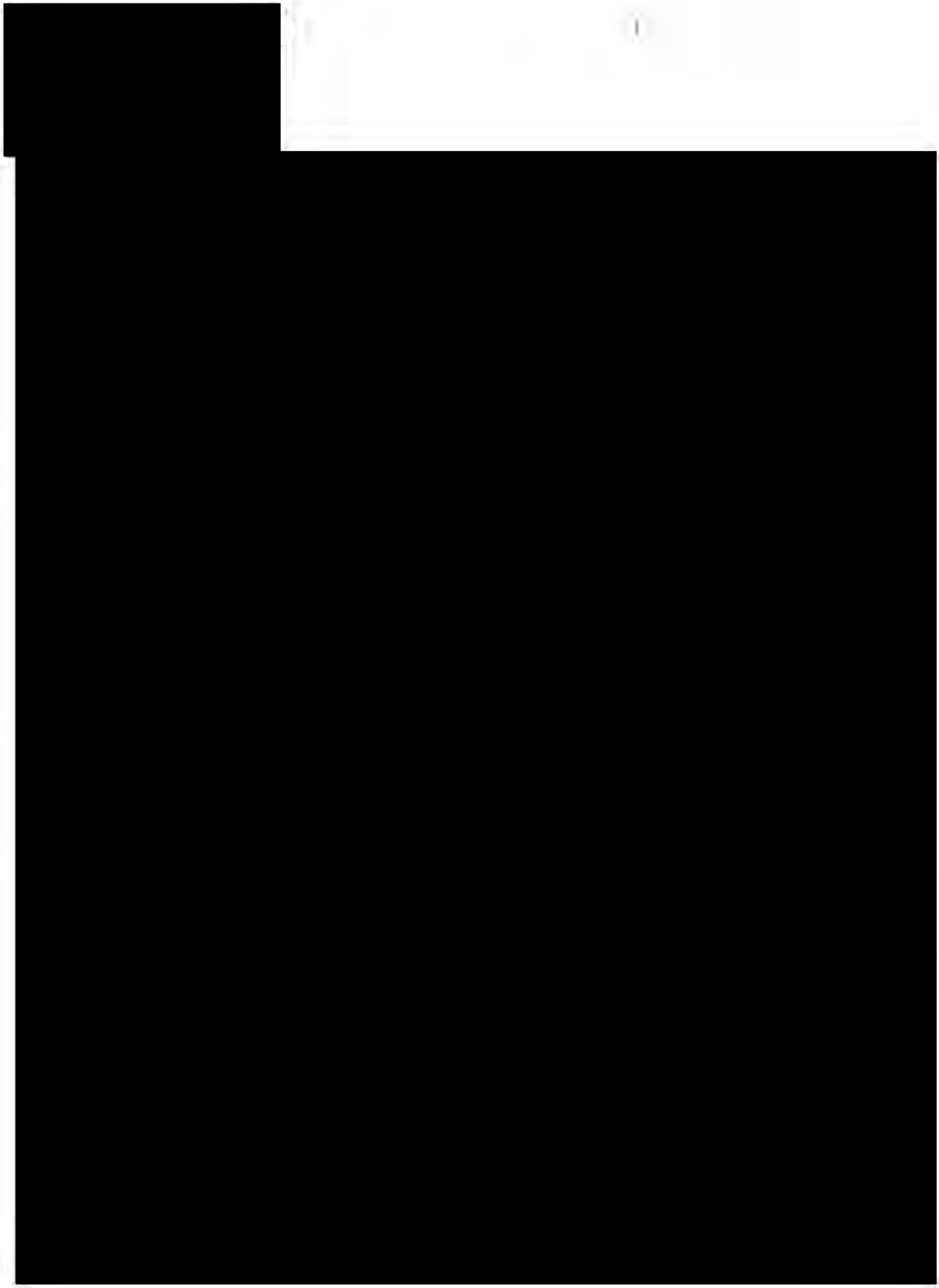

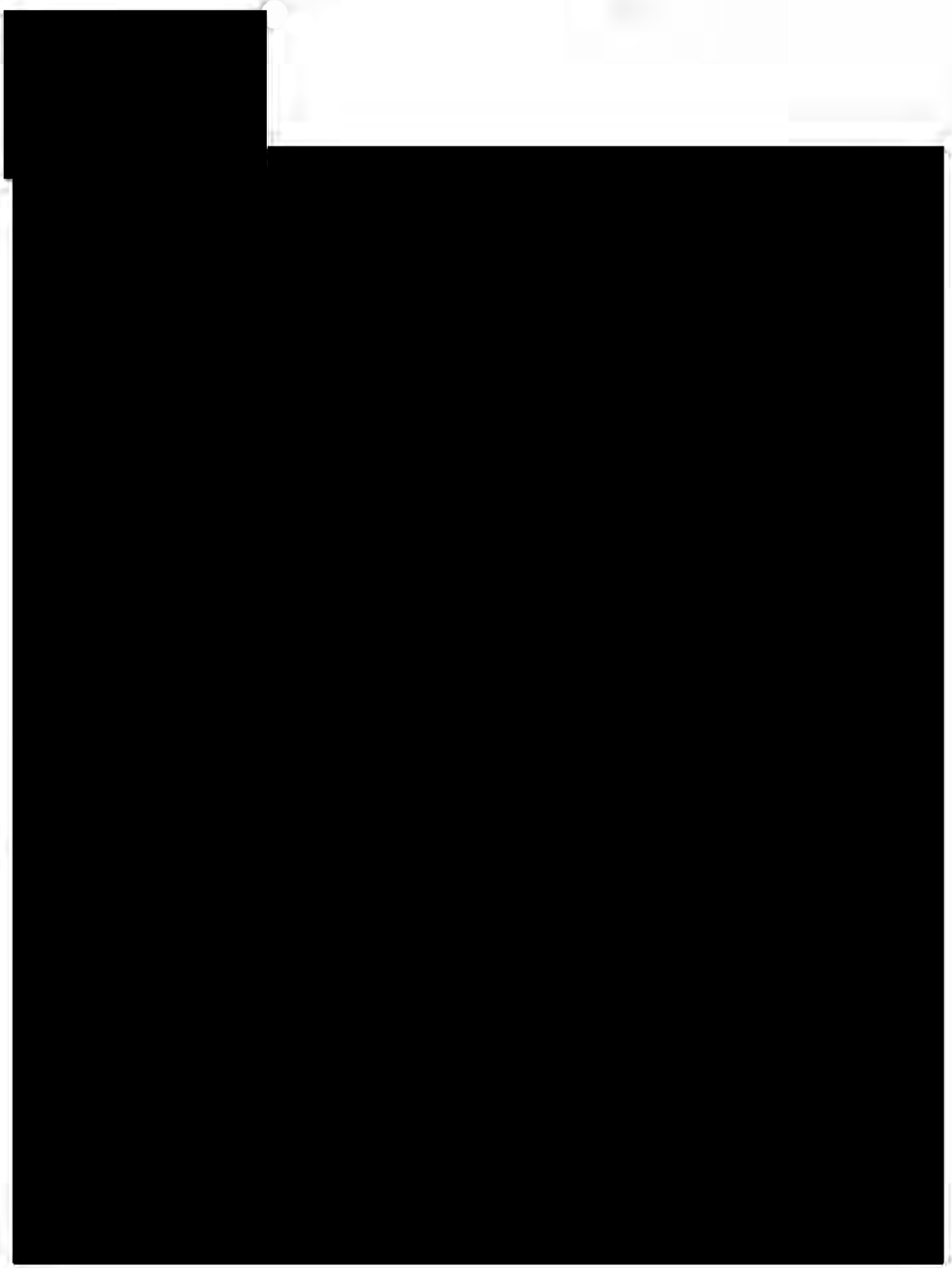

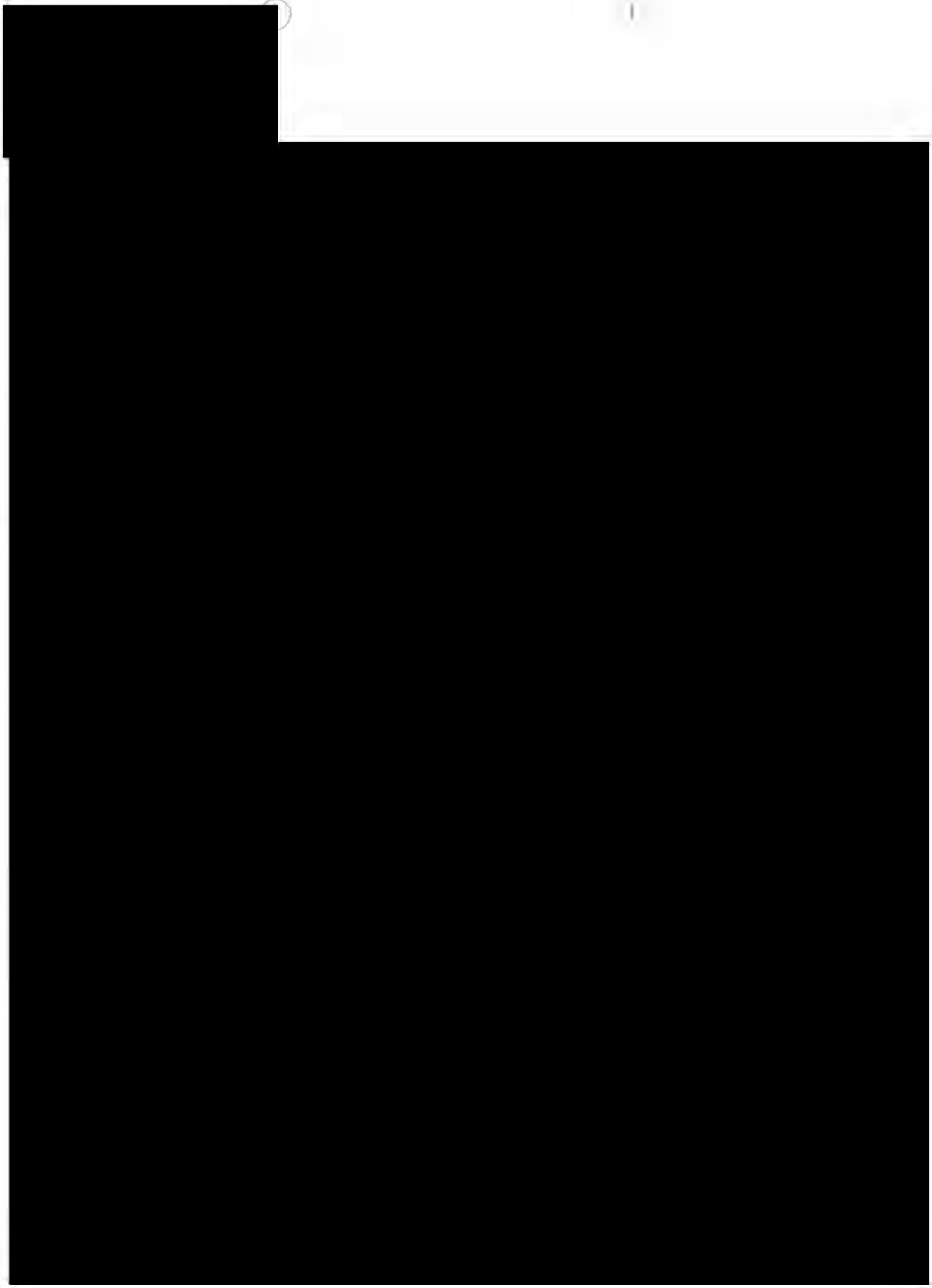

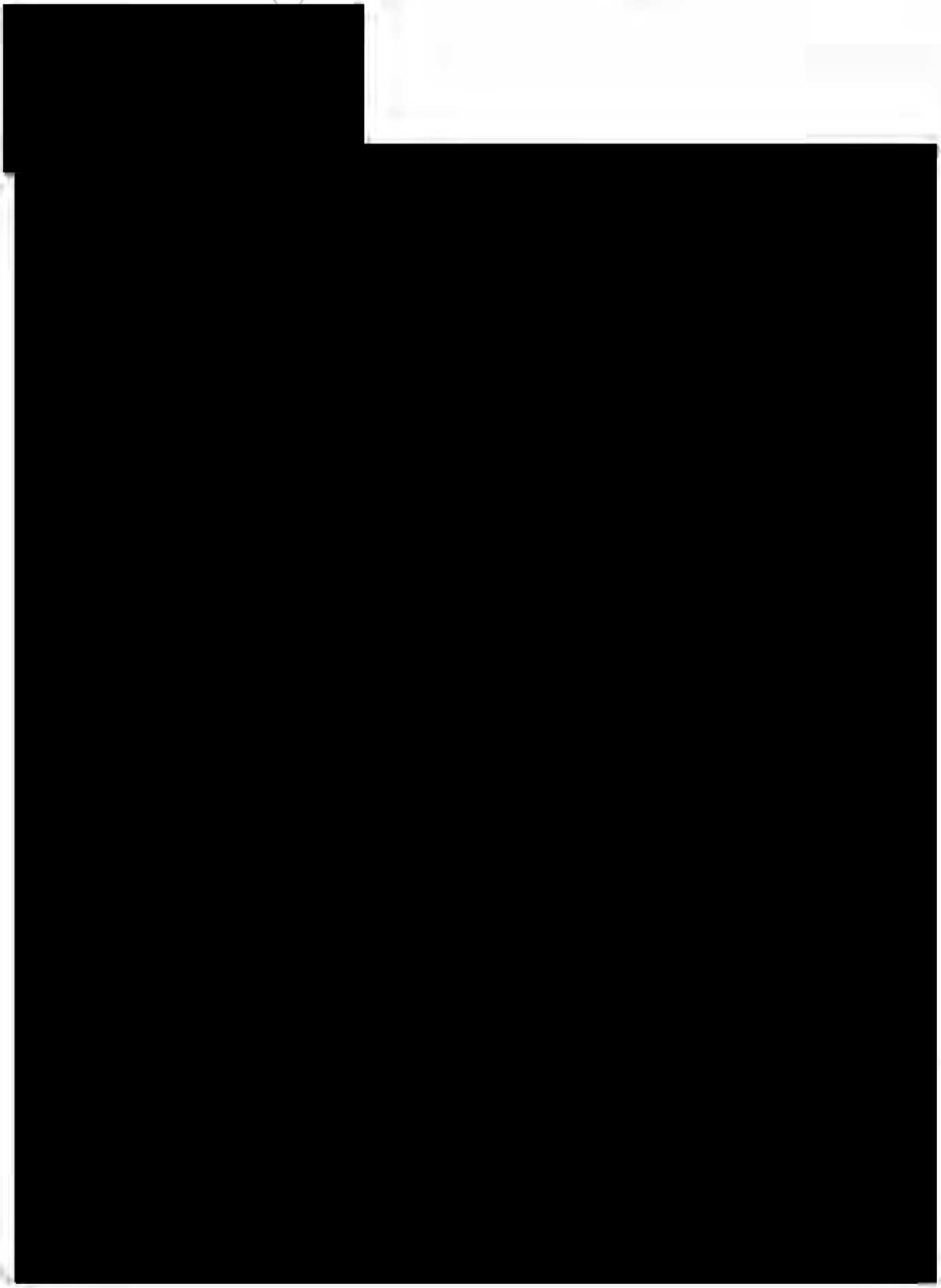

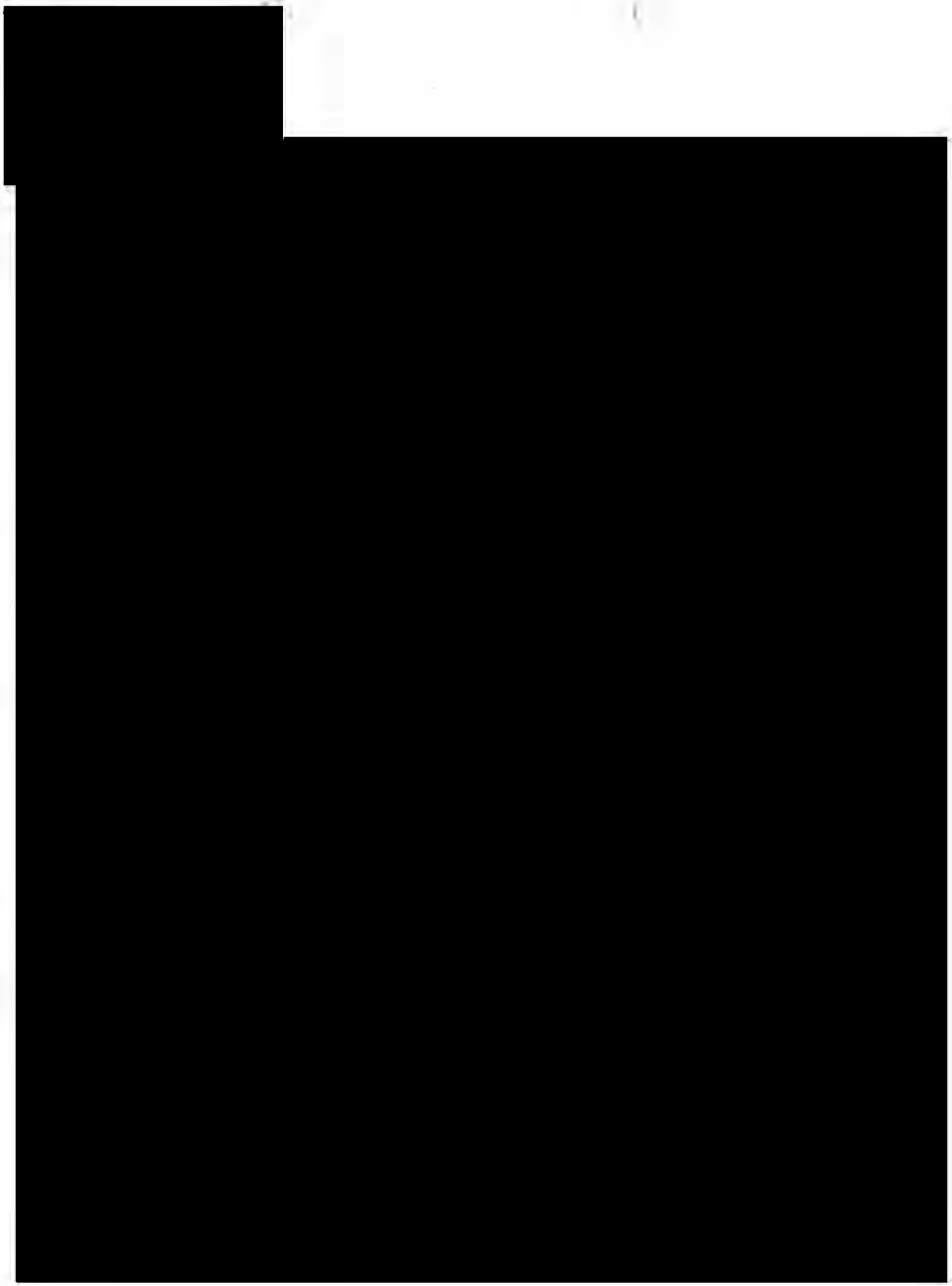

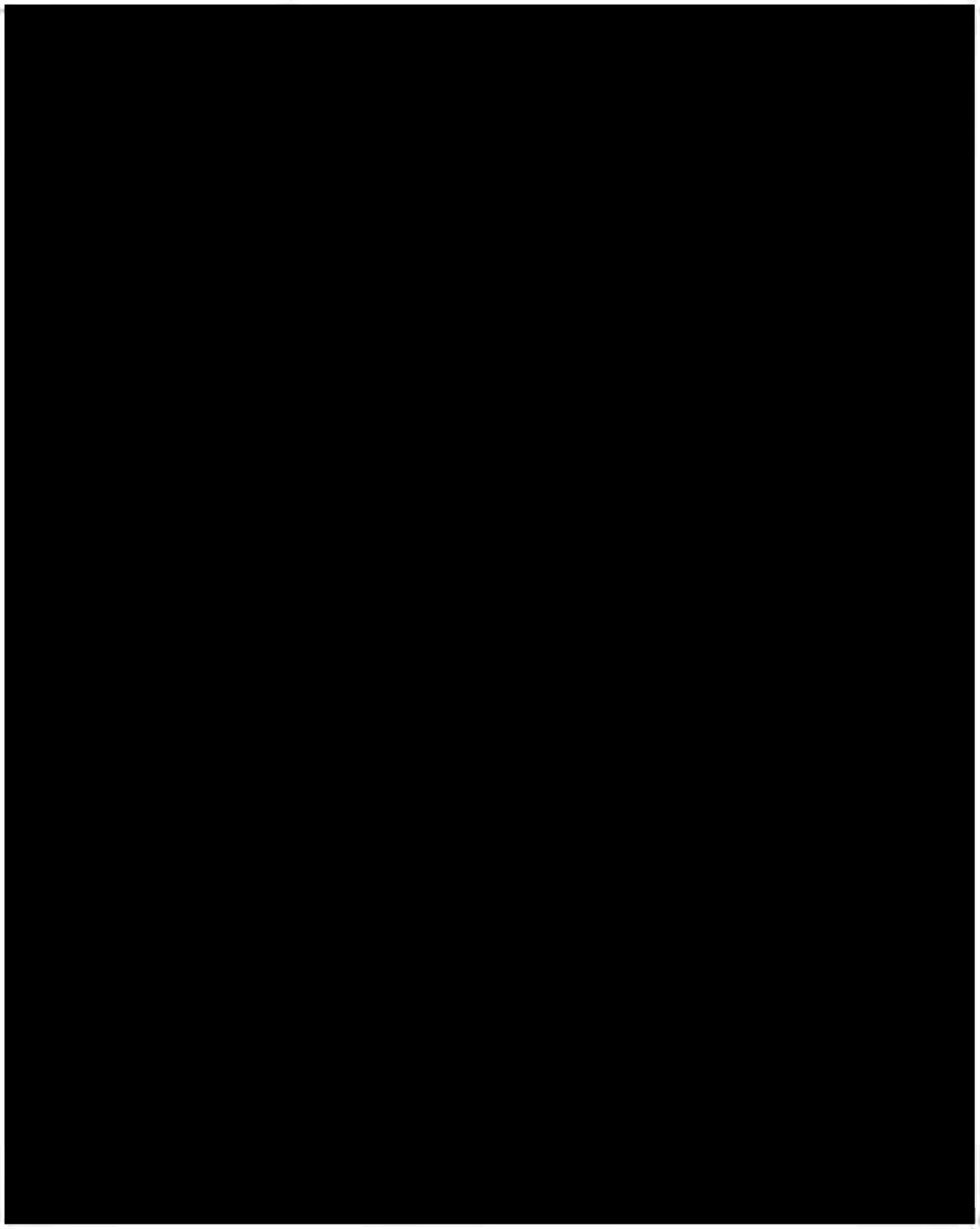

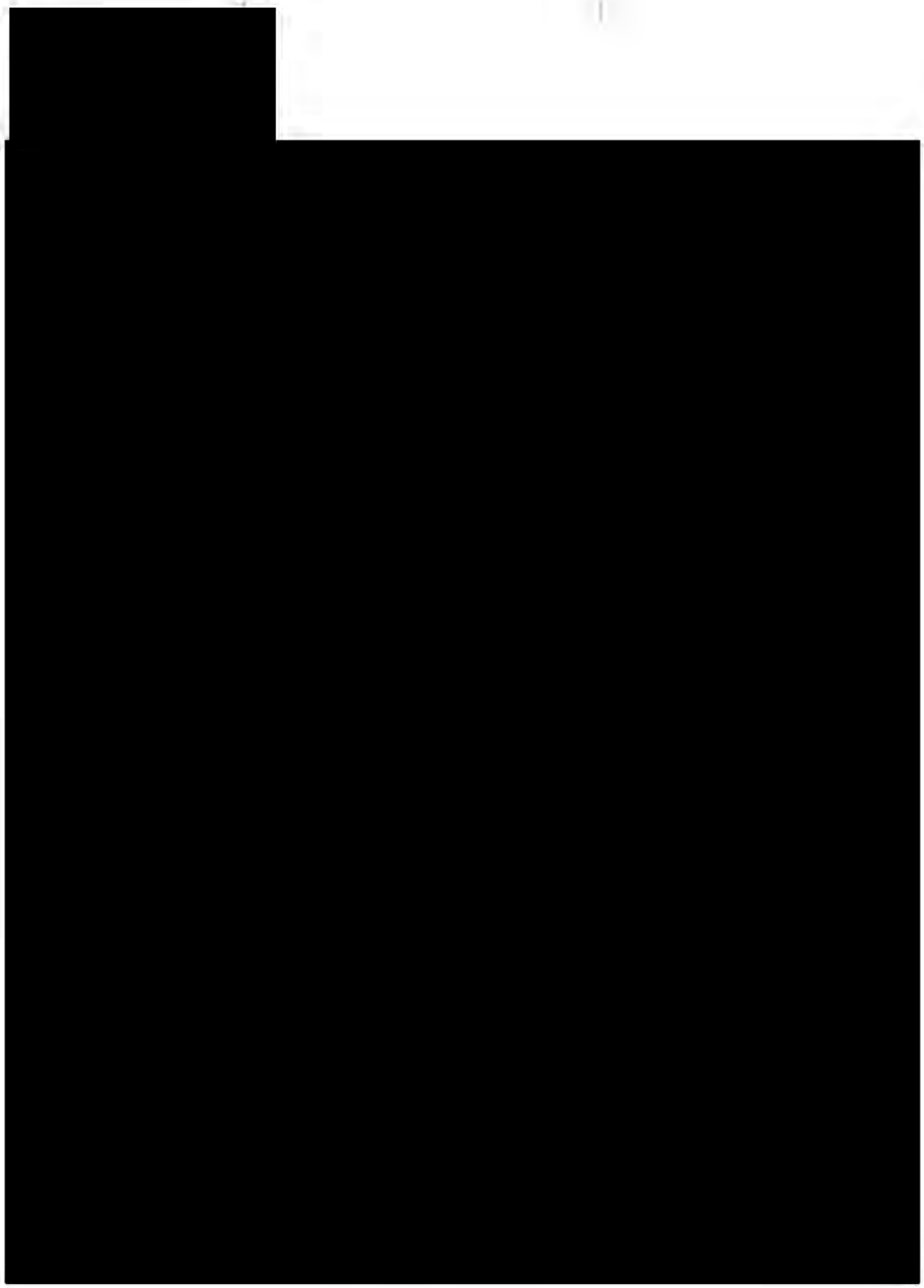

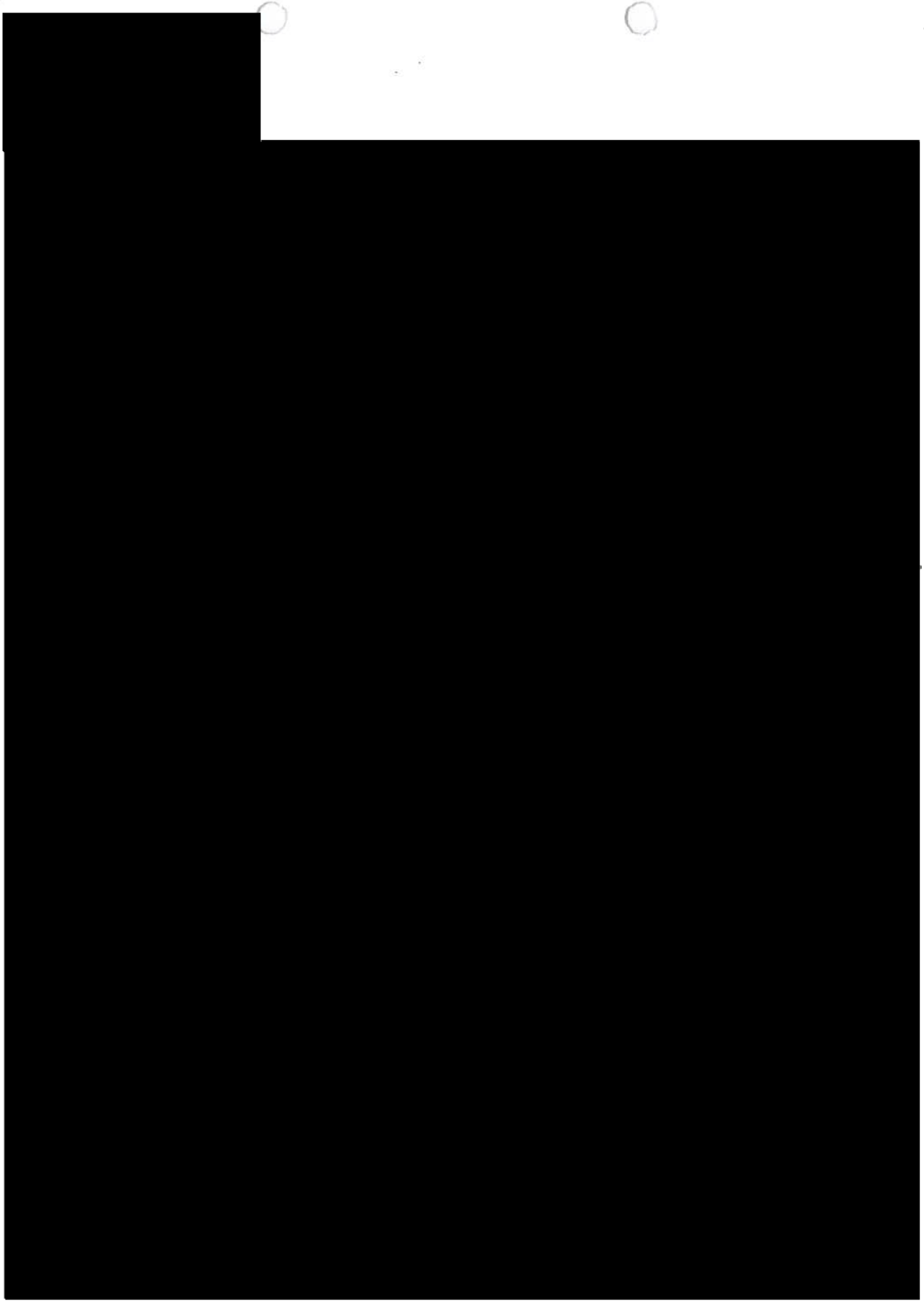

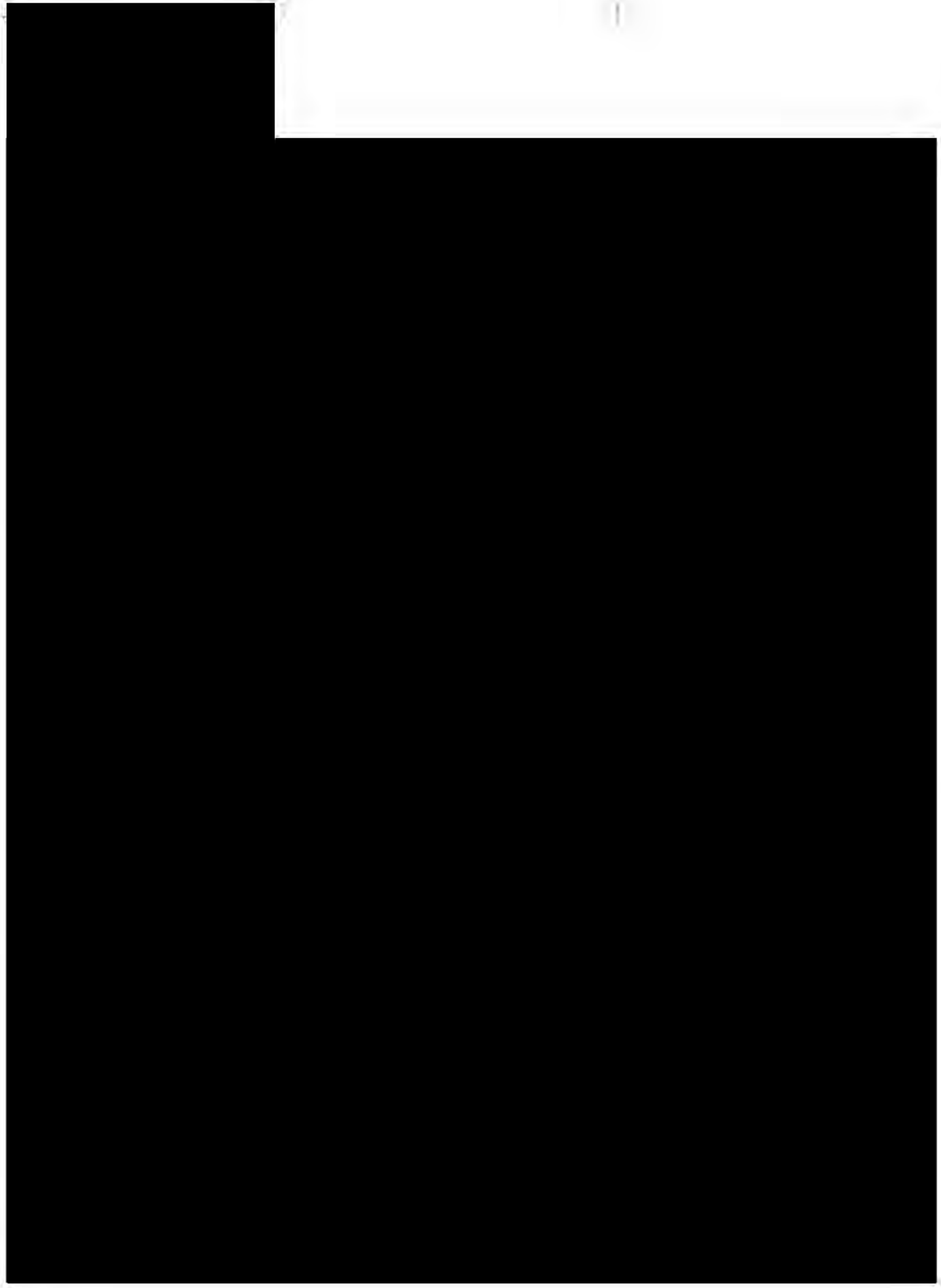

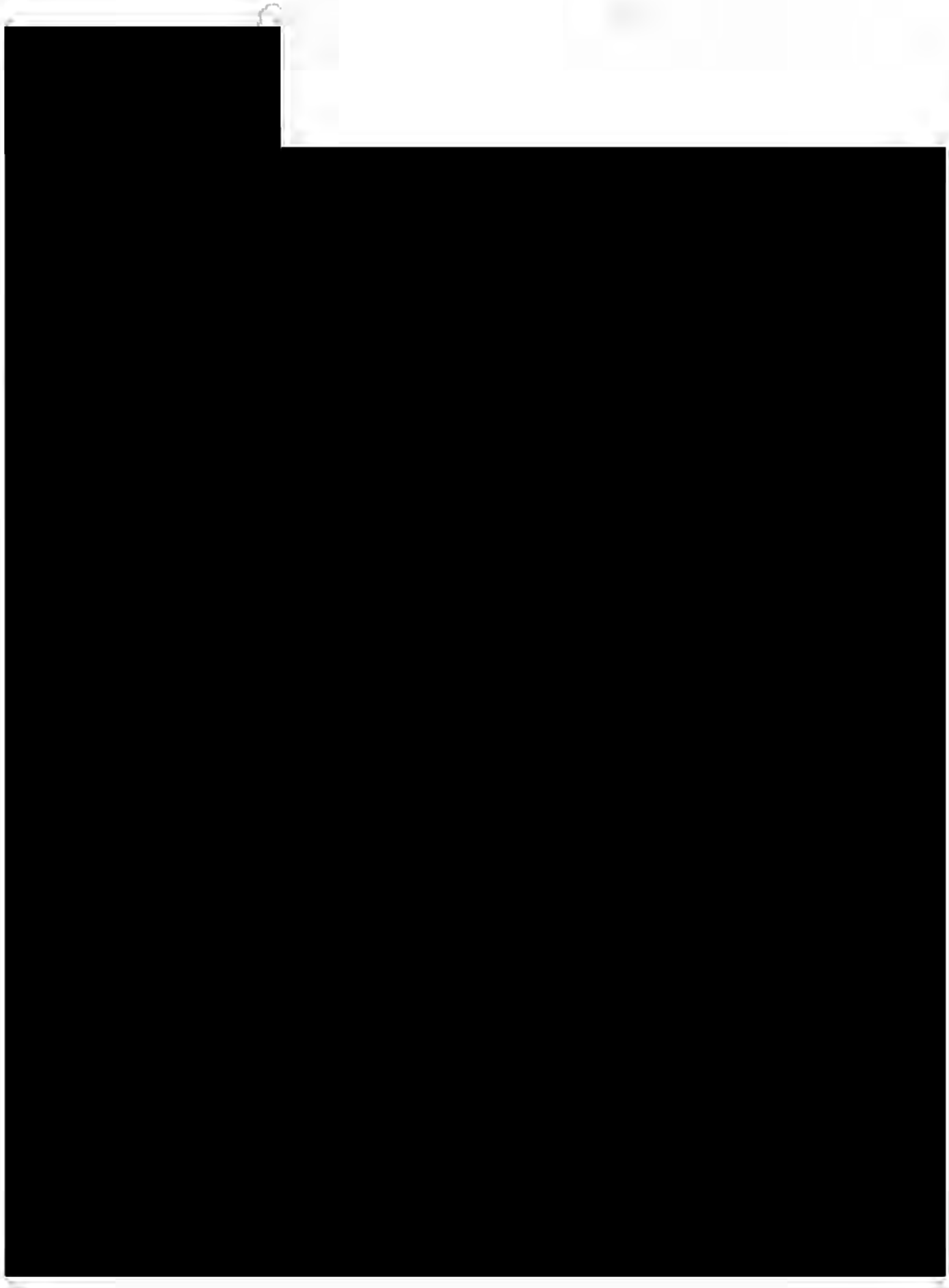

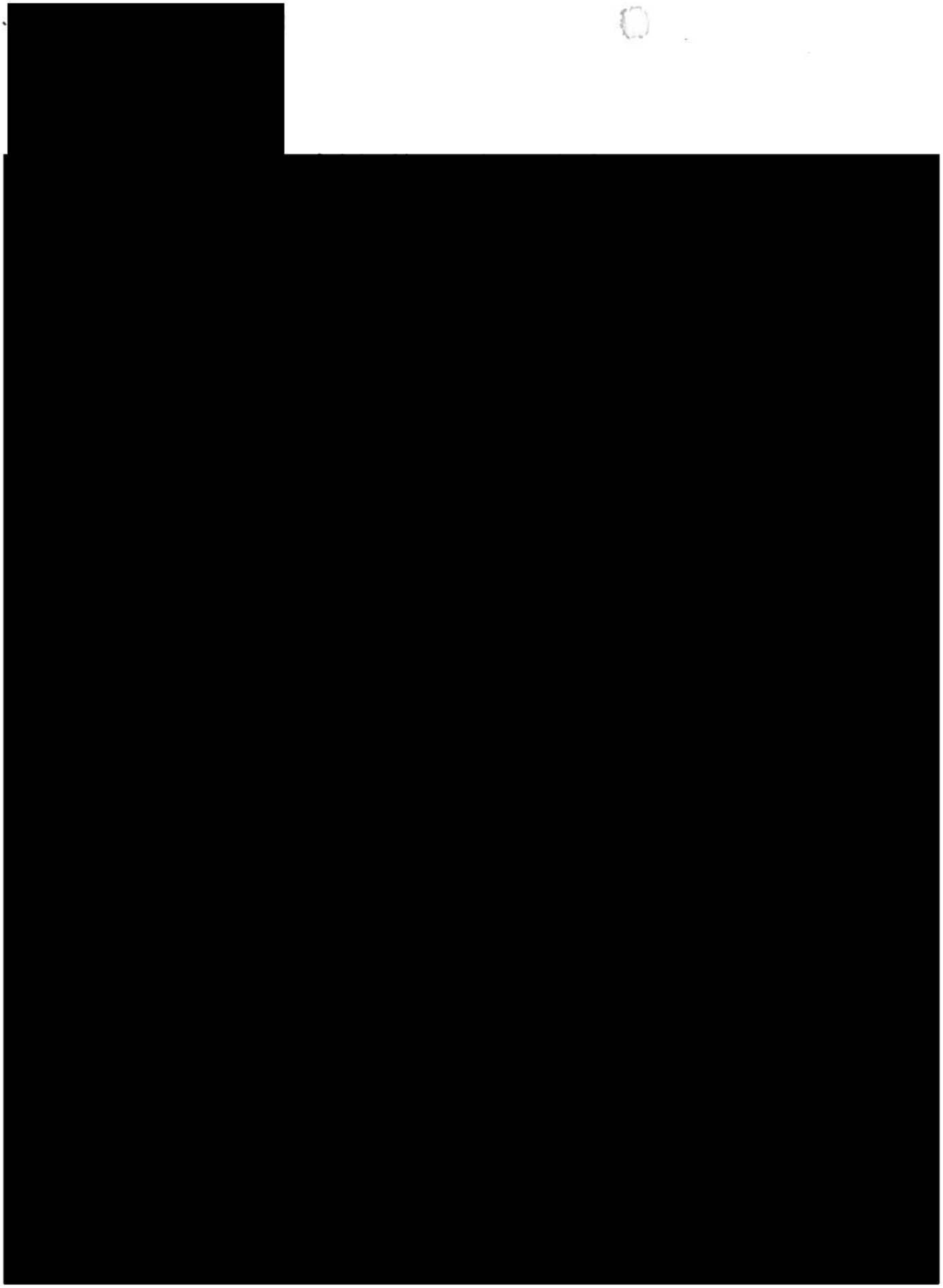

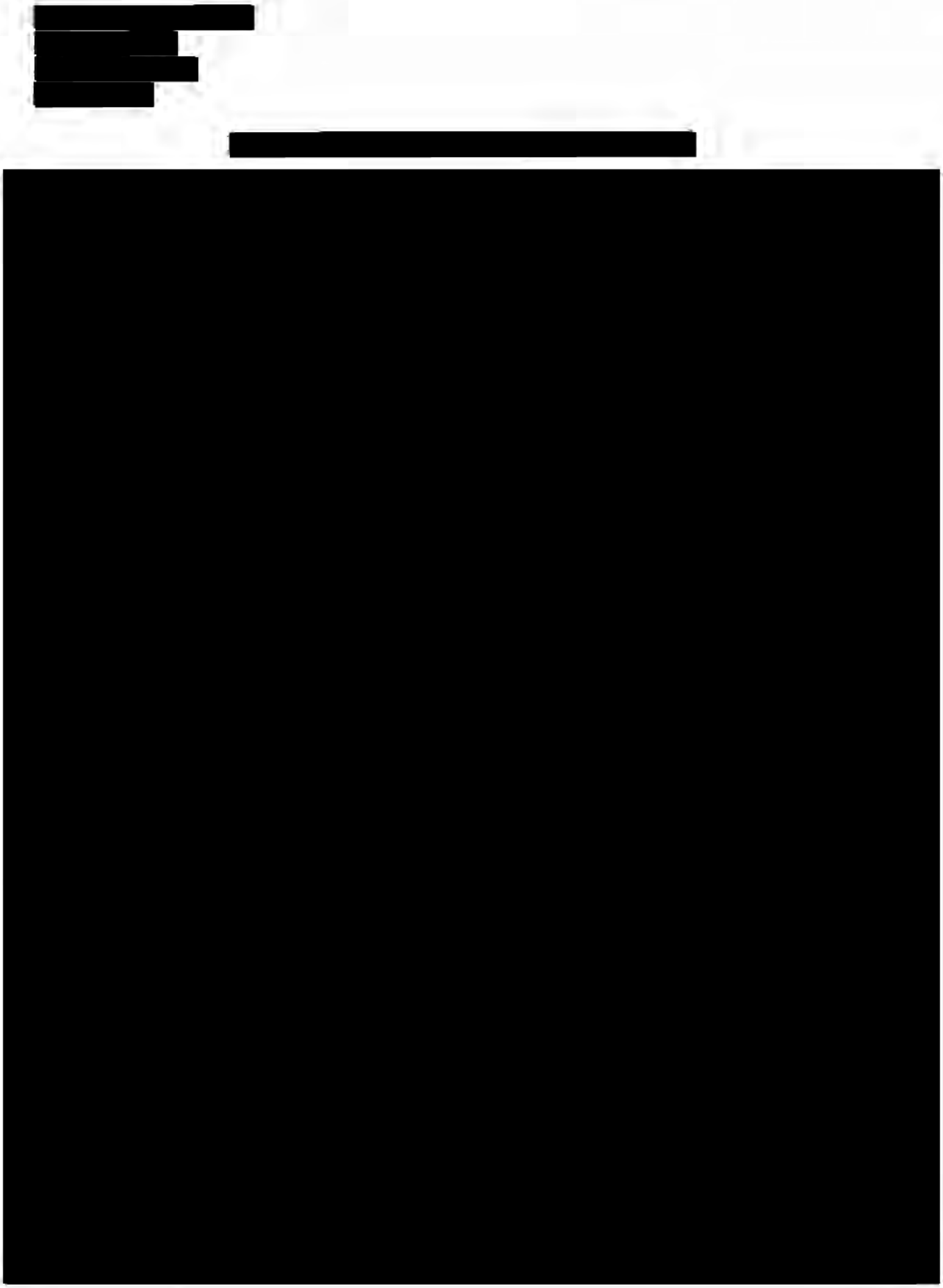

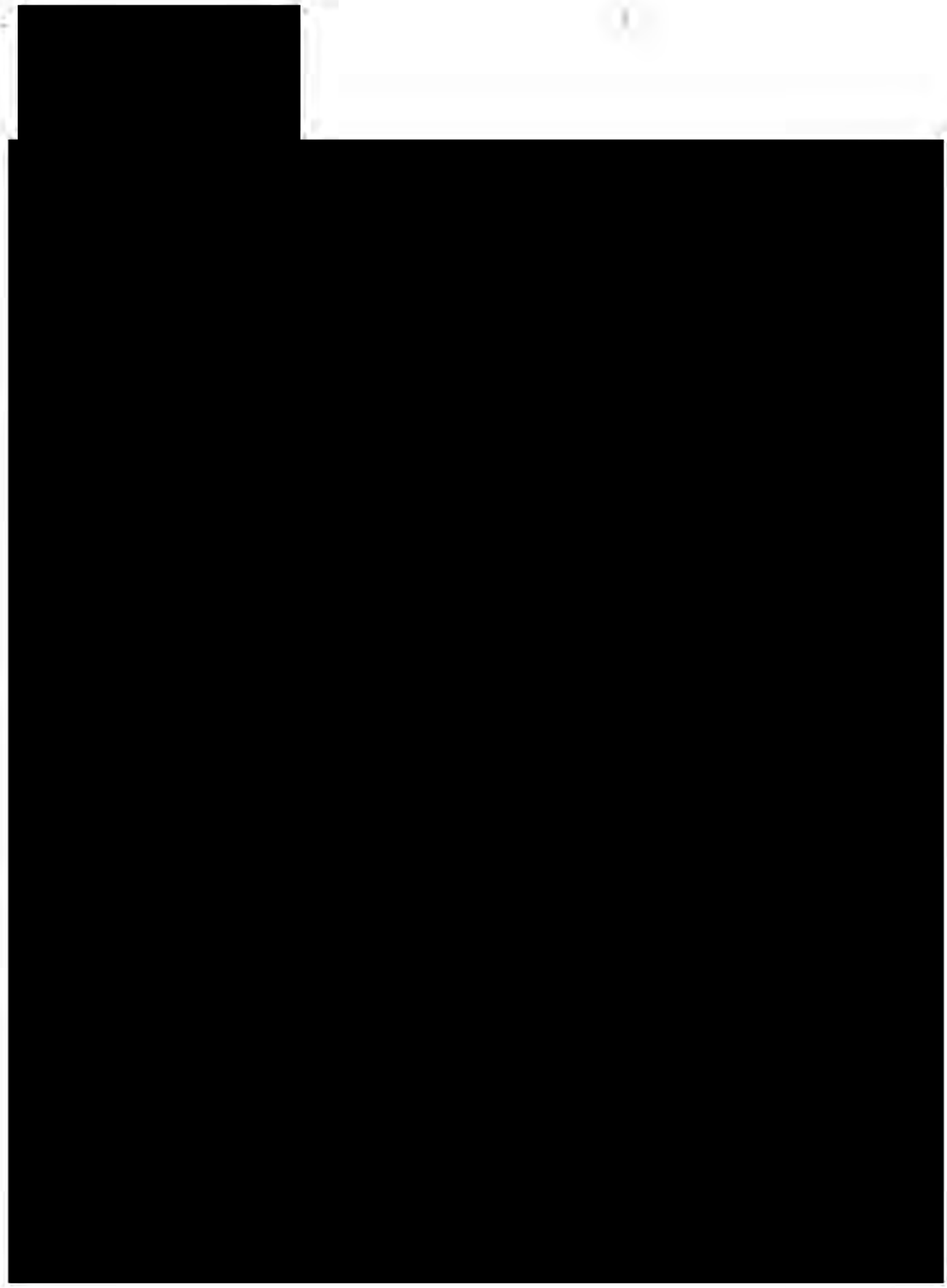

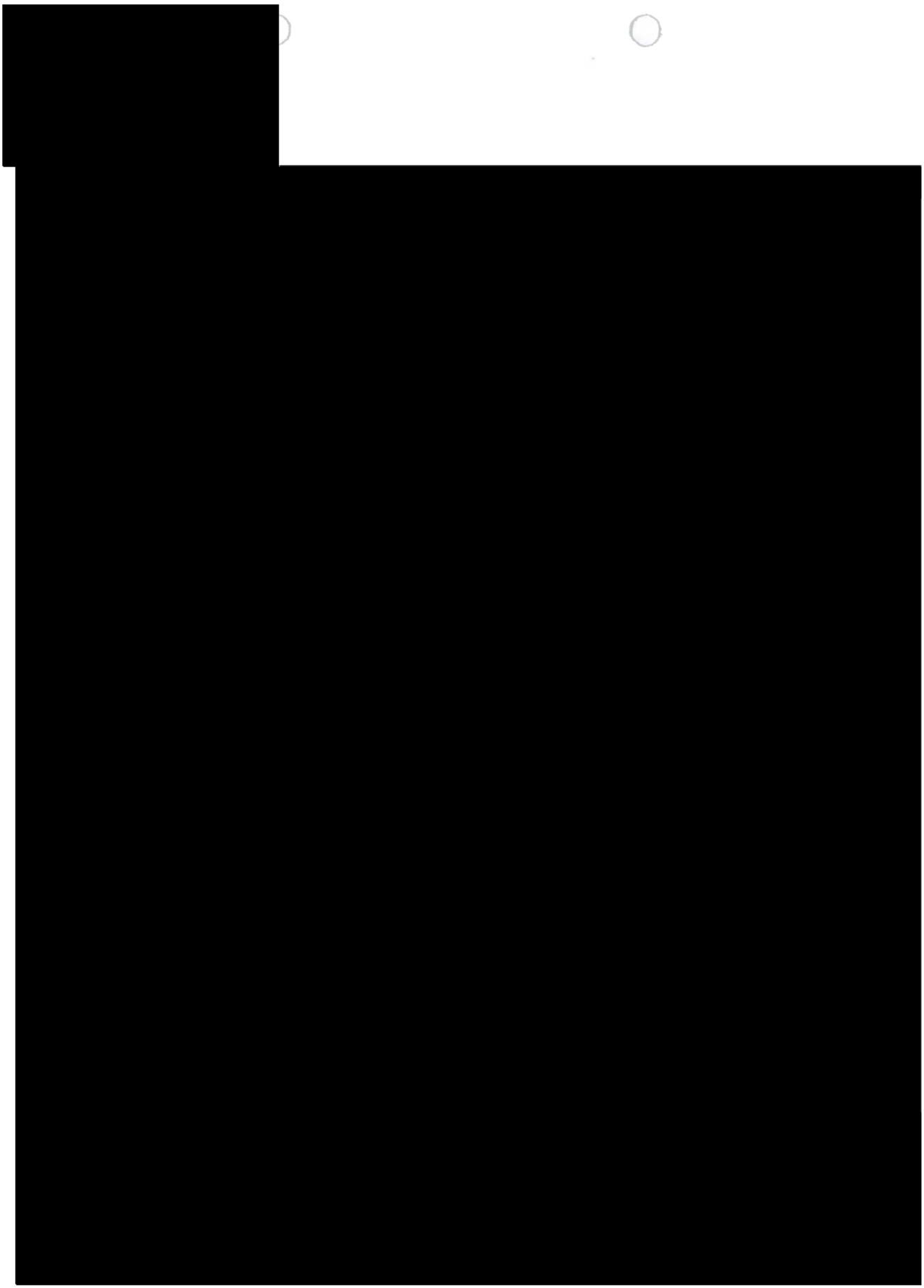

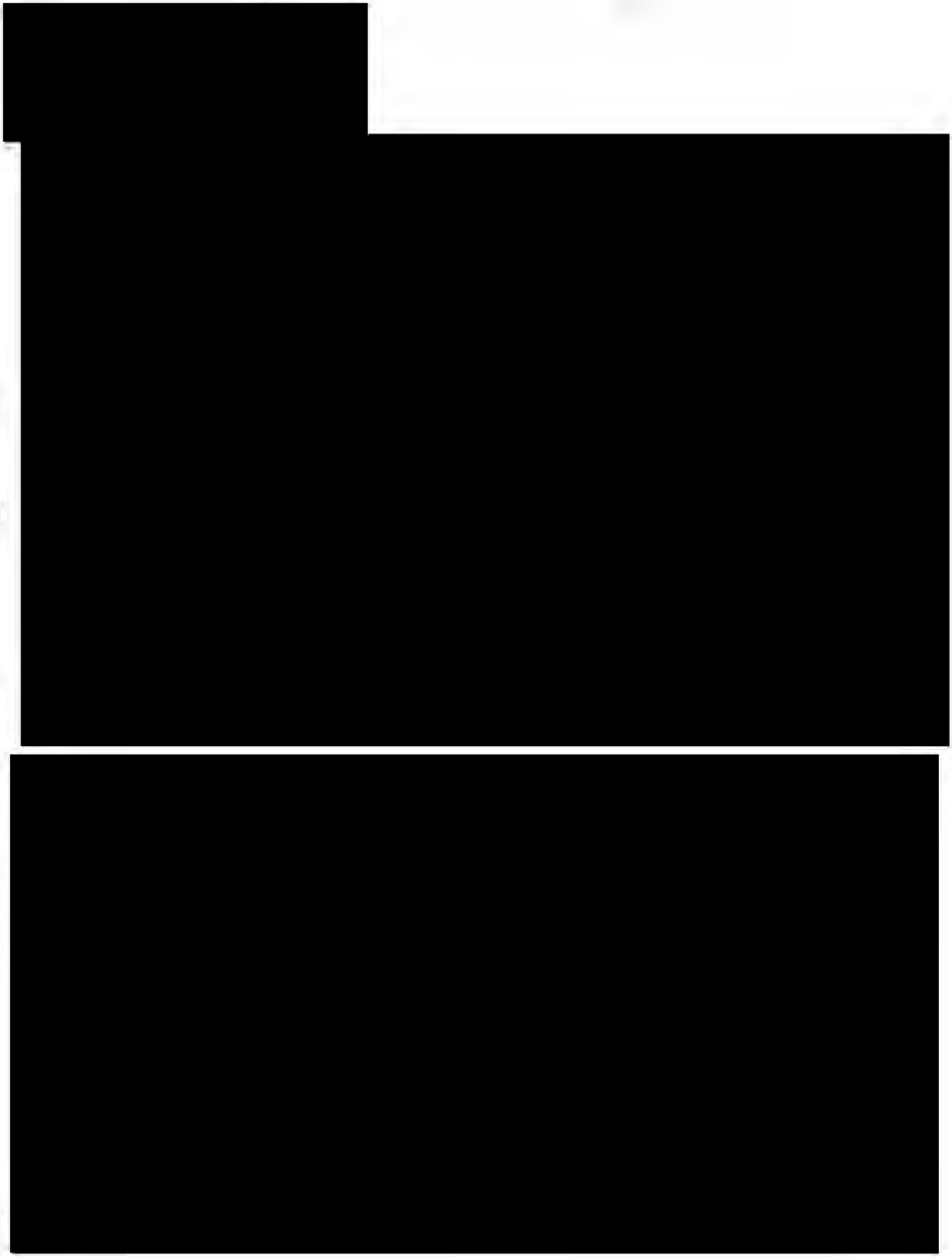

Chart
c: Saito

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

ADDRESS ONLY
ADMINISTRATOR
HAWAII STATE HOSPITAL

INFORMATION REGARDING PATIENTS
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STATE OF HAWAII
DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL
45-710 KEAAHALA ROAD
KANEOHE, HAWAII 96744-3528

LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

November 14, 2012

TO: [redacted]
Unit I

FROM: [redacted]
Associate Administrator for Quality Management Services

SUBJECT: [redacted]

[redacted]

[redacted]

HAWAI'I
STATE HOSPITAL

Unit I

[redacted]

[redacted]

"Our mission is to provide quality, integrated, active psychiatric treatment and rehabilitation to seriously mentally ill individuals. Community reintegration is the primary goal."

JOHN M. TONAKI
State Public Defender

DEFENDER COUNCIL
1130 North Nimitz Highway
Suite A-254
Honolulu, Hawai'i 96817

HONOLULU OFFICE
1130 North Nimitz Highway
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Honolulu, Hawai'i 96817

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DISTRICT COURT SECTION
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STATE OF HAWAII

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Fax No 274-3422

Maui Office
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Wailuku, Hawaii 96793
Tel. No 984-5018
Fax No 984-5022

April 1, 2013

[redacted]

[redacted]

HONOLULU HI 968

01 APR 2013 PM 3 L

[redacted]

Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, Hawaii 96744

9 44865

2014-02-07 19:10:36 (GMT)

From: J Gregory Turnbull

Forrest

C: Forensics

[redacted]

February 7, 2014

[redacted]

[redacted]

February 7, 2014

[redacted]

* * * Communication Result Report (Apr. 4. 2014 2:58PM) * * *

Date/Time: Apr. 4. 2014 2:57PM

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E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

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* * * Communication Result Report (Apr. 23. 2014 3:34PM) * * *

1)
2)

Date/Time: Apr. 23. 2014 3:28PM

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E. 5) Exceeded max. E-mail size

[redacted]

* * * Communication Result Report (Mar. 18. 2014 2:54PM) * * *

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Date/Time: Mar. 18. 2014 2:53PM

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Reason for error
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E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
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DAVID Y. IGE
GOVERNOR OF HAWAI'I

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ADMINISTRATOR
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DEPARTMENT OF HEALTH
HAWAI'I STATE HOSPITAL
45-710 KEA'AHALA ROAD
KANE'OHE, HAWAI'I 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

[redacted]

[redacted]

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GOVERNOR OF HAWAI'I

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HAWAI'I STATE HOSPITAL
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VIRGINIA PRESSLER, [redacted]
DIRECTOR OF HEALTH

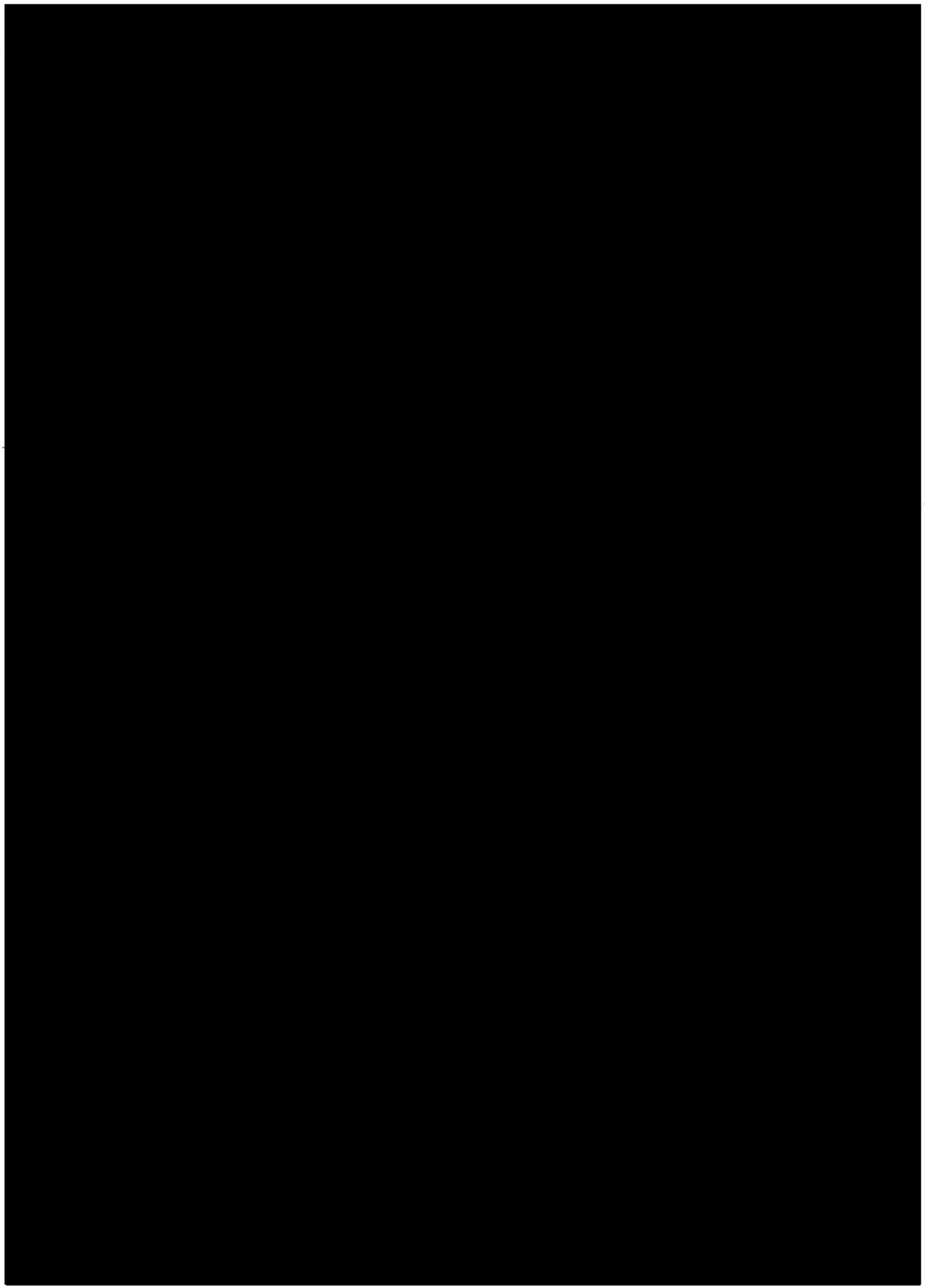
PLEASE REFER TO
FILE NO.

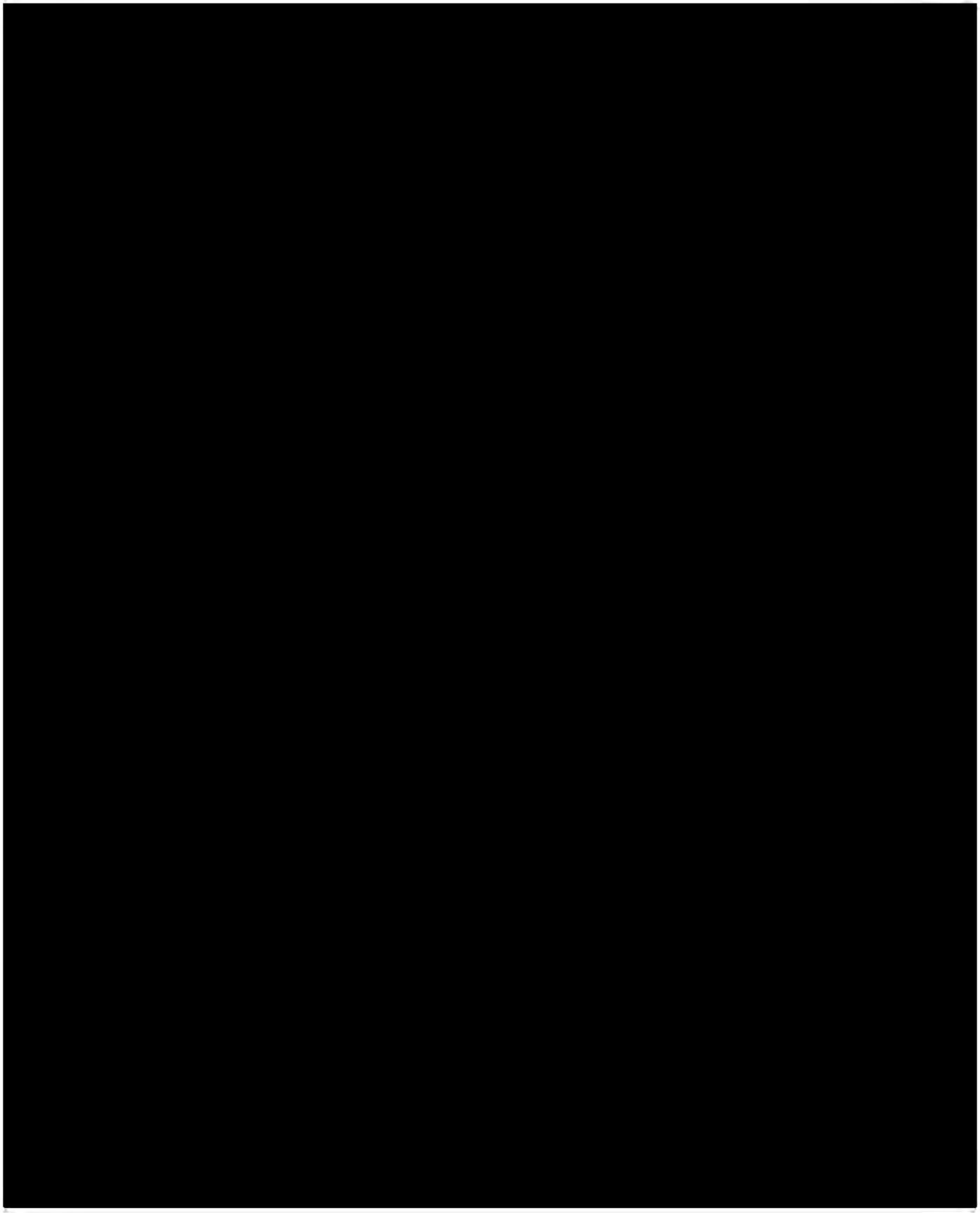
February 19, 2016

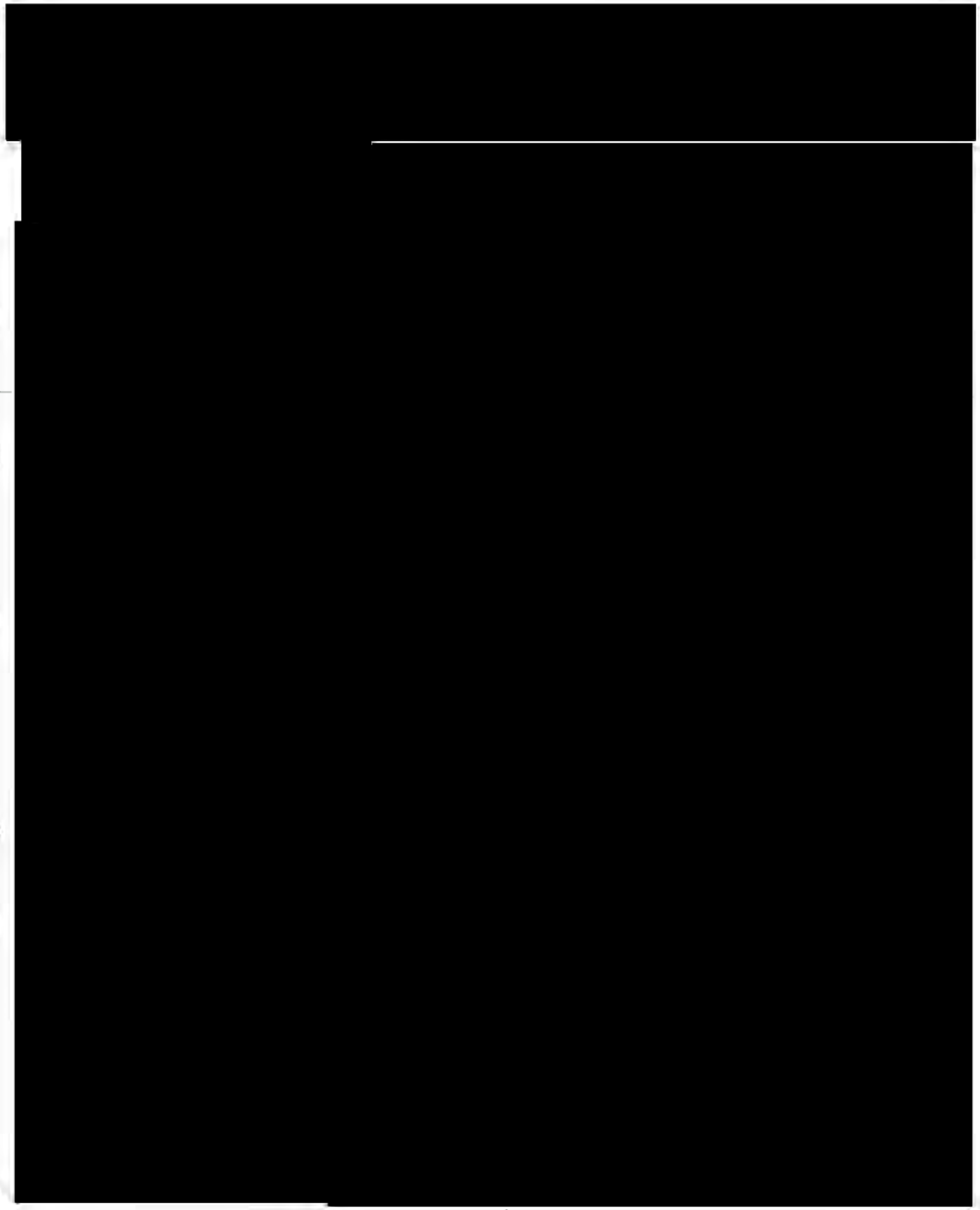
[redacted]

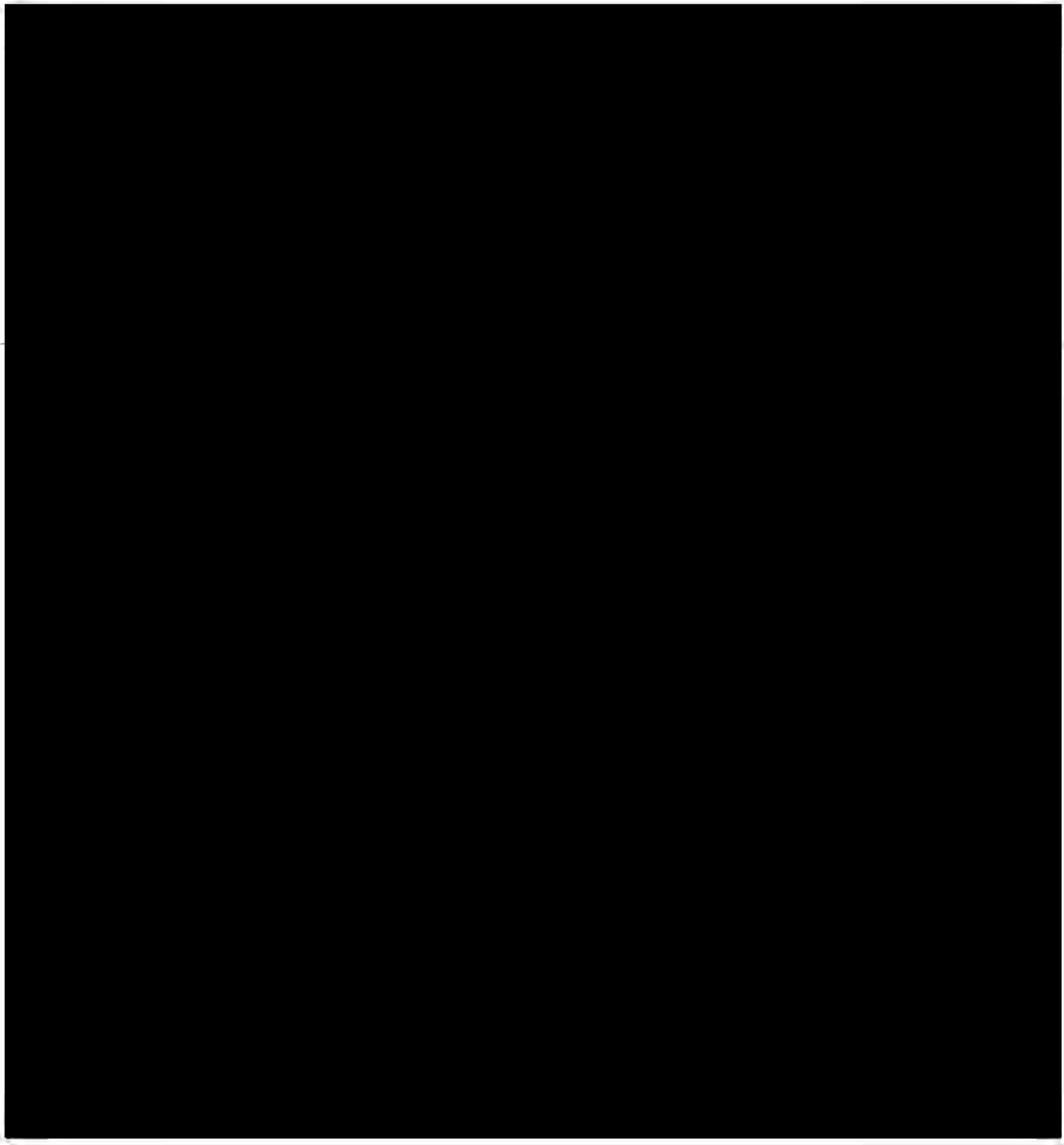
[redacted]

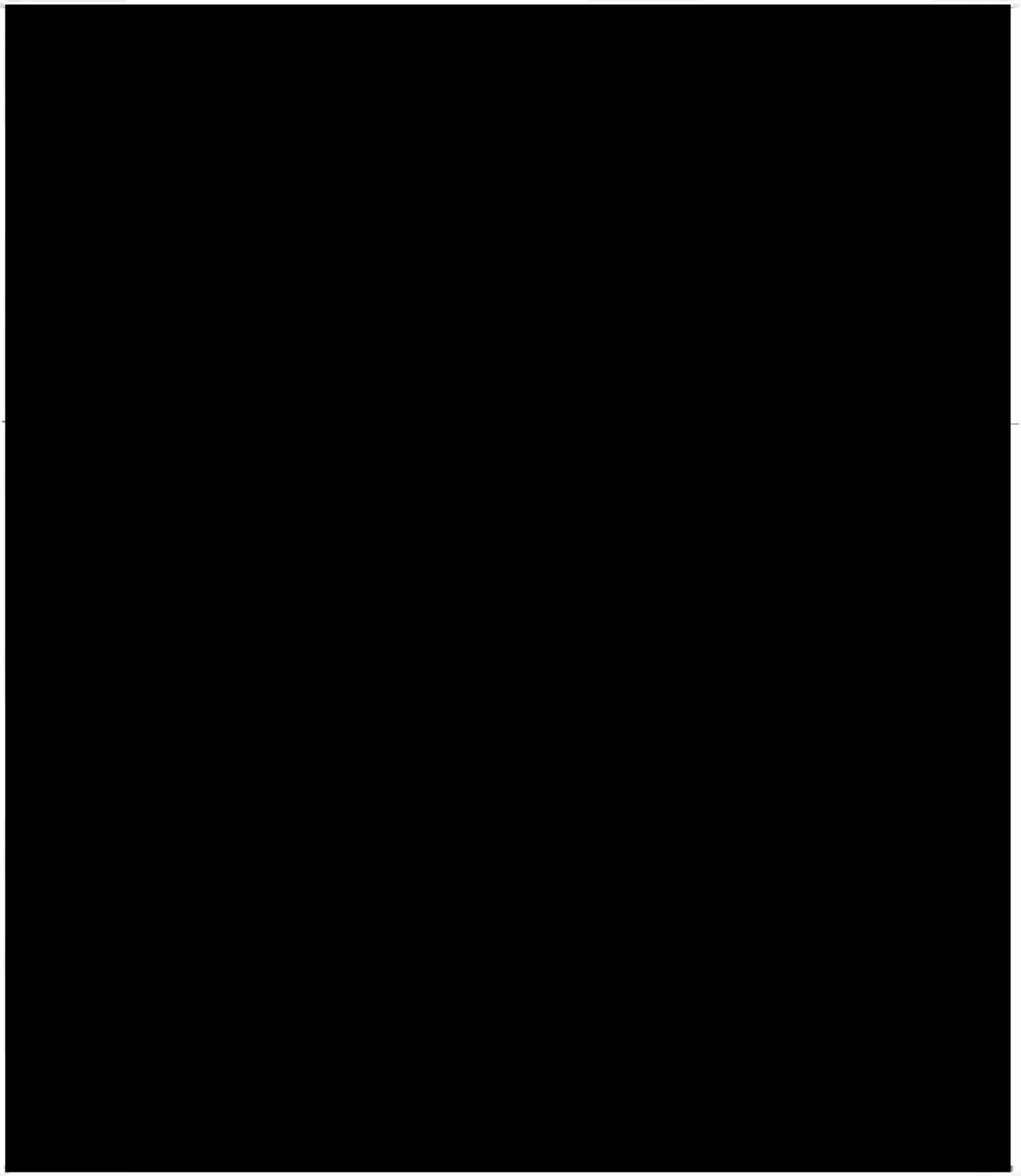
Medical Director

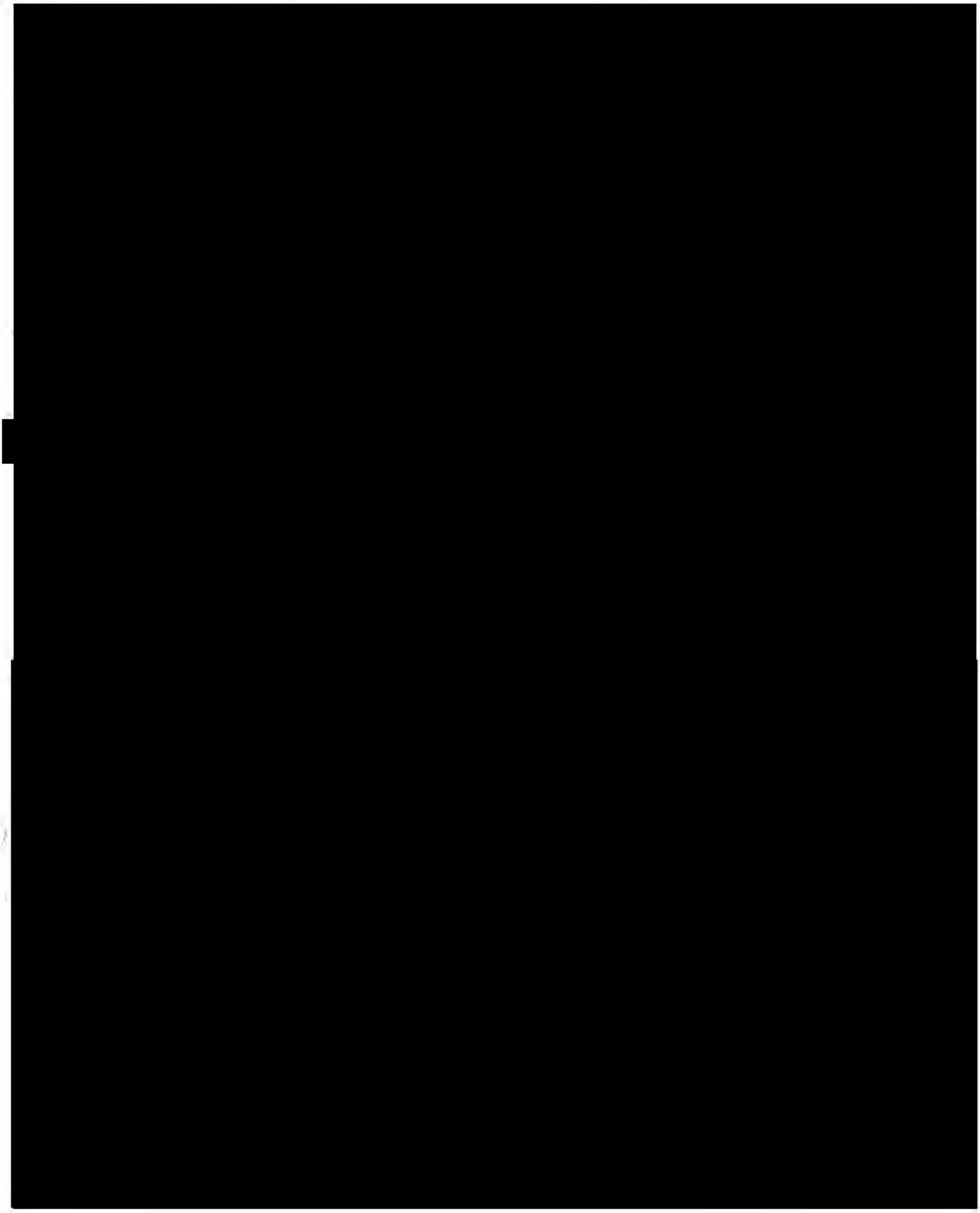


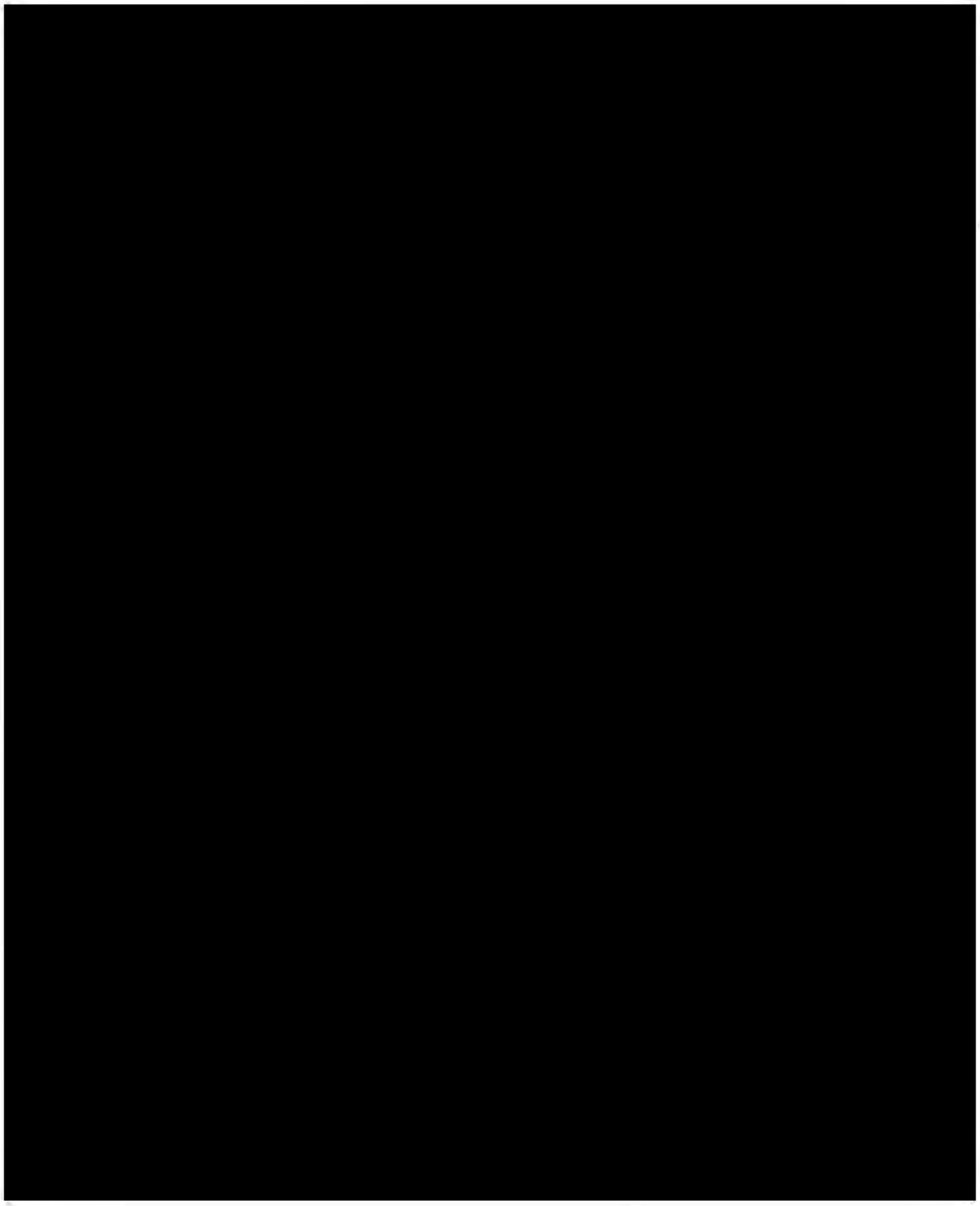


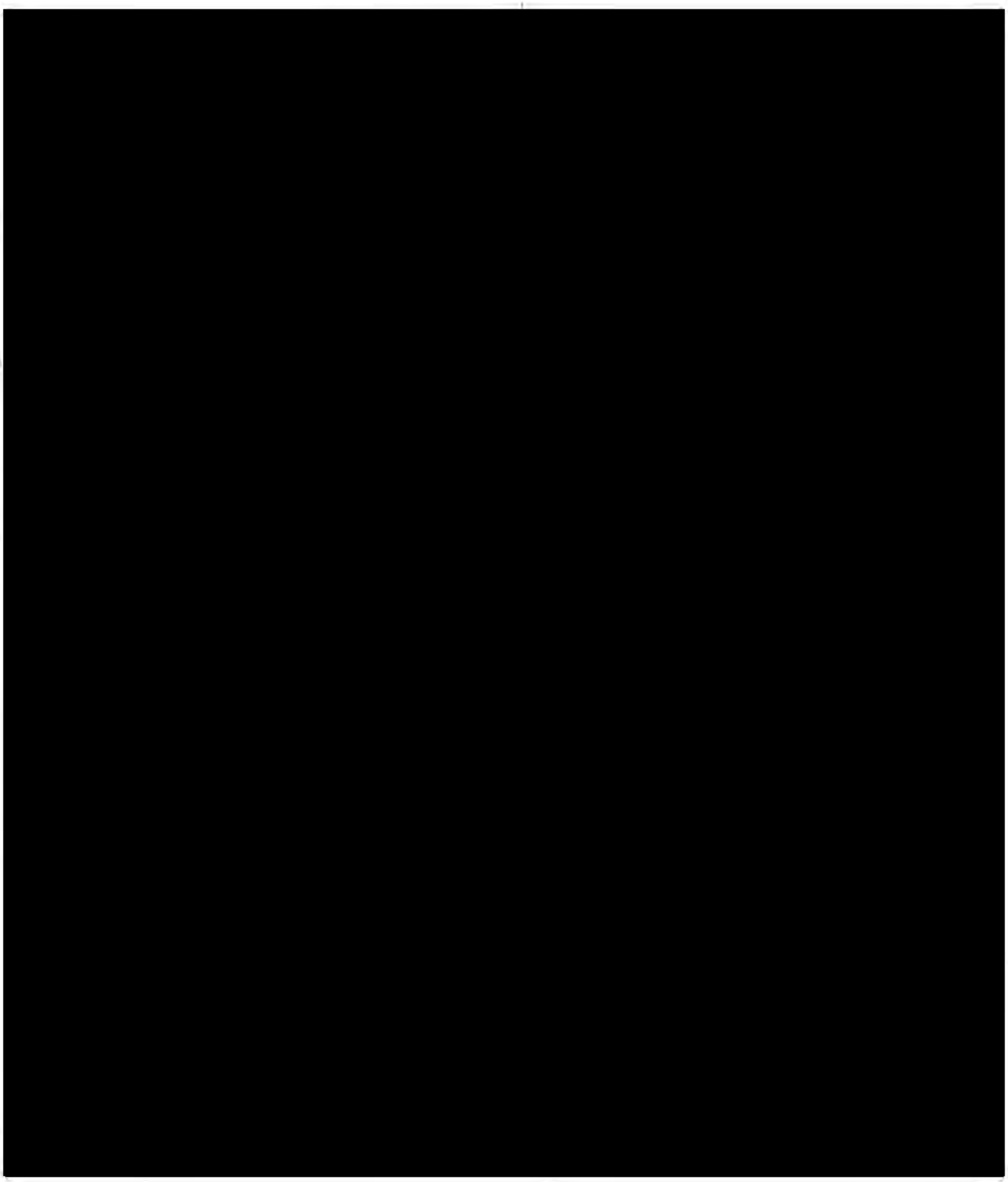












Hawaii State Hospital
Policy and Procedure for Patients' Supervision Status
P&P# 04.347: Attachment D

M

REQUEST FOR ADMINISTRATIVE APPROVAL OF PATIENT SUPERVISION STATUS

Date: 7/18/14

To: ☒ Medical Director
☐ Administrator

From: [redacted]

Regarding: [redacted]

[redacted]

Place in Recovery Plan Section of Chart

HSH/ADM-RAAPSS 10 rev 11.10

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS
PLEASE! USE BALL POINT PEN ONLY!

DATE & TIME	Monthly treatment recap for NOVEMBER 2015	NOTED
10/29/1	[redacted]	
1700		

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

DATE & TIME	[redacted]	
10/28/1		
1705		

ADDRESSOGRAPH

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

DATE & TIME
11/25/1
1445

[redacted]

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

[redacted]

DATE & TIME	
4/12/16 1445	

ADDRESSOGRAPH

[redacted]

HSH/Psych 6-3/93

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

[redacted]

DATE & TIME	
12/30/15	
1150	

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

DATE & TIME	[redacted]	

ADDRESSOGRAPH

HAWAII STATE HOSPITAL
PHYSICIAN'S ORDERS

DATE & TIME
1/26/16
1430

[redacted]

DAVID Y. IGE
GOVERNOR

RUSSELL A. SUZUKI
ATTORNEY GENERAL

DANA O. VIOLA
FIRST DEPUTY ATTORNEY GENERAL

STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
425 QUEEN STREET
HONOLULU, HAWAII 96813
(808) 586-1500

In reviewing the administrative investigation report and finalizing our conclusions, we also considered the following attached documents:

Exhibit "A" Hawaii State Hospital New Patient Facility

Exhibit "B" Hawaii State Hospital 2015 Master Plan Update

Exhibit "C" Hawaii State Hospital 2018 Report to the Legislature

Exhibit "D" Hawaii State Hospital 2017 Report to the Legislature

Russell A. Suzuki
Attorney General

Hawaii State Hospital
New Patient Facility

HAWAII STATE HOSPITAL NEW PATIENT FACILITY

KANEOHE, HAWAII

DELIVERED BY

About the Project

Hawaii State Hospital, which is operated by the State of Hawaii Department of Health (DOH), is on a new path forward to enhance the safety and security of its patients, employees and the surrounding community. For years, the design of the psychiatric hospital was unable to keep pace with the ever-increasing patient population and high percentage of high-risk forensic patients. Hawaii State Hospital, by law, must accept all patients ordered by the

Exh. A - 001

judicial court system to be admitted for evaluation, care and custody.

In 2015, the DOH updated the hospital's 10-year-old master plan to optimize the use of the facility's 103-acre property in Kaneohe, Hawaii. In 2016, the Hawaii State Legislature saw the urgent need to address the over-crowded patient conditions and voted in favor of a major capital improvement allocation to bring Hawaii State Hospital into the 21st century. In January 2018 the State of Hawaii Department of Accounting and General Services (DAGS) awarded a $140 million contract to a design-build team led by Hensel Phelps to design and construct a four-story, 144-bed, secure forensic psychiatric facility totaling 170,000 square feet. The new facility will incorporate clinical best practices and create a modern therapeutic environment. The new facility will include patient care units, a comprehensive rehabilitation mall, outdoor courtyards, admissions and transfer suites, building support functions, and office spaces within a secured area. Groundbreaking is scheduled for August 2018, and the timeline to occupy the new building is targeted for January 2021.

STATE OF THE ART | SAFE | SECURE | THERAPEUTIC

Mission

Hawaii State Hospital's mission is to provide excellent in-patient psychiatric services for court-ordered individuals within a safe therapeutic environment while improving safety for patients, employees and the surrounding community.

Vision

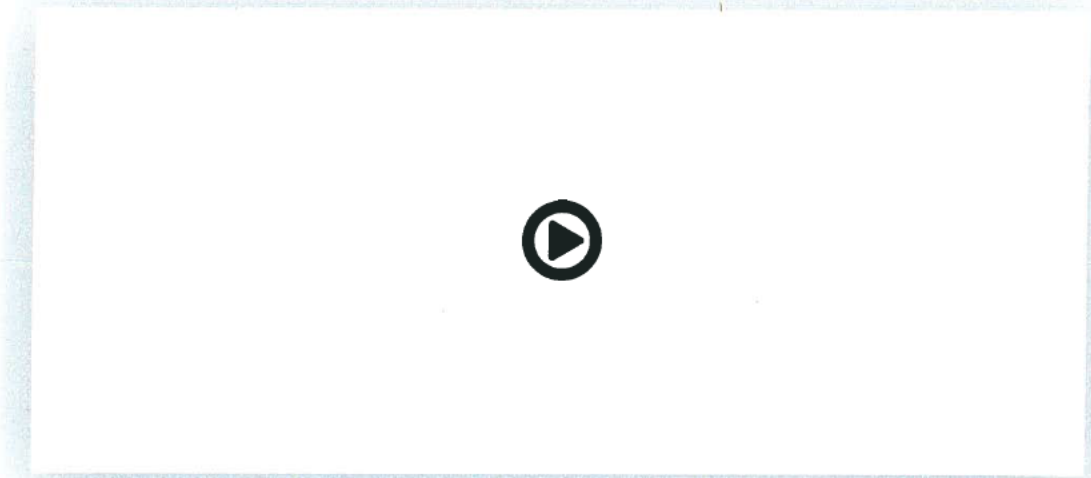
Hawaii State Hospital's vision is to be a leader in the healthcare industry as evidenced by the following:

- Relevant, effective, quality and multidisciplinary services
- Responsive to the needs of our patients
- Promotion of a safe and appropriate environment
- Integration with community partners
- Competent staff through relevant and appropriate training programs
- Supportive of staff
- A teaching hospital through our affiliation with academic institutions
- Be a good community leader

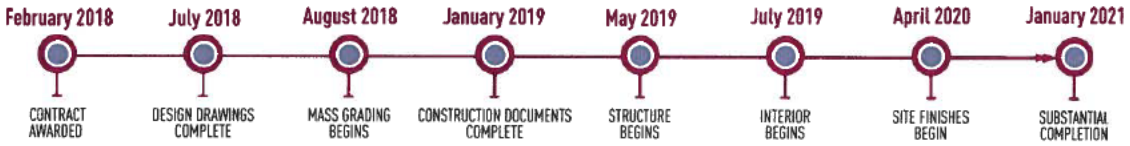
Hear the story

"The needs of the community have outgrown the physical limitations of Hawaii State Hospital. For more than a decade the hospital has tried to get by, but now, it's in crisis."

Exh. A - 003



Project Timeline



Jobsite Progress Photos (coming soon) COMING SOON

Project Resources

Find links to important information about this project.

Exh. A - 004

Context Study

Find out more about project media at the link below. » learn more

Master Plan

Find out more about project Documents and Reports at the link below. » learn more

The Team

Meet the partnering organizations that will make the Hawaii State Hospital New Patient Facility possible.

HENSEL PHELPS
Plan. Build. Manage.

Palekana
Permitting and Planning

Exh. A - 005

Contact Us

For project inquiries and for media opportunities, please use the contact form below. We look forward to hearing from you.

YOUR NAME*

YOUR EMAIL*

SUBJECT

Exh. A - 006

YOUR MESSAGE*

SEND

Developed by:
Hensel Phelps IT Development Team

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About Hensel Phelps

The Hensel Phelps Way is more than a mantra – it's a collaborative approach that blends proven processes, innovative technology and effective communication throughout every phase of the project lifecycle. It is the guiding force behind everything we do – and the reason our clients keep coming back to us with their most important projects.

Visit us at https://www.henselphelps.com

HAWAI'I
STATE HOSPITAL

HAWAII STATE HOSPITAL
2015 MASTER PLAN UPDATE

DAGS Job No. 12-20-2698

Final Report | August 28, 2015

ARCHITECTS HAWAII LIMITED

Exh. B - 001

HAWAII STATE HOSPITAL - 2015 MASTER PLAN UPDATE
DATED AUGUST 28, 2015

The Department of Health has reviewed this document and fully supports the implementation of the Hawaii State Hospital 2015 Master Plan Update.

Virginia Pressler AUG 2 8 2015
Virginia Pressler, M.D. Date
Director, Department of Health

Lynn Fallin AUG 2 8 2015
Lynn Fallin Date
Deputy Director, Department of Health

Mark Fridovich 8/27/2015
Mark Fridovich Date
Administrator, Adult Mental Health Division, Department of Health

8/26/15
William May Date
Administrator, Hawaii State Hospital, Department of Health

HAWAII STATE HOSPITAL – 2015 MASTER PLAN UPDATE

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5.0 Appendix

5.1 Foundational Document (DOH Estimate of Patient Capacity Requirements)

5.2 Conceptual Design Cost Estimate (New 144-Bed Goddard Patient Care Facility)

5.3 Preliminary Parking Study

5.4 Bishop Building Letters:

5.4.1 DOH Letter to SHPD (re: Bishop Demolition), June 12, 2015, with attachments:

- SHPD Letter to DOH (re: Bishop Demolition), September 30, 2014
- Plan of Long-Term Care Facility (Lease Site), approved by DOH, December 28, 2009

5.4.2 SHPD Letter to DOH (re: Bishop Demolition), July 17, 2015

5.4.3 DOH Letter to Community Colleges (re: Bishop Land Exchange), June 22, 2015

5.5 2015 Master Plan Update Participants

5.6 Conceptual Plan – Future Plant Operations and Warehouse Facility

5.7 SDOT Base Yard Letters:

5.7.1 DLNR Letter to DOH (re: Executive Order No. 4470), November 14, 2014

5.7.2 DOH Letter to DLNR (re: Executive Order No. 4470), September 23, 2013

5.8 2005 Master Plan – Copy on Compact Disc

1.0 BACKGROUND

1.1 INTRODUCTION

Hawaii State Hospital's last Master Plan was completed in 2005. The *2005 Master Plan*, prepared by Architects Hawaii Limited (AHL), proposed capital improvement projects, such as construction of a new 136-Bed Patient Care Facility, that were intended to address the operational issues resulting from an increasing patient population, a higher percentage of violent patients, and staffing shortages. Unfortunately, the proposed capital improvement projects were not implemented and the operational issues have not been addressed. These operational issues, and the additional operational issues listed below, led to the conclusion that the *2005 Master Plan* needed to be updated.

- The *2005 Master Plan* needed to be updated and improved to ensure that the Department of Health (DOH) has a Master Plan that meets the Hospital's short-term and long-term needs.
- The DOH needed a Master Plan to guide the future construction of facilities that would be:
  - Specifically designed to provide care for high-risk patients.
  - Safer for patients and staff.
  - Safer for the community.
  - More economical to operate and maintain.
- The *2005 Master Plan* provided for increasing the Hospital's total bed count from 178 to 244 beds. The DOH needed a Master Plan that could accommodate more significant, long-term increases in the Hospital's bed count to:
  - Respond to large, long-term increases in patient census resulting from the projected growth of Hawaii's population.
  - Maximize the use of the land under the DOH's control.
  - Ensure the Hospital's long-term operational viability on its current site.
- After the *2005 Master Plan* was completed, the DOH committed to adding a Skilled Nursing Facility (SNF) on the Hospital campus. The current plan is for the SNF to be constructed on the site of the Bishop building. The facility will be independently operated by a third party.
- The DOH needed to prepare for the future demolition of the Guensberg building.
- The DOH needed a backup plan for the 40 patients currently housed at Kahi Mohala.

In 2014, the Department of Accounting and General Services (DAGS), acting as the expending agency for the DOH, commissioned AHL to update the *2005 Master Plan*. This Report describes the process,

Exh. B - 006

1.0 BACKGROUND

findings and recommendations of the *2015 Master Plan Update*. The Executive Summary below provides a brief summary of the ways in which the *2015 Master Plan Update* addresses the issues described above. The *2015 Master Plan Update* is described in greater detail in Section 2.0 (2015 Master Plan Update Summary), Section 3.0 (New Goddard Patient Care Facility - Space Programs), and Section 4.0 (New Goddard Patient Care Facility – Conceptual Design). Section 5.0 (Appendix) includes the DOH-developed *Foundational Document* that projects future patient capacity requirements, a *Conceptual Design Cost Estimate*, and other supporting information.

1.2 EXECUTIVE SUMMARY – 2015 MASTER PLAN UPDATE

The *2015 Master Plan Update* addresses the operational issues described Section 1.1 and provides an overall framework for future development. The Plan includes short-term and long-term development options for responding to increases in patient population and implementing other needed campus improvements.

Planning Zones

Based on discussions with DOH, Hospital, and DAGS staff the Hospital campus was divided into fifteen Planning Zones (see P. 2-15). Each Planning Zone is reserved for the one or more specific uses that were identified as being the most appropriate use(s) for that area of the Hospital campus. The Planning Zones guided development of the Long-Term Master Plan and the Short-Term Master Plan to ensure:

- Maximum (i.e. highest and best) use of all land under the DOH's control.
- Maximum operational efficiency.
- Improved patient, staff, and public safety.
- Long-term viability of Hospital operations at the Kaneohe campus.
-

Long-Term Master Plan

The Long-Term Master Plan (see P. 2-17) provides a flexible "road map" that will guide the Hospital's development for decades to come. Key features of the Long-Term Master Plan include:

- The Hospital's capacity can be increased from 178 beds to 516 beds to accommodate long-term increases in patient census.

1.0 BACKGROUND

- The bed count can be increased incrementally (i.e. in phases).
- The facility improvements will improve patient, staff, and public safety.
- The Long-Term Master Plan provides a framework for implementing the additional campus improvements described on the Planning Zones drawing (see P. 2-15).

Short-Term Master Plan

The development envisioned in the Short-Term Master Plan (see P. 2-19) has the following key features that address the issues of patient capacity, increased safety, and improved operational efficiency:

- A new 144-Bed Patient Care Facility will be built on the site of the Goddard building. The new facility will be specifically designed to house high-risk patients and will include a Rehab Mall and Dining Room exclusively for high-risk patients. The ability to separate high-risk patients from the remainder of the Hospital's patient population (the *2005 Master Plan* called this planning approach the "2-Hospital" Concept) will result in increased safety for patients and staff. A highly secure exterior wall, combined with a high security fencing system, will reduce the risk of patient elopement, and contribute to increased safety for the surrounding community.
- Existing Patient Care Buildings E, F, H, and I (108 beds total) will remain in operation and be used to house low-risk and medium risk patients. The patients in these buildings will use the existing Rehab Mall facilities located in Buildings A, B, and C.
- The 252 beds (144 new, 108 existing) provided in the Short Term Master Plan will address the Hospital's current and short-term patient capacity needs and allow Guensberg to be demolished. The increased number of beds will also allow the 40 patients currently housed at Kahi Mohala to be moved to the Hospital campus.
- The design of the 144-Bed Goddard Patient Care Facility will be similar to the design of a behavioral health facility located in Pueblo, Colorado. The Colorado facility was also referenced in the *2005 Master Plan*. William May, the current HSH Administrator, was the Administrator of the Colorado facility before he joined the HSH staff in 2014. Mr. May has indicated that he believes the Colorado facility is an appropriate model on which to base the conceptual design of future Hawaii State Hospital patient care facilities. The design provides clear sight lines from a

central Nurse Station that will reduce the risk of patients harming themselves, harming other patients, or assaulting Hospital staff.

- The 144-Bed Goddard Patient Care Facility will include "off-stage" areas for certain staff functions (offices, conference rooms, break room, etc.). Access to the "off-stage" areas will be controlled to ensure that patients cannot enter these areas. This design feature will give Hospital staff a respite area and further reduce the risk of their being assaulted patients.
- The existing Dietary service in Building B will prepare the food for all patients. Food for the patients in the 144-Bed Goddard Patient Care Facility will be delivered to a Serving Kitchen on the Ground Floor, or to the nursing units when required. The process for providing food to patients in the existing Rehab Mall and Buildings E, F, H, and I will not change.
- Construction of the 144-Bed Goddard Patient Care Facility will generate the need for approximately 272 additional parking spaces (see Preliminary Parking Study, Appendix 5.3). Some of the additional spaces (98+/-) will be located adjacent to the new building. The remaining 174 spaces will need to be located in Planning Zones 7, 8, 10, 14, or 15).
- With the exception parking as indicated above, the Short-Term Master Plan does not include any development in Planning Zones 2, 3A, 3B, 4A, 4B, 5, 6, 7, 8, 9A, 9B, 10, 11, 12, 13,14, or 15.

1.3 HAWAII STATE HOSPITAL – EXISTING CONDITIONS

History and Mission

The Hawaii State Hospital dates back to 1932 when it opened at its present site in Kaneohe. The Hospital was originally constructed and operated by the Territory of Hawaii. It is currently operated by the Adult Mental Health Division of the DOH. According to a Hospital website its Mission is *"to provide safe, integrated, evidence-based psychiatric assessment, treatment, and rehabilitation to individuals suffering from brain, medical and behavioral disorders who are primarily court ordered to Hawaii State Hospital"*. Hawaii State Hospital is the only hospital in the State that is *"dedicated solely to serving patients with serious mental illnesses"*. The judiciary court system orders patients from all islands to the Hawaii State Hospital for evaluations, care, and custody. The Hospital provides a safety net for forensic patients (see definitions) because, by law, it must accept them. Forensic patients can only be discharged following a complex evaluation process and a Judge's written authorization. This combination of factors has been described as a *"wide open front door"* combined with a *"narrow*

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back door". The Hospital's inability to control its patient population results in occasional overcrowding and serious operational challenges.

The Existing Site Plan (see P. 1-12) is provided to supplement and clarify the following information.

Patient Capacity

Patients are currently housed in Guensberg and Buildings E, F, H, and I. These patient care facilities were designed to house a total of 178 patients.

Guensberg	70 beds
Building E	36 beds
Building F	28 beds
Building H	20 beds
Building I	24 beds
	178 beds

Due to the lack of bed capacity at the Hospital an additional 40 patients are housed at the independently-operated Kahi Mohala facility in Ewa Beach. The beds at Kahi Mohala are not included in the Hospital's current bed count indicated above.

Site Characteristics

The Hospital's 103-acre (+/-) site is located at the base of the Koolau mountain range in Kaneohe. The site has an elevation change of approximately 225' from its lowest point near the Kaneohe District Courthouse to its highest point adjacent to Interstate H-3. The significant elevation change presents challenges for moving patients and staff around the site. However, the offsetting benefits of the topography include magnificent views of Kaneohe and Kailua Bays, as well as exposure to the prevailing trade winds.

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Site Context

When the Hospital opened in 1932 it was located in a rural, primarily agricultural area. The site is still zoned for agricultural uses (AG-2). Kaneohe has grown significantly during the eight decades since the Hospital opened. The areas to the east and west of the Hospital have been developed as residential neighborhoods. Windward Community College (WCC) occupies the area adjacent to the northeast side of the Hospital campus, on land that was formerly under Executive Order to the DOH. The State Department of Transportation's (SDOT) Maintenance Facility and Base Yard are located adjacent to the Hospital entrance, on land that was formerly under Executive Order to the DOH.

Existing Hospital Buildings

The Space Program Summary (Section 3.2) provides the following information for each existing building on the Hospital campus:

- Total Net Floor Area
- Total Gross Floor Area
- Year Opened
- Departments or services located in the building

1.4 DEFINITIONS

The following definitions are provided to ensure a common understanding of certain terms and abbreviations that are used in this Report.

Central Campus	The mid-elevation of the Hospital campus. Patient Care Units E, F, H, and I; as well as Cooke, Haloa, Iolani, Hale Imua, and Buildings A, B, C, G, K, L, and Q are located in this area. See Existing Site Plan on P. 1-12 for location.
Civil Patient:	A patient who has been voluntarily committed to the Hospital. At the present time few, if any, Hospital patients fall into this category.
Forensic Patient:	A patient whose admission to the Hospital has been ordered by the judicial court system. At the present time the Hospital's census consists almost entirely of forensic patients.

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Gross Area	A term used in space and functional programming to indicate the total area of a building as measured to the outside face of the exterior walls.
GSF	Gross Square Feet (i.e. the Gross Area).
High-Risk Patient:	A patient who presents a high risk of behaving violently.
Low-Risk Patient:	A patient who presents a low risk of behaving violently.
Lower Campus	The lowest elevation of the campus (location of Bishop, Hospital main entrance, Guard Shack, Hina Mauka, the SDOT Maintenance Facility and Base Yard). See Existing Site Plan on P. 1-12 for location.
Master Plan:	A Master Plan is intended to guide the short-term and long-term growth and renewal of an institution. A well-developed Master Plan ensures that the changes that occur over time are implemented in a manner that is functionally, operationally, and fiscally optimal. It should be noted that a Master Plan does not include detailed planning and design of the future projects it envisions. However, the Master Plan can, and should, inform and shape future projects.
Medium-Risk Patient:	A patient who presents a medium risk of behaving violently.
Net Area	A term used in space and functional programming to indicate the floor area of a room. Net area excludes the area occupied by walls, corridors, stairs, elevators, mechanical shafts, etc.
NSF	Net Square Feet (i.e. the Net Area)
Patient Care Facility:	A building and its associated site area that includes one or more Patient Units (see definition below), Rehab Mall functions (Rehab Therapy, Occupational Therapy, Recreational Therapy, Dining and Servery), staff support, materials management, loading dock, and a central plant that provides primary mechanical and electrical services.
Patient Unit:	The primary component(s) of a Patient Care Facility. Patient units are designed to meet the needs of specific sectors of the overall patient population. Patient units include bedrooms, toilets and showers, living areas, patient support areas (counseling, laundry, etc.), and staff support areas (offices, conference rooms, break room, etc.).

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Upper Campus — The highest elevation of the campus (location of Goddard and Guensberg). See Existing Site Plan on P. 1-12 for location.

1.5 EXECUTIVE SUMMARY - 2005 MASTER PLAN

The *2005 Master Plan* was published in four Volumes. Volumes I and II were dated April 16, 2004. Volumes III and IV were dated April 29, 2005. For clarity this Report refers to the entire earlier plan as the *2005 Master Plan*. The following overview of the four Volumes provides information to assist the reader in understanding the areas where the *2015 Master Plan Update* and the *2005 Master* Plan are similar, and the areas where they differ. The major similarities and differences between the two Master Plans are addressed in Section 2.0. To further assist in the comparison a full copy of the *2005 Master Plan* is included in CD-format – see Appendix 5.8

Volume 1: Facility Analysis / Maintenance Plan

This Volume included three major components:

- A detailed summary of all existing buildings on the Hospital campus was provided. The summary included factors such as age, floor area, and an analysis of physical conditions. The analysis of physical conditions addressed architectural, structural, mechanical, and electrical system conditions and issues.
- A site analysis covered the conditions of roadways and site utilities such as domestic water, sanitary sewer, and storm drainage. The existing landscape features were also analyzed.
- The analysis of building and site physical conditions was used to prepare recommendations for needed repairs and maintenance. In some cases budgetary (i.e. rough) estimates of the probable costs of the repairs were provided.

Much of the information in Volume I is still applicable and useful for future planning efforts. The scope of work for the *2015 Master Plan Update* did not include updating Volume I.

Volume II: Functional Analysis / Space Programming

This Volume included four major components:

- An Existing Space Inventory provided the following information:

- A list of the services located in each existing Hospital building.
- The total net area occupied by each service or department.
- The total gross area of each building on the Hospital campus.
- A detailed list of all rooms in each building, including functions and net areas.

- Space Programs for a proposed new 136-Bed Forensic Patient Care Facility consisting of a 16-Bed Admissions Patient Care Unit and five 24-Bed Typical Patient Care Units.
- Space Programs for proposed additions and renovations to existing buildings and services.
- Detailed Floor Plans, color-coded to assist in identifying various functions.

Volume III: Master Site and Facility Development Plan

In Volume III the Project Vision was essentially defined as increasing the Hospital's existing 178-bed capacity to 244 beds. The 244-bed capacity was based on the number of beds approved by the Hospital's Certificate of Need (CON). Volume III included seven Site Development Concepts identified as 1-A, 1-B, 2-A, 2-B, 2-C, 3-A, and 3-B. Each Site Development Concept provided an alternative vision for achieving the desired 244-bed capacity. Several factors were common to all seven Concepts:

- All Concepts included the construction of a new 136-Bed Forensic Patient Care Facility intended to house the Hospital's high-risk patients in a highly secured, self-contained environment.
- All Concepts assumed that the 108 beds located in existing Buildings E, F, H, and I would be retained and used to house low-risk and medium-risk patients.
- All Concepts assumed that the 40 patients housed at the independently operated Kahi Mohala facility in Ewa Beach would be returned to the Hawaii State Hospital campus.
- Additional common factors included a new main campus entry and guard station, moving Plant Operations to the Hospital campus, a new covered walkway connecting the upper campus to the central campus, a new emergency water supply tank, additional parking, and roadway improvements.

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Two primary variable factors distinguished the seven Site Development Concepts:

- "1-Hospital Concept" vs. "2-Hospital Concept"
  - The "1-Hospital Concept" proposed to centralize all Rehab Mall functions in a single, new building. In this concept the single Rehab Mall would serve the entire patient population (high-risk, medium-risk, and low-risk patients).
  - The "2-Hospital Concept" proposed a decentralized campus. One area of the campus would be developed for high-risk patients and a separate area would be designated for low-risk and medium-risk patients. Each area would have its own Rehab Mall to ensure that high-risk patients would be separated from the remainder of the patient population.
- Location
  - Site Development Concepts 1-A, 1-B, 2-A, 2-B, and 2-C located the new 136-Bed Forensic Patient Care Facility on the upper campus. These Concepts required both the Goddard and Guensberg Buildings to be demolished.
  - Site Development Concepts 3-A and 3-B located the new 136-Bed Forensic Patient Care Facility on the lower campus. These Concepts preserved Goddard and Guensberg, but required demolition of Bishop.

Additional recommendations were provided for campus-wide civil, mechanical, electrical, and landscape improvements that were generally common to all seven Site Development Concepts.

Volume IV: Planning and Design Guidelines

This Volume included guidelines intended to ensure that future projects would be developed in a consistent and coherent manner. The guidelines address the following issues:

- Design Intent
- Architectural Character
- Appearance / Aesthetics
- Outdoor Signage, Lighting, and Furniture
- Landscaping
- Roadways, Water, Sewers, Storm Drainage, Grading, and Soils

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The 2005 Planning and Design Guidelines remain valid and should be considered in connection with future campus development.

2005 Master Plan Implementation

As noted above, most of the improvements envisioned in the *2005 Master Plan* were not implemented.

- Capital Improvement Projects: The capital improvement projects envisioned in the *2005 Master Plan*, including the new 136-Bed Forensic Patient Care Facility, were not constructed.
- Repairs and Maintenance: According to Hospital staff some, but not all, of the repairs recommended in the *2005 Master Plan* have been implemented. Volume 1 of the *2005 Master Plan* is still a useful guide for any of the repairs that are still needed. However, it should be noted that the budgetary estimates included in the *2005 Master Plan* for the costs of these repairs are no longer valid. Also, because it has been more than a decade since the *2005 Master Plan* was completed it is likely that additional repairs are required. The scope of work for the *2015 Master Plan Update* did not include an updated evaluation of repair and maintenance issues.

LOWER CAMPUS
CENTRAL CAMPUS
UPPER CAMPUS
EXISTING SITE PLAN
WINDWARD COMMUNITY COLLEGE
HAWAII STATE HOSPITAL
AIOPIA GARDEN AND WETLANDS

2.0 MASTER PLAN SUMMARY

2.1 PLANNING PROCESS

The process for developing the *2015 Master Plan Update* included:

- Establishing Goals and Priorities to guide the planning process.
- Gathering information to ascertain the Hospital's current and future program requirements.
- Comparing the current Goals, Priorities and program requirements to similar factors that were included in the *2005 Master Plan*.
- Determining if any of the *2005 Master Plan* recommendations are still valid.
- Determining if any of the *2005 Master Plan* recommendations are no longer valid, or need to be modified to respond to current requirements.
- Preparing a new Long-Term Master Plan and a new Short-Term Master Plan that respond to current and projected future needs, and retain any valid *2005 Master Plan* recommendations.
- A highly productive collaboration between DOH, Hospital, DAGS, and Architects Hawaii staff.

The planning process included the following meetings with DOH, Hospital, and DAGS staff:

May 9, 2014	Project Initiation Meeting
July 22, 2014	Master Plan Kick-Off Meeting (Present Process, Goals and Priorities to Hospital staff)
August 14, 2014	Steering Committee* Meeting 1
August 21, 2014	Steering Committee Meeting 2
August 28, 2014	User Groups Meetings (Nurses, Clinical Services, Rehab Mall, Dietary, Facilities)
September 19, 2014	Steering Committee Meeting 3
September 26, 2014	Steering Committee Meeting 4
October 10, 2014	Steering Committee Meeting 5
October 24, 2014	Steering Committee Meeting 6
March 27, 2015	Master Plan Closing Meeting with Hospital staff (present results, discuss future planning recommendations)

* Comprised of DAGS, DOH, Hospital, and AHL Group Leaders

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2.0 MASTER PLAN SUMMARY

Two meetings were also scheduled with the Kaneohe Neighborhood Board (a planning meeting and a full Board meeting). The results of those meetings are discussed in Section 2.7.

2.2 MASTER PLAN GOALS AND PRIORITIES

Eleven Goals and Priorities were established by DOH and DAGS prior to the start of the planning process. AHL's responses are listed below each of the Goals.

1. The *2005 Master Plan* shall be used as a reference/re-start point.

AHL began the planning process with a careful review of the *2005 Master Plan*. This review allowed AHL staff to understand the goals, priorities, and program requirements that shaped that plan. When those factors were compared to current goals, priorities, and program requirements (determined through meetings with DOH, Hospital, and DAGS staff) AHL determined that some features of the *2005 Master Plan* were still valid and should be retained.

Key features from the *2005 Master Plan* that were incorporated in the *2015 Master Plan Update* include:

- Both plans provide additional short-term bed capacity (244 beds in 2005 / 252 beds in 2015).
- The first new patient care facility envisioned in both plans is located on the Goddard site.
- Both plans set the stage for the future replacement of Guensberg.
- Patient Care Buildings E, F, H, and I are used for low-risk and medium-risk patients.
- Plant Operations and Warehouse facilities move from WCC to the Hospital campus.
- A new Hospital main entrance is developed on Pookela Street.

Key differences between the *2005 Master Plan* and *2015 Master Plan Update* include:

- The *2015 Master Plan Update* more clearly addresses the DOH's need to retain control of all areas of the Hospital campus (see Goal 3 below).
- The *2015 Master Plan Update* provides for long-term, incremental growth to as many as 516 beds. The *2005 Master Plan* did not provide for growth beyond 244 beds.

2.0 MASTER PLAN SUMMARY

- The *2015 Master Plan Update* reserves the J-Pad site for a future Patient Care Facility. In the *2005 Master Plan* the J-Pad site is identified as the future location of the Hospital's Plant Operations and Warehouse facility.
- The Preliminary Parking Study (Appendix 5.3) included in the *2015 Master Plan Update* addresses the substantial increases in parking capacity that will be required as the Hospital's bed capacity increases. The *2005 Master Plan* did not address the issue of additional parking requirements.
- The *2015 Master Plan Update* provides for developments that could not have been foreseen in 2005 (i.e. an independently-operated Skilled Nursing Facility on the Bishop site).

2. Determine whether a new Certificate of Need (CON) is required.

In 1986 the State Health Planning & Development Agency (SHPDA) approved a CON that allows the Hospital to have a maximum census of 244 patients. Future construction of the proposed 144-Bed Goddard Patient Care Facility described in this Report will increase the Hospital's census to 252 patients. Therefore, a new CON will be required. AHL's discussions with DOH staff suggest that getting a new CON to authorize a census of 252 patients will probably not be an issue. The *Foundational Document* (Appendix 5.1) issued by the DOH in September 2014 clearly supports the need for additional beds.

3. Show future development needs/options for all areas under DOH control, including non-Hospital related facilities.

This Goal is intended to show other State agencies that the DOH's needs are great, and that it must retain control of the entire campus area for future patient and support facilities. AHL addressed this Goal by developing fifteen Planning Zones (see P. 2-15) that establish the recommended use(s) for all areas of the site.

2.0 MASTER PLAN SUMMARY

4. **Identify future facilities that could be located at the Hawaii State Hospital campus (other than those required to provide the required number of beds).**

   In the *2015 Master Plan Update* AHL reserved specific areas (see 2.4 Planning Zones) for:

   - An independently-operated Skilled Nursing Facility (Planning Zone 5).
   - A Behavioral Stability Facility (Planning Zone 7).
   - Aloha Garden improvements (Planning Zone 9A).
   - A landscape buffer between the Hospital and WCC campuses (Planning Zone 13).

5. **Incorporate current projects and planned future projects in the planning process.**

   AHL included the areas previously reserved for development of new emergency generator and switchgear facilities in the *2015 Master Plan Update*.

6. **Relocate the Hospital's Base Yard, Warehouse, Plant Operations, and related parking from the Windward Community College campus to the Hospital campus.**

   In the *2015 Master Plan Update* AHL recommends relocating the Hospital facilities listed above to the area where the Iolani and Haloa buildings are currently located. The existing buildings would be demolished to allow these important support facilities to be located much closer to the Hospital, which would improve operational efficiency. The Iolani/Haloa location differs from the *2005 Master Plan*, which recommended that the support facilities be located on the J-Pad site. AHL concluded that it would be better to reserve the J-Pad site for long-term bed growth because of its adjacency to the existing patient care units.

7. **Remove the State Department of Transportation's Base Yard from Hospital campus.**

   It should be noted that, until November 14, 2014, the current SDOT Base Yard was under the DOH's management and control under Executive Order No. 3504. The removal of the SDOT Base Yard and "reacquisition" of this area would be similar to returning the land back to the DOH's management and control.

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2.0 MASTER PLAN SUMMARY

The DOH's rationale for this Goal is that the Hospital's future building and parking needs will require expansion of the Hospital campus. The SDOT Base Yard area is the most viable, and one of the last, options to accommodate the Hospital's needs within the boundaries of its previously defined campus.

Another option would be to acquire land from the Windward Community College. (It is believed that this option would be contentious.)

Another option would be to acquire land from an adjacent private landowner (or landowners). (It is believed that pursuing this option would be less sensible because the acquired land would not be easily accessible from the existing Hospital campus.)

The SDOT's Base Yard is comprised of their construction and maintenance facilities (permanent and portable buildings). The Base Yard is located adjacent to Pookela Street in the area identified as Planning Zones 6 and 7 (see P. 2-15). On October 18, 2014 Governor Abercrombie signed Executive Order No. 4470 giving management and control of that area to the SDOT. See Appendix 5.7.1 for a November 14, 2014 letter from the Department of Land and Natural Resources (DLNR) to the DOH, including an attached copy of Executive Order No. 4470.

Prior to receiving the above letter DOH wrote a letter to DLNR requesting that they not issue the Executive Order. The DOH letter, dated September 23, 2013, states that the Hospital *"must retain all of its property for use as a hospital"*. The letter also states that *"it would be a severe hardship for the DOH to secure an alternative location where the HSH will be welcome"*. See Appendix 5.7.2 for a copy of this letter.

In the 2015 Master Plan Update, AHL recommends removing the SDOT facilities from Planning Zones 6 and 7 to support the following future developments:

- Planning Zone 7 is an ideal location for Hospital uses such as the additional staff parking required in connection with increases in the Hospital's patient census, a Behavioral Stability Facility, relocation of the Transitional Care Cottages, or a public education center/museum.
- Planning Zone 6 is the ideal location for a new and improved Hospital main entrance (see Goal 8 below).

8. Study options for a new, improved main entrance to the Hospital campus.

The Hospital's primary access is from Pookela Street. The Kaneohe District Court, WCC, Hina Mauka, and the DOT's Base Yard and Maintenance facility occupy most of the frontage along Pookela Street, which makes the Hospital entrance difficult to find. There is a long-standing desire to develop a new entrance that would be consistent with the Hospital's important stature, and easier to find. In the *2015 Master Plan Update* AHL responded to this Goal by developing a prominent Hospital entrance (Planning Zone 6, P. 2-15) consisting of in and out lanes separated by a landscaped median strip. The Guard Shack would be moved from its current location to median strip. Signage, lighting, and landscaping features would effectively move the Hospital entrance out to Pookela Street and make it easier to find. This development will require that at least a portion of the DOT Base Yard, which was previously under Executive Order to the DOH, be returned to the Hospital.

9. Develop a campus theme or vision that is consistent with the desired treatment philosophy.

The development envisioned in the *2015 Master Plan Update* will allow the Hospital to respond to one if its most significant challenges: providing safe, effective care for high-risk patients. The *2015 Master Plan Update* also provides the desired capability to separate high-risk patients from low-risk and medium-risk patients. Thus, from a functional/operational point of view, the 2015 Master Plan Update develops a campus vision that is consistent with the desired treatment philosophy.

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2.0 MASTER PLAN SUMMARY

The *2015 Master Plan Update* does not develop a campus vision from a design/aesthetic point of view. AHL recommends that the Planning and Design Guidelines (Volume IV of the 2005 Master Plan) be considered during the design phases of future Hospital facilities.

10. Determine if there is a need to demolish any existing buildings. Provide a justification if demolition is needed.

In the *2015 Master Plan Update AHL* identifies the short-term need to demolish Goddard and Bishop. It also identifies the long-term future need to demolish Guensberg, Building I, Haloa, Iolani, Cooke, and the Transitional Care Cottages. The demolition of these facilities is justified for the following reasons:

- Goddard must be demolished to construct the initial new 144-Bed Goddard Patient Care Facility. The Department of Land and Natural Resources, State Historic Preservation Division (SHPD) has already approved the demolition of Goddard.
- Bishop will have to be demolished prior to the construction of an independently-operated Skilled Nursing Facility that the DOH has been planning since 2007. The *2005 Master Plan* envisioned Bishop being rehabilitated for use as a public information/education facility and its demolition has not been approved by SHPD. See Appendix 5.4 for correspondence between the DOH and SHPD regarding the demolition of Bishop. The mitigation process (Intensive Level Survey) required by SHPD in order to demolish Bishop is not included in the scope of the *2015 Master Plan Update*. The mitigation process will need to be handled separately by the DOH.
- Guensberg will need to be demolished in order to construct a future, second 144-Bed Patient Care Facility for high-risk patients. The Guensberg site is the appropriate location for this facility because it can be functionally and operationally linked to the 144-Bed Goddard Patient Care Facility.
- Building I (20 beds) will need to be demolished in the long-term future in order to complete construction of a third 144-Bed Patient Care Facility on the J-Pad site.

- Haloa (currently vacant) and Iolani will need to be demolished in order to move the Hospital's Base Yard, Warehouse, and Plant Operations from the WCC campus to Hospital campus.
- Cooke and the Transitional Care Cottages (22 beds) will need to be demolished in the long-term future to make room for additional administration and/or parking in the Central Campus area. AHL recommends that the Transitional Care Cottages be relocated to Planning Zone 7 in the future. AHL also recommends that the Grounds Maintenance facilities currently located in Cooke be moved to the relocated Plant Operations area in Planning Zone 4A.

11. Coordinate planning with adjacent "owners" and "site users" that impact the Department of Health's property (Windward Community College, Windward Community College's tenants, Hina Mauka, Hope Chapel, CARE cottages, Hale Imua cottages).

AHL addressed this Goal by incorporating the following features in the *2015 Master Plan Update*:

- WCC will regain control of a portion of its site when the Hospital's Base Yard, Warehouse, and Plant Operations are relocated to the Hospital campus. WCC's use of Iolani will need to be discontinued prior to the future construction of this project.
- The boundary between the Hospital and WCC campuses will be defined by a landscape buffer.
- The developments envisioned in the 2015 Master Plan Update do not affect Hina Mauka, Hope Chapel, or Hale Imua.
- The Transitional Care Cottages (currently in Planning Zone 8) can remain in place for the foreseeable future. In the long term they will need to be relocated, potentially to Planning Zone 7, to facilitate development of additional administration or parking in Planning Zone 8.

The property owners and site users listed above will receive a copy of the *2015 Master Plan Update*.

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2.0 MASTER PLAN SUMMARY

Additional Goals and Priorities

During the master planning process the following additional Goals and Priorities were identified.

12. **Address the issue that the existing patient care units were not designed to provide care for high-risk patients.**

    The *2015 Master Plan Update* provides a plan for incrementally replacing the Hospital's existing patient care facilities with facilities that are designed to provide safe, efficient care for high-risk patients. The conceptual design of the new patient care facilities (see Section 4.0) is based on a proven approach (a State of Colorado behavioral health facility) that was incorporated in the *2005 Master Plan*, and further refined in the *2015 Master Plan Update*. The conceptual design also incorporates the "2-Hospital Concept", which improves safety by separating high-risk patients from medium-risk and low-risk patients.

13. **Provide increased short-term bed capacity to allow the 40 patients currently housed in leased space at Kahi Mohala to be moved to the Hospital campus.**

    Construction of the new 144-Bed Goddard Patient Care Facility will increase the Hospital's current 178-bed capacity to 252 beds. The increased bed count will allow the patients at Kahi Mohala to be moved to the Hospital. Consolidating all of the Hospital's patients at one site will increase efficiency and reduce operational costs.

14. **Provide increased short-term bed capacity to prepare for the future demolition of Guensberg.**

    Guensberg is sixty years old, in need of substantial repairs, and its configuration is not appropriate for the Hospital's increasing percentage of high-risk patients. Construction of the new 144-Bed Goddard Patient Care Facility will provide the bed capacity needed to relocate the 70 patients in Guensberg and prepare for its demolition. The Guensberg patients can be relocated based on their risk levels – either to the new Goddard Patient Care Facility, or to one of the existing patient care units.

15. **Plan for long-term, incremental increases in the Hospital's patient census.**

Based on discussions with Hospital and DOH staff, and the information contained in the *Foundational Document* (Appendix 5.1), AHL realized that the Long-Term Master Plan needed to provide for substantial growth. The *2015 Master Plan Update* provides the ability to increase Hospital's census from the current 178 patients to 516 patients. This substantial growth can be implemented in four (or more) phases as the needs are justified. This approach ensures that the Hospital can remain operational on its current site far into the future.

16. **The Short-Term Master Plan should include some patient rooms designed to provide care for patients with medical issues.**

The Short-Term Master Plan identifies one 24-Bed Patient Unit on the Second Floor of the Goddard Patient Care Facility as the Medical Unit (see P. 4-7). The specific features (medical gases, medical equipment, etc.) included in this patient care unit will be determined during the future design phases. AHL recommends that the design of the medical unit be as close as possible to the design of the typical patient units. This approach will allow well patients to be housed on the medical unit when the census of sick patients is low.

17. **The Short-Term Master Plan should include a "hardened" patient care unit designed to provide care for extremely high-risk patients.**

The Short-Term Master Plan identifies one 24-bed Patient Unit on the First Floor of the Goddard Patient Care Facility as the Hardened Unit (see P. 4-6). In order to minimize uncontrolled patient interaction each patient room will have its own toilet and shower (unlike the other patient units where two rooms typically share a toilet and shower).

18. **The capacity of the Admissions Patient Care Unit should be increased.**

The *2005 Master Plan* included a 16-Bed Admissions Patient Care Unit. The current Hospital staff felt that 16 beds would not be adequate to meet their needs. The Short-Term Master Plan

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responds to the staff's concern by increasing the capacity of the Admissions Patient Care Unit (see P. 4-6) to 24 beds.

19. The 2015 Master Plan Update must address the goal of providing increased safety.

The *2015 Master Plan Update* provides for increased public, patient, and staff safety as follows:

Public Safety: The future patient facilities will be designed specifically for high-risk patients and will be surrounded by high-security fences. Patient, staff, and public access to, and egress from, the future facilities will be controlled by sally ports. These features will increase public safety by reducing opportunities for patients to elope into the surrounding community.

Patient Safety: The conceptual design of the future patient care facilities (see Section 4.0) is based on a plan layout that provides clear sight lines from a central nursing station. This feature, in combination with security cameras, will reduce the risk of patients harming themselves, or other patients.

Staff Safety: The conceptual design of the future patient care facilities includes "off stage" areas for functions such as staff offices, locker rooms, and conference rooms. Access to the "off-stage" areas will be controlled to prevent patients from entering. This feature, in combination with the visibility features indicated above, will reduce the risk of staff being assaulted by patients.

Issues Not Addressed in 2015 Master Plan Update

At the time the master planning process started several proposed new programs were under discussion. The DOH issued the following directives regarding those programs:

- An adult substance abuse forensic treatment facility will not be considered at this time.
- Additional 1/4-Way transitional housing will not be provided. The 22 beds in the Transitional Care Cottages will remain.
- Additional 1/4-Way transitional housing will not be provided. The 16 beds in Hale Imua will remain.
- A joint Department of Public Safety (PSD) / DOH forensic facility will not be accommodated on the Hospital site.

2.0 MASTER PLAN SUMMARY

2.3 GROWTH IN PATIENT CENSUS

As indicated in Section 1.4, the capital improvement projects recommended in the *2005 Master Plan* were not implemented. Therefore, two of the primary issues that shaped the *2005 Master Plan* (i.e. increases in patient population and the increasing percentage of high-risk patients) have not been addressed. These issues continue to present significant operational challenges. William May, the current Hospital Administrator, recently made the following statement: "The hospital was built as a 178-bed facility to treat severely chronic mentally ill and acute criminally-committed patients, but census figures today have grown to more than 200 patients and continue to rise". The makeshift accommodations required to house the extra patients, combined with the increasing percentage of high-risk patients, results in operational challenges and increased safety risks.

In September 2014 the DOH issued a statistical analysis that provides an estimate of the number of patient beds likely to be required each month; starting in August 2014 and ending in January 2019. The analysis shows the forecasted monthly average patient census continuing to rise, reaching 265 patients in 2019. The DOH statistical analysis, identified as the *Foundational Document*, is included in the Appendix 5.1. Hawaii's population will continue to grow in the years beyond 2019 resulting in an even greater demand for patient capacity.

The *2015 Master Plan Update* provides options that address the census growth through 2019 as projected in the *Foundational Document*. It also provides a "road map" for addressing the substantial further increases in census that are likely to occur in the years beyond 2019.

2.4 LONG-TERM MASTER PLAN

The Long-Term Master Plan provides a flexible plan for incrementally responding to all of the established Goals and Priorities over time. The Long-Term Master Plan is illustrated by two drawings:

- Planning Zones (see P. 2-15)
- Long-Term Master Plan (see P. 2-17)

2.0 MASTER PLAN SUMMARY

Planning Zones

The Planning Zones drawing (see P. 2-15) provides a broad overview of the Long-Term Master Plan. The fifteen Planning Zones respond to Goal 3 by establishing clear, logical uses for all areas of the Hospital site. The use(s) identified for each Planning Zone were established by consensus of the DOH, Hospital, DAGS, and AHL planning participants. The development(s) envisioned for each Planning Zone are described in the Keynotes on the right side of the drawing. Except for Zone 1, the Planning Zone numbers do not imply a sequence of implementation. As stated elsewhere in this Report, the project(s) in each Planning Zone can be implemented when the needs can be justified and when funding is available. The following summary identifies the Planning Goal(s) for the future development in each zone.

Zone 1	Reserved for future 144- Bed Goddard Patient Care Facility (see Short-Term Master Plan for details)
Zone 2	Reserved for future 144- Bed Patient Care Facility (current Guensberg site). Construction of this facility will result in the need to add approximately 482 new parking spaces (see Preliminary Parking Study, Appendix 5.3). Prior to construction the DOT Base Yard will probably need to be relocated from Planning Zone 7 to another location (not on DOH land).
Zone 3A	Reserved for future 72-Bed Patient Care Facility (current J-Pad site)
Zone 3B	Reserved for future 72-Bed Patient Care Facility (current Building I site)
Zone 4A	Reserved for future relocation of Hospital Plant Operations, Warehouse, Base Yard
Zone 4B	Current Hospital Plant Operations, Warehouse, and Base Yard on WCC campus
Zone 5	Reserved for future independently-operated Skilled Nursing Facility
Zone 6	Reserved for future main Hospital entrance improvements. This area is currently under SDOT management and control per Executive Order No. 4470.
Zone 7	Reserved for future development options such as additional staff parking required in connection with future increases in the Hospital's patient census, a Behavioral Health Stability facility, relocating the Transitional Care Cottages, Housing, or a Hospital history museum. This area is currently under SDOT management and control per Executive Order No. 4470.

2.0 MASTER PLAN SUMMARY

Zone 8	Reserved for future expansion of Hospital administration, or additional parking
Zone 9A	Reserved for future Aloha Garden improvements
Zone 9B	Reserved for protection of watershed
Zone 10	Reserved for future development such additional staff parking
Zone 11	Reserved for continued use by Hina Mauka
Zone 12	Reserved for water tanks and emergency ingress to / egress from Hospital site
Zone 13	Future landscape buffer at Hospital/WCC property line
Zone 14	Reserved for future development of additional parking
Zone 15	Reserved for future development of additional parking

2.0 MASTER PLAN SUMMARY

Long-Term Master Plan

The Long-Term Master Plan (see P. 2-17) provides a detailed illustration of the future development options for Zones 2, 3A, 3B, and 4A. In all other respects the Long-Term Master Plan is identical to the Planning Zones drawing.

Zone 2 **(Orange)** This future Patient Care Facility on the Guensberg site will provide 144 additional beds (six 24-bed patient units) and expanded Rehab Mall capacity. Construction of this facility will increase the Hospital's capacity to 396 beds. The facility design is anticipated to be similar to the previously constructed Goddard Patient Care Facility. The two projects will be capable of operating as a single, integrated facility. The Guensberg building, vacant after construction of the 144Bed Goddard Patient Care Facility in Zone 1, will be demolished prior to construction.

Zone 3A **(Green)** This future Patient Care Facility on the J-Pad site will provide 72 additional beds (three 24 bed units). Construction of this facility will increase the Hospital's capacity to 468 beds. The facility design is anticipated to be similar to one-half of the 144-bed patient care facilities constructed earlier in Zones 1 and 2. Building I (24 beds) can remain in operation during construction of this facility.

Zone 3B **(Brown)** The future Patient Care Facility in Zone 3B will provide 72 additional beds (three 24 bed units). Construction of this facility will increase the Hospital's capacity to 516 beds. This facility will likely be joined to the patient care facility to create an integrated 144-bed patient care facility. Building I, which will be quite old by the time this project is implemented, will need to be demolished prior to construction.

Zone 4 **(Purple)** The plan shown in Zone 4 is a conceptual configuration for the future Hospital Plant Operations and Warehouse (relocated from the WCC campus). A conceptual plan for this facility is included in the Appendix (Item 5.6)

2.0 MASTER PLAN SUMMARY

2.5 SHORT-TERM OVERALL MASTER PLAN

The Short-Term Master Plan (see P. 2-19) follows the development approach established by the Planning Zones. It proposes construction of a new 144-Bed Patient Care Facility in Planning Zone 1 – the Goddard site. Construction of the 144-Bed Goddard Patient Care Facility, in combination with the 108 existing beds (Buildings E, F, H, and I), will increase the Hospital's capacity to 252 beds. The Short-Term Master Plan specifically responds to the following Goals and Priorities:

- Goal 12: Provides facilities designed to provide safe, efficient care for high-risk patients.
- Goal 13: Provides additional beds needed to move 40 patients from Kahi Mohala to Hospital.
- Goal 14: Provides new beds to replace the 70 beds in Guensberg.
- Goal 15: Provides a long-term plan for incrementally increasing the Hospital's patient census.
- Goal 16: Provides a 24-Bed Medical Patient Care Unit.
- Goal 17: Provides a 24-Bed Hardened Patient Care Unit for extremely high-risk patients.
- Goal 18: Provides a 24-Bed Admissions Patient Care Unit.
- Goal 19: Provides increased safety for patients, staff, and the public.

For a detailed description of the proposed new 144-Bed Goddard Patient Care Facility please refer to Section 3.0 Space Programs and Section 4.0 Conceptual Design. A Conceptual Design Cost Estimate for the 144-Bed Goddard Patient Care Facility is included in the Appendix (Item 5.2).

2.0 MASTER PLAN SUMMARY

2.6 FUNCTIONAL RELATIONSHIPS

The Functional Relationship Diagram (see P. 2-21) is a supplement to the Short-Term Master Plan. It provides a diagrammatic view of the Hospital's future state in the time period:

- Following completion of the new 144-Bed Goddard Patient Care Facility.
- Prior to future implementation of the projects in Planning Zones 2 – 15.

The diagram uses color coding to identify:

- Building and land use categories.
- Major vehicular circulation routes for patient transport, service vehicles, staff, and visitors.

The Functional Relationship Diagram also illustrates certain key functional considerations that are covered in more detail in Sections 3.0 and 4.0:

- The new 144-Bed Goddard Patient Care Facility will have its own dedicated Rehab Mall (the *2005 Master Plan* called this approach the "2-Hospital Concept").
- The Guensberg building can remain in operation while the new Goddard Patient Care Facility is being built, thus avoiding any reduction in patient care capacity.
- A pedestrian bridge and elevators will connect the new Goddard Patient Care Facility to the existing patient care units and services located on the central campus, which is approximately 25' lower in elevation.
- The new Goddard Patient Care Facility will be surrounded by a high-security fence, and will be accessible only via dual-gated sally ports.
- Approximately 98 parking spaces will be provided immediately adjacent to the new Goddard Patient Care Facility (see Conceptual Site Plan, P. 4-4). The Preliminary Parking Study (Appendix 5.3) estimates that 272 new spaces will be required following completion of the 144-Bed Goddard Patient Care Facility. The additional 174 spaces will need to be located in Planning Zone 7, 8, 10, 14, or 15. The specific location for the additional required parking will need to be determined as part of the future design process for the 144-Bed Goddard Patient Care Facility.

2.0 MASTER PLAN SUMMARY

2.7 KANEOHE NEIGHBORHOOD BOARD

DOH, Hospital, DAGS, and AHL staff attended two Kaneohe Neighborhood Board (KNB) meetings. These meetings were intended to:

- Give KNB members and the Kaneohe community a preview of the *2015 Master Plan Update*.
- Provide an opportunity for the Board and community to comment on the *2015 Master Plan Update*.
- Set the stage for continuing dialogue as the projects envisioned in the *2015 Master Plan Update* are implemented in the future.

The first KNB meeting occurred on May 5, 2015. This meeting, also referred to as a planning meeting, is typically attended only by Board members. The meeting was intended to give the Board members an advance look at the materials to be presented at the public meeting on May 21, 2015. William May, the Hospital Administrator, and Gary Marshall (AHL) gave a summary of the key features of the *2015 Master Plan Update*.

The second meeting, which was the official KNB public meeting, occurred on May 21, 2015. William May made the presentation, which focused on the ways in which the *2015 Master Plan Update* addresses the major challenges the Hospital is facing:

- Improving safety for staff, patients, and the Kaneohe community.
- Providing additional patient beds to meet current needs and long-term growth projections.
- Providing new patient care facilities designed specifically to care for high-risk patients.

In his presentation Mr. May made the following points:

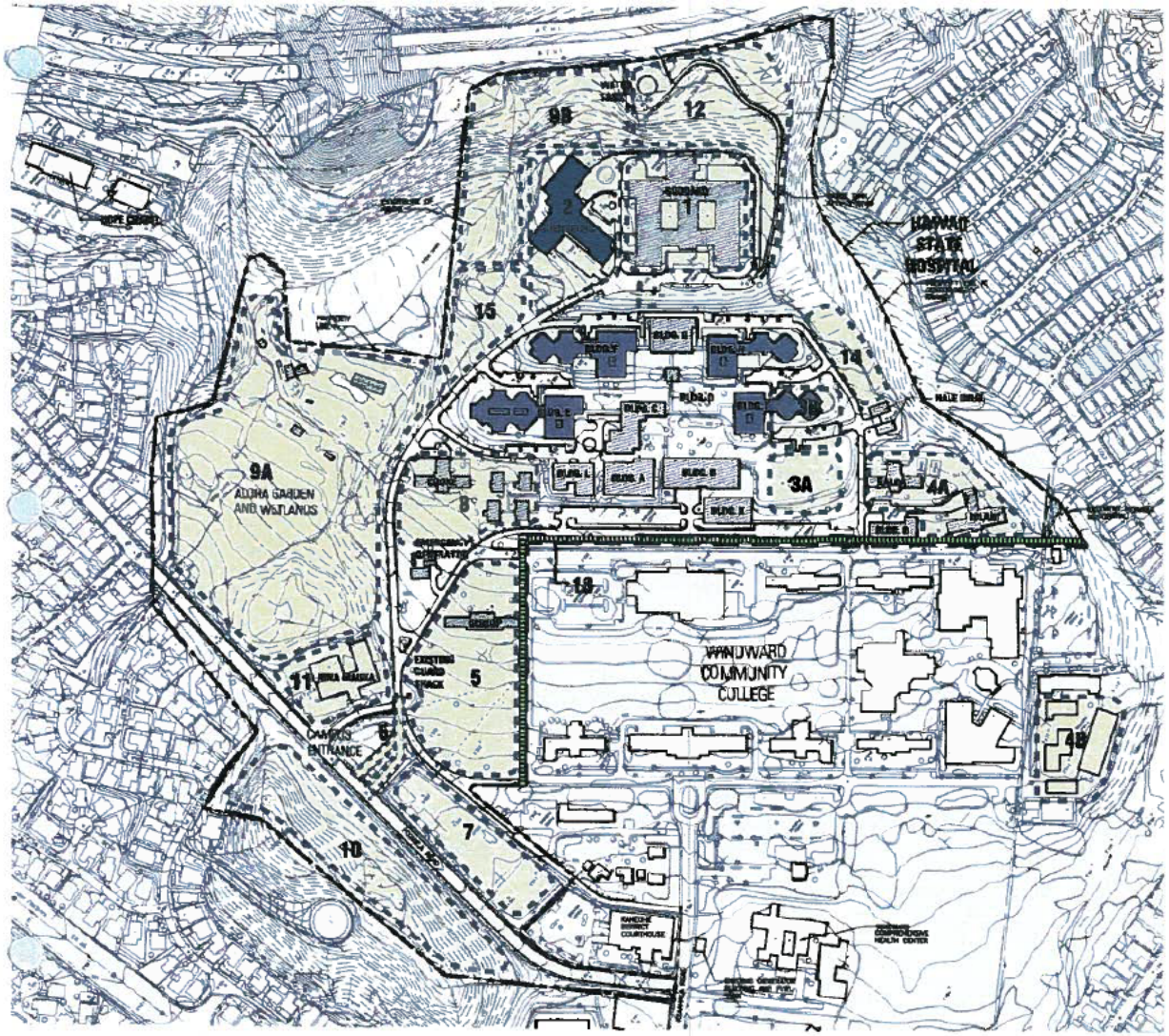
- The development envisioned in the *2015 Master Plan Update* occurs mainly within the boundaries of the existing Hospital site. Some of the development (in Planning Zones 6 and 7) is shown on lands currently managed by the SDOT. These lands were previously managed and controlled by the DOH under Executive Order No. 3504.
- The vacant Goddard building will be demolished and the 144-Bed Goddard Patient Care Facility will be constructed in that location. This is a short-term project that DOH hopes to complete within 7 – 10 years.

2.0 MASTER PLAN SUMMARY

- The vacant Bishop building will be demolished and an independently-operated 150-Bed Skilled Nursing Facility (SNF) will be constructed in that location. The timetable for this project is not certain, but it is intended to be a relatively short-term project.
- The remaining development envisioned in the *2015 Master Plan Update* consists of long-term projects that will be implemented over a period of many years.

Following the presentation the following issues were discussed:

- Dr. Dykstra, the WCC Chancellor, stated that WCC has previously offered to exchange the land in Planning Zone 5 (the Bishop site) for a comparable sized property near the Windward Comprehensive Health Center. He said that WCC would like to work with a charter school to renovate Bishop, and would also like to construct a new building adjacent to Bishop. It was noted that the requested exchange of lands would constitute a significant departure from the Hospital's *2015 Master Plan Update* and the issue was not discussed further at the KNB meeting. Resolution of this issue was subsequently handled by the DOH in a June 22, 2015 letter to John Morton, the Vice President of Community Colleges. See Appendix 5.4.3 for a copy of the letter.
- A Kaneohe resident asked how the SNF beds are going to paid for. Mr. May replied that the beds will be financed by Medicaid and other funding mechanisms. Another resident stated that Medicaid will probably not cover all of the expenses.
- Brian Isa (DAGS) stated that the *2015 Master Plan Update* process is not finished. He mentioned that further planning, including an Environmental Assessment, is required and there will be additional opportunities for public comments. He also mentioned that construction of the 144-Bed Goddard Patient Care Facility will require additional appropriations from the Hawaii State Legislature.
- KNB Chair Radke asked if the Environmental Assessment will be presented to the KNB when it is completed. Brian Isa indicated that the appropriate environmental process will be followed.
- KNB member San Nicholas asked if the Master Plan includes safe zones for patients and the community. William May replied that the new patient care facilities will include high-security perimeter fencing.



LEGEND

PLANNING ZONES (SEE KEYNOTES BELOW)

EXISTING HSH BUILDINGS: ADMINISTRATION, SUPPORT, REHAB MALL, THERAPY, DINING & KITCHEN

EXISTING HSH BUILDINGS: PATIENT CARE UNITS

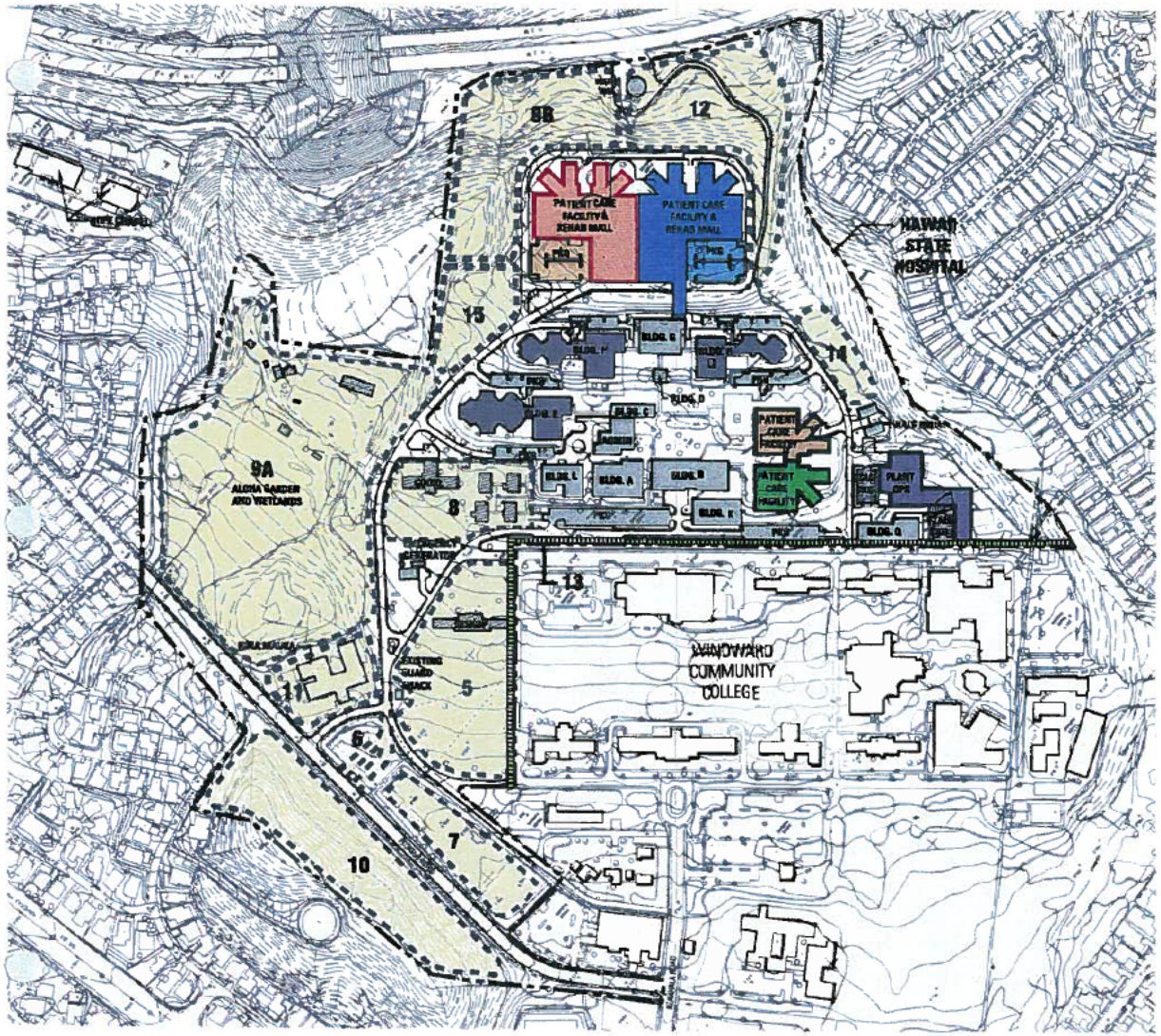
KEYNOTES

1. Zone reserved for new 144-Bed "Goddard" Patient Care Facility. This facility will require demolition of the existing Goddard building.
2. Zone reserved for future 144-Bed Patient Care Facility. This facility will require demolition of the existing Guensberg building.
3A. Zone reserved for future 72-Bed Patient Care Facility. This facility will be located on the "J-Pad".
3B. Zone reserved for future 72-Bed Patient Care Facility. This facility will require demolition of the existing Building I Patient Care Facility (24 beds).
4A. Zone reserved for future HSH Plant Operations and Warehouse Facility. The existing Haloa building (currently abandoned) and the existing Iolani building (currently used by WCC under an agreement with DOH) will be demolished.
4B. Existing HSH Plant Operations and Warehouse Facility will be turned over to WCC after construction of the new facility in Zone 4A.
5. Zone reserved for future development (by others) of an independently operated Skilled Nursing Facility. Demolition of Bishop will be by others. Existing Guard Shack to remain.
6. Zone reserved for future HSH main entrance improvements. This plan will require moving the SDOT Base Yard to another site (off HSH's campus).
7. Zone reserved for future development such as a Behavioral Stability Facility, relocation of Transitional Care Cottages (22 beds), or additional parking (320 Spaces, surface or parking structure). This plan will require moving the SDOT Base Yard to another site (off HSH's campus).
8. Zone reserved for future expansion of HSH Administration or additional parking (220 spaces, surface or parking structure). This plan will require demolition of Cooke (currently used by Security and Grounds Maintenance) and relocation of Transitional Care Cottages (22 beds in 4 cottages).
9A. Zone reserved for Aloha Garden improvements.
9B. Zone reserved for watershed.
10. Zone reserved for future development such as additional parking (200 spaces, surface).
11. Zone reserved for continued use by Hina Mauka (an independently operated drug treatment facility) on the HSH campus.
12. Zone reserved for water tanks, access road, emergency ingress to / egress from HSH site.
13. Zone reserved for future landscape buffer.
14. Zone reserved for future development such as additional parking (60 spaces, surface).
15. Zone reserved for future development such as additional parking (110 spaces, surface).

0 100' 200' 400'

PLANNING ZONES

Exh. B - 041



LEGEND

- PROPERTY LINE
- PLANNING ZONES (SEE KEYNOTES BELOW)
- NEW GODDARD PATIENT CARE FACILITY (144 BEDS), REHAB MALL, PEDESTRIAN BRIDGE TO LOWER CAMPUS, AND PARKING (42 SPACES)
- FUTURE PATIENT CARE FACILITY (144 BEDS), REHAB MALL, AND PARKING (42 SPACES)
- FUTURE PATIENT CARE FACILITY (24-72 BEDS)
- FUTURE PATIENT CARE FACILITY (24-72 BEDS)
- FUTURE PLANT OPERATIONS, WAREHOUSE, AND PARKING (25 SPACES)
- EXISTING ADMINISTRATION, FACILITY SUPPORT, PATIENT SUPPORT, REHAB MALL, THERAPY, DINING & KITCHEN, TRANSITIONAL CARE COTTAGES (22 BEDS), AND PARKING
- EXISTING PATIENT CARE UNITS (84 BEDS TOTAL)

KEYNOTES

5 Zone reserved for future development (by others) of an independently operated Skilled Nursing Facility. Demolition of Bishop will be by others. Existing Guard Shack to remain.

6 Zone reserved for future HSH main entrance improvements. This plan will require moving the SDOT Base Yard to another site (off HSH's campus).

7 Zone reserved for future development such as a Behavioral Stability Facility, relocation of Transitional Care Cottages (22 beds), or additional parking (320 spaces, surface or parking structure). This plan will require moving the SDOT Base Yard to another site (off HSH's campus).

8 Zone reserved for future expansion of HSH Administration or additional parking (220 spaces, surface or parking structure). This plan will require demolition of Cooke (currently used by Security and Grounds Maintenance) and relocation of Transitional Housing (22 beds in 4 cottages).

9A Zone reserved for Aloha Garden improvements.

9B Zone reserved for watershed.

10 Zone reserved for future development such as additional parking (200 spaces, surface).

11 Zone reserved for continued use by Hina Mauka (an independently operated drug treatment facility) on the HSH campus.

12 Zone reserved for water tanks, access road, emergency ingress to / egress from HSH site.

13 Zone reserved for future landscape buffer.

14 Zone reserved for future development such as additional parking (60 spaces, surface).

15 Zone reserved for future development such as additional parking (110 spaces, asurface).

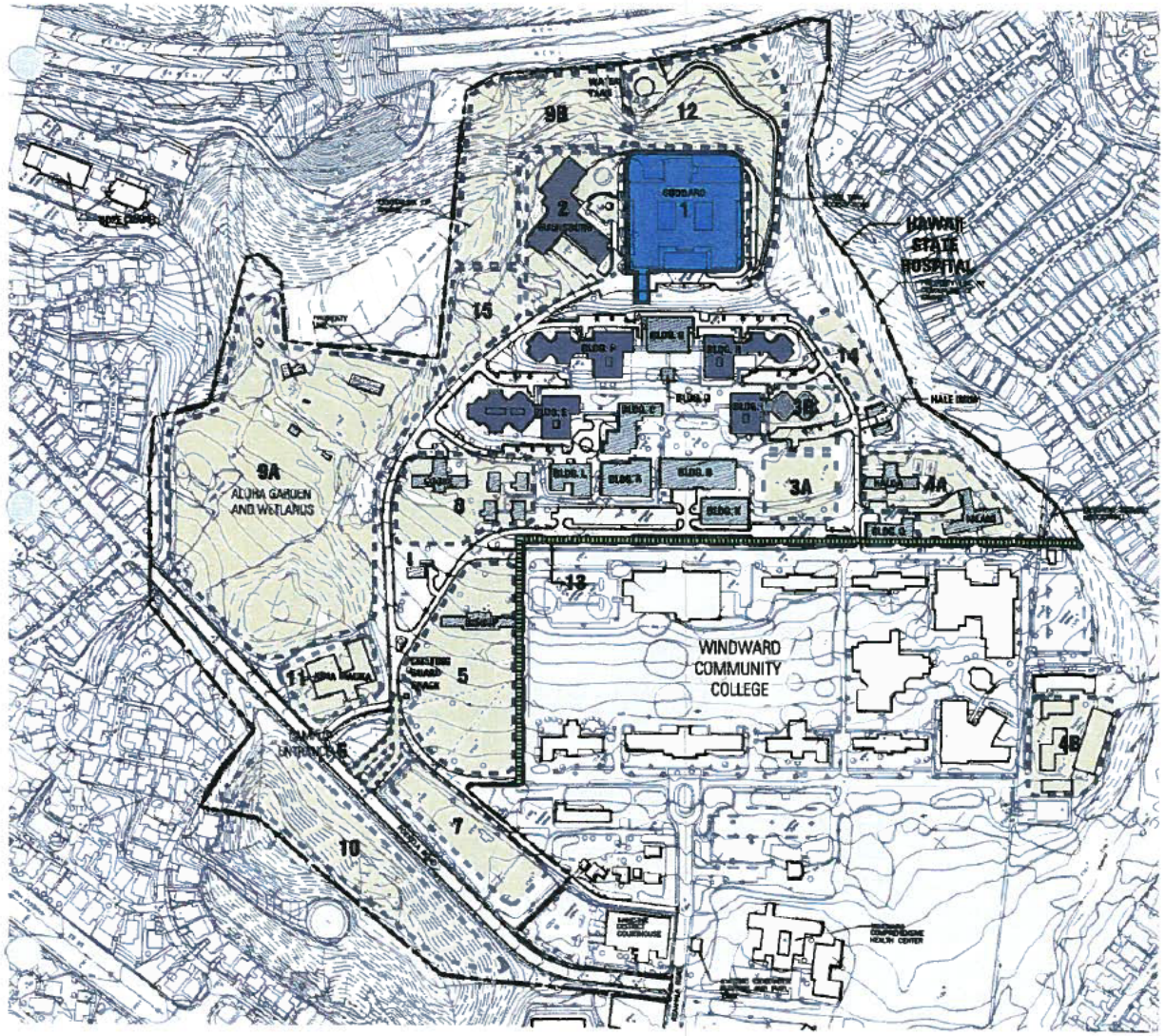
LONG-TERM MASTER PLAN

HAWAII STATE HOSPITAL

Exh. B - 042

HAWAII STATE HOSPITAL | 2015 MASTER PLAN UPDATE

AUGUST 28, 2015 | DAGS JOB NO. 12-20-2698



LEGEND

NEW GODDARD PATIENT CARE FACILITY

PLANNING ZONES (SEE KEYNOTES BELOW)

EXISTING HSH BUILDINGS; ADMINISTRATION, SUPPORT, REHAB MALL, THERAPY , DINING & KITCHEN

EXISTING HSH PATIENT CARE UNITS (108 BEDS TOTAL)

1 New 144-Bed "Goddard" Patient Care Facility. This facility will require demolition of the existing Goddard building.

2 Guensberg demolished or abandoned upon completion of the new "Goddard" Patient Care Facility in Zone 1. Zone 2 reserved for future 144-Bed Patient Care Facility.

3A Zone reserved for future 72-Bed Patient Care Facility. This facility will be located on the "J-Pad".

3B Zone reserved for future 72-Bed Patient Care Facility. This facility will require demolition of the existing Building I Patient Care Facility (24 beds).

4A Zone reserved for future HSH Plant Operations and Warehouse Facility. The existing Haloa building (currently abandoned) and the existing Iolani building (currently used by WCC under an agreement with DOH) will be demolished.

4B Existing HSH Plant Operations and Warehouse Facility will be turned over to WCC after construction of the new facility in Zone 4A.

5 Zone reserved for future development (by others) of an independently operated Skilled Nursing Facility. Demolition of Bishop will be by others. Existing Guard Shack to remain.

6 Zone reserved for future HSH main entrance improvements. This plan will require moving the SDOT Base Yard to another site (off HSH's campus).

7 Zone reserved for future development such as a Behavioral Stability Facility, relocation of Transitional Care Cottages (22 beds), or additional parking (320 spaces, surface or parking structure). This plan will require moving the SDOT Base Yard to another site (off HSH's campus).

8 Zone reserved for future expansion of HSH Administration or additional parking (220 spaces, surface or parking structure). This plan will require demolition of Cooke (currently used by Security and Grounds Maintenance) and relocation of Transitional Care Cottages (22 beds in 4 cottages).

9A Zone reserved for Aloha Garden improvements.

9B Zone reserved for watershed.

10 Zone reserved for future development such as additional parking (200 spaces, surface).

11 Zone reserved for continued use by Hina Mauka (an independently operated drug treatment facility) on the HSH campus.

12 Zone reserved for water tanks, access road, emergency ingress to / egress from HSH site.

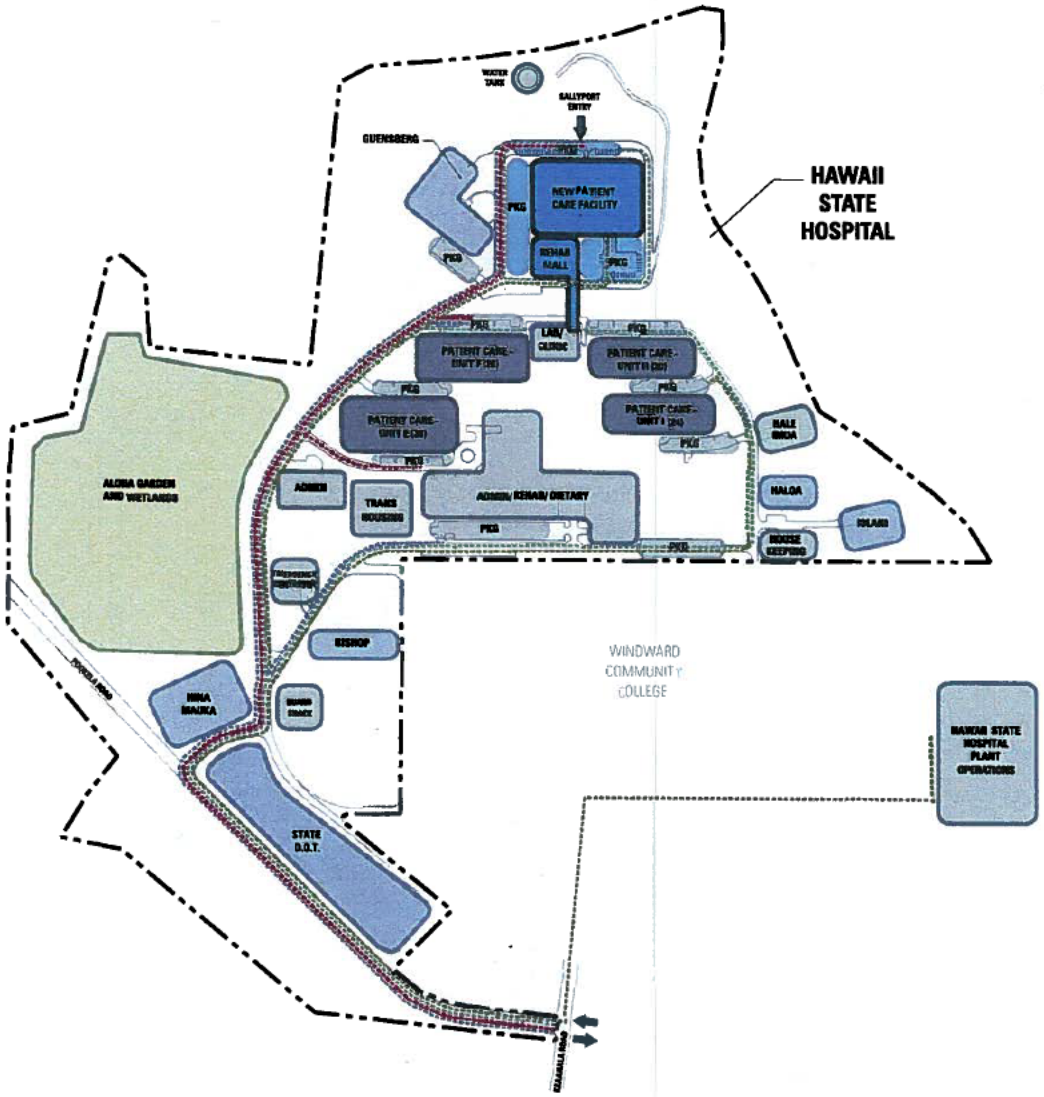
13 Zone reserved for future landscape buffer.

14 Zone reserved for future development such as additional parking (60 spaces, surface).

15 Zone reserved for future development such as additional parking (110 spaces, surface).

SHORT-TERM MASTER PLAN

Exh. B - 043



LEGEND

- PROPERTY LINE
- NEW GODDARD PATIENT CARE FACILITY (144 BEDS), REHAB MALL, PEDESTRIAN BRIDGE TO LOWER CAMPUS AND PARKING
- EXISTING PATIENT CARE UNITS (108 BEDS)
- EXISTING ADMINISTRATION, FACILITY SUPPORT, PATIENT SUPPORT, REHAB MALL, THERAPY, DINING & KITCHEN, TRANSITIONAL HOUSING (22 BEDS), AND PARKING
- EXISTING BUILDINGS OR ZONES OCCUPIED BY OTHERS OR UNOCCUPIED
- ALOHA GARDEN AND WETLANDS

VEHICULAR CIRCULATION

- PATIENTS
- ADMIN / STAFF
- SERVICE
- PUBLIC / VISITORS

FUNCTIONAL RELATIONSHIP DIAGRAM

HAWAII STATE HOSPITAL

ARCHITECTS HAWAII LTD.

Exh. B - 044

3.0 NEW GODDARD PATIENT CARE FACILITY – SPACE PROGRAMS

3.1 Introduction

In the 2015 Master Planning effort, user groups comprised of key personnel from major departments were instrumental to re-define the future needs of the Hospital Campus. Six user groups were involved with the master planning process: Administrative, Clinical Services, Dietary, Nursing, Facilities, and Rehab Treatment Mall. Each group reviewed the 2005 functional space programs and confirmed the applicability of room types, sizes, and space deficiencies. They also reviewed and provided key campus functional relationships and preferred adjacencies to address safety and security.

During the 2015 Master Planning process, it was determined based on several hospital user group discussions that the New Goddard Patient Care Facility and Rehab Mall Space Programs would need to be revised to reflect a "2-Hospital Concept" so that the New Goddard Patient Care Facility and Rehab Mall on the upper campus has a distinct high-security zone, separate from central campus functions. The New Goddard Patient Care Facility would completely separate the interaction of high risk patients with other types of patients on campus.

The New Goddard Patient Care Facility includes six 24-Bed Patient Care Units for a total of 144 beds. There are four typical 24-Bed Patient Care Units, one of which will be modified to care for patients with medical issues. The remaining two 24-Bed Patient Care Units will be dedicated for Admissions and High-Risk patients. Bold red text in subsequent sections 3.3 – 3.6 indicates information that was revised or added during the 2015 Master Plan Update process due to user group input.

The 2015 Master Plan update does not address future changes that may need to occur to the existing space programs for the patient care units, administrative, and facility support buildings as a direct result of the New Goddard Patient Care Facility and Rehab Mall being built. It will be necessary to reevaluate the space program in these existing buildings as the Hospital's bed count continues to increase in the future. Section "3.2 Space Program Summary" separates the subtotal area of the New Goddard Patient Care Facility from other existing building areas on campus in order to distinguish new space requirements from existing.

3.2 SPACE PROGRAM SUMMARY

NEW GODDARD PATIENT CARE FACILITY	NSF	GSF	Remarks
24-Bed Typical Patient Care Unit	9,479	17,062	Three 8-bed wings, patient support functions, and staff support functions.
24-Bed Typical Patient Care Unit	9,479	17,062	Three 8-bed wings, patient support functions, and staff support functions.
24-Bed Typical Patient Care Unit	9,479	17,062	Three 8-bed wings, patient support function, and staff support functions.
24-Bed Typical Patient Care Unit (Medical)	9,479	17,062	Similar to a typical 24-Bed Patient Care Unit, modified to provide care for patients with medical issues.
24-Bed Admissions Patient Care Unit	11,031	19,856	Similar to a typical 24-Bed Patient Care Unit, also includes a dedicated Rehab Mall used only by the patients on this unit.
24-Bed High-Risk Patient Care Unit	10,194	18,349	Similar to a typical 24-Bed Patient Care Unit, modified to provide care for high-risk patients.
Rehab Mall	23,160	41,688	Dedicated for use by patients in the New Patient Care Facility. Patients in Buildings E, F, H, and I will continue to use the existing Rehab Mall facilities.
Support Services	16,460	29,628	Allowance for Materials Management, Covered Loading Dock, General Storage, and Central Plant
Area - Patient Care Facility	98,761	177,770	

EXISTING BUILDINGS[1]	NSF[2]	GSF[2]	Opened[2]	Remarks / Services[3]
Patient Care Unit - Building E	19,327	28,411	1992	Designed to house 36 patients.
Patient Care Unit - Building F	15,954	23,452		Designed to house 28 patients.
Patient Care Unit - Building H	11,560	16,993	1992	Designed to house 20 patients.
Patient Care Unit - Building I	12,546	18,443	1992	Designed to house 24 patients.
Patient Care Unit - Guensberg Building	35,909	48,993	1955	After the New Patient Care Facility is completed Guensberg will not be used for patient care.
Building A	19,926	25,422	1992	Business Office, HSH Administration, Consumer Representation, Medical Records, Telecommunications, MIS, Rehab Mall, Nursing Office, Staff Development, Housekeeping, Shared Facilities
Building B	21,386	24,651	1992	Dietary, Housekeeping, Rehab Mall, Shared Facilities. The existing Dietary department will also prepare food for the New Patient Care Facility.

3.2 SPACE PROGRAM SUMMARY

EXISTING BUILDINGS[1]	NSF[2]	GSF[2]	Opened[3]	Remarks / Services [3]
Building C	6,623	7,830	1992	Rehab Mall, Kau Kau Café, Safety Officer, Consumer Representation, Volunteer Services, Nursing Office, Housekeeping, Shared Facilities
Building D	970	1,152	1992	Elevator and stairs connecting the site level where Buildings A, B, C, E, L, and I are located to the site level where Buildings F, G, and H are located.
Building G	7,884	10,726	1992	Lab, Medical Services, Pharmacy, Central Medical Supply, Shared Facilities
Building K	5,914	8,069	1992	Occupational Therapy, Recreational Therapy
Building L	5,347	7,568	1992	MIS, Utilization Management, Personnel / HR, Volunteer Services, Housekeeping, Shared Facilities
Buildings M, N, O, and P - CARE Cottages	4,000	5,000	1992	Transitional housing. Areas approximate - dimensioned drawings not available.
Building Q	6,783	7,614	1992	Housekeeping/Laundry, Plant Operations
Bishop Building	6,485	8,100	1932	Vacant. Will be demolished prior to construction of a planned, new Skilled Nursing Facility. Areas approximate - dimensioned drawings not available.
Cooke Building	7,950	10,568	1932	Security (PSD), QI / Risk Management, RN / QI, CPSU, Standards and Compliance, Rehab Mall.
Goddard Building	88,000	110,000	1947	Vacant -scheduled to be demolished under a separate project. Both the 2005 Master Plan and the 2015 Master Plan Update identify the Goddard site as the preferred location for the New Patient Care Facility. Areas approximate.
Haloa Building	6,988	8,735	1932	Currently vacant. Areas approximate - dimensioned drawings not available.
Iolani Building	13,881	17,351	1932	Currently used by Windward Community College under an agreement with DOH. Areas approximate - dimensioned drawings not available.
Cottages (Hale Imua)	1,682	2,103	2001	Areas approximate - dimensioned drawings not available.

3.2 SPACE PROGRAM SUMMARY

EXISTING BUILDINGS[1]	NSF[2]	GSF[2]		
Area - Existing Buildings	299,115	391,181		

Area - New Patient Care Facility and Existing Buildings	397,876	568,951	

Footnotes:

1. The New Goddard Patient Care Facility project does not include renovations or repairs in any of the existing buildings.
2. The areas (net and gross) and year each existing building opened are taken from the 2005 Hawaii State Hospital Master Plan.
3. The services located in the existing buildings are taken from the 2005 Hawaii State Hospital Master Plan.

3.3 SPACE PROGRAM: TYPICAL 24-BED PATIENT CARE UNITS [1][2]

Black text: Indicates information that is identical to the 2005 Master Plan Space Program.

Bold red text: Indicates information that was revised or added during the 2015 Master Plan Update process.

Dept.		Space Name	Existing Total NSF	Proposed Occ.	Proposed NSF	Proposed No.	Proposed Total NSF	Remarks
Dorm Wing	1	Patient Bedroom	NA	1	110	22	2,420	
	2	Toilet & Shower - Shared	NA	~	65	11	715	Shared - 1 per 2 patient rooms
	3	Isolation Patient Room	NA	~	110	2	220	
	4	Isolation Toilet & Shower	NA	~	65	2	130	
Day Wing	5	Seclusion Room	NA	1	80	3	240	
	6	Toilet & Shower	NA	~	65	1	65	**Shared by Seclusion rooms**
	7	Ante Room	NA	~	55	1	55	
	8	Consultation / Visitor	NA	~	120	3	360	2 should be joinable
	9	Quiet / Visitor Room	NA	~	100	1	100	
	10	Tub Room	NA	~	120	1	120	
	11	Grooming Room - Men	NA	~	120	1	120	
	12	Grooming Room - Women	NA	~	120	1	120	
	13	Social Space - Quiet Activities	NA	12	40	1	480	Multi-Use for Group Therapy and Dining. Can be joined with the other social space.
	14	Social Space - Noisy Activities	NA	12	40	1	480	Multi-Use for Group Therapy and Dining. Can be joined with the other social space.
	15	Group Therapy	NA	~	225	1	225	
	16	Patient Restroom - Women	NA	~	55	1	55	
	17	Patient Restroom - Men	NA	~	55	1	55	
	18	Patient Laundry	NA	~	130	1	130	
	19	Patient Belonging Storage	NA	22	7	1	154	
	20	Extra Storage	NA	2	15	1	30	
	21	Equipment Storage	NA	~	160	1	160	
	22	Clean Linen	NA	~	100	1	100	
	23	Soiled Utility	NA	~	80	1	80	
	24	Nurse Station	NA	8	30	1	240	**Centrally located with clear sightlines to all areas accessible by patients**
	25	Medication Room	NA	~	100	1	100	Visible from nursing station
	26	Treatment Room	NA	~	120	1	120	
	27	MD Charting Room	NA	3	30	1	90	

3.3 SPACE PROGRAM: TYPICAL 24-BED PATIENT CARE UNITS [1][2]

Black text: Indicates information that is identical to the 2005 Master Plan Space Program.

Bold red text: Indicates information that was revised or added during the 2015 Master Plan Update process.

Dept.		Space Name	Existing Total NSF	Proposed Occ.	Proposed NSF	Proposed No.	Proposed Total NSF	Remarks
Day Wing	28	Conference/Treatment Planning[3]	NA	15	20	1	300	Locate with Office Wing functions
	29	Emergency Equipment	NA	~	20	1	20	
	30	Nourishment / Kitchen	NA	~	220	1	220	
	31	Entry Vestibule	NA	~	75	1	75	Sallyport
	32	Telephone Booth	NA	~	10	2	20	
Office Wing	33	Office - Psychiatrist[3]	NA	~	120	2	240	
	34	Office - Psychologist[3]	NA	~	100	2	200	
	35	Office - Social Worker[3]	NA	~	100	2	200	
	36	Office - Head Nurse[3]	NA	~	120	1	120	
	37	Office - Other Clinical[3]	NA	~	100	2	200	
	38	Staff Lounge[3]	NA	10	25	1	250	
	39	Staff Toilet / Shower / Lockers[3]	NA	10	22	2	440	30 Male, 30 Female (3-Tier configuration)
Shared	40	Housekeeping Closet	NA	~	30	1	30	
Exterior	41	Covered Lanai	NA	~	TBD	2		1 Smoking, 1 Non-Smoking
	42	Covered Loading Stall	NA	~				Not required at typical patient units
	43	Outdoor Recreation	NA	~	TBD	1		Provide controlled access to secure outdoor recreation areas.

Total Net SF (NSF) per Typical 24-Bed Patient Care Unit	**9,479**
Estimated Total Gross SF for (1) Typical Patient Care Unit = 1.8 x Total NSF	**17,062**
Total NSF for 4 Typical Patient Care Units	**37,916**
Estimated Total Gross SF for (4) Typical Patient Care Units = 1.67 x Total NSF	**68,249**

Footnotes:

1. **The New Patient Care Facility will have (4) 24-bed Typical Patient Care Units.**
2. **One of the four Typical Patient Care Units will be modified to care for patients with medical issues. The program specific modifications required to provide medical services will need to be determined in the detailed planning phase.**
3. **Co-locate these functions in an area that has controlled access (i.e. an "offstage"area not available to patients)**

3.4 SPACE PROGRAM: 24-BED ADMISSIONS PATIENT CARE UNIT[1]

Black text: Indicates information that is identical to the 2005 Master Plan Space Program.
Bold red text: Indicates information that was revised or added during the 2015 Master Plan Update process.

Dept.		Space Name	Existing Total NSF	Proposed Occ.	Proposed NSF	Proposed No.	Proposed Total NSF	Remarks
Dorm Wing	1	Patient Bedroom	NA	~	110	**22**	2,420	**Increased from 14 rooms to 22**
	2	Toilet & Shower - Shared	NA	~	65	**11**	715	Shared - 1 per 2 patient rooms
	3	Isolation Patient Room	NA	~	110	2	220	
	4	Isolation Toilet & Shower	NA	~	65	2	130	
Day Wing	5	Seclusion Room	NA	~	80	3	240	
	6	Toilet & Shower	NA	~	65	1	65	**Shared by Seclusion Rooms**
	7	Ante Room	NA	~	55	1	55	
	8	Triage Room	NA	~	110	3	330	
	9	Toilet & Shower	NA	~	65	1	65	**Shared by Triage rooms**
	10	Ante Room	NA	~	75	1	75	
	11	Classroom	NA	~	350	1	350	
	12	Classroom / OT Office	NA	~	350	1	350	
	13	Classroom / RT Office	NA	~	350	1	350	
	14	Classroom / Interview	NA	~	200	2	400	
	15	Consultation / Visitor	NA	~	120	2	240	2 should be joinable.
	16	Quiet / Visitor Room	NA	~	100	1	100	
	17	Tub Room	NA	~	120	1	120	
	18	Grooming Room - Men	NA	~	120	1	120	
	19	Grooming Room - Women	NA	~	120	1	120	
	20	Social Space - Quiet Activities	NA	8	40	1	320	Multi-Use for Group Therapy and Dining. Can be joined with the other social space.
	21	Social Space - Noisy Activities	NA	8	40	1	320	Multi-Use for Group Therapy and Dining. Can be joined with the other social space.
	22	Group Therapy	NA	~	225	1	225	
	23	Patient Restroom - Women	NA	~	55	1	55	
	24	Patient Restroom - Men	NA	~	55	1	55	
	25	Patient Laundry	NA	~	130	1	130	
	26	Patient Belonging	NA	14	7	1	98	
	27	Extra Storage	NA	2	15	1	30	
	28	Equipment Storage	NA	~	160	1	160	
	29	Clean Linen	NA	~	100	1	100	
	30	Soiled Utility	NA	~	80	1	80	
	31	Nurse Station	NA	8	30	1	240	**Centrally located with clear sightlines to all areas accessible to patients**
	32	Medication Room	NA	~	100	1	100	Visible from nursing station.
	33	Treatment Room	NA	~	120	1	120	
	34	MD Charting Room	NA	3	30	1	90	

3.4 SPACE PROGRAM: 24-BED ADMISSIONS PATIENT CARE UNIT [1]

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Dept.		Space Name	Existing Total NSF	Proposed Occ.	Proposed NSF	Proposed No.	Proposed Total NSF	Remarks
Day Wing	35	Conference/Treatment Planning[2]	NA	15	20	1	300	**Locate with Office Wing functions**
	36	Emergency Equipment	NA	~	20	1	20	
	37	Nourishment / Kitchen	NA	~	150	1	150	Stove / oven located in staff lounge
	38	Entry Vestibule	NA	~	75	1	75	**Sallyport**
	39	Telephone Booth	NA	~	10	2	20	
Office Wing	40	Office - Psychiatrist[2]	NA	~	120	2	240	
	41	Office - Psychologist[2]	NA	~	100	2	200	
	42	Office - Social Worker[2]	NA	~	100	2	200	
	43	Office - Head Nurse[2]	NA	~	120	1	120	
	44	Office - Substance	NA	2	70	1	140	
	45	Office - Steno Clerk[2]	NA	~	100	1	100	
	46	Copy / Fax / Mail Room[2]	NA	~	120	1	120	
	47	Staff Lounge[2]	NA	10	20	1	200	
	48	Staff Toilet / Shower / Lockers[2]	NA	12	22	2	528	30 Male, 30 Female (3-Tier configuration)
Shared	49	Housekeeping Closet	NA	~	30	1	30	
Exterior	50	Covered Lanai	NA	~	**TBD**	**2**		1 Smoking, 1 Non-Smoking
	51	Covered Loading Stall	NA	~	**TBD**	1	0	**Required for Admissions Unit**
	52	Outdoor Recreation	NA	~	**TBD**	**1**		**Provide controlled access to a secure outdoor recreation area for use only by Admissions Unit patients**
					Total Net SF (NSF)		**11,031**	
					Total Estimated Gross SF = 1.8 x Total NSF		**19,856**	

Footnotes:

1. **The New Patient Care Facility will have one 24-bed Admissions Patient Care Unit. The 2005 Master Plan included a 16-bed Admissions unit.**
2. **Co-locate these functions in an area that has controlled access (i.e. an "offstage" area not available to patients)**

3.5 SPACE PROGRAM: HIGH-RISK 24-BED PATIENT CARE UNIT [1][2]

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Bold red text: Indicates information that was revised or added during the 2015 Master Plan Update process.

Dept.		Space Name	Existing Total NSF	Proposed Occ.	Proposed NSF	Proposed No.	Proposed Total NSF	Remarks
Dorm Wing	1	Patient Bedroom	NA	1	110	22	2,420	
	2	Toilet & Shower	NA	~	65	**22**	**1,430**	**Not Shared**
	3	Isolation Patient Room	NA	1	110	2	220	
	4	Isolation Toilet & Shower	NA	~	65	2	130	
Day Wing	5	Seclusion Room	NA	1	80	3	240	
	6	Toilet & Shower	NA	~	65	1	65	**Shared by Seclusion rooms**
	7	Ante Room	NA	~	55	1	55	
	8	Consultation / Visitor	NA	~	120	3	360	2 should be joinable
	9	Quiet / Visitor Room	NA	~	100	1	100	
	10	Tub Room	NA	~	120	1	120	
	11	Grooming Room - Men	NA	~	120	1	120	
	12	Grooming Room - Women	NA	~	120	1	120	
	13	Social Space - Quiet Activities	NA	12	40	1	480	Multi-Use for Group Therapy and Dining. Can be joined with the other social space.
	14	Social Space - Noisy Activities	NA	12	40	1	480	Multi-Use for Group Therapy and Dining. Can be joined with the other social space.
	15	Group Therapy	NA	~	225	1	225	
	16	Patient Restroom - Women	NA	~	55	1	55	
	17	Patient Restroom - Men	NA	~	55	1	55	
	18	Patient Laundry	NA	~	130	1	130	
	19	Patient Belonging	NA	22	7	1	154	
	20	Extra Storage	NA	2	15	1	30	
	21	Equipment Storage	NA	~	160	1	160	
	22	Clean Linen	NA	~	100	1	100	
	23	Soiled Utility	NA	~	80	1	80	
	24	Nurse Station	NA	8	30	1	240	**Centrally located with clear sightlines to all areas accessible by patients**
	25	Medication Room	NA	~	100	1	100	Visible from nursing station
	26	Treatment Room	NA	~	120	1	120	
	27	MD Charting Room	NA	3	30	1	90	
	28	Conference/Treatment Planning[3]	NA	15	20	1	300	**Locate with Office Wing functions**
	29	Emergency Equipment	NA	~	20	1	20	
	30	Nourishment / Kitchen	NA	~	220	1	220	
	31	Entry Vestibule	NA	~	75	1	75	**Sallyport**
	32	Telephone Booth	NA	~	10	2	20	

3.5 SPACE PROGRAM: HIGH-RISK 24-BED PATIENT CARE UNIT [1][2]

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Dept.		Space Name	Existing Total NSF	Proposed Occ.	Proposed NSF	Proposed No.	Proposed Total NSF	Remarks
Office Wing	33	Office - Psychiatrist[3]	NA	~	120	2	240	
	34	Office - Psychologist[3]	NA	~	100	2	200	
	35	Office - Social Worker[3]	NA	~	100	2	200	
	36	Office - Head Nurse[3]	NA	~	120	1	120	
	37	Office - Other Clinical[3]	NA	~	100	2	200	
	38	Staff Lounge[3]	NA	10	25	1	250	
	39	Staff Toilet / Shower / Lockers[3]	NA	10	22	2	440	30 Male, 30 Female (3-Tier configuration)
Shared	40	Housekeeping Closet	NA	~	30	1	30	
Exterior	41	Covered Lanai	NA	~	**TBD**	**2**		1 Smoking, 1 Non-Smoking
	42	Covered Loading Stall	NA	~				**Not required**
	43	Outdoor Recreation	NA	~	**TBD**	**1**		**Provide controlled access to a secure outdoor recreation area for use only by patients on the High-Risk Unit**
		Total Net SF (NSF) per Typical 24-Bed Patient Care Unit					**10,194**	
		Estimated Total Gross SF = 1.8 x Total NSF					**18,349**	

Footnotes:

1. **The New Goddard Patient Care Facility will have one 24-bed High-Risk Patient Care Unit. High-Risk patients will not use the Rehab Mall.**
2. **Program similar to a Typical 24-bed Patient Care Unit, except each Patient Bedroom has its own Toilet / Shower. Additional program modifications may be required - this should be addressed during the detailed planning phase.**
3. **Co-locate these functions in an area that has controlled access (i.e. an "offstage"area not available to patients)**

3.6 SPACE PROGRAM: REHAB MALL[1]

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Dept.		Space Name	Existing[2] Total NSF	Proposed Occ.	Proposed NSF	Proposed No.	Proposed Total NSF	Remarks
Operations Center	1	Office	228	1	120	**1**	**120**	**Reduced from 2 offices.** Overlooking Mall area.
	2	Open Work Stations	283	**3**	60	1	**180**	**Reduced from 5 workstations.** Overlooking Mall area.
	3	Copy Room	170	1	100	1	100	
Rehab Therapy	4	Chart Work Area	NA	**12**	15	1	**180**	**Reduced from 15 occupants. Two** conference tables for **10 -12** visiting staff.
	5	Chart Work Room	NA	**6**	40	1	**240**	Chart space for each 24-bed nursing unit **(six total).**
	6	**Classroom[3]**	NA	**24**	**480**	**4**	**1,920**	**One classroom per 24-bed nursing unit. Excludes Intake Unit (has dedicated Rehab Mall) and High-Risk Unit (patients don't go to Rehab Mall). See Footnote 3.**
	7	Classroom	NA	~	300	**0**	**0**	**Delete from Phase 1. Additional Classrooms will be provided in Phase 2.**
	8	Interview / Treatment Planning	378	~	100	**3**	**300**	**Reduced from 4 rooms**
	9	Restraint Bays	218	**2**	80	1	**160**	**Reduced from 3 bays to 2 bays.** One room w/ solid partitions forming bays.
	10	Restraint Ante Room	71	~	80	1	80	With small storage closet for equipment.
	11	Quiet Room / Interview	75	~	100	1	100	
	12	Timeout Room	130	~	100	1	100	Single violent patient, provide vision panels.
	13	Refusal Room	228	~	120	**1**	**120**	**Reduced from 2 rooms to 1 room.** Multiple non-violent patients, provide vision panels.
	14	Med Room	105	~	120	1	120	
	15	Sick Bay	150	**2**	80	1	**160**	**Reduced from 3 bays to 2 bays.** One room w/ solid partitions forming bays.
	16	Sick Call Exam Room	127	~	**120**	1	**120**	**Reduced from 140 NSF**

3.6 SPACE PROGRAM: REHAB MALL[1]

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Dept.		Space Name	Existing[2] Total NSF	Proposed Occ.	Proposed NSF	Proposed No.	Proposed Total NSF	Remarks
Occupational Therapy	17	Office - Director	149	1	**120**	1	**120**	**Reduced from 150 NSF**
	18	Office - Secretary	136	2	60	1	120	Shared
	19	Office - Music Therapist	130	~	200	1	200	Adjacent to Auditorium. Includes ~~some~~ **instrument** storage.
	20	Office - Occupational Therapists	561	2	60	**2**	**240**	**Reduced from 4 offices.** Shared.
	21	Conference / Lounge	242	~	**150**	1	**150**	**Reduced from 240 NSF**
	22	Auditorium	1,344	140	10	1	1,400	Sub-dividable **(may be difficult to sub-divide an auditorium with a stage)**
	23	Stage (in Auditorium)	546	~	**500**	1	**500**	**Reduced from 550 NSF**
	24	Storage	475	~	100	**3**	**300**	**Reduced from 5 rooms to 3 rooms**
	25	Greenhouse	NA	~	**400**	1	**400**	**Reduced from 450 NSF**
	26	Auto Detailing Garage	NA	~	**600**	1	**600**	**Reduce from 4 stalls to 2 stalls - can add more stalls in Phase 2. Includes office.**
	27	Storage	NA	~	100	1	100	**Storage for Garage and Greenhouse**
	28	Grounds Care Shop	2,000	~	**800**	1	**800**	**Reduced from 1,100 NSF. Includes office.**
	29	Patient Incentive Program Store	342	~	**250**	1	**250**	**Reduced from 400 NSF**
	30	Storage	128	~	100	1	100	
	31	Office	158	**1**	60	1	**60**	**Reduced to one office staff**
	32	Print Shop	226	~	**180**	1	**180**	**Reduced from 240. Capacity = 8-10 patients**
	33	Sheltered Workshop	730	~	**450**	1	**450**	**Capacity = 20-25 persons. Reduced from 730 NSF.**
	34	Patient Computer Lab	236	~	**160**	1	**160**	**Reduced from 240. Capacity = 8-10 patients.**
	35	Patient Library	362	~	**250**	1	**250**	**Reduced from 350 NSF.** At perimeter, accessible after Mall hours.
	36	Internet Café	168	~	**125**	1	**125**	**Reduced from 170 NSF.** At perimeter, accessible after Mall hours.
	37	Classroom - Laundromat	249	~	350	**0**	**0**	**Deleted: Every Patient Unit has a dedicated Laundromat.**

3.6 SPACE PROGRAM: REHAB MALL[1]

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Dept.		Space Name	Existing[2] Total NSF	Proposed Occ.	Proposed NSF	Proposed No.	Proposed Total NSF	Remarks
Occupational Therapy	38	**Classroom - Adult Literacy[3]**	470	~	**300**	1	**300**	**Capacity = 15-20 patients. See Footnote 3.**
	39	Adult Literacy Resource Room	153	~	**100**	1	**100**	**Reduced from 150 NSF**
	40	Adult Literacy Offices	294	2	60	**1**	**120**	**Reduced from 2 offices to 1 office.**
	41	Classroom - Kitchen	205	~	**150**	1	**150**	**Reduced from 300 NSF. Capacity = 5 patients plus staff. Adjacent to Dining CR.**
	42	Classroom - Dining	254	~	**120**	1	**120**	**Capacity = 8 persons (5 patients, 3 staff). Adjacent to Kitchen CR.**
	43	Classroom - Art	509	~	500	1	500	
	44	Kiln	99	~	100	1	100	**Adjacent to Art Classroom**
	45	**Classroom - Various Programs[3]**	615	~	**400**	1	**400**	**Reduced from 615 NSF. Capacity = 20-25 patients. See Footnote 3.**
Recreational Therapy	46	Office - Director	131	~	**120**	1	**120**	**Reduced from 150 NSF**
	47	Office - Recreational Therapists	700	2	60	**3**	**360**	**Reduced from 5 offices to 3 offices**
	48	**RT** Staff Shower - **Female**	25	~	65	1	65	**Combine female RT staff toilet, shower and lockers in one room. Locate adjacent to gymnasium.**
	49	**RT** Staff Toilet - **Female**	66	~	**60**	1	**60**	
	50	**RT** Staff Lockers - **Female**	144	~	100	**1**	100	
	51	**RT Staff Shower - Male**	NA	~	**65**	**1**	**65**	**Combine male RT staff toilet, shower and lockers in one room. Locate adjacent to gymnasium.**
	52	**RT Staff Toilet - Male**	NA	~	**60**	**1**	**60**	
	53	**RT Staff Lockers - Male**	NA	~	**100**	**1**	**100**	
	54	Large Gymnasium	7,196	~	6,000	1	6,000	**Sized for 50' x 90' basketball court**
	55	Small Gymnasium	NA	~	3,200	**0**	**0**	**Defer to later phase.** Adjacent to large
	56	Weight Room	304	~	**200**	1	**200**	**Reduced from 300 NSF.** Adjacent to gyms.
	57	RT Clinic	559	~	0		0	
	58	**RT Equipment** Storage	115	~	**125**	1	**125**	**Reduced from 200 NSF**
Dining	59	**Dining Room**	NA	**120**	**15**	**1**	**1,800**	**Capacity = 96 patients plus 24 staff**
	60	**Serving Kitchen**	NA	~	**500**	**1**	**500**	**Food will be prepared in the existing Kitchen**

3.6 SPACE PROGRAM: REHAB MALL[1]

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Bold red text: Indicates information that was revised or added during the 2015 Master Plan Update process.

Dept.		Space Name	Existing[2] Total NSF	Proposed Occ.	Proposed NSF	Proposed No.	Proposed Total NSF	Remarks
Legal	61	Video Courtroom	NA	25	500	1	500	Finishes, furniture and equipment similar to a typical small courtroom
Patient Restrooms	62	Female Patient Restroom	NA	48	215	1	215	Centrally located restroom for all female patients. Provide fixture count per UPC for 48 females (1/2 of 96 max. patients in Phase 1 Rehab Mall)
Patient Restrooms	63	Male Patient Restroom	NA	48	215	1	215	Centrally located restoom for all male patients. Provide fixture count per UPC for 48 males (1/2 of 96 max. patients in Phase 1 Rehab Mall)
Staff Restrooms	64	Female Rehab Therapy and OT Staff Restroom	NA	24	160	1	160	Centrally located restroom for female staff (except Recreational Therapy). Provide fixture count per UPC for 24 female staff.
Staff Restrooms	65	Male Rehab Therapy and OT Staff Restroom	NA	24	160	1	160	Centrally located restroom for male staff (except Recreational Therapy). Provide fixture count per UPC for 24 male staff.
Shared	66	Housekeeping Closet	NA	-	60	1	60	Centrally located
		Total	22,184		Total Net SF (NSF)		23,160	
					Estimated Total GSF = 1.8 x Total NSF		41,688	

Footnotes:

1. **This Rehab Mall will only serve the patients in the new 144-bed Patient Care Facility.**
2. The existing Rehab Mall functions are located in Buildings A, B, C, K, Cooke, and the Garden. **After the New Goddard Patient Care Facility is completed the existing Rehab Mall functions will continue to serve the lower risk patients that will be housed in Buildings E, F, H, and I.**
3. **Ideally all general purpose classrooms (shaded gray) should be co-located to facilitate sharing by Rehab Therapy, Occupational Therapy, and Recreational Therapy.**

4.0 NEW GODDARD PATIENT CARE FACILITY – CONCEPTUAL DESIGN

4.1 Introduction

The conceptual design of the 144-Bed Goddard Patient Care Facility is based on The Colorado Mental Health Institute in Pueblo, Colorado. Its unique architectural form promotes intensive treatment, patient privacy, and high security. The new facility includes six, 24-bed Patient Care Units and a dedicated Rehab Mall. Each patient has three wings – each with eight private bedrooms and a shared shower room. With the exception of the Hardened Patient Care Unit (see 4.4), two patient bedrooms share a toilet room. Each patient care unit includes three seclusion rooms, located within a secure, separate area. Each patient care unit also includes areas for socialization, consultation, and treatment. A nourishment kitchen and patient laundry are provided on each unit. The patient unit configuration promotes safety by providing direct, line of sight observation of each corridor from a centralized nurse station. Rooms that are not visible from the nurse station, such as staff support services, are located in controlled access, "off stage" areas. Most rooms will also be video monitored.

The Preliminary Parking Study (Appendix 5.3) estimates that 272 additional parking spaces will be needed on the Hospital campus to support the 144-Bed Goddard Patient Care Facility. Approximately 98 of the additional spaces are located adjacent to the new facility (see Site Plan, P. 4-4). Potential locations for the remaining 174 spaces are indicated on the Planning Zones drawing (see P. 2-15).

4.2 Site Plan

The Site Plan (see P. 4-4) shows that the new Goddard Patient Care Facility will be strategically located within the footprint of the existing Goddard building. This location for the new facility allows Guensberg to remain operational during construction. The road that loops around the existing Goddard building will be re-constructed. Patients and visitors will enter the First Floor through a sally port located on the Mauka side of the facility. The service entrance and loading dock are located on the Ground Floor on the Makai side of the facility. Approximately 98 parking spaces are located adjacent to the new facility. A pedestrian bridge and stair/elevator tower will link the new Goddard Patient Care facility to the central campus, which is approximately 25' lower in elevation..

Exh. B - 059

4.0 NEW GODDARD PATIENT CARE FACILITY – CONCEPTUAL DESIGN

4.3 Ground Floor Plan

The Rehab Mall on the Ground Floor (see P. 4-5) provides spaces for Rehabilitation Therapy, Occupational Therapy, and Recreational Therapy. A centrally-located Operations Center will oversee and control patient activities on the Ground Floor. Patients will typically spend a good part of each day on this floor so a Dining Room is also provided. Courtyards and a recreational yard provide opportunities for outdoor activities, and bring daylight into interior areas.

A secure perimeter will separate the facility support functions (loading dock, materials management, storage, central plant) on the northwest side of the Ground Floor from the Rehab Mall.

4.4 First Floor Plan

The First Floor of the new Goddard Patient Care Facility (see P. 4-6) includes the main patient and visitor entrance. A bank of elevators and a stair adjacent to the main entrance facilitates connections to the Ground Floor below, and the Second, and Third Floors above. The First Floor includes two patient care units:

- Most patients will be admitted to the 24-Bed Admissions Patient Care Unit, and will stay there during their initial evaluation period. The Acute Rehab Mall located in the center of the First Floor will be used by the patients on this unit. Except for the addition of the Acute Rehab Mall, the design of this unit is similar to a 24-Bed Typical Patient Care Unit.
- The other unit on the First Floor is a 24-Bed Hardened Patient Care Unit. This unit was added during the *2015 Master Plan Update* process and is intended to house patients who present an extremely high-risk of adverse behavior. The patient rooms in this unit will not share a toilet room – each room will have its own toilet, lavatory, and shower.

Portions of the Ground Floor roof that extend beyond the perimeter of the First Floor create private, secure outdoor recreational yards.

4.0 NEW GODDARD PATIENT CARE FACILITY – CONCEPTUAL DESIGN

4.5 Second Floor Plan

The Second Floor (see P. 4-7) includes two, 24-Bed Typical Patient Care Units. One of the units will be modified to provide care for patients with medical issues. The details of those modifications (medical gases, medical equipment, etc.) will be determined during the future design phases. However, it is important to note that the design of the "medical" patient care unit should be as close as possible to the design of a typical patient care unit. This approach will allow the medical unit to be used by other patients when the census of sick patients is low.

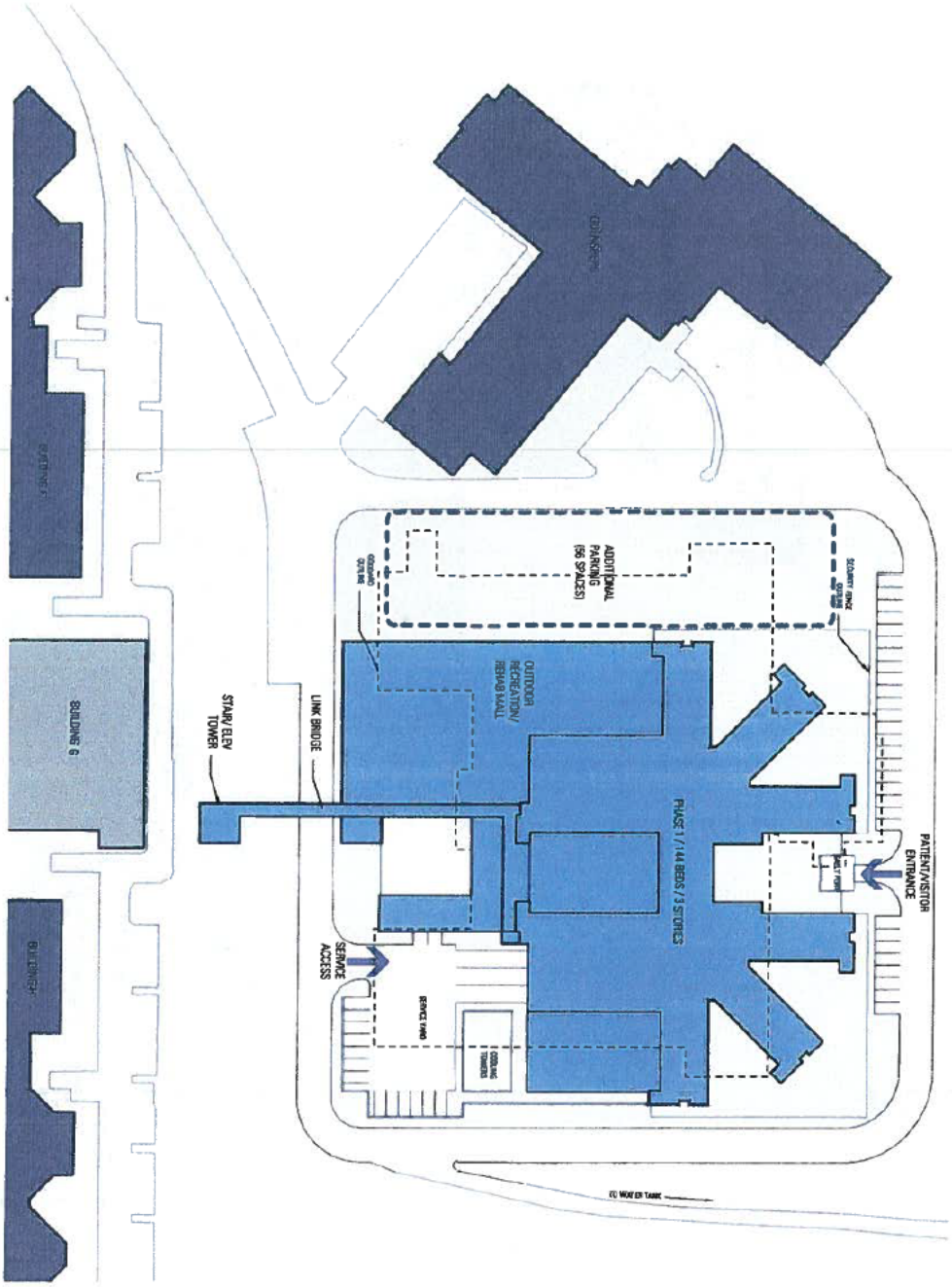
4.6 Third Floor Plan

The Third Floor (see P. 4-8) includes two, 24-Bed Typical Patient Care Units.

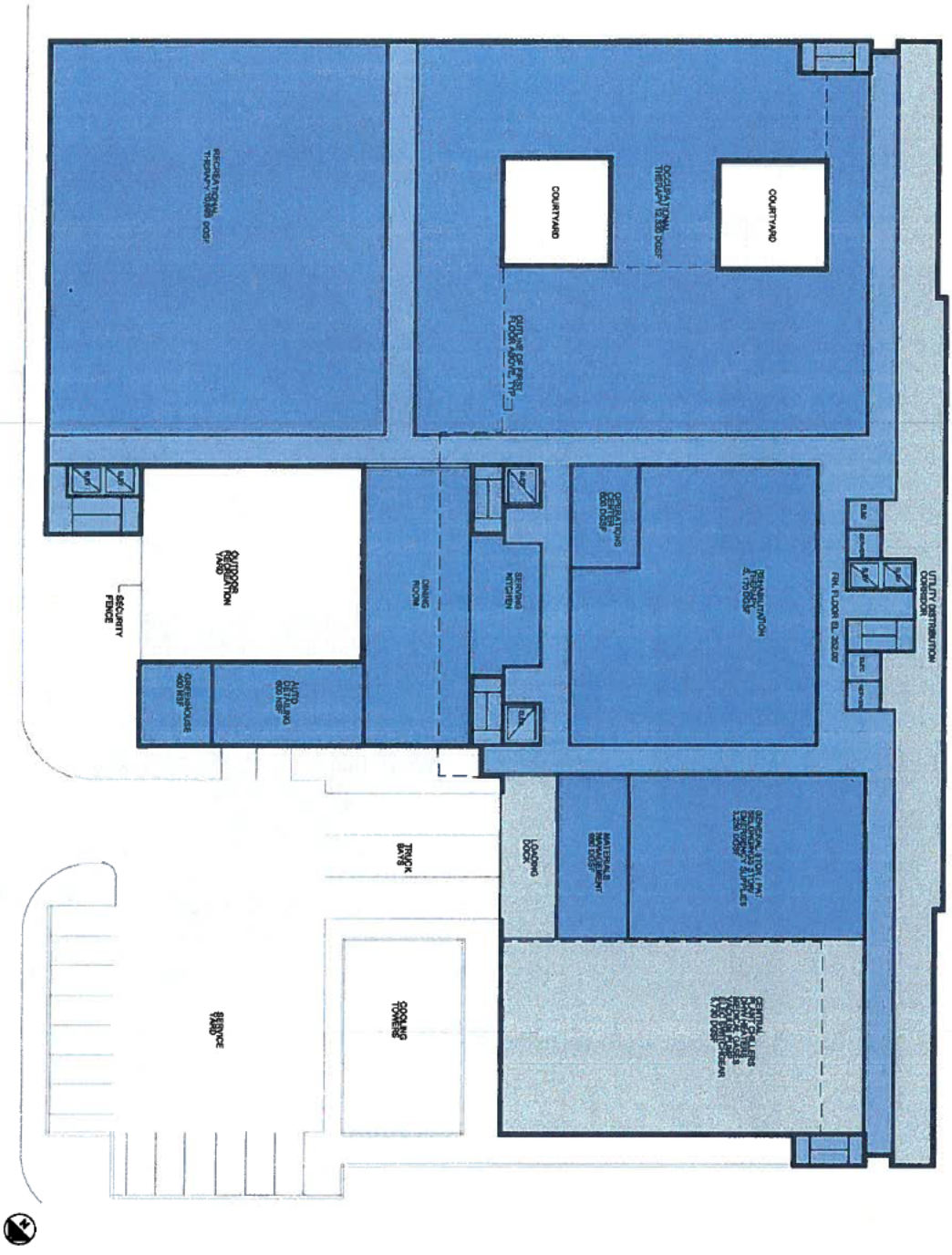
4.7 Building Section

The Building Section (see P. 4-9) illustrates how the design of the new Goddard Patient Care Facility adapts to the existing topographic conditions. The four-story structure is built into the sloping site in order to reduce its apparent height and volume. Because of the elevation change the Makai side of the Ground Floor is mostly above grade, giving it access to natural daylight. The Building Section also illustrates the pedestrian bridge and elevators that are required because of the elevation difference (25' +/-) between the upper campus and the central campus.

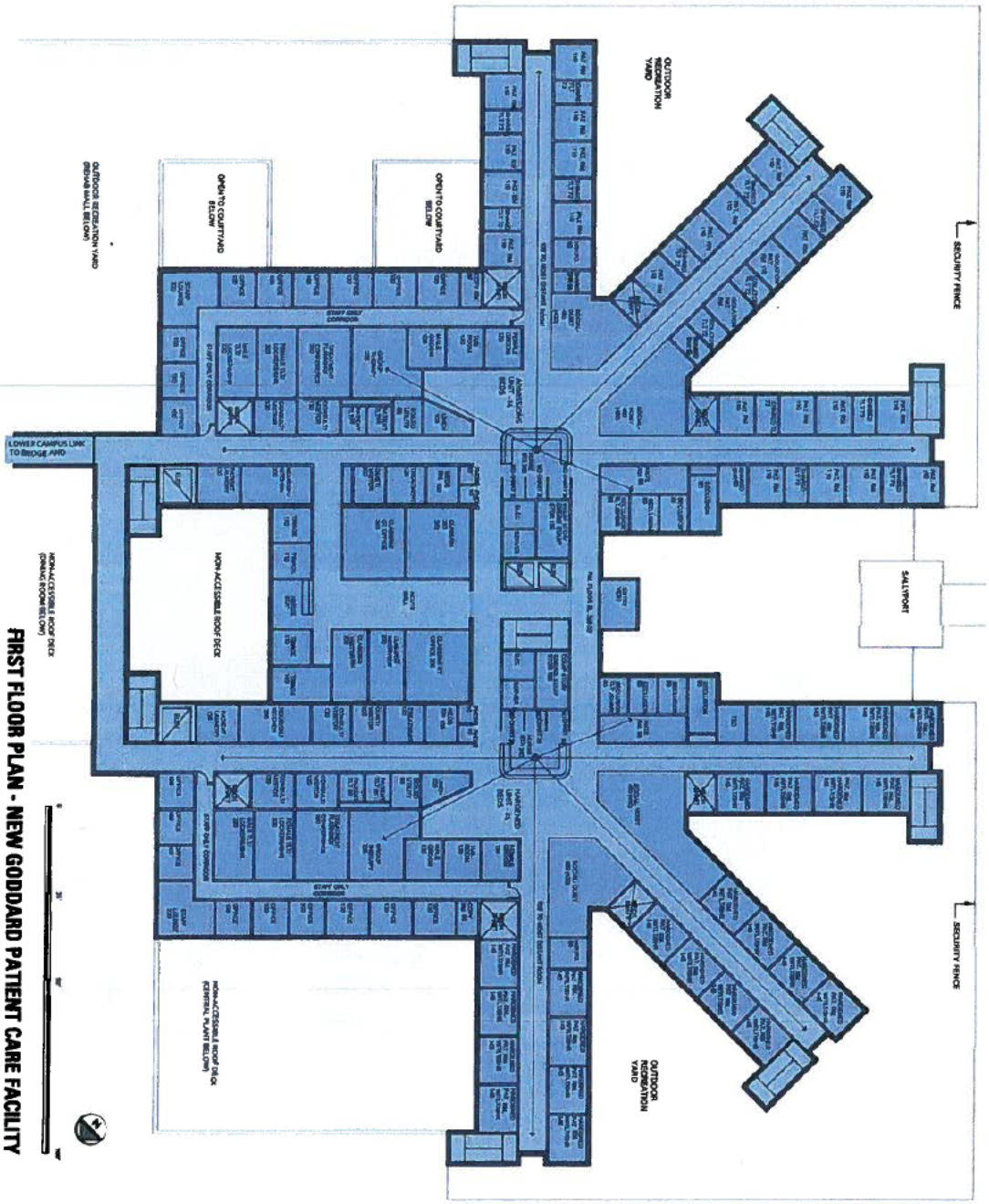
Three floors of patient care units are required in order to get the desired capacity (144 beds) on the Goddard site. This results in a building that exceeds the 25' AG-2 zoning height limit. This issue will need to be addressed during the future Plan Review Use (PRU) Permit process.



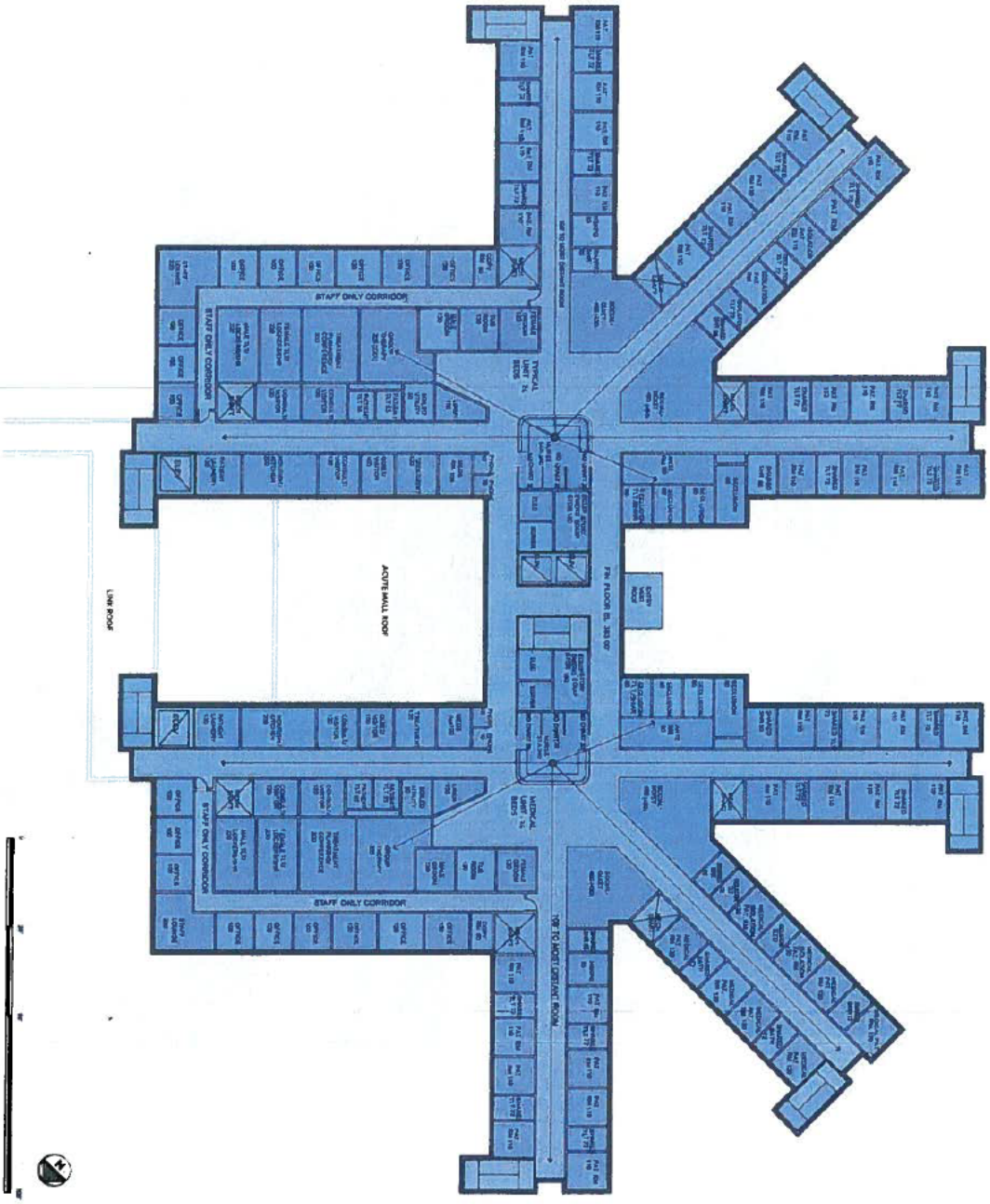
SITE PLAN - NEW GODDARD PATIENT CARE FACILITY



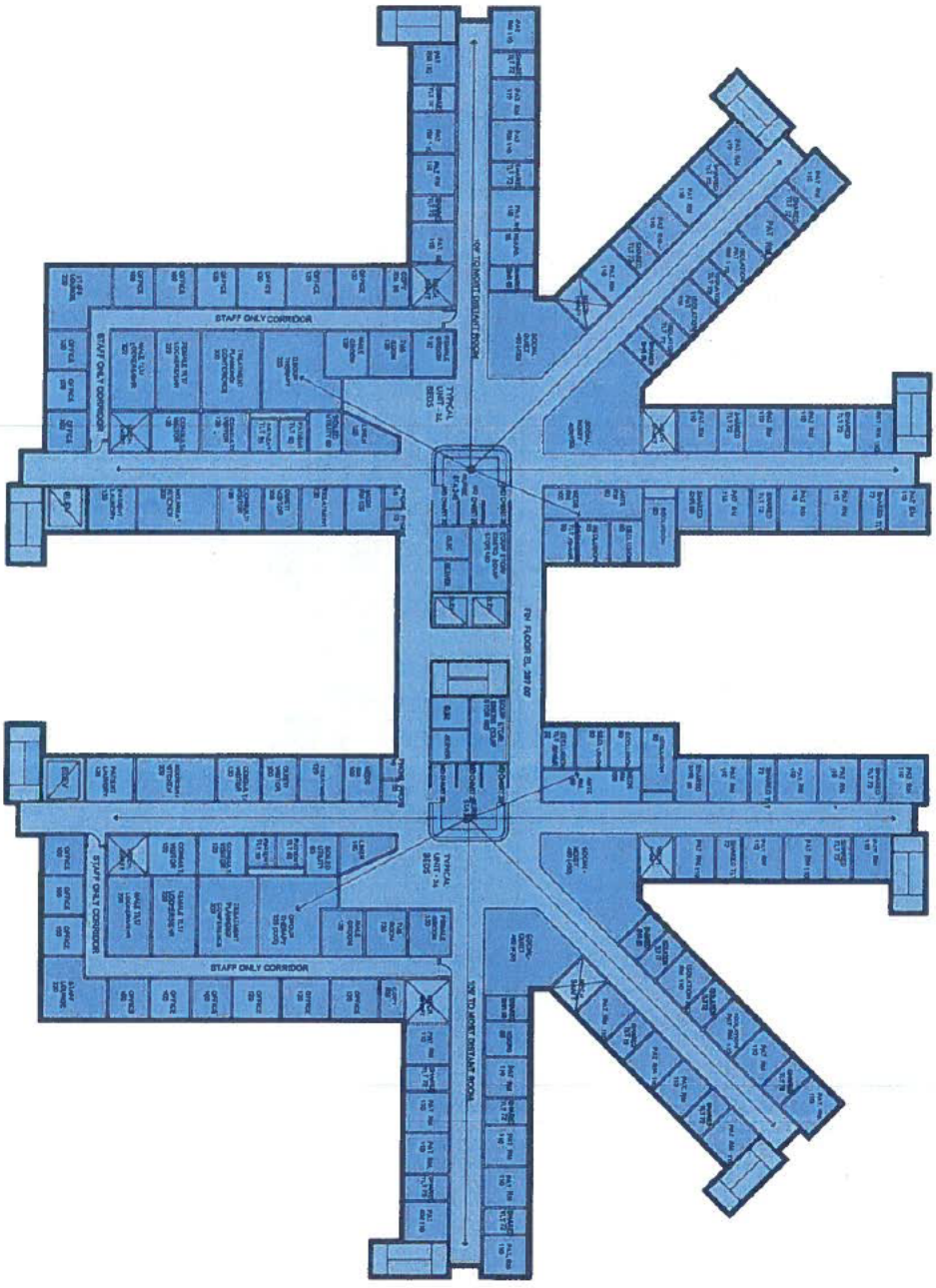
GROUND FLOOR PLAN - NEW GODDARD PATIENT CARE FACILITY
59,600 GSF



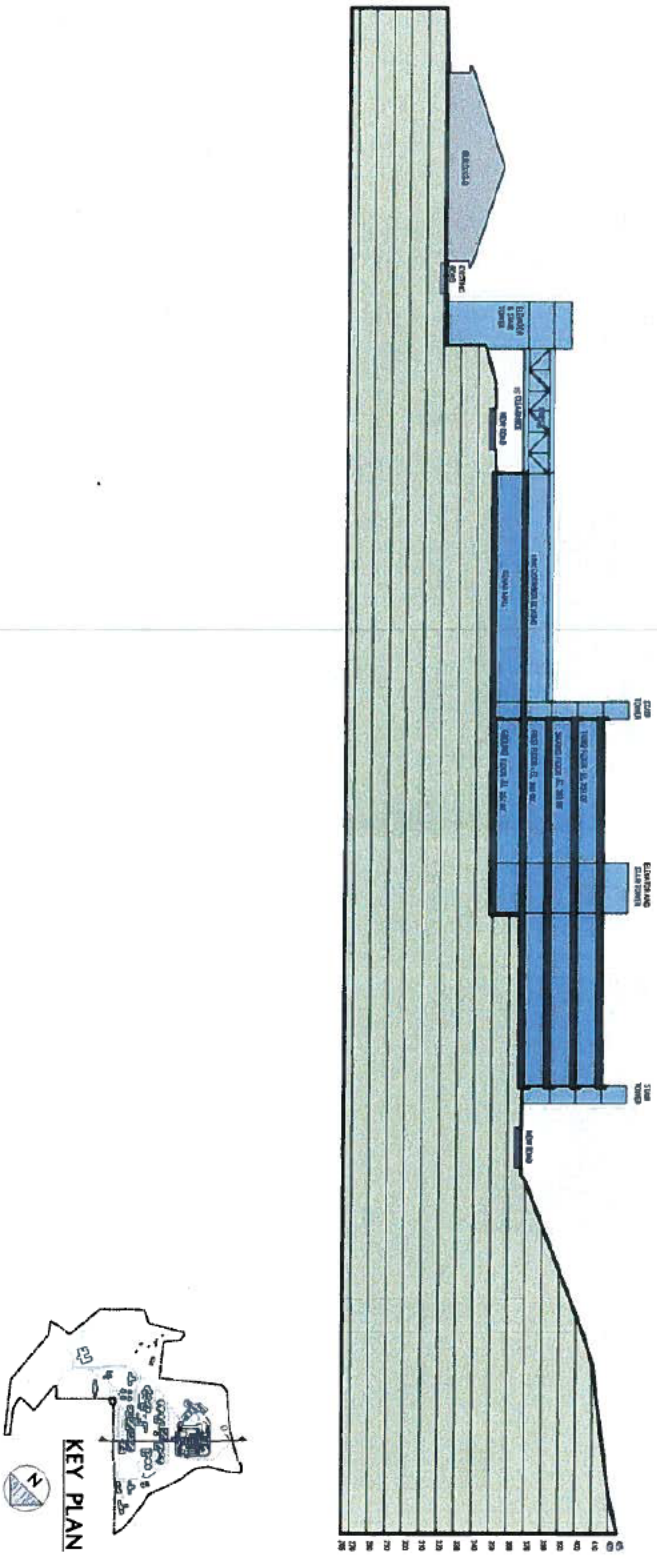
FIRST FLOOR PLAN - NEW GODDARD PATIENT CARE FACILITY
41,770 GSF



SECOND FLOOR PLAN - NEW GODDARD PATIENT CARE FACILITY
37,400 GSF



THIRD FLOOR PLAN - NEW GODDARD PATIENT CARE FACILITY
37,400 GSF



KEY PLAN

BUILDING SECTION - NEW GODDARD PATIENT CARE FACILITY

5.1 Foundational Document

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

September 17, 2014

Foundational Document used by DAGS in estimating hospital capacity requirements.

TO: The Honorable Dean H. Seki
Comptroller
Department of Accounting and General Services

FROM: Linda Rosen, M.D., M.P.H. Linda Rosen MD MPH
Director of Health

SUBJECT: Estimating Capacity Requirements for Hawaii State Hospital (HSH) Master Plan Activities

Please use the attached as foundational documents in estimating the capacity requirements for inpatient programs for the HSH Master Plan activities.

As we learn of other source materials, we will make these available to you.

If you have any questions, please call Mark A. Fridovich, Ph.D., M.P.A, Administrator, Adult Mental Health Division (AMHD) at 586-4770.

Thank you.

Attachment

Foundational Document used by DAGS in estimating hospital capacity requirements.

Why does Hawaii have to have a State Hospital?

There are two main reasons –
1. To provide for the inpatient clinical (mental health or psychiatric) treatment of individuals (adults and children) where there is no other willing provider (state functions as treatment provider of last resort). This is similar to the State's role with respect to HHSC.

2. To receive court ordered forensic commitments of individuals ordered into the custody of the Director of Health.

Although there is some degree of overlap of these two reasons, during Fiscal 2012 HSH received only forensic commitments; no civil admissions occurred.

The Director of Health has the authority to designate another place, via the contracting process, to receive and treat these patients. The DOH assessment is that there is little, if any, additional available inpatient capacity for purchase and there does not appear to be other providers willing to assume the clinical responsibility and liability for providing these services. Other suitable facilities would have to provide forensic services including access to courts, defense attorneys, forensic examiners, specialized programming to address the legal issues, and community reintegration opportunities, must be accredited and licensed, have the ability to integrate mental and physical health treatment, meet applicable forensic requirements (e.g. custody), and be able to deliver services consistent with state and federal law.

If Hawaii has to provide inpatient hospital services – What is the right number of beds?

There is a relationship between state operated or funded inpatient beds that is approximately inverse to the availability of community inpatient psychiatric beds. In other words, to the degree more inpatient and other levels of care are available in community placements, there is lower demand for state operated inpatient placements; when less community capacity is available, the demand for state placements increases. During the course of FY 2012, a number of individuals were committed to HSH who have acute medical or long term care needs; they were committed to HSH because there was no other available place to provide for their physical health or long term care in the community. The utilization of capacity at the HSH is diminished when there is availability and willingness of other inpatient and long term care settings to admit these individuals. In the absence of adequate community capacity, demand for state hospital beds is higher.

The question has been raised as to whether Hawaii has an adequate number of inpatient beds. The State Health Planning and Development Agency (SHPDA) reported (attachment 5) that Hawaii has 16 % fewer acute beds than the US average (2.3 per 1000 for Hawaii, compared to 2.7 per 1000 nationally). This report was completed before the bankruptcy and closure of Hawaii Medical Center in January 2012.

The question has also been raised as to whether Hawaii has an adequate number of long term care beds. According to a 2006 SHPDA report (attachment 5) Hawaii ranks 48th among the states in number of long term care beds. Both HSH and Healthcare Association of Hawaii (HAH) members report discharge delays due to lack of available bed for the placement of individuals in acute hospitals who require long term care; it is known that a number of admissions to HSH are related to the limited availability of long term care.

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Is there truly inadequate capacity at HSH? If it is crowded and over census, does that mean there are too few beds?

The observation that many people currently in HSH do not require an inpatient level of care doesn't necessarily mean that Hawaii has enough inpatient capacity. It is possible there is a number of potential patients who are not currently referred (for instance, because HSH does not take civil admits or civil transfers) who would be appropriate candidates for transfer if HSH had space available for civil patients who would be more effectively treated there than in community facilities.

What is the optimal size for the State Hospital for Psychiatric Services?

A number of authors have proposed benchmarks to be used in calculating the appropriate amount of public sector, inpatient psychiatric capacity needed for state operated hospitals. These benchmarks range from 14 (beds)/100,000 adult population to 50/100,000. Some benchmarks are empirical; for example, these represent the average of current capacity found across the United States. Some benchmarks make explicit assumptions about potentially offsetting factors (e.g. publicly financed inpatient treatment available in private, private not for profit, or community hospitals; numbers of individuals with severe mental illnesses in jails) and others do not. Drawing conclusions based upon these benchmarks without a clear understanding of the assumptions may lead to incorrect assessments of needed capacity. This report is primarily intended to describe a method for calculating the "optimal" size of the public sector provided inpatient capacity. The scope of the SAT is for Hawaii's adult population, although the methods may be useful in estimating the optimal size of public sector capacity needed for children and adolescents.

Definitions

Optimal size – the level above or below which some significant over utilization, underutilization, or other cost is incurred. The costs incurred could be calculated (cost difference between a hospital and community residential bed) or estimated (e.g. increased probability of a negative outcome associated with inability to hospitalize a person, quantifying risk).

Factors

Population factors (i.e., the higher number of adults at risk of admission, the higher the number of beds needed at the optimal level). This is relatively straightforward to measure.

Socioeconomic Status (SES) adjustment to population (i.e., a lower SES is correlated with an increased risk of having a Severe and Persistent Mental Illness (SPMI), and a higher risk of hospitalization).

There is no reason to believe that prevalence of Serious Mental Illness, or SPMI, is any different in Hawaii than in the rest of the US, after adjusting for SES. There is no reason to believe that the individuals who require hospitalization at HSH present with fundamentally different assessment or treatment challenges than in the rest of the US.

Availability of private sector, community based inpatient services (i.e., a greater availability of community inpatient services is associated with a reduced need for public sector inpatient services).

Availability of private sector, community based outpatient services (i.e., a greater availability of community outpatient services is associated with a reduced need for public sector inpatient capacity).

Foundational Document used by DAGS in estimating hospital capacity requirements.

While HSH and state funded adult inpatient utilization is at or over capacity, private sector and HHSC adult inpatient psychiatric utilization is underutilized relative to available capacity. It is possible, or even likely, that a disproportionate responsibility for inpatient services to adults has been shifted to the state operated facility.

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Forecasting Hawaii State Hospital bed capacity

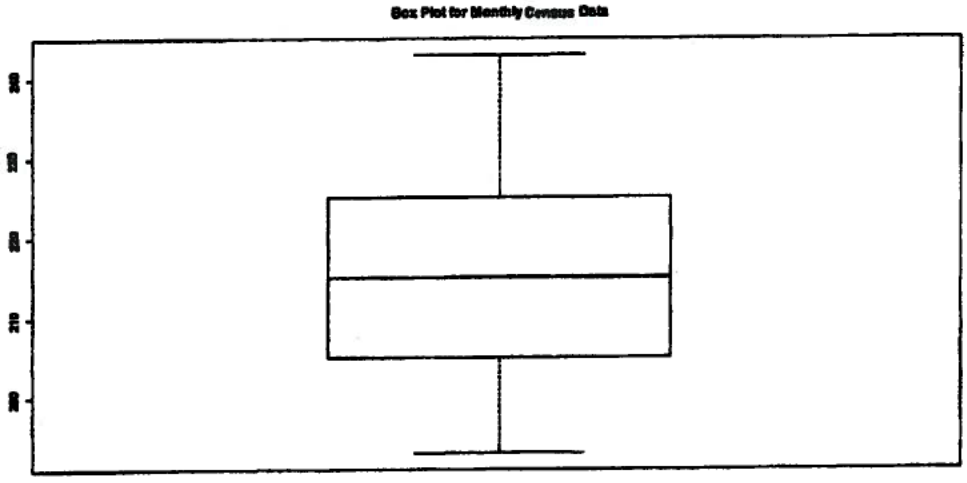
Partha Bolla
Utilization and Management Department
March 24, 2014

Introduction:

The data consist of monthly average census of patients from Hawaii State Hospital and Kahi-Mohala Behavioral Center. The final data available after formatting for analysis is from July 1, 2004 to January 1, 2014 for 115 months. For better understanding of the data, the results of the exploratory data analysis are presented below.

Table1: Descriptive Statistics Monthly Average Census	
Mean	215
Standard Error	1
Median	215
Mode	200
Standard Deviation	11.80
Range	50
Minimum	193
Maximum	243
Count	115

Figure 1:



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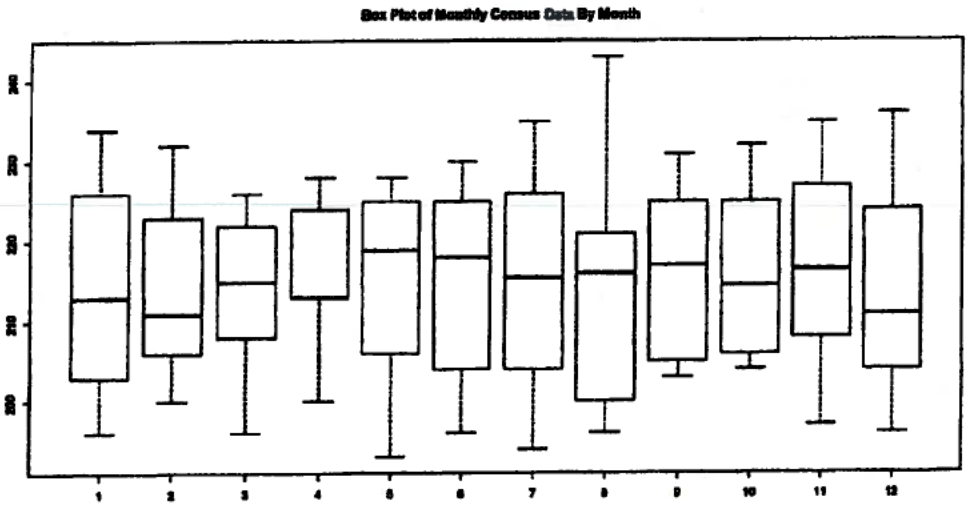
The presence of outliers can affect the estimate of the mean, trend or seasonality. From the Table1, The mean and median have same values, showing the symmetrical nature of the distribution. The values of standard Error, standard deviation, and range explain that the data have no any unusual values or outliers. Figure 1: Box Plot also did not show any outliers except the whisker on the top is slightly longer than the bottom one implying positive Skewness and this is not an issue and hence the data is set for analysis.

Figure 2:



The Box Plot in the Figure 2, comparing twelvemonths for average monthly census of patients, shows that there is significant variation within and between months in the data.

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Figure 3:

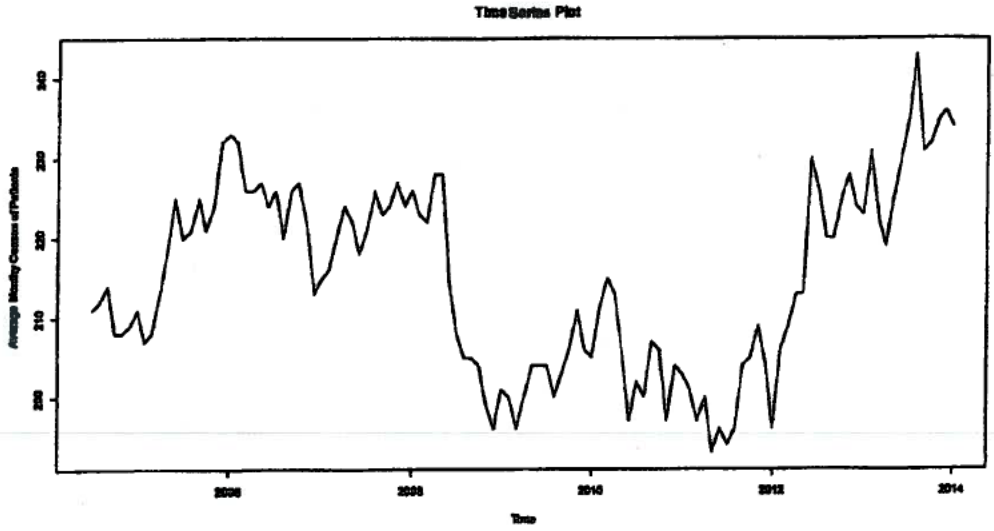
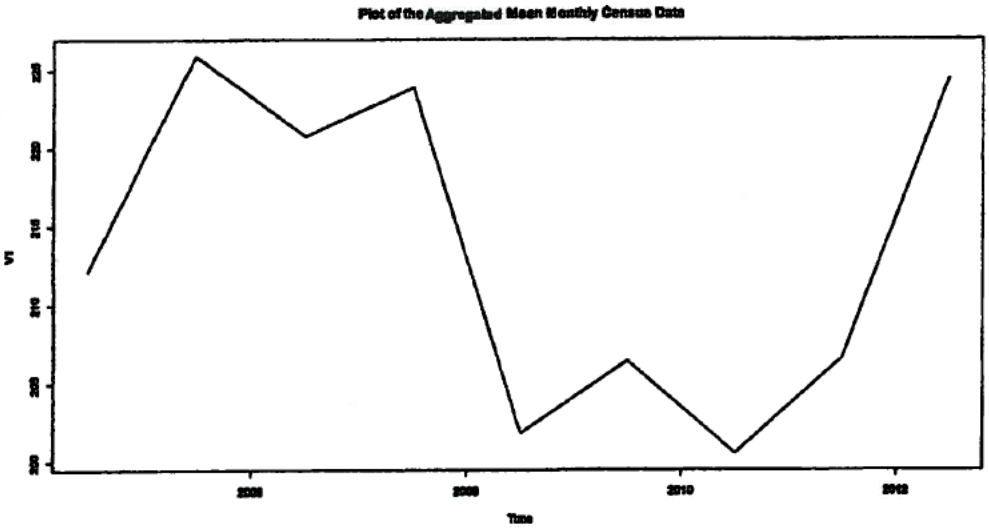


Figure 4:



Model: The goal is to extrapolate the bed capacity based on the historical data. The assumption was made that the future event would conform to the data now available. The accuracy of extrapolation is affected by two major conditions: the accuracy of the historical data and the extent to which underlying conditions will change in the future.

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It can be seen from the time plot (Figure 3) that this time series does not show any seasonality but it does consist of a trend component and an irregular component. It is again explained from the aggregate mean monthly plot (Figure 4) that the time series is neither stationary nor seasonal but shows irregular and trend features. That is the time series can be described as using an additive model with increasing trend and no seasonality. Holt's exponential smoothing can be used to make short-term forecasts for the data that have trend and fluctuations.

Holt's exponential smoothing estimates the level and slope at the current time point. Smoothing is controlled by two parameters, alpha, for the estimate of the level at the current time point, and beta for the estimate of the slope b of the trend component at current time point. The parameter alpha and beta have values between 0 and 1, and values that are close to 0 mean that little weight is placed on the most recent observations when making forecast of future values. HoltWinters () function in R was used to make forecasts and to fit a predictive model. The results of the model are discussed below.

Result 1: Holt-Winters exponential smoothing with trend and without seasonal component.
HoltWinters(x = census2ts, gamma = FALSE)
Smoothing parameters:
Alpha: 0.9382056
Beta: 0.01047498
Gamma: FALSE
Coefficients:
a 234.1545781
b 0.5151713
Sum of squares of the errors of the model
[1] 2797.408

The estimated value of alpha is 0.938 very high, explains that the current value of level is based mostly upon very recent observations in the time series. The estimated value of beta parameter is 0.011, explains that the slope of the trend component forecasts are based on both recent and less recent observations (although somewhat more weight is placed on recent observations). This makes good intuitive sense, since the level changes a lot compared to slope over time. The value of the sum-of-squared-errors for the in-sample forecast errors is 2797.4.

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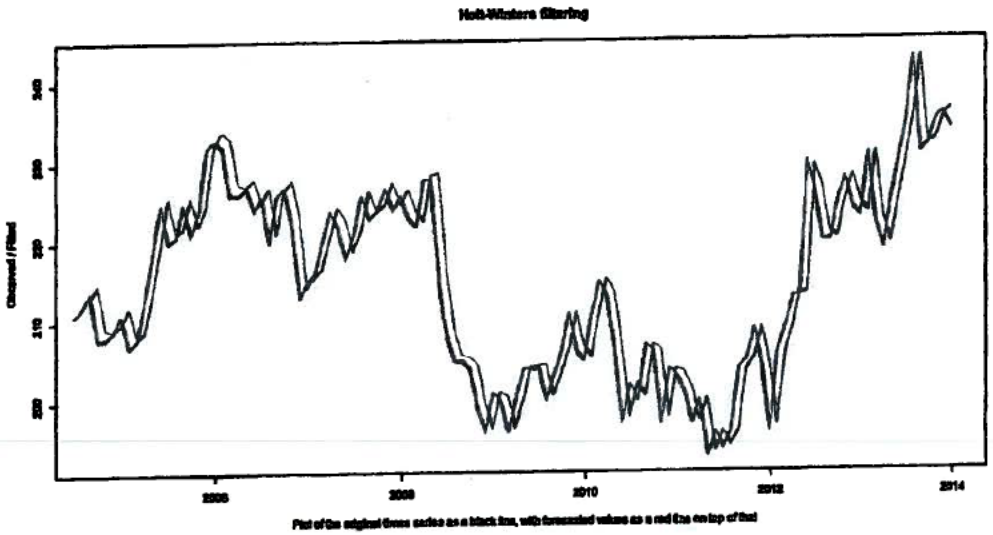
Figure 5:



In Figure 5, the plot of the original time series as a black line, with the forecasted values as a red line on top of that is drawn. It can be seen from the picture that the in-sample forecasts agree pretty well with the observed values, although they tend to lag behind the observed values a little bit.

As for simple exponential smoothing, forecasts are made for future times not covered by the original time series by using the "forecast.HoltWinters () function in R". For this monthly census, the data available for analysis is from July 2004 to January 2014, so the predictions are made for February 2014 to January 2019, i.e., for the next five years (60 more data points), and the forecast plot is given below.

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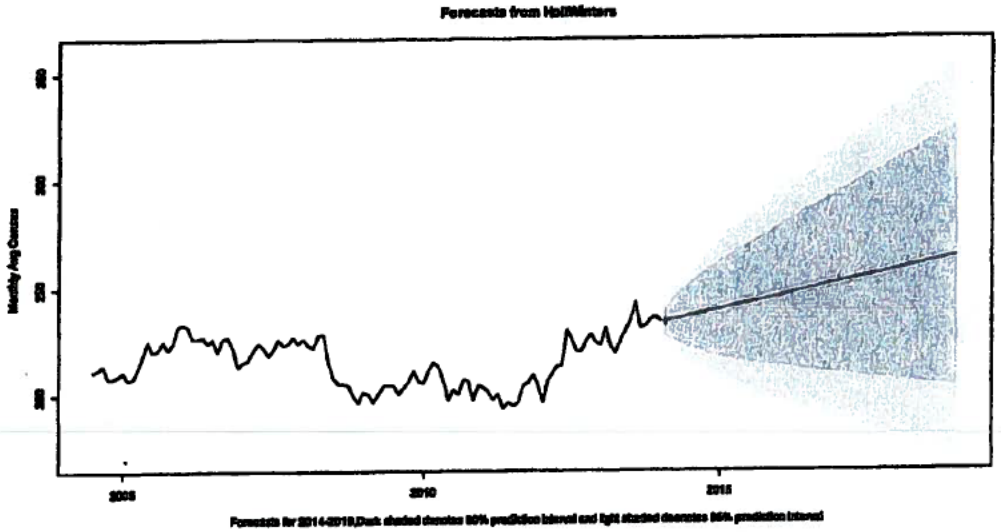
Figure 6:



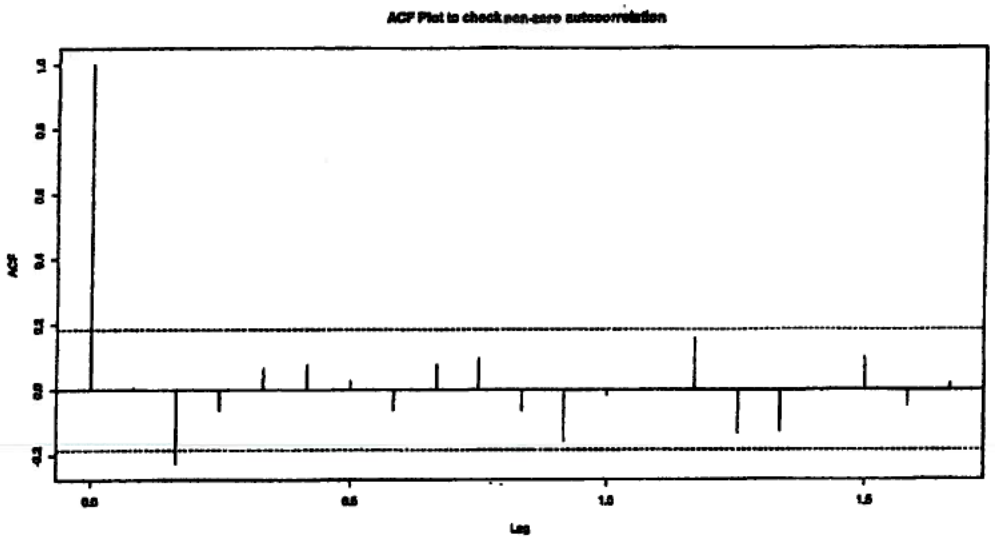
Forecast is done for five years with an 80% prediction interval, and a 95% prediction interval for the forecast. For example, the forecasted monthly average census for January 2015 is about 240 with a 95% prediction interval of (207, 274). The forecasted estimates of monthly average census for 60 months are given in the Table 2 at the end.

One measure of accuracy of the predictive model is the sum-of-squared-errors (SSE) for the in-sample forecast errors. The in-sample forecast errors are stored in the named element "residuals" of the list variable returned by "forcast.HoltWinters ()". If the predictive model cannot be improved upon, there should be no correlation between forecast errors for successive predictions. In other words, if there are correlations between forecast errors for successive predictions, it is likely that the Holt's exponential smoothing forecasts could be improved upon by another forecasting technique.

To figure out whether this is the case, Correlogram of the in-sample forecast errors for lags 1-20 is obtained and is given below.

Foundational Document used by DAGS in estimating hospital capacity requirements.

Figure 7:



In the Figure 7, the Correlogram shows that the sample autocorrelation for the in-sample forecast errors at lag 2 exceeds the significance bounds. However, it is expected that one in 20 of the autocorrelations for the first twenty lags to exceed the 95% significance bounds by chance alone. To test whether there is significant evidence for non-zero correlations at lags1-20, the Ljung-Box test was done and the results are given below:

Result 2:

Ljung-Box test

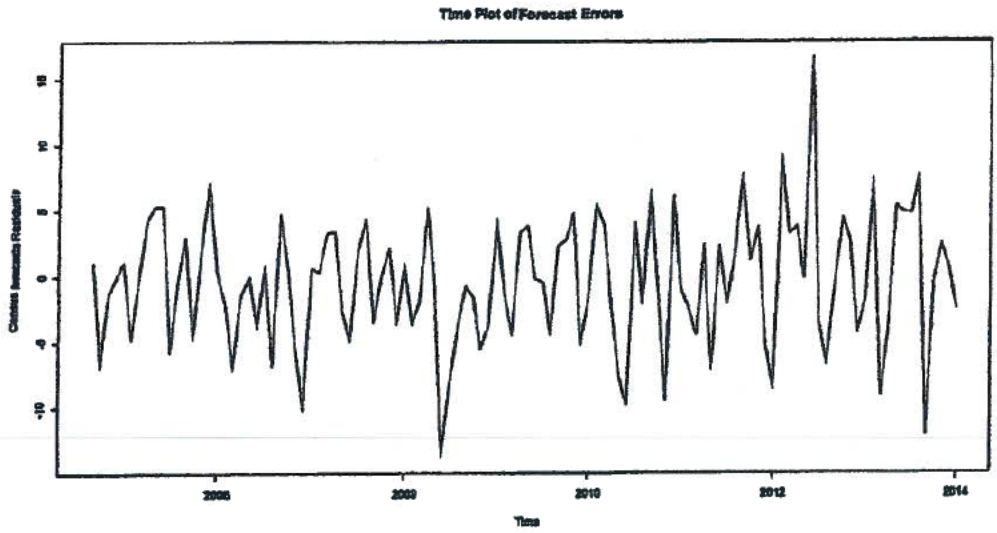
X-squared = 23.5536, df = 20, p-value = 0.2624

Here the Ljung-Box test statistics is 23.6 and the p-value is 0.2624, so there is little evidence of non-zero autocorrelations in the in-sample forecast errors at lags 1-20

To be sure that the predictive model cannot be improved upon, it is also a good idea to check whether the forecast errors are normally distributed with mean zero and constant variance. To check whether the forecast errors have constant variance, a time plot of the in-sample forecast errors is given below:

Foundational Document used by DAGS in estimating hospital capacity requirements.

Figure 8:

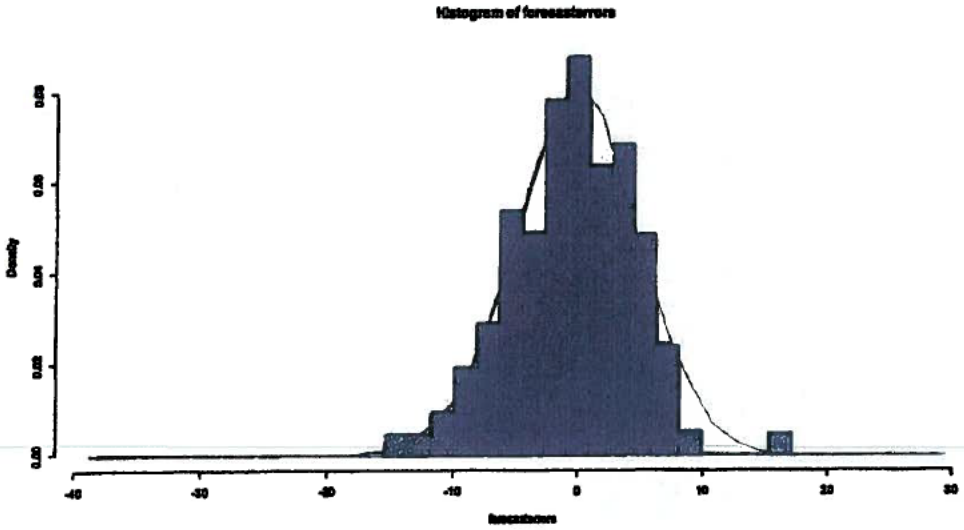


The plot shows that the in-sample forecast errors seem to have roughly constant variance over time.

To check whether the forecast errors are normally distributed with mean zero, a histogram of the forecast errors, with an overlaid normal curve that has mean zero and the same standard deviation as the distribution of forecast errors is plotted and is given below:

Foundational Document used by DAGS in estimating hospital capacity requirements.

Figure 9:



From the histogram of forecast errors, it seems plausible that the forecast errors are normally distributed with mean zero and constant variance.

Conclusion: It is observed that the ACF plot and Ljung-Box test show that there is little evidence of autocorrelations in the forecast errors, while the time plot of forecast errors and histogram of forecast errors show that it is plausible that the forecast errors are normally distributed with mean zero and constant variance. Therefore it could be concluded that Holt's exponential smoothing provides an adequate predictive model for monthly average census, which probably cannot be improved upon. Furthermore, the assumptions that the 80% and 95% predictions intervals were based upon (that there are no autocorrelations in the forecast errors, and the forecast errors are normally distributed wit mean zero and constant variance) are probably valid. These results show that the Monthly Average Census data appear to provide sufficient information for decisions regarding number of beds needed to Hawaii State Hospital.

Table 2:

Month	Point.Forecast	Lo.80	Hi.80	Lo.95	Hi.95
Feb-2014	235	228	241	225	244
Mar-2014	235	226	244	222	249
Apr-2014	236	225	246	219	252
May-2014	236	224	249	217	255
Jun-2014	237	223	251	216	258
Jul-2014	237	222	252	214	261

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Aug-2014	238	221	254	213	263
Sep-2014	238	221	256	211	265
Oct-2014	239	220	258	210	268
Nov-2014	239	219	259	209	270
Dec-2014	240	219	261	208	272
Jan-2015	240	218	262	207	274
Feb-2015	241	218	264	206	276
Mar-2015	241	217	265	205	278
Apr-2015	242	217	267	204	280
May-2015	242	216	268	203	282
Jun-2015	243	216	270	202	284
Jul-2015	243	216	271	201	286
Aug-2015	244	215	273	200	288
Sep-2015	244	215	274	199	290
Oct-2015	245	215	275	198	292
Nov-2015	245	214	277	198	293
Dec-2015	246	214	278	197	295
Jan-2016	247	214	280	196	297
Feb-2016	247	213	281	195	299
Mar-2016	248	213	282	195	301
Apr-2016	248	213	284	194	302
May-2016	249	212	285	193	304
Jun-2016	249	212	286	192	306
Jul-2016	250	212	288	192	308
Aug-2016	250	211	289	191	309
Sep-2016	251	211	290	190	311
Oct-2016	251	211	292	189	313
Nov-2016	252	211	293	189	315
Dec-2016	252	210	294	188	316
Jan-2017	253	210	295	187	318
Feb-2017	253	210	297	187	320
Mar-2017	254	209	298	186	321
Apr-2017	254	209	299	185	323
May-2017	255	209	301	185	325
Jun-2017	255	209	302	184	327
Jul-2017	256	208	303	183	328
Aug-2017	256	208	305	183	330
Sep-2017	257	208	306	182	332
Oct-2017	257	208	307	181	333
Nov-2017	258	207	308	181	335
Dec-2017	258	207	310	180	337
Jan-2018	259	207	311	179	339
Feb-2018	259	207	312	179	340
Mar-2018	260	206	314	178	342
Apr-2018	260	206	315	177	344
May-2018	261	206	316	177	345
Jun-2018	261	206	317	176	347

Foundational Document used by DAGS in estimating hospital capacity requirements.

Mar-2018	260	206	314	178	342
Apr-2018	260	206	315	177	344
May-2018	261	206	316	177	345
Jun-2018	261	206	317	176	347
Jul-2018	262	205	319	175	349
Aug-2018	262	205	320	175	350
Sep-2018	263	205	321	174	352
Oct-2018	264	205	323	173	354
Nov-2018	264	204	324	173	355
Dec-2018	265	204	325	172	357
Jan-2019	265	204	326	171	359

This page has been prepared by the Department of Accounting and General Services on August 25, 2015 for inclusion into the Hawaii State Hospital - 2015 Master Plan Update report.

The following conceptual construction cost estimate dated August 11, 2015, prepared by Rider Levett Bucknall (RLB) is preliminary. As the project moves through the planning and design phases, there will scope adjustments and additional requirements that are not evident at this early stage. Inflation and, possibly, an unfavorable bidding climate may escalate the cost of construction.

Therefore, a budget of **$153,000,000** in construction funds and **$7,500,000** in design funds are needed to complete this project. Total of **$160,500,000 in CIP bond funds.**

Construction budget for a 144 bed patient care facility with rehab mall, therapy spaces, offices, parking stalls, infrastructure improvements, site work, and related work (including cost escalation to midpoint of construction, contingency for bidding climate, contingency during construction, works of art assessment, utility charges, building commissioning services, DAGS consultant and staff support):

$126,000,000	RLB estimate dated August 11, 2015.
$ 13,000,000	10% for contingency and escalation to mid point of construction.
$ 7,000,000	Contingency during construction work (5%)
$ 1,600,000	Works of Art assessment (1%)
$ 3,000,000	Utility charges (2%)
$ 1,400,000	Building commissioning for energy efficiency (1%)
$ 1,000,000	DAGS support services
$153,000,000	**Construction total**
$ 7,500,000	Fees for Architects and Engineers
$ 7,500,000	**Design total**

Proposed appropriation language for the 2016 Hawaii State Legislative Session:

	APPROPRIATIONS (IN 000'S) FY 2015-2016	FY 2016-2017
HT430- ADULT MENTAL HEALTH- INPATIENT		
430161 HAWAII STATE HOSPITAL, OAHU		
DESIGN AND CONSTRUCTION FOR A NEW PATIENT CARE FACILITY		
DESIGN		7,500
CONSTRUCTION		153,000
TOTAL FUNDING		**160,500**

RLB | Rider Levett Bucknall

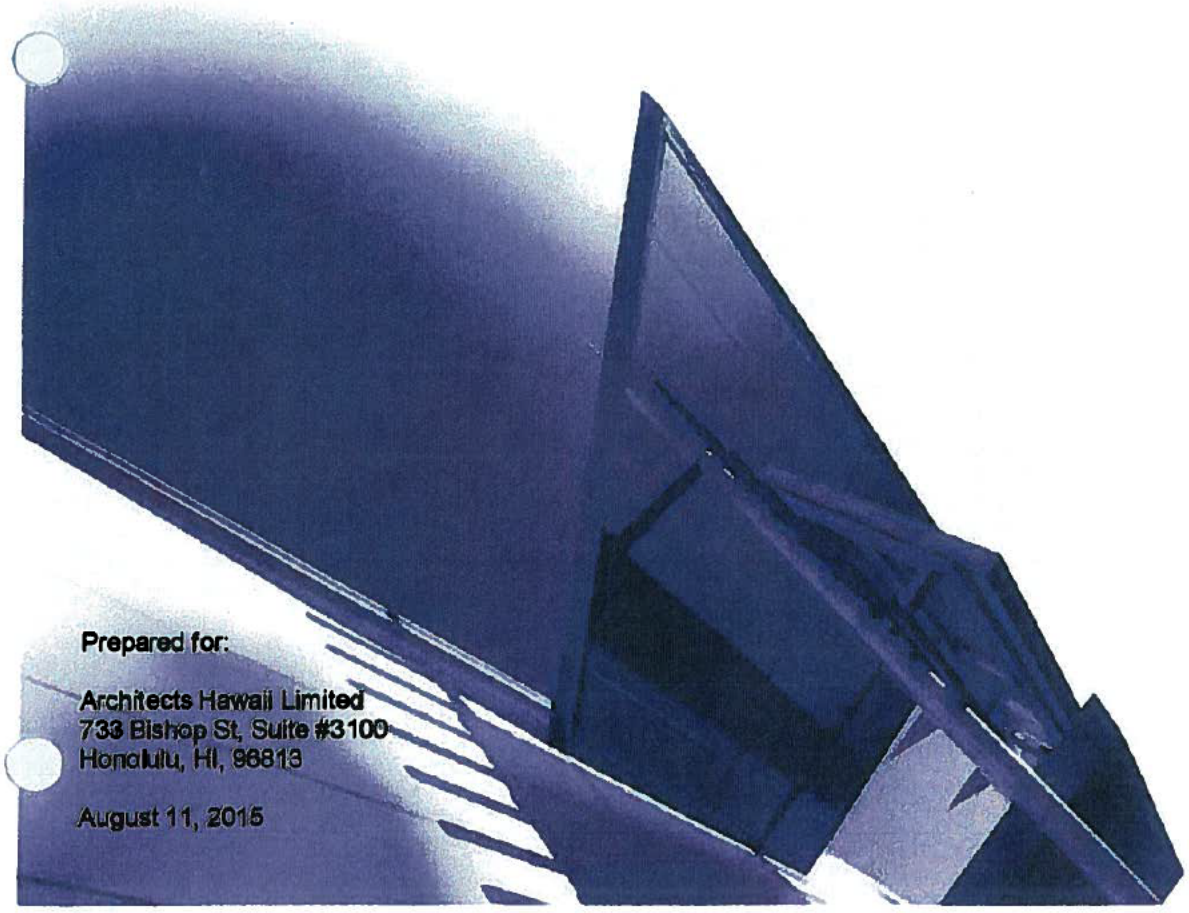
5.2 Conceptual Design Cost Estimate (144-Bed Goddard Patient Care Facility)

ESTIMATE

CONCEPTUAL DESIGN COST ESTIMATE

Hawaii State Hospital - 2015 Master Plan Update
New 144 Bed Patient Care Facility

DAGS Job No. 12-20-2698
Kaneohe, Hawaii



Prepared for:

Architects Hawaii Limited
733 Bishop St, Suite #3100
Honolulu, HI, 96813

August 11, 2015

RLB | Rider Levett Bucknall

Exh. B - 087

Hawaii State Hospital – 2015 Master Plant Update
Conceptual Design Cost Estimate 8/11/2015
New 144 Bed Patient Care Facility
DAGS Job No. 12-20-2698

Basis of Estimate

This estimate has been prepared at the request of Architects Hawaii Limited and is to provide a Conceptual Design Cost Estimate for a proposed new Patient Care facility located at the Hawaii State Hospital in Kaneohe, Hawaii.

The estimate is based upon measured quantities and built-up rates prepared from the Conceptual Design drawings progress submittal package emailed to RLB on June 17, 2015 & meeting with Architects Hawaii Limited also on June 17, 2015 and benchmarked against similar type psychiatric facilities, hospitals and prisons.

Where information was insufficient, assumptions and allowances were made based on discussions with Architects Hawaii Limited.

General Exercise Tax is calculated at 2%. The subcontractor tax is included in the unit rates. This is a rough calculation based on the 4.712% on the General Contractors self-performing work and contractor markups on the overall estimate.

Unit pricing is based on June 2015 costs. Construction cost escalation has been excluded beyond June 2015. A design and estimating contingency has been included at 20%.

Items Specifically Excluded

- Hazardous materials abatement
- Demolition of existing Goddard building (by others)
- Costs associated with providing approx. 174 additional parking spaces
- Special / drilled shaft foundation systems
- Upgrade to existing site utilities and infrastructure
- Out of hours working
- Furniture, Fittings and Equipment (FF&E)
- Audio / Visual systems
- Telecom / Data systems
- Murals and works of art
- Mock-ups
- Work outside the site boundaries unless noted otherwise
- Special testing & inspections
- Utility tap fees and charges
- Building permits & plan review fees
- CM/GC Preconstruction Services
- Owner's contingency
- Land and legal costs
- Architectural, Engineering and other professional fees
- Project Management Costs
- Geotechnical, traffic and all other studies
- Escalation beyond June 2015
- Items marked as "Excl." in the estimate

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Adjust costs beyond June 2015

Location			Total Cost
S	**SITE WORK**		**$ 6,627,640**
B	**BUILDING**		**$ 80,919,879**
		ESTIMATED NET COST	**$87,547,519**
MARGINS & ADJUSTMENTS			
General Conditions		8.0 %	$7,003,802
Insurances and Bonds		2.0 %	$1,891,026
Overhead & Profit		6.5 %	$6,268,753
General Excise Tax		2.0 %	$2,054,222
Contingency		20.0 %	$20,953,064
Escalation			Excl.
		ESTIMATED TOTAL COST	**$125,718,386**

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S SITE WORK

	Description	Unit	Qty	Rate	Total
G1020	**Site Demolition and Relocations**				
02	**Existing Conditions**				
32	Site demolition and clearing allowance	SF	220000	0.5	110000
36	Demolish existing road complete	SF	90181	12	1082172
37	Building demolition works to existing Goddard building - Not In Contract	LS	1		Excl.
	Existing Conditions				***$1,192,172***
	Site Demolition and Relocations				***$1,192,172***
G1030	**Site Earthwork**				
02	**Existing Conditions**				
33	Bulk excavation to sloping site	CY	69093	20	1381860
34	Site erosion control and maintenance allowance	SY	24445	5	122225
	Existing Conditions				***$1,504,085***
	Site Earthwork				***$1,504,085***
G1040	**Hazardous Waste Remediation**				
02	**Existing Conditions**				
31	Hazardous materials & abatement	LS	1		Excl.
	Existing Conditions				***Excl.***
	Hazardous Waste Remediation				***Excl.***
G2010	**Roadways**				
32	**Exterior Improvements**				
38	Concrete curb and gutter	LF	5145	35	180075
39	Asphalt concrete pavement, site road	SF	47244	10	472440
40	Base course to AC pavement, site road	CY	875	80	70000
41	Linemarking to roads	SF	90181	1	90181
49	Asphalt concrete pavement, Service Yard	SF	21272	10	212720
50	Base course to AC pavement, Service Yard	CY	394	80	31520
135	Asphalt concrete pavement, additional parking 56 spaces	SF	21665	10	216650
136	Base course to AC pavement, additional parking 56 spaces	CY	803	80	64240
	Exterior Improvements				***$1,337,826***
	Roadways				***$1,337,826***
G2020	**Parking Lots**				
32	**Exterior Improvements**				
42	Concrete driveway apron	SF	1301	20	26020

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S SITE WORK (continued)

	Description		Unit	Qty	Rate	Total
43	Base course to driveway		CY	49	80	3920
		Exterior Improvements				***$29,940***
		Parking Lots				***$29,940***
G2030	**Pedestrian Paving**					
32	**Exterior Improvements**					
120	Pedestrian paving allowance		LS	1	60000	60000
		Exterior Improvements				***$60,000***
		Pedestrian Paving				***$60,000***
G2040	**Site Development**					
32	**Exterior Improvements**					
25	Site perimeter security fence		LF	660	500	330000
44	Housekeeping pad to cooling towers		SF	1942	12	23304
45	Base course to pad		CY	36	80	2880
46	Site signage allowance		LS	1	20000	20000
116	Sallyport allowance		LS	1	100000	100000
119	Bike rack allowance		LS	1	10000	10000
125	Miscellaneous site development allowance		LS	1	75000	75000
127	Automated security gate to perimeter security fence		No	2	10000	20000
		Exterior Improvements				***$581,184***
		Site Development				***$581,184***
G2050	**Landscaping**					
32	**Exterior Improvements**					
47	Landscaping, small tree allowance		SF	68277	12	819324
48	Landscaping, large tree allowance		LS	1	30000	30000
117	Irrigation system		SF	68277	3.5	238970
118	Maintenance period, 90 days		SF	68277	0.5	34139
		Exterior Improvements				***$1,122,433***
		Landscaping				***$1,122,433***
G4030	**Site Communications & Security**					
28	**Electronic Safety and Security**					
130	Site Communications & Security, allowance		LS	1	550000	550000
		Electronic Safety and Security				***$550,000***
		Site Communications & Security				***$550,000***
G9091	**Site Utilities**					

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S SITE WORK (continued)

Description	Unit	Qty	Rate	Total
33 Utilities				
115 Upgrade to existing site utilities & infrastructure	LS	1		Excl.

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S SITE WORK (continued)

	Description	Unit	Qty	Rate	Total
131	Connections of existing site utilities and minor modifications	LS	1	250000	250000
	Utilities				***$250,000***
	Site Utilities				***$250,000***
	SITE WORK				***$6,627,640***

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B BUILDING

Description		Unit	Qty	Rate	Total
A1010	**Standard Foundations**				
03	**Concrete**				
5	Elevator pit	EA	8	25000	200000
	Concrete				***$200,000***
	Standard Foundations				***$200,000***
A1020	**Special Foundations**				
03	**Concrete**				
4	Standard foundation system, assume Standard	SF	73503	15	1102545
	Concrete				***$1,102,545***
	Special Foundations				***$1,102,545***
A1030	**Slab on Grade**				
02	**Existing Conditions**				
3	Base course below slab on grade	CY	1362	80	108960
	Existing Conditions				***$108,960***
03	**Concrete**				
1	Slab on garde	SF	73503	14.5	1065794
2	Vapor barrier below slab on grade	SF	73503	1.75	128630
	Concrete				***$1,194,424***
	Slab on Grade				***$1,303,384***
A2020	**Basement Walls**				
03	**Concrete**				
6	Basement walls	SF	11393	60	683580
7	Waterproofing to basement walls	SF	11393	15	170895
	Concrete				***$854,475***
	Basement Walls				***$854,475***
B1010	**Floor Construction**				
03	**Concrete**				
8	Suspended floor structure including beams	SF	103203	38	3921714
30	Columns	SF	179490	10	1794900
133	Suspended floor structure including beams, link bridge	SF	1660	75	124500
	Concrete				***$5,841,114***
05	**Metals**				
112	Structural steel allowance	SF	177830	1.5	266745
	Metals				***$266,745***

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B BUILDING (continued)

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Description	Unit	Qty	Rate	Total
Floor Construction				***$6,107,859***

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B BUILDING (continued)

Description		Unit	Qty	Rate	Total
B1020	**Roof Construction**				
03	**Concrete**				
9	Suspended roof structure including beams	SF	74787	38	2841906
10	Perimeter upturn wall to roof	SF	6797	45	305865
	Concrete				***$3,147,771***
	Roof Construction				***$3,147,771***
B2010	**Exterior Walls**				
04	**Masonry**				
11	Exterior CMU walls	SF	120658	30	3619740
	Masonry				***$3,619,740***
09	**Finishings**				
12	Paint finish to facade	SF	127455	2	254910
	Finishings				***$254,910***
	Exterior Walls				***$3,874,650***
B2020	**Exterior Windows**				
08	**Openings**				
13	Exterior heavy duty windows (assume 20% of exterior walls)	SF	24134	200	4826800
	Openings				***$4,826,800***
	Exterior Windows				***$4,826,800***
B2030	**Exterior Doors**				
08	**Openings**				
15	Loading dock door, overhead coiling door	No	1	50000	50000
16	Exterior double door	No	5	5000	25000
17	Exterior single door	No	5	3000	15000
126	Exterior glazed automatic sliding doors	No	2	15000	30000
	Openings				***$120,000***
	Exterior Doors				***$120,000***
B3010	**Roof Coverings**				
07	**Thermal and Moisture Protection**				
14	Waterproof & membrane to concrete roof	SF	74787	14	1047018
	Thermal and Moisture Protection				***$1,047,018***
	Roof Coverings				***$1,047,018***
C1010	**Partitions**				
03	**Concrete**				

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B BUILDING (continued)

	Description	Unit	Qty	Rate	Total
20	Interior elevator shaft walls	SF	12112	45	545040
	Concrete				***$545,040***

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B BUILDING (continued)

	Description		Unit	Qty	Rate	Total
04	**Masonry**					
19	Interior CMU walls		SF	202251	30	6067530
132	Premium allowance for additional protection to CMU walls		SF	525160	5	2625800
		Masonry				***$8,693,330***
09	**Finishings**					
18	Interior stud partition walls		SF	11284	15	169260
		Finishings				***$169,260***
		Partitions				***$9,407,630***
C1020	**Interior Doors**					
08	**Openings**					
21	Single, high impact hollow metal door to patient rooms, shared & individual with glass opening and secure hardward		No	230	5200	1196000
22	Single, high impact hollow metal door to seclusion patient rooms with glass opening and secure hardward		No	24	5500	132000
99	Single fire rate door to stairs		No	27	2500	67500
100	Single hollow metal doors		No	166	2250	373500
101	Double swing double door to kitchens		No	6	3000	18000
102	Single hollow metal doors to medical treatment rooms		No	16	3000	48000
103	Double hollow metal doors		No	5	4000	20000
104	Single doors to back of house areas		No	24	2250	54000
129	Centrally controlled button activated zone dividing door, highly durable and secure door leaf, frame and hardware		No	9	8000	72000
		Openings				***$1,981,000***
		Interior Doors				***$1,981,000***
C1030	**Fittings**					
10	**Specialties**					
24	Signage allowance		SF	177830	1.5	266745
105	Staff toilet accessories		EA	6	5000	30000
106	Lockers allowance		LS	3	20000	60000
134	Toilet accessories to patients		EA	144	400	57600
		Specialties				***$414,345***
		Fittings				***$414,345***
C2010	**Stair Construction**					
03	**Concrete**					
26	Stairs including landings and balustrade		FT/R	512	1400	716800
		Concrete				***$716,800***

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B BUILDING (continued)

Description	Unit	Qty	Rate	Total
Stair Construction				***$716,800***

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B BUILDING (continued)

	Description		Unit	Qty	Rate	Total
C3010	**Wall Finishes**					
09	**Finishings**					
73	Wall finish to patient rooms, shared, individual and seclusion		SF	143234	1.75	250660
74	Wall finish to corridor		SF	168621	1.75	295087
75	Wall finish to office spaces, conference rooms and visitor areas		SF	83930	1.5	125895
76	Wall finish to kitchen		SF	7290	20	145800
77	Wall finish to laundry		SF	3864	1.75	6762
78	Wall finish to triage & treatment spaces		SF	4872	1.75	8526
79	Wall finish to toilets & showers, tile		SF	10752	20	215040
80	Wall finish to BOH areas		LS	4		Nil
81	Wall finish to Recreational Therapy room		SF	7072	1.75	12376
82	Wall finish to Occupational Therapy room		SF	12512	1.75	21896
83	Wall finish to Rehabilitation Therapy room		SF	5100	1.75	8925
84	Wall finish to toilets & showers, paint		SF	10752	1.5	16128
		Finishings				***$1,107,095***
		Wall Finishes				***$1,107,095***
C3020	**Floor Finishes**					
09	**Finishings**					
51	Flooring to patient rooms, shared, individual and seclusion		SF	26504	8	212032
52	Flooring to corridor		SF	53962	6	323772
53	Flooring to office spaces, conference rooms and visitor areas		SF	17556	10	175560
54	Flooring to kitchen		SF	2822	20	56440
55	Flooring to laundry		SF	792	5	3960
56	Flooring to triage & treatment spaces		SF	938	10	9380
57	Flooring to toilets & showers		SF	4815	20	96300
58	Flooring to BOH areas		SF	39866	3.5	139531
59	Flooring to Recreational Therapy room		SF	10695	10	106950
60	Flooring to Occupational Therapy room		SF	12330	10	123300
61	Flooring to Rehabilitation Therapy room		SF	5170	10	51700
121	Rubber base		LF	20209	5	101045
122	Tile base		LF	1755	20	35100
123	Flooring to dining room		SF	2380	20	47600
		Finishings				***$1,482,670***
		Floor Finishes				***$1,482,670***

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B BUILDING (continued)

	Description		Unit	Qty	Rate	Total
C3030	**Ceiling Finishes**					
09	**Finishings**					
62	Ceiling finish to patient rooms, shared, individual and seclusion		SF	26504	25	662600
63	Ceiling finish to corridor		SF	53962	14	755468
64	Ceiling finish to office spaces, conference rooms and visitor areas		SF	17556	14	245784
65	Ceiling finish to kitchen		SF	2822	14	39508
66	Ceiling finish to laundry		SF	792	14	11088
67	Ceiling finish to triage & treatment spaces		SF	938	14	13132
68	Ceiling finish to toilets & showers		SF	4815	20	96300
69	Ceiling finish to BOH areas		SF	39866		Nil
70	Ceiling finish to Recreational Therapy room		SF	10695	14	149730
71	Ceiling finish to Occupational Therapy room		SF	12330	14	172620
72	Ceiling finish to Rehabilitation Therapy room		SF	5170	14	72380
124	Ceiling finish to dining room		SF	2380	14	33320
		Finishings				***$2,251,930***
		Ceiling Finishes				***$2,251,930***
D1010	**Elevators & Lifts**					
14	**Conveying Equipment**					
27	Hospital elevator traveling 4 levels, 2 elevator		Stop	8	40000	320000
28	Hospital elevator traveling 2 levels, 4 elevator		Stop	8	40000	320000
29	Hospital freight elevator traveling 4 levels, 2 elevator		Stop	8	50000	400000
113	Elevator cab finishes		No	8	25000	200000
114	Elevator steel incl ladder, hoist beam, sump, miscellaneous		No	8	15000	120000
		Conveying Equipment				***$1,360,000***
		Elevators & Lifts				***$1,360,000***
D4010	**Sprinklers**					
21	**Fire Suppression**					
111	Sprinklers		SF	177830	7	1244810
		Fire Suppression				***$1,244,810***
		Sprinklers				***$1,244,810***
D5030	**Communications & Security**					
28	**Electronic Safety and Security**					
110	Communications & security		SF	177830	45	8002350
		Electronic Safety and Security				***$8,002,350***

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B BUILDING (continued)

Description		Unit	Qty	Rate	Total
	Communications & Security				***$8,002,350***
E1030	**Vehicular Equipment**				
11	**Equipment**				
97	Loading dock equipment	LS	1	20000	20000

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B BUILDING (continued)

	Description		Unit	Qty	Rate	Total
98	Parking equipment		LS	1	15000	15000
		Equipment				***$35,000***
		Vehicular Equipment				***$35,000***
F1020	**Integrated Construction**					
09	**Finishings**					
85	Fitout of Recreational Therapy room		SF	10695	50	534750
86	Fitout of Occupational Therapy room		SF	12330	50	616500
87	Fitout of Rehabilitation Therapy room		SF	5170	50	258500
88	Fitout to kitchen		SF	2822	200	564400
89	Fitout to office spaces, conference rooms and visitor areas		SF	17556	50	877800
90	Fitout to patient rooms, shared, individual and seclusion		SF	26504	3	79512
91	Fitout to corridor		SF	53962	10	539620
93	Fitout to laundry		SF	792	50	39600
94	Fitout to triage & treatment spaces		SF	938	50	46900
96	Fitout to BOH areas		SF	39866	2.5	99665
		Finishings				***$3,657,247***
		Integrated Construction				***$3,657,247***
D2000	**Plumbing Services**					
22	**Plumbing**					
107	Plumbing services		SF	177830	27.5	4890325
		Plumbing				***$4,890,325***
		Plumbing Services				***$4,890,325***
D5000	**Electrical Services**					
26	**Electrical**					
108	Electrical Services		SF	177830	47.5	8446925
		Electrical				***$8,446,925***
		Electrical Services				***$8,446,925***
D3000	**Mechanical Services**					
23	**Heating, Ventilating, and Air Conditioning**					
109	Mechanical Services		SF	177830	75	13337250
		Heating, Ventilating, and Air Conditioning				***$13,337,250***
		Mechanical Services				***$13,337,250***
		BUILDING				***$80,919,879***

5.3 PRELIMINARY PARKING STUDY

INTRODUCTION

This study provides an estimate of the total number of parking spaces that will be required at three future conditions. The study also provides an estimate of the number of new parking spaces that will need to be added at each increment of future development.

Condition 1: When construction of the 144-Bed Goddard Patient Care Facility has been completed. At that point the Hospital will have 252 patient beds. See the Short-Term Master Plan in Section 2 for additional details.

Condition 2: When construction of a second 144-Bed Patient Care Facility has been completed on the Guensberg site. At that point the Hospital will have 396 beds. See the Long-Term Master Plan in Section 2 for additional details.

Condition 3: When construction of a third 144-Bed Patient Care Facility has been completed on the J-Pad site. At that point the Hospital will have 516 beds. This is the full-build-out condition envisioned in the Long-Term Master Plan. See Section 2 for additional details.

EXECUTIVE SUMMARY - PRELIMINARY PARKING REQUIREMENTS

Condition 1: 682 total parking spaces required (410 existing spaces + 272 new spaces).
98 of the new spaces will be located adjacent to the 144-Bed Goddard Patient Care Facility.
The remaining 174 new spaces will be located in Planning Zones 7, 8, 10, 14, or15.

Condition 2: 1,072 total parking space required (590 existing spaces + 482 new spaces).
The 482 new spaces will be located in Planning Zones: 7, 8, 10, 14, or 15.

Condition 3: 1,397 total parking spaces required (1,072 existing spaces + 325 new spaces).
The 325 new spaces will be located in Planning Zones: 7, 8, 10, 14, or 15.

5.3 PRELIMINARY PARKING STUDY

REGULATORY PARKING REQUIREMENTS

Article 6 of the Land Use Ordinance (Revised Ordinances of Hawaii, Chapter 21) defines the parking requirements for projects on Oahu. The formulas listed in Table 21-6.1 can be used to determine the minimum number of parking spaces required for most land uses. However, the Land Use Ordinance (LUO) does not provide specific parking requirements for hospitals. Hospital parking requirements fall under the Social and Civic Service category in the Parking To Be Determined By The Director (Table 21-6.1). In practice this means that parking requirements for hospitals are determined during the PRU process.

ASSUMPTIONS

The following assumptions are used to estimate future parking requirements:

- The number of parking spaces required is proportional to the number of Hospital beds
- The current (i.e. 2015) peak parking demand establishes a baseline for estimating the number of parking spaces required to support future increases in the number of beds
- The peak demand for parking spaces occurs during the afternoon period when the day shift staff and evening shift staff overlap
- Parking requirements are based on the number of spaces required at the peak demand period (i.e. not on the number of spaces required to accommodate the staff on a single shift)

BASELINE (CURRENT PEAK PARKING DEMAND)

Patient Beds [1][2]	178	
Peak Parking Demand [3]	374	Day shift staff
	82	Nurses (evening shift)
	1	Officer of the Day (evening shift)
	5	State Operated Special Residential Program staff (evening shift)
	(10)	Deduct for staff car poolers
	20	State-owned vehicles
	10	Visitors
	482	spaces required at peak demand period
Existing Spaces [3]	**450**	(32 spaces short at peak demand)

5.3 PRELIMINARY PARKING STUDY

PEAK PARKING DEMAND (CONDITION 1)

The following calculations provide an estimate of the number of parking spaces that will be required after construction of the new 144-Bed Goddard Patient Care Facility.

Patient Beds [4] [5] = **252**

Peak Parking Demand = 252 beds x 482 spaces (current peak demand) = **682** total spaces required
178 current beds

Existing Spaces= 450 spaces – 40 demolished spaces on Goddard site = **410** spaces

Additional Spaces = 682 total spaces – 410 existing spaces = **272** new spaces required

Note: The Conceptual Design Cost Estimate (Appendix 5.2), prepared by Rider Levett Bucknall, includes the cost of **98** new surface parking spaces located adjacent the Goddard Patient Care Facility. The costs associated with providing the additional **174** new spaces (located in Planning Zones 7, 8, 10, 14, or 15) are not included in the Conceptual Design Cost Estimate.

PEAK PARKING DEMAND (CONDITION 2)

The following calculations provide an estimate of the number of parking spaces that will be required after construction of the 144-Bed Goddard Patient Care Facility and the 144-Bed Guensberg Patient Care Facility.

Patient Beds [6] = **396**

Peak Parking Demand = 396 beds x 482 spaces (current peak demand) = **1,072** total spaces required
178 current beds

Existing Spaces = 682 spaces (provided in Condition 1) – 36 demolished spaces on Guensberg site – 56 demolished spaces on Goddard site = **590** existing spaces

5.3 PRELIMINARY PARKING STUDY

Additional spaces = 1,072 spaces – 590 existing spaces = **482** new spaces required

PEAK PARKING DEMAND (CONDITION 3)

The following calculations provide an estimate of the number of parking spaces that will be required after construction of the future 144-Bed Goddard Patient Care Facility, the future 144-Bed Patient Care Facility on the Guensberg site, and the future 144-Bed Patient Care Facility on the J-Pad site.

Patient Beds [7] [8] = **516**

Peak parking demand = $\frac{516 \text{ beds} \times 482 \text{ spaces (current peak demand)}}{178 \text{ current beds}}$ = **1,397** total spaces required

Additional spaces = 1,397 spaces – 1,072 existing spaces (provided in Condition 2) = **325** new spaces required

Footnotes

1. Guensberg (70) + Unit E (36) + Unit F (28) + Unit H (20) + Unit I (24) = 178 beds
2. Excludes the 40 patients currently housed at Kahi Mohala Behavioral Health in Ewa Beach. The staff and visitors for those patients don't contribute to the Hospital's current peak parking demand.
3. Current peak demand parking statistics and existing number of parking spaces provided by Hospital.
4. Goddard Patient Care Facility (144) + Unit E (36) + Unit F (28) + Unit H (20) + Unit I (24) + Guensberg (0) = 252 beds
5. Guensberg is demolished
6. Guensberg Patient Care Facility (144) + Goddard Patient Care Facility (144) + Unit E (36) + Unit F (28) + Unit H (20) + Unit I (24) = 396 beds
7. "J-Pad" Patient Care Facility (144) + Guensberg Patient Care Facility (144) + Goddard Patient Care Facility (144) + Unit E (36) + Unit F (28) + Unit H (20) + Unit I (0) = 516 beds
8. Unit I demolished prior to construction of second increment of the "J-Pad" Patient Care Facility

5.4.1 DOH Letter to SHPD (re: Bishop Demolition)

DAVID Y. IGE
GOVERNOR OF HAWAI'I

ADDRESS ONLY
ADMINISTRATOR
HAWAI'I STATE HOSPITAL

INFORMATION REGARDING PATIENTS
IS CONFIDENTIAL AND FURNISHED
FOR PROFESSIONAL PURPOSES ONLY

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
HAWAI'I STATE HOSPITAL
45-710 KEA'AHALA ROAD
KANE'OHE, HAWAI'I 96744-3528

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

PLEASE REFER TO
FILE NO.

June 12, 2015

Mr. Alan Downer, Ph.D., Administrator
State Historic Preservation Division (SHPD)
Department of Land and Natural Resources (DLNR)
601 Kamokila Boulevard, Suite 555
Kapolei, HI 96707

Dear Dr. Downer:

Subject: Proposed Demolition of the Bishop Building
Hawaii State Hospital (HSH)
Tax Map Key (1) 4-5-023: 002

This is in response to your September 30, 2014 letter (attached for your reference) which restarted the discussion on the proposed demolition of the Bishop Building. We provide our understandings from your letter:

1. We understand that:

   a. SHPD must review public building applications to see if historic properties will be affected and must concur with the project in order for it to move forward to design and construction.

   b. Interested parties may have opportunity to comment on SHPD's effect determination and appeal the Hawaii Historic Review Board.

   c. An environmental assessment, for compliance with Hawaii Revised Statutes 343 and Hawaii Administrative Rules 11-200, will be completed by our Developer before the construction of the new Long Term Care Hospital (LTCH)/Skilled Nursing Facility (SNF).

d. SHPD requires the Bishop Building demolition to be mitigated by either preservation or architectural recordation.

Subsequent to the execution of the DOH/DLNR September 13, 2005 letter, the DOH moved to execute a public-private developer partnership to construct a new LTCH/SNF at the site of the Bishop building. The DOH is now ready to:

1. Execute a contract with the Developer to process permits, approvals, etc. and design and construction of the LTCH/SNF subject to the confirmation of funding.

2. Execute the lease of approximately 5.0 acres of land for the development of the LTCH/SNF. See attachment 1 for the lease area.

Following a series of more recent meetings between HSH and SHPD staffs, we now have the following understandings about the Bishop building demolition:

1. SHPD has accepted the HSH's conclusion that the Bishop building must indeed be removed to make way for a successful new LTCH/SNF. (The DOH believes that a suitable sized LTCH/SNF cannot be achieved on the 5.0 acre site without the demolition and removal of the Bishop building. The DOH came to this conclusion after numerous interested developers explored the operational, financial and constructability analyses for the facility, and explored a wide variety of site and facility layout options. In each analysis, the best outcome was to demolish the Bishop Building.)

2. SHPD is requiring the following mitigation requirements for the Bishop building prior to its demolition:

   Completion of the requirements of an **Intensive Level Survey (ILS)** as outlined in the ***Guidelines: Architectural Historic Resource Surveys*** published by SHPD (document not dated). See Attachment 2. (The public-private developer partnership will fund and implement the ILS requirements and submit the documents to SHPD for review and approval.)

On behalf of the public-private developer, the HSH assures the successful completion and delivery of this ILS Report to the SHPD for review and approval prior to any demolition of the Bishop building. Once this ILS is approved by SHPD, we understand public-private developer will have completed its mitigation obligations for the Bishop building and will then be clear to proceed with the other permits, approvals, and finally its demolition.

Again, thank you for your cooperation in this process. Our understandings will make future progress easier and efficient as the campus of HSH evolves to meet the ever-changing needs of the people we serve. Feel free to contact me at 236-8237 if any further information is required.

Sincerely,

WILLIAM J. MAY
Administrator

c: Ms. Anna E. Broverman, State Architectural Historian w/attachments
Dr. Virginia Pressler, M.D., Director of Health w/attachments
Ms. Lynn N. Fallin, Deputy Director for Behavioral Health w/attachments
Dr. Mark A. Fridovich, Ph.D., M.P.A., Adult Mental Health Administrator w/attachments

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

WILLIAM J. AILA, JR.
CHAIRPERSON
BOARD OF LAND AND NATURAL RESOURCES
COMMISSION ON WATER RESOURCE MANAGEMENT

JESSE K. SOUKI
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WILLIAM M. TAM
DEPUTY DIRECTOR - WATER

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FORESTRY AND WILDLIFE
HISTORIC PRESERVATION
KAHOOLAWE ISLAND RESERVE COMMISSION
LAND
STATE PARKS

STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES

STATE HISTORIC PRESERVATION DIVISION
KAKUHIHEWA BUILDING
601 KAMOKILA BLVD, STE 555
KAPOLEI, HAWAII 96707

DATE: September 30, 2014

LOG: 2014.01494
DOC: 1409AB66

TO: Linda Rosen, M.D., M.P.H
Director of Health
State of Hawaii Department of Health
P.O. Box 3378
Honolulu, HI 96801-3378

SUBJECT: **Section 6E-8 Historic Preservation Review**
Project: Demolition – Bishop Building
Owner Name: Hawaii State Hospital
Building Permit: None Submitted
Address: Hawaii State Hospital – Keaahala Road
Tax Map Key: (1) 4-5-023:001

Date Received by THE SHPD: April 3, 2014

SHPD would like to thank Hawaii State Hospital for resubmitting its project proposal and meeting with SHPD staff on September 26, 2014. The purpose of the meeting was to reestablish communication between the DOH and SHPD and restart the discussion regarding the proposed demolition of the Bishop Building. Recent staff turnover in both divisions has led to confusion over the project's status. It is important that current staff have a comprehensive understanding of previous consultation on this project in order to make an accurate and fair determination that serves the public interest and the state's obligations pursuant to HRS § 6E-8.

The Bishop Building is a long narrow structure located on the southeastern side of the Hawaii State Hospital campus. The building was constructed in the early 1930s, and is listed on the Hawaii State Register of Historic Places under Criteria A and C as a contributing resource to the Territorial Hospital campus. Although not individually distinctive, the building, when placed in the context of the hospital complex, makes a strong architectural statement related to the philosophy of providing more humane treatment and environments for the mentally ill.

The proposed project consists of demolishing the Bishop Building and constructing a new Long Term Care Hospital. Pursuant to HRS § 6E-8, SHPD must review public building applications to see if historic properties will be affected and concur with the project in order for it to move forward. Additionally, interested parties will have the opportunity to comment on SHPD's effect determination and appeal to the Hawaii Historic Review Board if they disagree with it. The project must also be reviewed under HRS § 6E-10 as it listed on the Hawaii Register of Historic Places. HRS § 6E-10 requires SHPD to review any proposed construction, alteration, disposition or improvement of any nature to listed historic properties and concur before the project moves forward. Pursuant to HRS § 343-5 (a)(4) an environmental assessment shall be required for actions that propose any use within any historic site or designated in the National Register or Hawaii Register, as provided for the Historic Preservation Act of 1966, Public Law 89-665, or Chapter 6E.

Demolishing the Bishop Building does constitute an adverse effect under HRS § 6E-8 and has to be mitigated. Mitigation for this project must be either preservation or architectural recordation. Preservation may include avoidance and protection, stabilization, rehabilitation, restoration, reconstruction, or exhibition with interpretation of significance. Architectural recordation involves the photographic documentation and possibly the measured drawing of a building, structure or object prior to its destruction.

Initial consultation on the demolition of the Bishop Building occurred in 2004/2005 when the Department of Health was proposing demolishing the Goddard, Guensberg, Iolani, Haloa, Bishop, Cooke, M, N, O and P buildings. Over the next several months, the project scope was limited to the demolition the Goddard, Guensberg and Cooke Buildings. The other structures were to be evaluated for demolition at a later time. Mitigation was agreed upon for the demolition of the three buildings above. One actually agreed upon mitigation requirement was the reuse of the Bishop Building as the site of an information/education area pending a structural assessment of the building and a conceptual analysis which would determine whether the building could be renovated or should be demolished. The rest of the mitigation obligations can be found in the reference timeline under September 13th, 2005.

In order to move forward with the proposed project, the Department of Health must decide whether this previous consultation will be followed or if the Chapter 6E consultation will be reinitiated. If the previously agreed upon mitigation will be followed, a structural assessment and conceptual analysis for the reuse of the Bishop Building must be completed before considering demolition.

Alternately, if the DOH does not want to follow the mitigation outlined in the previous agreement, consultation must be reinitiated. In this case, DOH must notify SHPD about the proposed project and request a letter of determination. DOH must include in its letter the number of historic properties within the proposed project area, their significance, the impact of the proposed project on the historic properties, and any proposed mitigation measures. SHPD will either concur or not concur with DOH's effect determination and explain why. A good way to expedite the process would be to gather those working on the project, such as architects and planners, with SHPD to discuss possible solutions prior to submitting a letter. Information presented at the meeting should include DOH's master plan, a clearly defined project scope, programmatic needs of the hospital, and project alternatives.

The SHPD understands that this is a very important project for the hospital, and we are eager to work with the DOH to form the best solution possible for the hospital, its unique historic properties, and the people of Hawaii.

Please contact Anna Broverman, the SHPD Architectural Historian, at Anna.E.Broverman@hawaii.gov if you have any questions or concerns.

Aloha,

Alan Downer
Deputy State Historic Preservation Officer

CC: William J. May, Administrator
Hawaii State Hospital
45-710 Keaahala Road
Kanoehe, HI 96744
william.may@doh.hawaii.gov

Kiersten Faulkner
Historic Hawaii Foundation
680 Iwilei Road
Honolulu, HI 96817
kiersten@historichawaii.org

Jay L. King
Office of U.S. Representative Tulsi Gabbard
Prince Jonah Kuhio Kalanianaole Federal Building
300 Ala Moana Blvd. Suite 5-104
Honolulu, HI 96850
Jay.King@mail.house.gov

Project Consultation Timeline for Reference

March of 2004: The SHPD received a letter from the State Public Works Administrator requesting to demolish the Goddard, Guensberg, Iolani, Haloa, Cooke, Bishop Buildings, as well as Buildings M, N, O, & P and various cottages on the property.

July 28th, 2004: The SHPD responded to the previous letter on stating that the Iolani, Haloa, Cooke and Bishop Buildings were significant as the first and only major insane asylum in Hawaii, and that the Goddard building was, "significant as an exception record of mental health treatments and how they were approached and expressed structurally in Hawaii". The SHPD's determination was "effect with proposed mitigation commitments involving one or more forms of mitigation to reasonably mitigate adverse effects of short and long term plans for the hospital complex. [L2004.1373, D0404st04 &0407TL101]. Options for mitigation included:

- Research and documentation of the significant buildings or structures
- Preparation and establishment of a preservation plan based on the above report in coordination with the Hawaii State Hospital campus master plan. It should prioritize historic buildings, save elements of the buildings for re-use, or reuse space as a public information resource center.
- Create a written evaluation of functional analysis, an explanation of new theme, a cost estimate of program requirements, and a good faith effort for adaptive re-use/relocation of function or partial demolition/relocation in adaptive reuse based on priorities set above.
- Salvage certain elements from the Goddard Building
- Provide graphics to illustrate the proposed resolutions
- HABS recordation and written histories for each demolished building

September of 2004: The SHPD received a report on Historic and Potentially Historic Buildings at Hawaii State Hospital from Mason Architects. The report recounted the history of the hospital through 1956, and gave individual histories and descriptions for each of the building proposed for demolition. All of the buildings were found to be significant under Criteria A and C. Recommendations for the territorial buildings included their inclusion in a preservation plan for the district which maintains and/or restores their historic character. The report also recommended the Goddard Building be reused, and that the Guesnberg Building's significance be reassess once it was 50 years old.

October 11, 2004: A Master Planning Update from this date that showed concept options for retaining/demolishing/altering the Goddard Building and using the Bishop and Cooke Building sites.

December 17th, 2004: SHPD received a letter from the Department of Health (DOH) addressed to Chairperson Peter T. Young of the Department of Land and Natural Resources. The letter stated that the DOH had completed an assessment of the subject buildings and that they proposed to demolish the Goddard, Guensberg and Cooke Buildings. However, they planned to retain the Iolani, Haloa, and Bishop Buildings and would reassess the buildings later. The letter states that the DOH did not agree that the Goddard Building was significant and that they had created plans for its redevelopment, which were included in the submittal packet. DOH proposed the following list of items as mitigation for the demolition of the Goddard, Guensberg, Cooke, and possibly Bishop Buildings, but the SHPD has no record of then Chairperson Young's concurrence by signature with the proposal.

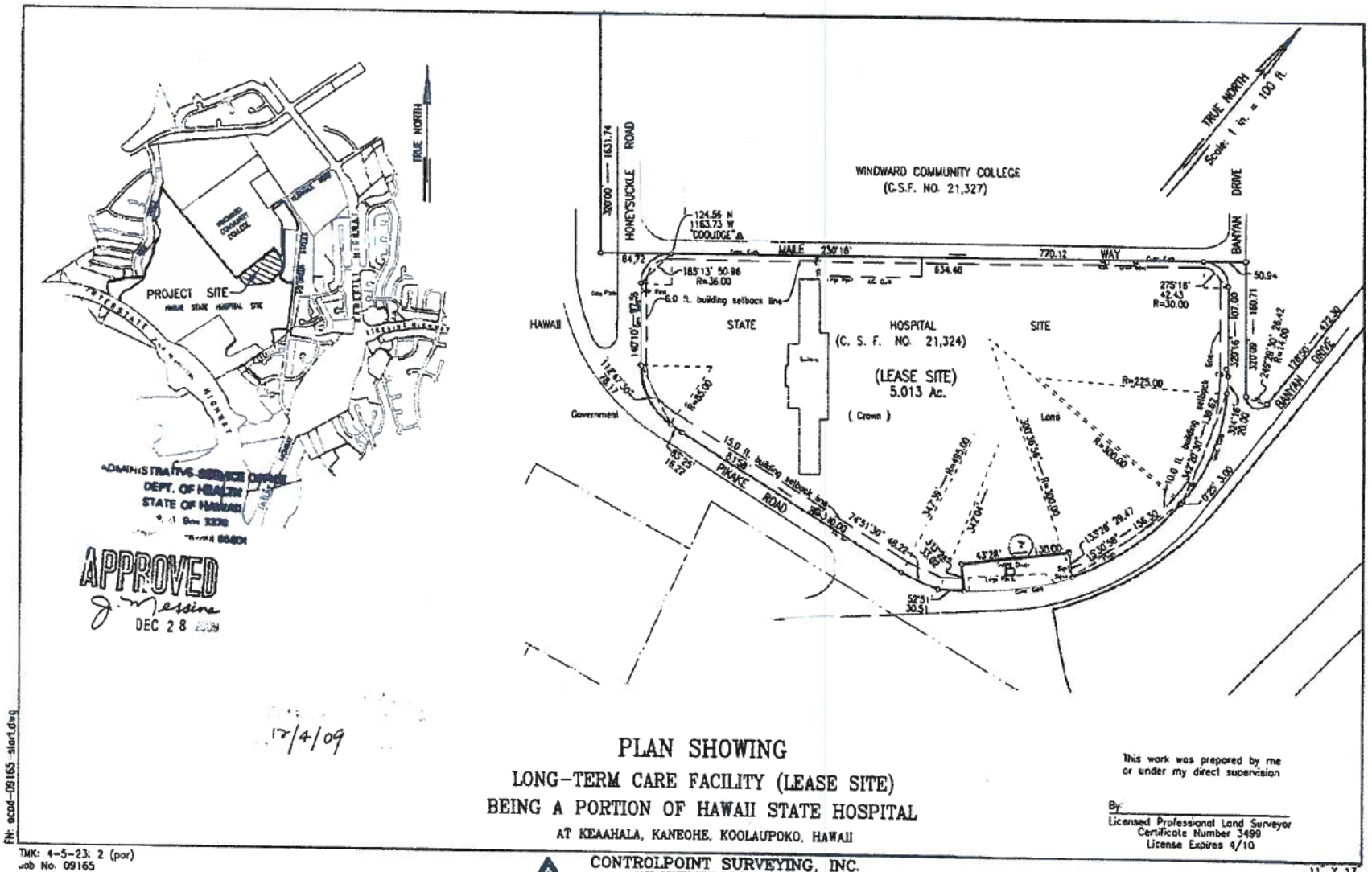
- An information/education area near the front of the Hawaii State Hospital Campus that would allow visitors to view artifacts from the buildings and learn about the history of the hospital.
- The center could be in a new building or in the Bishop Building, and a conceptual analysis would be done to see if the Bishop Building should be renovated or demolished.
- Display salvaged items from the various buildings, including certain items or rooms from the Goddard Building
- Assuming the Bishop Building could be renovated and floor space added, the center could accommodate a replica of patient housing in the Goddard Building.

September 13th, 2005: The Director of Health sent another letter to Chairperson Young. This letter again states that an assessment of the subject buildings had been completed, and that DOH wanted to demolish and retain the same buildings. Here, the DOH agrees that the Goddard Building is significant and proposes new mitigation for the demolition of the Goddard, Guensberg and Cooke Buildings. Chairperson Young signed this document, concurring with the following mitigation actions.

- In the Hawaii State Hospital Master Plan, a visitor's center with an information/education area near the front entrance to the HSH campus that would allow visitors to view hospital items and displays and learn about the history of the hospital. The center would include a permanent photo gallery, and the SHPD would be included in the planning of this facility.

- The information/education area would be in the existing Bishop Building pending a structural assessment of the building and a conceptual analysis which would determine whether the building could be renovated or should be demolished.
- The information/education area could display items salvaged from the various hospital buildings. The items could include
    - Two cast-stone grilles in a floral and leaf pattern from the Goddard Building
    - Two sliding gates of decorative metal grille in an oriental/geometric motif and side panels of the same design from the Goddard Building
    - Wrought iron decorative work
- Assuming the Bishop Building is renovated, floor space could be added so that the enlarged building could accommodate:
    - A replica of the patient care and living spaces (circa 1950's).
    - A replica of Goddard's operating room
    - Courtyards that provide open space and bring the outdoors into the building just like the Goddard Building
- Prior to the demolition of the Goddard, Guensberg, and Cooke buildings (and possibly the Bishop Building), HABS documentation and written histories would be completed for each of the buildings.

March 25, 2014: The director of health sent SHPD a letter requesting to demolish the Bishop Building.



PLAN SHOWING

LONG-TERM CARE FACILITY (LEASE SITE)

BEING A PORTION OF HAWAII STATE HOSPITAL

AT KEAAHALA, KANEOHE, KOOLAUPOKO, HAWAII

This work was prepared by me or under my direct supervision

By: _____
Licensed Professional Land Surveyor
Certificate Number 3499
License Expires 4/10

TMK: 4-5-23: 2 (por)
Job No. 09165

CONTROLPOINT SURVEYING, INC.
1150 SOUTH KING STREET, SUITE 1200
HONOLULU HAWAII 96814

11" X 17"
December 2, 2009
FB 2917 Pg. 25

File: acad-09165-slsrt.dwg

Exh. B - 117

5.4.2 SHPD Letter to DOH (re: Bishop Demolition)

DAVID Y. IGE
GOVERNOR OF HAWAII

CHAIRPERSON
BOARD OF LAND AND NATURAL RESOURCES
COMMISSION ON WATER RESOURCE MANAGEMENT

KEKOA KALUHIWA
FIRST DEPUTY

W. ROY HARDY
ACTING DEPUTY DIRECTOR - WATER

AQUATIC RESOURCES
BOATING AND OCEAN RECREATION
BUREAU OF CONVEYANCES
COMMISSION ON WATER RESOURCE MANAGEMENT
CONSERVATION AND COASTAL LANDS
CONSERVATION AND RESOURCES ENFORCEMENT
ENGINEERING
FORESTRY AND WILDLIFE
HISTORIC PRESERVATION
KAHOOLAWE ISLAND RESERVE COMMISSION
LAND
STATE PARKS

STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES

STATE HISTORIC PRESERVATION DIVISION
KAKUHIHEWA BUILDING
601 KAMOKILA BLVD, STE 555
KAPOLEI, HAWAII 96707

LOG NO: 2015.02762
DOC NO: 1507AB24

SHPD Review
Follow Up Required

July 17, 2015

William J. May, Administrator
Hawaii State Hospital
Department of Health
State of Hawaii
45-710 Keaahala Road
Kaneohe, HI 96744

Dear Mr. May:

SUBJECT: Chapter 6E-8 Historic Preservation Review
Building Permit
Application No. None Submitted
45-710 Keaahala Road – Demolition
Kaneohe Ahupuaa, Koolaupoko District, Island of Oahu
TMK: (1) 4-5-023:002
Owner Name: Hawaii State Hospital

On June 19, 2015, the State Historic Preservation Division (SHPD) received the submittal for Section 6E-8 Historic Preservation Review. The Area of Potential Effect (APE) is **TMK (1) 4-5-023:002**, which measures approximately 84 Acres. The project scope of work includes demolishing the Bishop Building.

The Bishop Building is a long narrow structure located on the southeastern side of the Hawaii State Hospital campus. The building was constructed in the early 1930s and is now listed on the Hawaii State Register of Historic Places under Criteria A and C as a contributing resource to the Territorial Hospital campus. The building is not individually distinctive, but when placed in the context of the hospital complex, it makes a strong architectural statement related to the philosophy of providing more humane treatment and environments for the mentally ill.

The State Historic Preservation Division (SHPD) has consulted with the Hawaii and State Hospital and Department of Health multiple times over the previous year. The demolition of the Bishop Building had been stalled due to the fact that its preservation was a mitigation commitment for the demolition of the Goddard Building, which is also located on the Hawaii State Hospital Campus. This mitigation requested that the Bishop Building be kept and rehabilitated as a public information/education area for Hawaii State Hospital if possible. Through several meetings, Hawaii State Hospital agreed that the Bishop Building was not a reasonable location for a public information/education area because of the hospital's need for additional patient housing, security concerns regarding its close proximity to the hospital, and in order to respect the privacy of current hospital patients. Demolition of the Bishop Building will negatively affect the historic integrity of the historic hospital campus.

Based on the above information, SHPD's determination is **"historic properties affected".**

(Continued on Reverse)

***SHPD requests the following actions to be completed before permit issuance:**

ARCHITECTURE
- ☐ HABS[2] Choose an item.
- ☐ HAER[3] Choose an item.
- ☐ HALS[4] Choose an item.
- ☒ Intensive Level Survey
- ☐ Reconnaissance Level Survey
- ☐ Submit Floor Plans & Photographs
- ☐ Salvage Structure(s)

HISTORY & CULTURE
- ☐ Verify Protective Measures
- ☐ Site Visit

ARCHAEOLOGY
- ☐ Verify Preservation Measures
- ☐ Archaeological Inventory Survey
- ☐ Archaeological Monitoring Plan[1]
- ☐ Preservation Plan
- ☐ Field Inspection by Archaeologist

☒ Other: Continued Consultation (see below)

Hawaii State Hospital and SHPD have agreed that an Intensive Level Survey (ILS) will be the best mitigation for the demolition of the Bishop Building. SHPD looks forward to receiving the completed Intensive Level Survey (ILS) form, which can be found on SHPD's website under the Review and Compliance – Forms subsection. SHPD will notify you when the requested material has been reviewed, accepted, and SHPD's part of the review process is complete. SHPD acceptance of requested material is required prior to issuance of the permit. Any future work outside of the proposed scope identified in this review may be subject to additional SHPD review.

Additionally, SHPD and Hawaii State Hospital must continue discussions regarding an appropriate information/education area for the hospital's historic artifacts as required per the Goddard Building mitigation commitments. SHPD looks forward to continually working with Hawaii State Hospital to resolve this issue.

For **Architecture** questions, please contact Anna Broverman at (808) 692-8028 or at anna.e.broverman@hawaii.gov.
For **Archaeology** questions, please contact Susan A. Lebo, PhD at (808) 692-8019 or at susan.a.lebo@hawaii.gov.
For **History & Culture** questions, burials, or other cultural resources, please contact Regina Hilo at (808) 692-8026 or at regina.hilo@hawaii.gov

Mahalo,

Alan S.Downer, PhD
Administrator, Deputy State Historic Preservation Officer

1. Archaeological Monitoring Plan (AMP) for all ground disturbance activities associated with the project
2. Historic American Buildings Survey (HABS)
3. Historic American Engineering Record (HAER)
4. Historic American Landscape Survey (HLS)

In the event that historic resources, including human skeletal remains, cultural layers, cultural deposits, features, artifacts, or sinkholes, lava tubes or lava blisters/bubbles are identified during construction and/or other activities, cease all work in the immediate vicinity of the find, protect the find from additional disturbance, and contact the State Historic Preservation Division (SHPD) immediately at (808) 692-8015 (Oahu)

DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P O BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to
File

June 22, 2015

The Honorable John Morton
Vice President for Community Colleges
2444 Dole Street, Bachman 207
Honolulu, Hawaii 96822

5.4.3 DOH Letter to Community Colleges (re: Bishop Land Exchange)

Dear Mr. Morton:

Subject: ***Proposed Land Exchange with the Department of Health's Hawaii State Hospital***

This is in response to Chancellor Dykstra's presentation on May 21, 2015 at the Kaneohe Neighborhood Board which mentioned a proposed land exchange with the Hawaii State Hospital (HSH). The HSH understands that the Windward Community College (WCC) would like the HSH's "Bishop parcel" in exchange for an undeveloped area physically separate from the HSH campus.

The Department of Health's (DOH) Administration has reviewed the offer and has decided that it is not in the best interest of the Hawaii State Hospital (HSH) to relinquish any land to the WCC or any other entity that does not provide services in support of the DOH's mission. Therefore, the WCC should look for alternate sites that do not involve the HSH property when planning future development.

The HSH has recently completed its master plan, which includes the development of a long term care facility on the site of the Bishop Building. This public/private partnership will help to alleviate overcrowding in the Hospital. The master plan also outlines development at other locations at the HSH. All locations at the HSH campus will be utilized for patient care or ancillary services with the intent of upgrading the level of services for future patients.

The HSH is committed to working with the WCC, however it must be understood that the population of persons with severe mental illness will not diminish, and will most likely increase in the future. This places an enormous burden on the HSH to expand capacity.

It should be further noted that the HSH was constructed in Kaneohe at a time when there were few close neighbors. Over the years, the once vacant land around the Hospital was developed, to the point where the Hospital now has very close neighbors. Despite this fact, the Kaneohe community and the residents of this state continue to acknowledge the "Kaneohe Hospital" as the state's haven for treating persons with mental illness.

The HSH wishes to remain good neighbors with the WCC and hopes that we can work together on issues of mutual concern. Please contact me whenever an issue arises that must be mutually resolved so that we can move forward in improving our services for the residents of the Kaneohe community and the state of Hawaii.

Sincerely,

Virginia Pressler, M.D.
Director of Health

c: Ms. Lynn Fallin Deputy Director for Behavioral Health Administration
Mr. Doug Dykstra, Chancellor, Windward Community College

5.5 PARTICIPANTS

The following DOH, Hospital, and DAGS staff members gave generously of their time and provided valuable input.

Department of Health

Dr. Virginia Pressler, Director

Lynn Fallin, Deputy Director, Behavioral Health Administration

Dr. Mark A. Fridovich, Administrator, Adult Mental Health Division

John Messina, Capital Improvements Coordinator

Hawaii State Hospital

William May, Administrator

Dr. William Sheehan, Medical Director

Robin Denton, Plant Operations Manager

Additional Hawaii State Hospital Staff:

Katrina Alabanza, Reynaldo Baguso, Peter Bediz, John Bryant, Robert Burns, Joseph Buxton, Dr. John Buzanoski, Katherine Carsten, Vivien Cayetano, Michael Champion, Nadine Correa, Catherine Davis, William Elliot, Stephan Espinueva, Mark Fleming, Curtis Fujimoto, Joan Fukumoto, Eileen Ganotisi, Rev. Jessica Gibo, Margaret Grant, Leona Guest, Karen Hara, Tracy Harada, Eddie Harrell, Nina Harrington, Run Heidelberg, Esther Hsu, Lawrence Imada, Mack Kalahiki, Lisa Kanda, Billy Kekuna, Gwen Kondo, Robert Kulesa, Carol LaFlamme, Faye Luke, Franklin Magnani, Lisa Matsumoto, Mark Mierwza, Allen Miho, James Nakanishi, Ron Nimcheski, Daylena Odom, Alicia Oh, Janet Phillips, Michael Quinn, Adrian Russell, Claude Saclusa, Patrick Sanchez, Tasi Santos, Lauri Saplad, Teri Silva, Anna Kanahele Simeona, Candace Sullivan, Clyde Tanabe, Glen Tani, Abe Tokioka, Ph.D., Brad Tolstedt, Edwin Ulsh, Deborah Wright, Gail Yoshimura, Leann Young

Department of Accounting & General Services

Brian Isa, Project Engineer, Planning Branch, Public Works Division

Joseph Earing, Section Head, Planning Branch, Public Works Division

Ralph Morita, Chief of Planning Branch, Public Works Division

5.5 PARTICIPANTS

Architects Hawaii Project Team

Gary Marshall, Director of Healthcare

Mariel Moriwake, Associate, Planner

Mayleen Cuestas

REPORT TO THE TWENTY-NINTH LEGISLATURE
STATE OF HAWAI'I
2018

PURSUANT TO HAWAI'I REVISED STATUTES §334-16

Requiring the Department of Health to Submit an Annual Report to the Legislature Summarizing Yearly Data on Forensic Patients at Hawai'i State Hospital FY 2017

Prepared by:
Department of Health
Adult Mental Health Division
Hawai'i State Hospital
December 2017

EXECUTIVE SUMMARY

In accordance with Hawai'i Revised Statutes (HRS) §334-16, the Department of Health (DOH) submits this report to the 2018 Hawai'i State Legislature summarizing annual data on forensic patients served by the Hawai'i State Hospital (HSH). All data, unless otherwise noted, is for fiscal year 2017 (FY 2017) and in comparison with FY 2016. Key terms and definitions may be found after the table of contents.

HSH forensic utilization remained strong in FY 2017. An emerging concern is the persistent and significant level of utilization by individuals ordered to HSH for temporary hospitalization due to conditional release violations, suggesting a need to bolster community-based treatment and supervision programs and reduce rehospitalizations.

- In FY 2017, HSH **admissions and discharges** decreased slightly from the prior fiscal year, but were still the second highest in the past decade, suggesting that high levels of HSH forensic utilization will likely continue. Commitment from the criminal courts continues to be the only admissions to HSH. Discharges outpaced admissions by +10, reversing the problematic trend of the previous three fiscal years where admissions exceeded discharges.

- HSH beds are augmented by **DOH contracts** with Kāhi Mōhala Behavioral Health (Kāhi Mōhala or KMBH) and Correct Care Recovery Solutions (Correct Care). DOH contracted 46 beds at Kāhi Mōhala costing approximately $13 million. To serve individuals who cannot be safely treated at HSH due to intractable dangerous behaviors, DOH contracted up to four beds at Correct Care's secure forensic facility in South Carolina.

- Admissions with the legal status of unfit to proceed continued to be the **most frequent commitment category**, involving 58% of FY 2017 admissions. A subset of unfit admissions involve Act 53, passed in 2011 by the Hawai'i State Legislature, which limited the duration of mental health commitment for individuals found unfit to proceed and charged with non-violent petty misdemeanor or misdemeanor offenses to 60 and 120 days, respectively. During FY 2017, commitments under Act 53 decreased slightly (-5%), but remained nearly one-third of all unfit to proceed admissions. Admissions involving up to 120-day commitments for misdemeanor offenses continued to increase (+50%; 14 to 21).

- The number of individuals found fit to stand trial after hospitalization and discharged from HSH decreased by -12% (84 to 74) and constituted 22% of all HSH discharges in FY 2017.

- Across the state, most **counties and courts** committed fewer patients to HSH in FY 2017, resulting in a -9% decline in overall admissions. The exceptions to this downward trend were increases from O'ahu (Honolulu) family court (+73%, 11 to 19) and the Hawai'i circuit court (+29%, 21 to 27). Similar to the prior fiscal year, more than half (51%) of all admissions in FY 2017 came from the circuit courts.

- Circuit courts generally oversee felony charges, and correspondingly, 53% of admissions (n=169) involved felonies as the **most severe charge**—a 10% decline from the prior year (187 to 169). In fact, the decrease in admissions with Felony A (-23%, 26 to 20) and Felony B (-17%, 46 to 38) exceeded the average decline in admissions (-9%). However, Felony C continued to be the most common grade of offense (35%, n=111) among admissions, followed by misdemeanors (27%, n=85) and petty misdemeanors (20%, n=64).

- Analysis of the **categories of the underlying crimes** charged against forensic patients active during FY 2017 revealed that property crimes (§708, 44%) were slightly more common than offenses against persons (§707, 41%). Sexual offenses were relatively rare (§707 Part V, 4%) and 22% of patients were charged with crimes against neither persons nor property. Most individuals had charges in only one category (73%), while more than one-fourth (27%) were charged in crimes in multiple categories.

- Despite the -9% decline in admissions, hospital utilization as measured by **total inpatient days** continued to be strong, increasing by +1%. Similar to FY 2016, almost three-fourths of inpatient days were attributable to individuals admitted as unfit to proceed (46%) and temporarily hospitalized for conditional release violations (27%).

- For individuals discharged in FY 2017, the **average length of stay** (LOS) was 7 months, a decrease of 1.5 months from the previous fiscal year. Patients discharged as conditionally released (§704-415) continued to have the highest total and average (approximately 9 months) LOS of discharged patients. Further analysis revealed that 80% of individuals discharged on conditional release were originally admitted as temporary hospitalizations for violating terms of conditional release (§704-413(1)), with an average stay of 7.5 months, ranging from 2 days to almost 4 years.

- Using the last day of the fiscal year to provide a **snapshot of the patients currently in the hospital**, the largest percentage of patients held the legal status of unfit to proceed (37%, n=92). However, individuals acquitted and committed ("not guilty by reason of insanity," or NGRI) constituted 21% of the population and individuals previously acquitted but violated conditional release represented 29% of the population. Together, this NGRI cohort of legal statuses (acquitted and committed, CR violations) equated to 50% of patients active on June 30, 2017.

- Measuring the gross LOS of patients hospitalized at HSH at the end of the fiscal year captures the length of an active hospitalization episode, particularly for those who require long-term treatment and are not readily discharged. Collectively, the 53 individuals with the legal status of NGRI on the last day of FY 2017 spent 405 years at HSH and contracted beds since their respective admissions. The 74 individuals with CR violations accumulated another 242 years. By contrast, the 92 individuals currently unfit to proceed constituted the largest group, but amassed only 56 years.

- After a steady decline in **staff assaults** by patients, HSH saw an increase in FY 2017 of total patient-to-staff assaults—both assaults with physical contact and attempted assaults. While HSH includes attempted assaults (i.e., no physical contact) in its aggression data, not all hospitals do so. Analysis of data revealed that just 10% of active patients (55 of 532) were responsible for all assaults on staff. In fact, more than one-fourth were attributable to 3 highly-assaultive patients.

- Although the number of staff assaults (physical contact) were the second highest in the past five years, the number and proportion of injuries resulting from the assaults was a little lower than expected (44%, range from 41% to 57%). Injuries requiring outside medical intervention were also lower in number and proportion (13%, range from 12% to 25%). This suggests that efforts to mitigate harm from assaults may have reduced the number and severity of injuries relative to the number of assaults. HSH takes all assaults seriously, be it committed or attempted, and continues to take steps to ensure the safety of staff and patients, such as enhanced staff training, adequate staffing levels, analysis of assault events, implementation of a proactive patient engagement program, driver partitions in patient transport vehicles, and security personnel presence on hospital units.

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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 "MH-9"
HRS §704-404	Evaluation of Fitness to Proceed
HRS §704-405	Fit to Proceed
HRS §704-406	Unfit to Proceed; Committed
HRS §704-406(1)	Unfit to Proceed; Released on Conditions
HRS §704-406(1)(a)	Unfit to Proceed; Charge is a Petty Misdemeanor not Involving Violence, Charge Dismissed after 60 days
HRS §704-406(1)(b)	Unfit to Proceed; Charge is a Misdemeanor not Involving Violence, Charge Dismissed after 120 days
HRS §704-406(3)(a)	Case Dismissed Due to Excessive Time; Discharged
HRS §704-406(3)(b)	Case Dismissed Due to Excessive Time; Civilly Committed
HRS §704-406(3)(c) – 2016	Case Dismissed Due to Excessive Time; Assisted Community Treatment
HRS §704-406(4) – prior	Found Unrestorable; Civilly Committed or Discharged *revised in 2016; see HRS §704-406(7) below*
HRS §704-406(7)(a) – 2016	Found Unrestorable; Discharged
HRS §704-406(7)(b) – 2016	Found Unrestorable; Civilly Committed
HRS §704-407	Case Dismissed Due to Legal Reasons; Civilly Committed, Discharged, or Assisted Community Treatment
HRS §704-410.5	Conditional Release Expired (non-felony)
HRS §704-411(1)(a)	Acquitted (on the Ground of Physical or Mental Disease, Disorder or Defect Excluding Penal Responsibility) and Committed to the Director of the Department of Health
HRS §704-411(1)(b)	Acquitted and Conditionally Released
HRS §704-411(1)(c)	Acquitted and Discharged
HRS §704-411(3)	Post-Acquittal Hearing on Dangerousness
HRS §704-413(1)	Temporary Hospitalization for Violating Terms of Conditional Release
HRS §704-413(4)	Revocation of Conditional Release
HRS §704-415	Conditional Release
HRS §706-607	Civil Commitment in Lieu of Prosecution or 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).
Assault *(Patient-to-Patient, Patient-to-Staff, Patient-to-Visitor)*	Any overt act (physical contact) upon the person of another that results 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.
Attempted Assault *(Patient-to-Staff, Patient-to-Staff, Patient-to-Visitor)*	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.
Columbia Regional Care Center (CRCC)	A private, secure forensic facility located in Columbia, South Carolina owned by Correct Care Recovery Solutions, and contracted by DOH to provide supplementary psychiatric beds for individuals who cannot be safely treated at HSH due to intractable dangerous behaviors.
Conditional Release	An individual who has been acquitted of a crime and found by the court can be adequately controlled, and given proper care, supervision, and treatment if released into the community with conditions. Failure to comply with the terms of release may result in temporary rehospitalization at HSH.
DOH 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 contracted by DOH.
DOH/DPS Dual Custody or Dually-Committed Patients	Individuals who are committed to the care and custody of both DOH and the Department of Public Safety (DPS). As a result of offenses charged while under the custody of DOH, these individuals are administratively discharged to DPS.
Discharge	Individuals released from the custody of DOH.
Fiscal Year 2017 (FY 2017)	The State of Hawaii's 12-month financial and reporting period, starting July 1, 2016 and ending June 30, 2017.
Forensic	Individuals at HSH who have a legal 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 involved with the criminal justice system.
Gross Total Length of Stay (Gross LOS)	The difference between the current date and the admission date for non-discharged patients.
Kāhi Mōhala Behavioral Health (KMBH)	A private, psychiatric hospital in 'Ewa Beach, Hawai'i, owned by Sutter Health, a not-for-profit corporation, and contracted by DOH to provide supplementary psychiatric beds for HSH patients.
Length of Stay (LOS)	Total number of inpatient days a patient spends in DOH custody, from admission to discharge.

KEY TERM	DEFINITION
Inpatient Day	A measurement unit used by health care facilities. Each day represents a unit of time during which the services of the institution are used by a patient. For example, 100 patients in a hospital for 1 day would represent 100 patient days. Inpatient days exclude days when a patient stays overnight offsite, such as at an acute care medical facility, a transitional program in the community, or in DPS custody.
Involuntary Hospitalization ("Civil Commitment")	A process by which an individual is found by the court to be mentally ill, imminently dangerous to self and/or others, and with no less restrictive alternative than hospitalization.
No Legal Encumbrance	Individuals discharged from HSH with no legal requirement to return to HSH. Examples include dismissal of charges, expiration of civil commitment, or end of voluntary commitment.
Readmission	Individuals with a previous admission to HSH who are re-committed to DOH custody.
Staff Injuries	Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Staff injuries reported involve new, work-related cases resulting from an assault at HSH and do not include injuries that might have occurred while restraining a patient. The severity of injuries range from injury but no treatment (no first aid or medical treatment required or treatment refused) to hospitalization at an acute care facility.
Unfit to Proceed	A defendant determined by the court to lack the capacity to understand the proceedings and to assist in his/her defense.
Voluntary	An individual who opts to continue treatment at HSH after the end of court-ordered commitment.
Waived Bed	A hospital bed in addition to those included in the HSH licensed bed capacity (i.e., a substandard patient room with respect to licensing standards such as square footage, access to toileting facilities, etc).

BACKGROUND

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 conducted August 29 to September 1, 2017.

HSH is licensed by the DOH, through the Office of Health Care Assurance (OHCA). Current licensure is through May 31, 2018. OHCA has licensed HSH for a maximum capacity of 202 patient beds. A patient census over 202 beds requires the use of patient rooms referred to as waived beds, which may not meet certain licensing standards, such as total square footage available, direct access to a bathroom, or availability of an exterior window. For these beds, OHCA grants an exception to the normal licensure requirements for a hospital patient room. HSH contacts and informs OHCA every day that the hospital patient census exceeds 202 and requires the use of waived beds.

HSH beds are augmented by DOH contracts with Kāhi Mōhala Behavioral Health (KMBH or Kāhi Mōhala) and Correct Care Recovery Solutions for additional adult inpatient psychiatric beds. These contracts are funded through AMHD and supported entirely by state general fund appropriations. For the purposes of this report, data on individuals transferred from HSH to **contracted beds** (and vice versa) or discharged from HSH or a contracted facility are included in the data reporting and analyses, unless explicitly noted otherwise.

Kāhi Mōhala is a private psychiatric hospital located in 'Ewa Beach, Hawai'i and owned by a not-for-profit corporation, Sutter Health. By the end of FY 2016, the number of contracted beds at KMBH grew to 46, costing approximately $13 million in FY 2017 (not including medical expenses), from approximately $12 million in FY 2016.

Correct Care Recovery Solutions operates **Columbia Regional Care Center (CRCC)**—a private, secure forensic facility in Columbia, South Carolina. **Out-of-state placement** is limited to individuals who cannot be safely treated at HSH due to intractable dangerous behaviors that present an unacceptable risk to the safety of other patients and staff. In FY 2017, up to four individuals were hospitalized at CRCC.

During FY 2017, there were a total of 17 **dually-committed** individuals, with 6 individuals in DPS custody at the end of the fiscal year. These individuals are dually committed to the care and custody of both DOH and DPS, and upon release from DPS custody, must return to HSH.

The Hawai'i State Legislature appropriated $160.5 million for the design and construction of a new, 144-bed forensic facility, replacing the Goddard Building on the HSH campus. Goddard was demolished in November 2016 and procurement for the design-build project is currently underway. The **new building** is slated to open at the beginning of FY 2021, expanding much-needed capacity at HSH and allowing forensic patients to be treated in a safe, secure, and therapeutic setting. The support of the Legislature for this project is greatly appreciated.

REPORTING REQUIREMENTS OF HAWAI'I REVISED STATUTES (HRS) §334-16

PART I. TOTAL ADMISSIONS AND DISCHARGES

Table 1 identifies the total admissions and discharges from HSH for FY 2016 and 2017. During FY 2017, HSH admissions decreased by -9% and discharges by -1%.

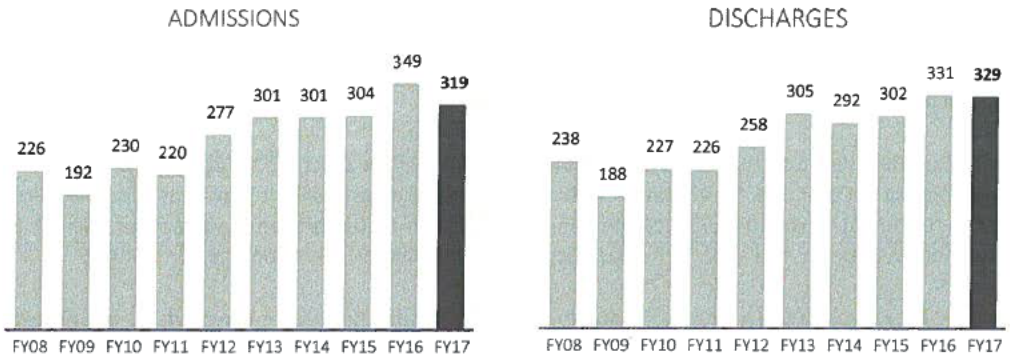
TABLE 1: ADMISSIONS AND DISCHARGES

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change*	% Chg	FY16	**FY17**	Change*	% Chg
349	**319**	-30	-9%	331	**329**	-2	-1%

**In this and following tables, reflects change between FY 2016 and 2017.*

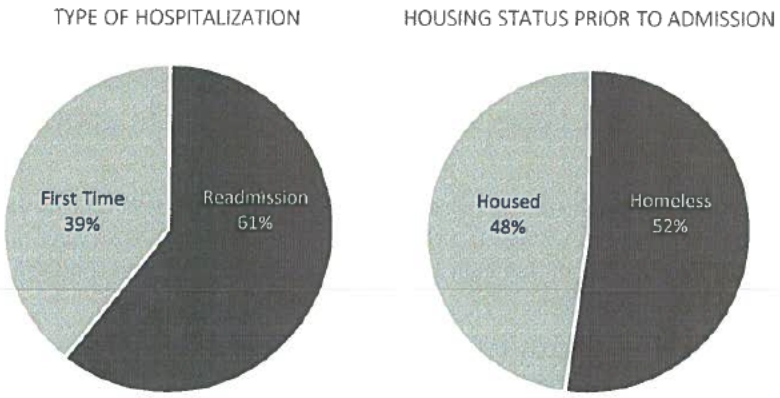
Figure 1 illustrates the total number of admissions and discharges over the past 10 fiscal years. HSH total admissions and discharges for FY 2017 decreased by -9% and -1%, respectively. Despite the declines, HSH admissions and discharges in FY 2017 were the second highest in the past decade, suggesting that high levels of HSH forensic utilization will likely continue. Discharges outpaced admissions by +10 in FY 2017, reversing the problematic trend of the previous three fiscal years where admissions exceeded discharges.

FIGURE 1: HSH ADMISSIONS AND DISCHARGES, FY 2008 TO 2017



Starting in January 2017, AMHD and HSH began to delve deeper into patient demographics to better understand and serve those suffering from severe or persistent mental illness. Figure 2 uses data for the second half of FY 2017 (January to June 2017) to illustrate the proportion of admissions previously hospitalized at HSH and homeless prior to admission. While a significant majority of admissions (61%) involved individuals previously hospitalized at HSH, just over half (52%) were homeless prior to admission.

FIGURE 2: REHOSPITALIZATION AND HOUSING STATUS OF ADMISSIONS, Q3-Q4 FY 2017



Another area of interest is the co-occurrence of substance use as it adds to the complexity of a patient's health condition and treatment needs. Figure 3 illustrates substance use diagnosed among individuals admitted during the second half of FY 2017, revealing that 58% used at least one substance. Alcohol and cannabis were the most common substances used (37% each), followed by meth (25%).

FIGURE 3: CO-OCCURRING SUBSTANCE USE AMONG ADMISSIONS, Q3-Q4 FY 2017

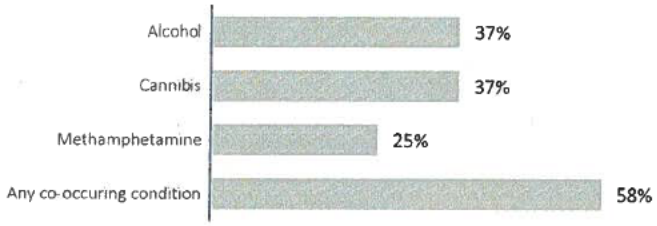


Table 2 identifies the total of transfers within DOH custody for FY 2017. Near the end of FY 2016, 4 additional beds were purchased from Kāhi Mōhala, providing a total of 46 contracted beds to help accommodate HSH patients. Transfers to Kāhi Mōhala declined by -15% from FY 2016. Transfers of patients from Kāhi Mōhala back to HSH decreased from six in FY 2016 to four in FY 2017. Up to four patients were in out-of-state custody at Columbia Regional Care Center in FY 2017. No additional patients were transferred to CRCC, and at the end of FY 2017, three individuals remained in out-of-state custody.

TABLE 2: TRANSFERS WITHIN DOH CUSTODY

KĀHI MŌHALA				CRCC			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
97	**82**	-15	-15%	1	**0**	-1	-100%

Table 3 identifies the total of DOH/DPS dual custody individuals for FY 2017. Transfers to DPS custody remained the same with nine individuals transferred in both FY 2016 and 2017. Over the course of FY 2017, a total of 17 dually-committed individuals were in DPS custody, with 6 individuals in DPS custody at the end of the fiscal year.

TABLE 3: DUALLY COMMITTED TO DOH AND DPS

TRANSFERS TO DPS				DPS CUSTODY DURING FY			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
9	**9**	0	0%	15	**17**	+2	+13%

PART II. NUMBER OF HSH ADMISSIONS TO AND DISCHARGES, BROKEN DOWN BY COMMITMENT CATEGORIES[1]

A. Summary of Admissions by Legal Status Category

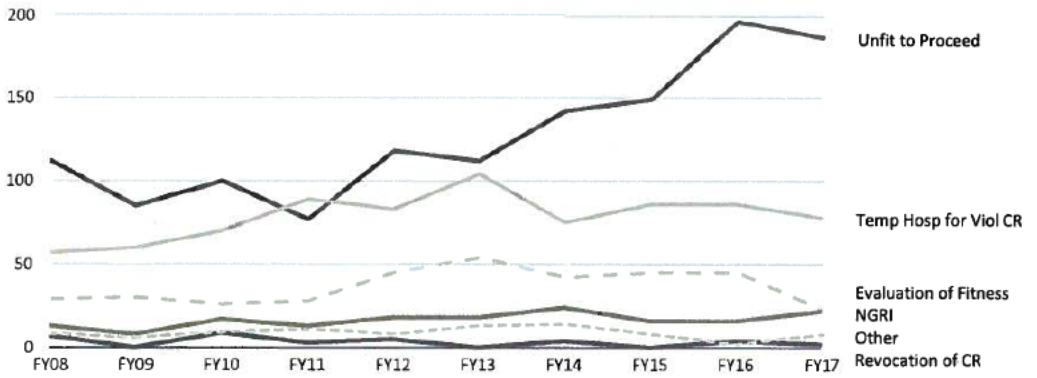
Table 4 summarizes the number of admissions by legal status category for FY 2016 and 2017.

TABLE 4: LEGAL STATUS AT ADMISSION

	# OF ADMISSIONS		% OF ADMISSIONS			
LEGAL STATUS	FY16	**FY17**	FY16	**FY17**	Change	% Chg
Unfit to Proceed §704-406, §704-406(1)(a), §704-406(1)(b)	196	**186**	56%	**58%**	-10	-5%
Temp. Hospitalization for CR Violation §704-413(1)	86	**78**	25%	**24%**	-8	-9%
Evaluation of Fitness to Proceed §704-404	45	**23**	13%	**7%**	-22	-49%
Acquitted & Committed (NGRI) §704-411(1)(a)	16	**22**	5%	**7%**	+6	+38%
Civil Commitment §334-60.2, §706-607, §704-406(3), §704-406(4)	1	**8**	0%	**3%**	+7	+700%
Revocation of CR §704-413(4)	4	**2**	1%	**1%**	-2	-50%
Acquitted & Conditionally Released (CR) §704-411(1)(b)	1	**0**	0%	**0%**	-1	-100%
TOTAL	349	**319**	100%	**100%**	**-30**	**-9%**

Figure 4 breaks down the past decade of admissions by admission legal status. The legal status of unfit to proceed (§704-406, §704-406(1)(a) and §704-406(1)(b)) continued to be by far the most frequent admission legal status, constituting a growing proportion of admissions (56% in FY 2016 to 58% in FY 2017) despite its numerical decline.

FIGURE 4: ADMISSIONS BY LEGAL STATUS, FY 2008 TO 2017



[1] Methodological Note on Reporting of Commitment Status: The commitment status of an individual usually changes over the course of hospitalization. For instance, a patient committed pursuant to §704-406 (unfit to proceed; committed), may later be found unrestorable and in need of hospitalization with charges dismissed (§704-406(7)(a)), then discharged from HSH with no legal encumbrance. For the purposes of this report, the commitment status has been assessed at the point in time of interest; that is, for information requested regarding admissions, the commitment status at the time of **admission** is reported; for discharges, the commitment status at the time of **discharge** is reported.

B. Summary of Discharges by Legal Status Category

Table 5 summarizes the number of discharges by legal status category for FY 2016 and 2017.

TABLE 5: LEGAL STATUS AT DISCHARGE

	# OF DISCHARGES		% OF DISCHARGES			
LEGAL STATUS	FY16	**FY17**	FY16	**FY17**	Change	% Chg
No Legal Encumbrance[2]	96	**105**	29%	**32%**	+9	+9%
Conditionally Released §704-415	103	**93**	31%	**28%**	-10	-10%
Fit to Proceed §704-405	84	**74**	25%	**22%**	-10	-12%
Unfit to Proceed, Released on Conditions §704-406(1)	27	**40**	8%	**12%**	+13	+48%
Acquitted & Conditionally Released §704-411(1)(b)	9	**12**	3%	**4%**	+3	+33%
Evaluation of Fitness to Proceed §704-404	6	**4**	2%	**1%**	-2	-33%
Expired (patient death)	2	**1**	1%	**0%**	-1	-50%
Unfit to Proceed §704-406	2	**0**	1%	**0%**	-2	-100%
Acquitted & Discharged §704-411(1)(c)	1	**0**	0%	**0%**	-1	-100%
Temp. Hospitalization for CR Violation §704-413(1)	1	**0**	0%	**0%**	-1	-100%
TOTAL	331	**329**	100%	**100%***	**-2**	**-1%**

**Percentages may not add up to 100% due to rounding.*

C. 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 (Acquitted and Committed)—*Commonly referred to as "Not Guilty by Reason of Insanity" or NGRI.*

Table 6 identifies the number of admissions and discharges with a legal status of acquitted and committed. These individuals were deemed fit for trial, stood trial, and were found to not be penally (or criminally) responsible because at the time of the offense, suffered from mental disease, disorder, or defect (MDDD) that prevented conformity with law, and therefore, acquitted (i.e., cleared of criminal charge). They were also found to present a risk of danger to themselves or others and not proper subjects for conditional release, and hence, committed to HSH. During FY 2017, NGRI admissions increased by +38%. While committed and treated at HSH, a patient may seek conditional release from the court to continue supervision and treatment in the community (§704-415). In FY 2017, 10 patients successfully petitioned the court for conditional release, a decline from 18 patients in FY 2016.

TABLE 6: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF ACQUITTED AND COMMITTED (OR NGRI)

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
16	**22**	+6	+38%	0	**0**	0	—

[2] Individuals discharged from HSH with no legal requirement to return to HSH. Examples include dismissal of charges, expiration of civil commitment, or end of voluntary hospitalization.

D. HRS §704-411(1)(b): Acquitted and Conditionally Released

Table 7 identifies the number of admissions and discharges with a legal status of acquitted and conditionally released. Similar to those above (§704-411(1)(a)), however, the courts found these individuals could be adequately controlled and provided proper care, supervision and treatment within the community if conditionally released, instead of committed to HSH. In FY 2017, discharges with this legal status increased by +33%.

TABLE 7: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF ACQUITTED AND CONDITIONALLY RELEASED

ADMISSIONS				DISCHARGES			
FY16	FY17	Change	% Chg	FY16	FY17	Change	% Chg
1	0	-1	-100%	9	12	+3	+33%

E. HRS §704-411(3): Post-Acquittal Hearing on Dangerousness

There were no admissions or discharges with this legal status in FY 2016 or 2017.

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

Table 8 identifies the number of admissions and discharges with a legal status of temporary hospitalization for violating terms of conditional release in FY 2016 and 2017. After the acquittal and granting of conditional release, these individuals were determined to be struggling to comply with the terms of their conditional release or in need of hospitalization, and ordered to return to HSH temporarily (up to 72-hours) with the hope of stabilization, improvement, and return to community-based supervision and treatment. Within the 72-hours, courts determine whether further hospitalization is necessary to prevent revocation of conditional release and may approve 90-day extensions, up to one year, before conditional release is revoked. In FY 2017, there was a -9% decrease in temporary hospitalization admissions and no patients discharged with this legal status. Seventy-four patients originally admitted for temporary hospitalization were granted CR in FY 2017, one less than in FY 2016.

TABLE 8: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF
TEMPORARY HOSPITALIZATION FOR VIOLATING TERMS OF CONDITIONAL RELEASE

ADMISSIONS				DISCHARGES			
FY16	FY17	Change	% Chg	FY16	FY17	Change	% Chg
86	78	-8	-9%	1	0	-1	-100%

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

Table 9 identifies the number of admissions and discharges with a legal status of revocation of conditional release in FY 2016 and 2017. These individuals were not able to restabilize, improve, or return to community-based supervision and treatment within one year of their temporary hospitalization. As a result, their conditional release was revoked. Only two individuals were admitted with this legal status in FY 2017, representing a -50% decline. In FY 2017, the number of patients originally admitted with CR revoked and successfully petitioning the courts to reinstate CR increased from one to three.

TABLE 9: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF REVOCATION OF CONDITIONAL RELEASE

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
4	**2**	-2	-50%	0	**0**	0	—

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

Table 10 identifies the number of admissions and discharges with a legal status of evaluation of fitness to proceed in FY 2016 and 2017. Before an individual can be tried, convicted, or sentenced, the individual must be able to understand the court proceedings and assist in their defense. If there is doubt of an individual's fitness to proceed, the court may suspend proceedings and order qualified expert(s) to examine and report on the individual's fitness to proceed. These evaluations may be conducted at HSH if the courts determine it necessary for the purpose of examination. In FY 2017, admissions with a legal status of evaluation of fitness to proceed declined by -49% and discharges by -33%. Three patients were discharged and returned to DPS custody after it was determined that they did not require hospital level of care, while the fourth patient was granted an order amending the custody location.

TABLE 10: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF EVALUATION OF FITNESS TO PROCEED

ADMISSIONS				DISCHARGES			
FY16	**FY17**	Change	% Chg	FY16	**FY17**	Change	% Chg
45	**23**	-22	-49%	6	**4**	-2	-33%

I. HRS §704-406: Unfit to Proceed; Committed

Table 11 identifies the number of admissions and discharges with a legal status of unfit to proceed in FY 2016 and 2017. The courts found these individuals cannot understand the court proceedings and/or assist in their own defense. They were also found to be a danger to themselves or others, or substantial danger to the property of others, and committed to HSH for detention, care, and treatment. During FY 2017, admissions with a legal status of unfit to proceed decreased by -5%. There were no individuals discharged as unfit to proceed during the fiscal year. After treatment at HSH, 54 individuals originally admitted as unfit were restored of fitness (§704-405) and discharged in FY 2017 to stand trial for their offenses.

TABLE 11: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF UNFIT TO PROCEED

ADMISSIONS				DISCHARGES			
FY16	FY17	Change	% Chg	FY16	FY17	Change	% Chg
196	**186**	-10	-5%	2	**0**	-2	-100%

In 2011, the Hawai'i State Legislature passed Act 53, which established the maximum duration of mental health commitment for individuals found unfit to proceed and charged with non-violent petty misdemeanor (§704-406(1)(a)) or misdemeanor (§704-406(1)(b)) offenses at 60 and 120 days, respectively. **Table 12** details Act 53 admissions among individuals found unfit to proceed.

TABLE 12: DETAILS OF ADMISSIONS WITH LEGAL STATUS OF UNFIT TO PROCEED

LEGAL STATUS	# OF ADMISSIONS			
	FY16	FY17	Change	% Chg
Unfit to Proceed §704-406	133	**126**	-7	-5%
Unfit to Proceed, Non-Violent Petty Misdemeanor §704-406(1)(a)	49	**39**	-10	-20%
Unfit to Proceed, Non-Violent Misdemeanor §704-406(1)(b)	14	**21**	+7	+50%
TOTAL	196	**186**	**-10**	**-5%**

During FY 2017, commitments citing Act 53 declined slightly, but continued to represent nearly one-third (32%) of all unfit to proceed admissions. While those charged with non-violent petty misdemeanors decreased by -20%, individuals charged with non-violent misdemeanors increased by +50%.

J. Involuntary Hospitalization ("Civil Commitment")[3]

Table 13 identifies the number of admissions and discharges with a legal status of involuntary hospitalization (or civil commitment) in FY 2016 and 2017. During FY 2017, admissions with a legal status of civil commitment increased to eight. Seven of the individuals had been found unrestorable, imminently dangerous to themselves or others, and in need of hospital level of care, and the courts ordered them civilly committed to HSH. The eighth individual was admitted in error and discharged the following day.

TABLE 13: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF CIVIL COMMITMENT

ADMISSIONS				DISCHARGES			
FY16	FY17	Change	% Chg	FY16	FY17	Change	% Chg
1	8	+7	+700%	0	0	0	—

K. Other Legal Statuses at Discharge

Table 14 identifies the number of discharges involving other legal statuses.

TABLE 14: OTHER LEGAL STATUSES AT DISCHARGE

LEGAL STATUS	# OF DISCHARGES		Change	% Chg
	FY16	FY17		
No Legal Encumbrance	96	105	+9	+9%
Conditionally Released (CR) §704-415	103	93	-10	-10%
Fit to Proceed §704-405	84	74	-10	-12%
Unfit to Proceed, Released on Conditions §704-406(1)	27	40	+13	+48%
Expired (patient death)	2	1	-1	-50%
Acquitted & Discharged §704-411(1)(c)	1	0	-1	-100%

Discharges with no legal encumbrance continued to increase (+9%), becoming the most common discharge legal status in FY 2017. Individuals may end up with no further legal requirements for a variety of reasons. For example, some individuals admitted as unfit to proceed, despite hospitalization, remain unable to comprehend the legal proceedings and/or assist in their defense. If the individual is found to be unrestorable (§704-406(7)) or if too much time has passed (§704-406(3)), the courts may dismiss the charges and discharge the patient. However, if the individual poses an imminent danger to themselves or others and is in need of hospital level of care, the courts may civilly commit the individual to HSH (for a statutory period of time), after which the individual is discharged with no further HSH legal encumbrance.

More than half (54%) of individuals discharged with no legal encumbrance were originally admitted as a result of being found unfit to proceed and charged with non-violent petty misdemeanor or misdemeanor offenses (n=57). Under Act 53, passed in 2011, the maximum time of mental health commitment for such patients is 60 days for petty misdemeanors (§704-406(1)(a)) and 120 days for

[3] HRS §706-607, §704-406(4), and §704-406(7).

misdemeanors (§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 or civilly committed. Of the 57 individuals originally admitted under Act 53 and discharged with no legal encumbrance, 74% were dismissed of their charges and released prior to the expiration of their commitment, while 26% were released and civilly committed for continued treatment.

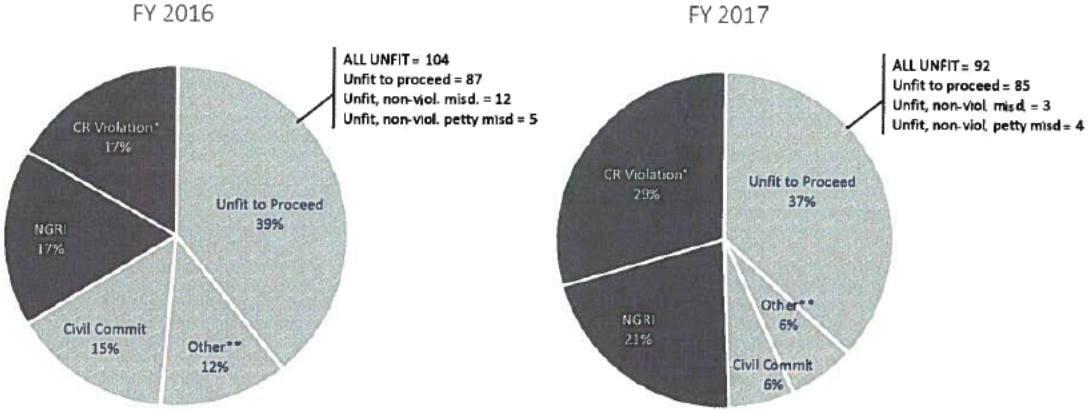
Conditional release (§704-415) was the second most common discharge legal status during the fiscal year (n=93), but continued to decline (-7% in FY 2016, -10% in FY 2017). These individuals were acquitted and committed to HSH, temporarily hospitalized for conditional release violations (§704-413(1)), or had their conditional release revoked (§704-413(4)), and after a statutory period of time, applied for and were granted, by the courts, conditional release to continue care, supervision, and treatment within the community.

Discharges with legal status of unfit to proceed and released on conditions (§704-406(1)) increased significantly by +48% in FY 2017 after decreasing by -16% in FY 2016. The courts found that these individuals cannot understand the court proceedings and/or assist in their own defense. However, they were also found to not be a danger to self or others, or substantial danger to the property of others, and therefore, released on conditions.

L. Legal Status of Patients Active at End of Fiscal Year

Figure 5 presents the primary legal status of patients active on the last day of FY 2016 (June 30, 2016) and FY 2017 (June 30, 2017).

FIGURE 5: ACTIVE PATIENTS BY LEGAL STATUS AT END OF FY 2016 AND 2017



**CR Violation includes: Revocation of CR (n=45) and Temporary hospitalization for violating CR (n=40)*
***"Other" includes: Eval. of fitness to proceed (n=9), voluntary (n=3), conditional release (n=1), and unfit & released on conditions (n=1).*

**CR Violation includes: Revocation of CR (n=37) and Temporary hospitalization for violating CR (n=37)*
***"Other" includes: Eval. of fitness to proceed (n=3), Voluntary (n=5), Conditional release (n=6), Unfit & released on conditions (n=1), and Conditional release expired for non-felony (n=1).*

The commitment status of an individual normally changes over the course of hospitalization. For instance, an individual committed pursuant to §704-406 (unfit to proceed), may later be found unrestorable and in need of hospitalization with charges dismissed (§704-706(7)(a)), then involuntarily hospitalized, or civilly committed (§334-60.2), and finally discharged from HSH with no legal encumbrance. This snapshot captures a patient's legal status as of the last day of the fiscal

year. Also, individuals are sometimes admitted to HSH with multiple court cases and orders, resulting in more than one legal status, all of which will likely evolve during a hospitalization episode. In such instances, the legal status involving the longest DOH commitment is selected as the individual's primary legal status.

Comparison of patient composition on the last day of the fiscal years provides a look at the changing dynamics of patient types. In both fiscal years, the largest percentage of patients active at the end of year held the legal status of unfit to proceed, with a decline of patients with an Act 53 legal status (-10). However, individuals acquitted and committed increased slightly to 21% and those with conditional release violations (either revocation of CR or temporary hospitalization for violating CR) saw a 12 percentage point increase, from 17% at the end of FY 2016 to 29% at the end of FY 2017. Together, this NGRI cohort of legal statuses (i.e., acquitted and committed, CR violations) grew from 34% in FY 2016 to 50% in FY 2017.

PART III. NUMBER OF INDIVIDUALS COMMITTED TO THE HAWAI'I STATE HOSPITAL BY EACH COUNTY AND COURT

A. County

Figure 6 and Table 15 detail admissions by the county ordering DOH commitment. During FY 2017, all counties except Hawai'i (+1%) decreased their admissions to HSH, ranging from -7% on Kaua'i to -46% on Maui. In Hawai'i County, the drop in commitments from Kona (-9) was offset by a slightly larger increase from Hilo (+10). In comparison to each county's proportion of the state population, the percentage of admissions from Hawai'i were notably higher (14% of state pop. vs 21% of HSH admissions), while the percentage of admissions from Maui were significantly lower (12% of state pop. vs 4% of HSH admissions).

FIGURE 6: ADMISSIONS BY COMMITTING COUNTY, FY 2016 AND 2017

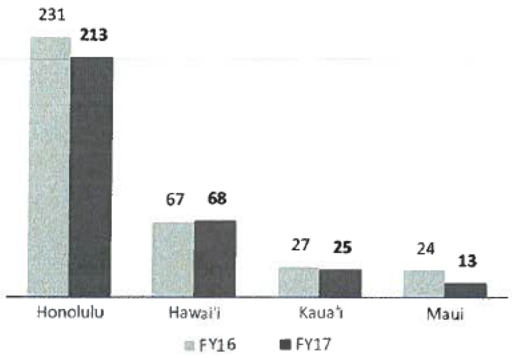


TABLE 15: ADMISSIONS BY COMMITTING COUNTY

COUNTY	# OF ADMISSIONS FY16	# OF ADMISSIONS FY17	% OF ADMISSIONS FY16	% OF ADMISSIONS FY17	% of State Pop.*	Change	% Chg
Honolulu	231	**213**	66%	**67%**	69%	-18	-8%
Hawai'i	67	**68**	19%	**21%**	14%	+1	+1%
Hilo	44	**54**	13%	**17%**	—	+10	+23%
Kona	23	**14**	7%	**4%**	—	-9	-39%
Kaua'i	27	**25**	8%	**8%**	5%	-2	-7%
Maui	24	**13**	7%	**4%**	12%	-11	-46%
TOTAL	**349**	**319**	**100%**	**100%**	**100%**	**-30**	**-9%**

**Based on the 2016 U.S. Census Bureau estimate of the State of Hawaii's population.*

B. Court

Figure 7 and **Table 16** present the admissions by type and location of committing court. Generally speaking, circuit courts preside over felony charges, district courts oversee misdemeanor or charges of lower grade, and family courts handle, among other things, domestic violence and civil commitment cases. In FY 2017, admissions declined overall and similarly, most courts saw a decline in commitments. The exceptions to this downward trend were increases from O'ahu (Honolulu) family court (+73%, 11 to 19) and the Hawai'i circuit court (+29%, 21 to 27). Similar to the prior year, more than half (51%) of all admissions in FY 2017 came from circuit courts.

FIGURE 7: ADMISSIONS BY COMMITTING COURT AND COUNTY, FY 2015 AND 2016

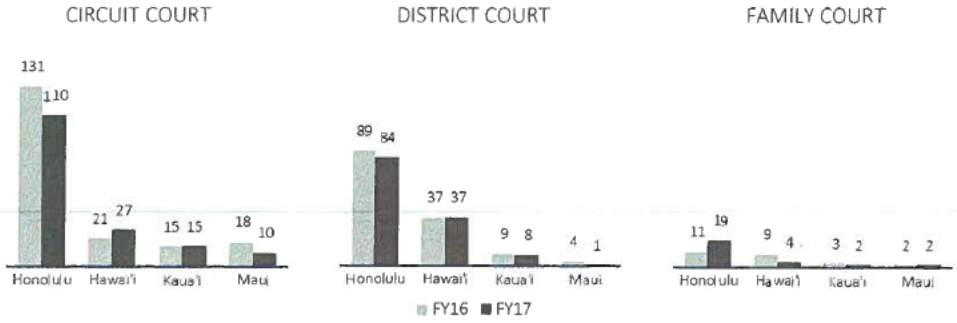


TABLE 16: ADMISSIONS BY COMMITTING COURT AND COUNTY

	CIRCUIT COURT			DISTRICT COURT			FAMILY COURT		
COUNTY	FY17	Change	% Chg	FY17	Change	% Chg	FY17	Change	% Chg
Honolulu	**110**	-21	-16%	**84**	-5	-6%	**19**	+8	+73%
Hawai'i	**27**	+6	+29%	**37**	0	0%	**4**	-5	-56%
Hilo	**18**	+4	+29%	**32**	+9	+39%	**4**	-3	-43%
Kona	**9**	+2	+29%	**5**	-9	-64%	**0**	-2	-100%
Kaua'i	**15**	0	0%	**8**	-1	-11%	**2**	-1	-33%
Maui	**10**	-8	-44%	**1**	-3	-75%	**2**	0	0%
TOTAL	**162**	-23	-12%	**130**	-9	-6%	**27**	+2	+8%
% of Admissions	**51%**			**41%**			**8%**		

PART IV. NUMBER OF HAWAI'I STATE HOSPITAL PATIENTS ON FORENSIC STATUS, BROKEN DOWN BY GRADE OF OFFENSE AND CATEGORY OF UNDERLYING CRIMES

Table 17 summarizes admissions during FY 2017 by grade of the offense and whether the offense was against a person or not.[4] Because an individual may be admitted for multiple offenses of varying grades, the most severe charge is used in this report.

Individuals committed to HSH due to felonies accounted for more than half (53%) of admissions during FY 2017. For the most common legal status at admission—unfit to proceed (§704-406)—individuals were more likely to be admitted due to misdemeanors than felonies. However, for the next three most common admission legal statuses—temporary hospitalization for violating conditional release (§704-413(1)), evaluation of fitness to proceed (§704-404), and NGRI (§704-411(1)(a))—individuals were more likely to be admitted due to felonies.

TABLE 17: FY 2017 ADMISSIONS BY LEGAL STATUS AND GRADE OF MOST SEVERE OFFENSE

	EVAL. OF FITNESS TO PROCEED	UNFIT TO PROCEED	ACQUIT & COMMIT (NGRI)	TEMP. HOSP. FOR VIOLATING CR	REVOCATION OF CR	CIVIL COMMITMENT	TOTAL	% OF ADMISSIONS
TOTAL ADMITS W/FELONY CHARGES	**17**	**70**	**17**	**61**	**2**	**2**	**169**	**53%**
Felony A	**–**	**9**	**4**	**6**	**1**	**–**	**20**	**6%**
Offense against another	–	9	4	5	1	–	**19**	6%
Offense not against another	–	–	–	1	–	–	**1**	0%
Felony B	**3**	**15**	**2**	**17**	**1**	**–**	**38**	**12%**
Offense against another	–	4	–	7	1	–	**12**	4%
Offense not against another	3	11	2	10	–	–	**26**	8%
Felony C	**14**	**46**	**11**	**38**	**–**	**2**	**111**	**35%**
Offense against another	7	20	7	20	–	1	**55**	17%
Offense not against another	7	26	4	18	–	1	**56**	18%
TOTAL ADMITS W/MISD. CHARGES	**6**	**115**	**5**	**17**	**–**	**6**	**149**	**47%**
Misdemeanors	**5**	**63**	**5**	**10**	**–**	**2**	**85**	**27%**
Offense against another	1	38	3	3	–	–	**45**	14%
Offense not against another	4	25	2	7	–	2	**40**	13%
Petty Misdemeanors	**1**	**52**	**–**	**7**	**–**	**4**	**64**	**20%**
Offense against another	–	13	–	3	–	–	**16**	5%
Offense not against another	1	39	–	4	–	4	**48**	15%
VIOLATION – Offense not against another	–	1	–	–	–	–	**1**	**0%**
TOTAL	**23**	**186**	**22**	**78**	**2**	**8**	**319**	**100%**
% OF ADMISSIONS	7%	58%	7%	24%	1%	3%	**100%**	

[4] HSH defines "offense against another" as an offense involving (potential) violence against another person: all HRS §707 offenses, robbery (HRS §§708-840-842), and abuse of family or household member (HRS §709-906).

Figure 8 and **Table 18** compare the offense grades of FY 2016 and 2017 admissions. The decrease in admissions with Felony A (-23%) and Felony B (-17%) charges significantly exceeded the average decline in admissions (-9%). Felony C continued to be the most common severest charge (35%) among admissions, followed by misdemeanors (27%) and petty misdemeanors (20%).

FIGURE 8: ADMISSIONS BY MOST SEVERE CHARGE, FY 2016 AND 2017

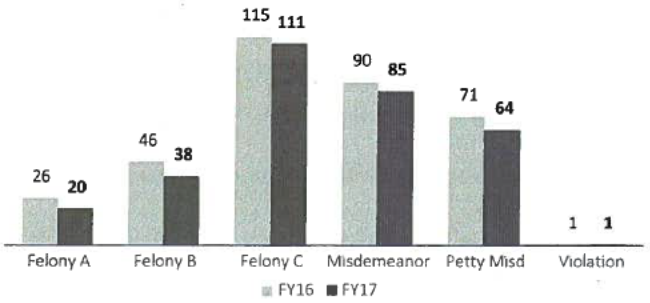


TABLE 18: COMPARISON OF FY 2016 AND 2017 ADMISSIONS BY GRADE OF MOST SEVERE OFFENSE

	# OF ADMISSIONS		% OF ADMISSIONS			
	FY16	FY17	FY16	FY17	Change	% Chg
TOTAL ADMITS W/FELONY CHARGES	**187**	**169**	**54%**	**53%**	**-18**	**-10%**
Felony A	**26**	**20**	**7%**	**6%**	**-6**	**-23%**
Offense against another	22	19	6%	6%	-3	-14%
Offense not against another	4	1	1%	0%	-3	-75%
Felony B	**46**	**38**	**13%**	**12%**	**-8**	**-17%**
Offense against another	22	12	6%	4%	-10	-45%
Offense not against another	24	26	7%	8%	+2	+8%
Felony C	**115**	**111**	**33%**	**35%**	**-4**	**-3%**
Offense against another	53	55	15%	17%	+2	+4%
Offense not against another	62	56	18%	18%	-6	-10%
TOTAL ADMITS W/MISD. CHARGES	**161**	**149**	**46%**	**47%**	**-12**	**-7%**
Misdemeanors	**90**	**85**	**26%**	**27%**	**-5**	**-6%**
Offense against another	60	45	17%	14%	-15	-25%
Offense not against another	30	40	9%	13%	+10	+33%
Petty Misdemeanors	**71**	**64**	**20%**	**20%**	**-7**	**-10%**
Offense against another	11	16	3%	5%	+5	+45%
Offense not against another	60	48	17%	15%	-12	-20%
VIOLATION – Offense not against another	**1**	**1**	**0%**	**0%**	**–**	**0%**
TOTAL	**349**	**319**	**100%**	**100%**	**-30**	**-9%**

Table 19 details the categories of underlying crimes charged against forensic patients active during FY 2017. Forensic patients are individuals with a legal status generated by a criminal court. Individuals who are civilly committed for non-criminal matters (§334-60.2) are not considered forensic patients. Of the 580 active patients in FY 2017 (HSH and contracted bed sites), two were originally admitted under a non-forensic status, resulting in a total of 578 forensic patients. While most individuals had criminal charges in only one category, more than one-fourth of active patients were charged with crimes in multiple categories and are counted in each category charged.

Offenses against persons (e.g., assault, terroristic threatening, murder) involve victims who are individuals. Sexual offenses are a subset of offenses against persons, and per HRS §707 Part V, include sexual assault, indecent exposure, and incest. Offenses against property (e.g., burglary, criminal trespassing, criminal property damage, robbery) involve crimes related to the theft or destruction of another's property. In FY 2017, property crimes (44%) were slightly more common than offenses against persons (41%) among patients. Sexual offenses were relatively rare (4%). Forty-three percent (n=250) of patients committed offenses other than personal or property crimes—most commonly, harassment, order for protection, and promoting a dangerous drug in the third degree—and for just over half of these patients (n=126), non-personal and non-property crimes were the most serious charges underlying their commitment to HSH.

TABLE 19: FORENSIC PATIENTS, BY CATEGORIES OF UNDERLYING CRIME, FY 2017

CATEGORY OF UNDERLYING CRIME	# OF PTS*	% OF PTS*
Offenses Against Persons §707, excluding sex offenses	236	41%
Sexual Offenses §707 Part V	24	4%
Offenses Against Property §708	253	44%
Other Offenses Offenses other than §§707, 708	250	43%
Other offense only - *Did not commit any §§707, 708 offense*	***126***	***22%***
TOTAL FORENSIC PATIENTS	**578**	

****Not a unique count. Patient charged with crimes in more than one category are counted in each category charged.***

PART V. LENGTHS OF STAY IN THE HAWAI'I STATE HOSPITAL

A. Inpatient Days by Admission Legal Status and Location

Table 20 presents the number of inpatient days by admission legal status and location for patients active during FY 2017, including inpatient days accrued in contracted beds at Kāhi Mōhala and CRCC. Inpatient days is a commonly-used measure of hospital utilization representing each day a patient utilizes HSH services.[5] Similar to FY 2016, almost three-fourths (73%) of inpatient days were attributable to individuals admitted as unfit to proceed (46%) and temporarily hospitalized for CR violations (27%). In fact, the proportion of inpatient days by each admission legal status was nearly identical between active patients in FY 2016 and 2017 due to the large numbers of those unfit to proceed and temporarily hospitalized for CR violation in both years. Given the smaller number of individuals in other legal statuses, any increases or decreases in admissions appears to have had little impact on their proportion of hospital utilization, resulting in a similar distribution of inpatient days between FY 2016 and 2017.

TABLE 20: INPATIENT DAYS OF ACTIVE PATIENTS, BY ADMISSION LEGAL STATUS AND LOCATION

	HSH			KĀHI MŌHALA			CRCC			
ADMISSION LEGAL STATUS	FY17	Chg	% Chg	FY17	Chg	% Chg	FY17	Chg	% Chg	FY17 TOTAL
Unfit to Proceed	**31,978**	+90	0%	**9,485**	+782	+9%	**365**	+154	+73%	**41,828**
Temp. Hosp. for CR Violation	**20,667**	-1,122	-5%	**4,317**	+1,058	+32%	—	—	—	**24,984**
Acquitted & Committed (NGRI)	**11,403**	+2,227	+24%	**1,018**	-755	-43%	**833**	-265	-24%	**13,254**
Evaluation of Fitness to Proceed	**4,399**	-1,512	-26%	**1,723**	+179	+12%	—	—	—	**6,122**
Revocation of CR	**3,505**	+920	+36%	**117**	+31	+36%	—	—	—	**3,622**
Civil Commitment	**1,209**	-167	-12%	**131**	+131	—	—	—	—	**1,340**
Transfer fr. Correctional Facility	**365**	-1	0%	—	—	—	—	—	—	**365**
Post-Acquittal Hrg on Dangerousness	**12**	-354	-97%	—	—	—	—	—	—	**12**
Court-Ordered Involuntary	—	-190	-100%	—	—	—	—	—	—	—
Acquitted & CR	—	-4	-100%	—	—	—	—	—	—	—
TOTAL	**73,538**	-113	0%	**16,791**	+1,426	+9%	**1,198**	-111	-8%	**91,527**

Table 21 presents total inpatient days over the past seven fiscal years for each of the three DOH locations (HSH and contracted beds). Total inpatient days—and thus, hospital utilization—rose almost every year between FY 2011 and FY 2017. The growth of inpatient days at Kāhi Mōhala can be attributed to the four additional beds purchased near the end of FY 2016. AMHD expended approximately $13 million, plus medical expenses, for the 46 contracted beds at Kāhi Mōhala during FY 2017.

[5] For example, 100 patients at HSH for 1 day would represent 100 inpatient days. Inpatient days exclude days when a patient stays overnight offsite, such as at an acute care medical facility, a transitional program in the community, or in DPS custody.

TABLE 21: INPATIENT DAYS OF ACTIVE PATIENTS BY LOCATION, FY 2011-2017

	LOCATION					
FISCAL YEAR	HSH	Kāhi Mōhala	CRCC	TOTAL	Change	% Chg
2017	**73,538**	16,791	1,198	**91,527**	+1,202	+2%
2016	**73,651**	15,365	1,309	**90,325**	-231	0%
2015	**74,408**	15,298	850	**90,556**	+4,230	+6%
2014	**71,214**	14,600	512	**86,326**	+3,857	+6%
2013	**67,528**	14,576	365	**82,469**	+6,225	+9%
2012	**69,003**	6,875	366	**76,244**	+2,570	+4%
2011	**67,469**	5,840	365	**73,674**	—	—

B. Length of Stay (LOS) for Individuals Discharged During FY 2017

Table 22 details the length of stay for individuals discharged during FY 2017. LOS measures a hospitalization episode by calculating the number of days between admission and discharge. Overall, the average LOS for patients discharged in FY 2017 was 7 months (212 days), declining by nearly 3 months from FY 2016 (301 days). However, treating patient deaths as outliers[6] among discharges and removing them from the data narrowed the difference in average LOS between fiscal years to 1.5 months.

TABLE 22: LENGTH OF STAY (LOS) FOR INDIVIDUALS DISCHARGED IN FY 2017, BY DISCHARGE LEGAL STATUS

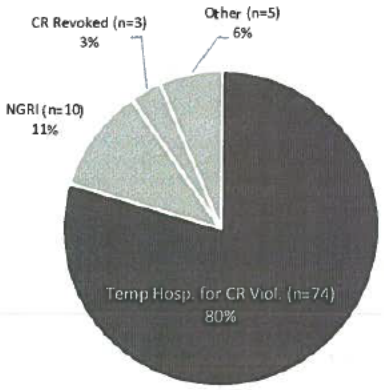
	# OF DISCHARGES			TOTAL LOS			AVERAGE LOS		
LEGAL STATUS AT DISCHARGE	FY17	Chg	% Chg	FY17	Chg	% Chg	FY17	Chg	% Chg
Conditionally Released (CR)	**93**	-10	-10%	**25,511**	-10,517	-29%	**274**	-75	-22%
Unfit to Proceed, Rel. on Cond.	**40**	+13	+48%	**9,866**	+3,360	+52%	**247**	+6	+2%
Acquitted & CR	**12**	+3	+33%	**2,355**	+1,065	+83%	**196**	+53	+37%
No Legal Encumbrance	**105**	+9	+9%	**17,876**	-6,733	-27%	**170**	-86	-34%
Fit to Proceed	**74**	-10	-12%	**11,560**	-1,854	-14%	**156**	-3	-2%
Eval. of Fitness to Proceed	**4**	-2	-33%	**286**	-199	-41%	**72**	-9	-12%
Expired	**1**	-1	-50%	**2,440**	-14,637	-86%	**2,440**	-6,099	-71%
Other[7]	**0**	-4	-100%	**0**	-351	-100%	**0**	-88	-100%
TOTAL	**329**	-2	-1%	**69,894**	-29,866	-30%	**212**	-89	-30%

[6] Patient deaths are outliers among HSH discharges for several reasons. There are very few patient deaths in any given fiscal year and usually involve individuals who have been at HSH for an extended period of time, and in some cases, quite elderly. While there were only two deaths in FY 2016 and one in FY 2017, the difference in total LOS is over 40 years (14,637 days).

[7] Unlike the previous year, in FY 2017, there were no patients discharged as unfit to proceed, acquitted and discharged, and temporarily hospitalized for CR violations.

Individuals discharged as conditionally released (§704-415) continued to have the highest total and average (approx. 9 months) LOS. Further examination reveals that 80% of individuals discharged on conditional release were originally admitted as temporary hospitalizations for violating terms of conditional release (§704-413(1)) with average LOS of 7.5 months, ranging from 2 days to almost 4 years (see Figure 9).

FIGURE 9: PATIENTS DISCHARGED ON CONDITIONAL RELEASE, BY ADMISSION LEGAL STATUS

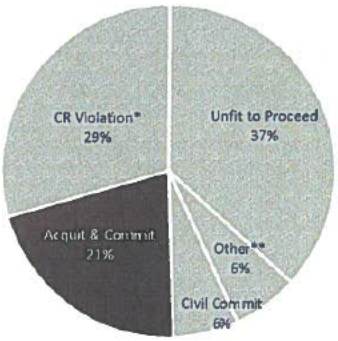


C. Gross Length of Stay (Gross LOS) for Patients Active at End of Fiscal Year

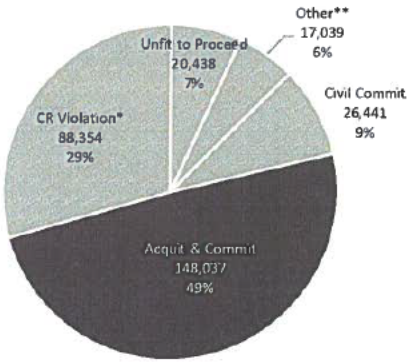
LOS is typically calculated upon discharge for individuals leaving a hospital to capture the length of a hospitalization episode. For patients who are currently in a hospital, gross length of stay is measured from admission date to the current or a given date. Figure 10 provides a snapshot of the HSH population on the last day of FY 2017 (June 30, 2017) based on their legal status on that day (which may have changed since admission as a result of ongoing court proceedings), comparing the composition of active patients with their collective gross LOS.

FIGURE 10: COMPOSITION AND GROSS LOS OF PATIENTS ACTIVE AT END OF FY 2017, BY LEGAL STATUS ON JUNE 30, 2017

AS PERCENTAGE OF ACTIVE PATIENTS



AS PERCENTAGE OF GROSS LOS



**CR Violation includes: Revocation of CR (n=37) and Temporary hospitalization for violating CR (n=37)*
***Other includes: Eval. of fitness to proceed (n=3), Voluntary (n=5), Conditional release (n=6), Unfit & released on conditions (n=1), and Conditional release expired for non-felony (n=1).*

In FY 2017, the 53 individuals with the legal status of acquitted and committed (NGRI) on the last day of the fiscal year collectively spent 405 years (148,037 days) at HSH and contracted beds since their respective admissions. NGRI individuals accounted for only 21% of patients active on the last day of FY 2017, but nearly half of the total gross LOS (49%). Patients with CR violations are individuals who were acquitted, but found to no longer be a danger to people or property and well enough to be discharged on conditional release, but later violated or were in danger of violating the terms of their CR. The 74 individuals with CR violations accumulated another 242 years, or 29% of the total gross LOS. By contrast, the 92 individuals with the legal status of unfit to proceed on the last day of the fiscal year constituted the largest group (37%), but amassed only 56 years (20,438 days). Given that individuals found not guilty by reason of insanity may continue to be committed indefinitely to DOH custody unless granted conditional release by the courts, and even when granted conditional release, are required return to HSH for any violations, the disproportionate gross LOS is unsurprising and provides a long-term perspective on the impact of certain types of patients on hospital utilization and expenditure. Even the modest +9 increase in NGRI admissions in FY 2017 is likely to result in additional patients requiring lengthy HSH care.

APPENDIX:

HSH Staff Injuries and Assaults on Staff

HSH STAFF INJURIES AND ASSAULTS ON STAFF

During the 2014 Legislative Session, the Hawai'i State 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 Hawai'i) after the hearings were completed. The report contained several recommendations, including that HSH submit a written report on data regarding staff assaults and injuries to the 2015 and 2016 legislative sessions.

Issued by the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA), "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers" states that "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.' According to the Bureau of Labor Statistics (BLS), 27 out of the 100 fatalities in healthcare and social service settings that occurred in 2013 were due to assaults and violent acts."[8]

A workplace violence prevention program is an effective organizational approach to mitigate the risk of violence in the hospital workplace. OSHA outlined key elements of an effective program: leadership support, staff involvement, worksite hazard analysis, reporting assault and injury incidents, analysis and tracking and record keeping using the OSHA Form 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 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), a regional organization consisting of state psychiatric hospitals from 15 western states: Alaska, Arizona, California, Colorado, Hawai'i, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming. WPSHA 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. HSH compares its assault and staff injury data with other state psychiatric hospitals for benchmarking purposes.

In 2013, WPSHA performed a benchmarking study on staff injuries. In 2014, WPHSA performed a benchmarking study on incidents of aggression. Since 2015, WPSHA has conducted a benchmarking study comparing member hospitals that reported staff, patient, and visitor incidents of aggression, including reports of assaults and attempted assaults. Twenty-two WPSHA hospitals that treat adults participated in the FY 2017 study, including HSH. Of the participating hospitals, 3 (including HSH) treat only forensic patients, 4 treat only civilly-committed patients, and the remaining 15 treat a mixture of forensic and civilly-committed patients.

[8] U.S. Department of Labor, Occupational Safety and Health Administration, OSHA 3148-04R 2015, "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers."

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. It should also be noted that while HSH includes attempted assaults (i.e., no contact) in its aggression data, not all hospitals do so. HSH continues to collect and analyze attempted assaults because it takes seriously all assaults, including attempted assaults, and because it provides critical data to help treatment teams understand and address escalations in patient aggression. The data is presented as rates of aggression per 1,000 patient days to allow comparison across hospitals with differing numbers of beds.

Table 23 provides HSH data on violence for patient-to-patient aggression, patient-to-staff aggression and patient-to-visitor aggression. No incidents involving visitors have been reported for FY 2016 and 2017.

TABLE 23: FY 2016 AND 2017 WPSHA BENCHMARKING PROJECT
AGGRESSION INCIDENTS IN STATE HOSPITALS

CATEGORY	HSH RATES FY16	HSH RATES FY17	Change	% Chg	FY17 WPSHA RANGE
Patient-to-Patient Aggression	1.28	**1.24**	-0.04	-3%	0.84 – 10.52
Patient-to-Staff Aggression	1.03	**1.97**	+0.94	+91%	0.4 – 36.31
Patient-to-Visitor Aggression	0	**0**	0	—	0 – 0.1
TOTAL Aggression Incidents	2.31	**3.21**	+0.9	+39%	1.41 – 46.83

Figure 11 illustrates WPSHA comparison data on total aggressive incidents for FY 2017. This graph demonstrates that of the 22 hospitals reporting data on total acts of aggression, 13 have a higher rate per 1,000 patient days than HSH.

FIGURE 11: WPSHA FY 2017 BENCHMARKING DATA FOR TOTAL AGGRESSION INCIDENTS
PER 1,000 PATIENT DAYS, BY FACILITY TYPE

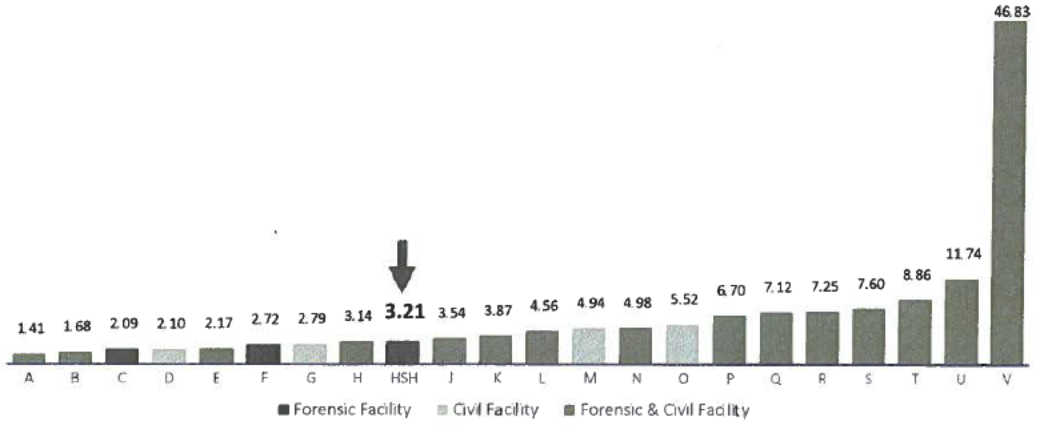
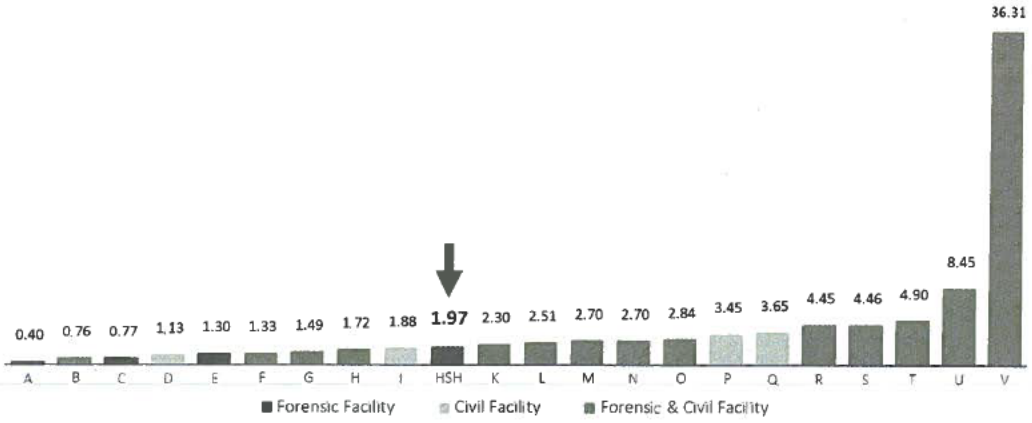


Figure 12 illustrates WPSHA comparison data on patient-to-staff aggression incidents for FY 2017. Of the 22 hospitals reporting patient to staff acts of aggression, 12 have a higher rate than HSH.

FIGURE 12: WPSHA FY 2017 BENCHMARKING DATA FOR PATIENT-TO-STAFF AGGRESSION INCIDENTS PER 1,000 PATIENT DAYS, BY FACILITY TYPE



Turning from a comparison between HSH and other state psychiatric hospitals to a closer examination of HSH assaults over time (**Figure 13**) show that after a steady decline, HSH experienced an increase in FY 2017 of total patient-to-staff assaults. This increase was driven by both an increase in assaults with physical contact (+76%) and attempted assaults (+177%).

FIGURE 13: TOTAL ASSAULTS (COMMITTED AND ATTEMPTED) ON HSH STAFF, FY 2013-2017

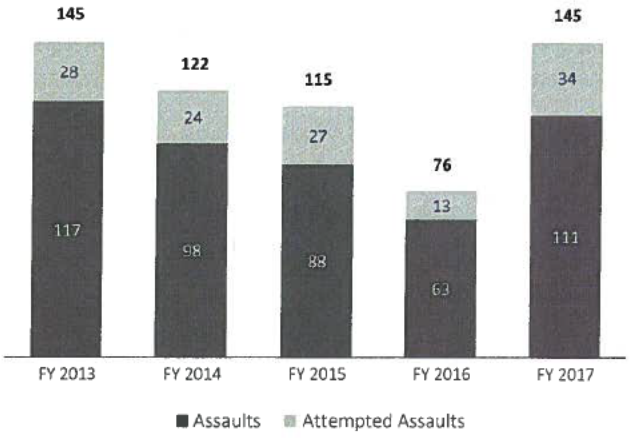


Figure 14 analyzes patient-to-staff assault data by identifying the proportion of patients involved in staff assaults (i.e., assaultive patients) and the frequency of assaults committed or attempted by assaultive patients. Of the 532 patients active at HSH in FY 2017, 55 individuals (10%) were responsible for all staff assaults committed or attempted. Of the 145 assaults on staff, more than one-fourth were attributable to just 3 highly-assaultive patients, while 31 patients were each involved in only one staff assault event during the year.

FIGURE 14: PATIENTS RESPONSIBLE FOR STAFF ASSAULTS, FY 2017

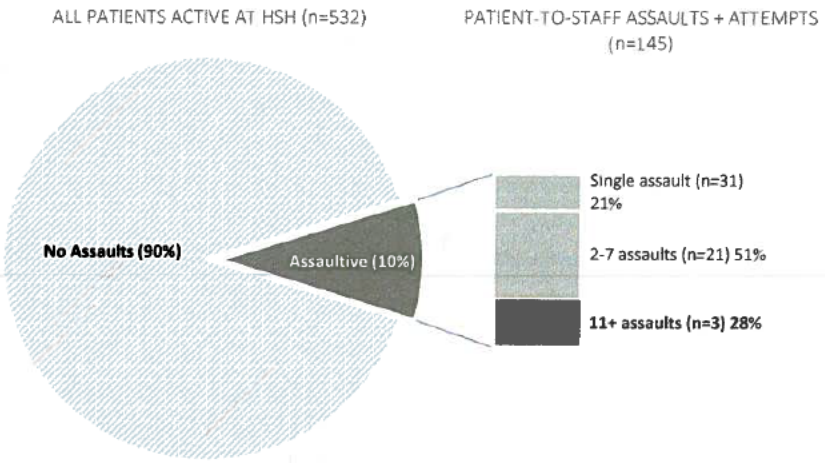
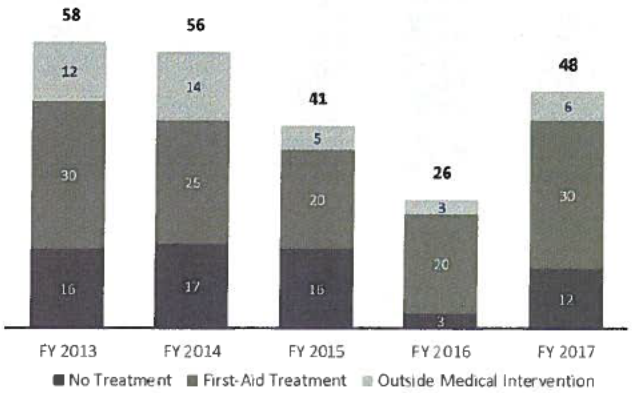


Figure 15 illustrates the severity of staff injuries resulting from assaults at HSH between FY 2013 and 2017. Interestingly, while the number of staff assaults (physical contact) were the second highest in the past five years, the number and proportion of injuries resulting from the assaults was a little lower than expected (44%, range from 41% to 57%). Injuries requiring outside medical intervention were also lower in number and proportion (13%, range from 12% to 25%). This suggests that efforts to mitigate harm from assaults may have reduced the number and severity of injuries relative to the number of assaults.

FIGURE 15: INJURY SEVERITY OF ASSAULTS ON HSH STAFF, FY 2013-2017



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. Enhanced staff training, adequate staffing levels, and analysis of assault events are among these measures. Additionally, a new proactive patient engagement program called IMUA (Interact with patients, Mindful documentation, Unconditional positive regard, Always available) began effective July 30, 2015 based on an extremely successful program at the Colorado Mental Health Institution at Pueblo. HSH has also increased physical measures to bolster staff safety, such as partitions inside of transport vehicles to provide a barrier between patients and drivers, and expanding the presence of security personnel from the campus perimeter to include the inside of hospital units. DOH, AMHD, and HSH Administrations believe that one assault is one assault too many and continue to take steps to minimize assaults on staff.

REPORT TO THE TWENTY NINTH LEGISLATURE
STATE OF HAWAI'I
2017

PURSUANT TO HAWAI'I REVISED STATUTES §334-16

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

Prepared by:
Department of Health
Adult Mental Health Division
Hawai'i State Hospital

- HSH continues to make great strides in reducing in staff assaults and injuries. Since FY 2013, HSH staff assaults (145 to 76) and injuries (58 to 26) have declined by roughly half, and staff injuries requiring outside medical treatment dropped by 75% (12 to 3). HSH continues to compare very favorably to other state psychiatric hospitals in the western United States.

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 "MH-9"
HRS §704-404	Evaluation of Fitness to Proceed
HRS §704-405	Fit to Proceed
HRS §704-406	Unfit to Proceed
HRS §704-406(1)	Unfit to Proceed, Released on Conditions
HRS §704-406(1)(a)	Unfit to Proceed, Charge is a Petty Misdemeanor not Involving Violence, Charge Dismissed after 60 days
HRS §704-406(1)(b)	Unfit to Proceed, Charge is a Misdemeanor not Involving Violence, Charge Dismissed after 120 days
HRS §704-406(3)	Found Fit to Proceed and Civilly Committed
HRS §704-406(4)	Found Un-restorable and Civilly Committed
HRS §704-411(1)(a)	Acquitted (on the Ground of Physical or Mental Disease, Disorder or Defect Excluding Responsibility) and Committed to the Director of the Department of Health
HRS §704-411(1)(b)	Acquitted and Conditionally Released
HRS §704-411(1)(c)	Acquitted and Discharged
HRS §704-411(3)	Post-Acquittal Hearing on Dangerousness
HRS §704-413(1)	Temporary Hospitalization for Violating Terms of Conditional Release
HRS §704-413(4)	Revocation of Conditional Release
HRS §704-415	Conditional Release
HRS §706-607	Civil Commitment in Lieu of Prosecution or 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	A process by which an individual is found by the court to be dangerous to self and/or others or is gravely disabled with no less restrictive alternative than hospitalization.
Columbia Regional Care Center (CRCC)	A private, secure forensic facility located in Columbia, South Carolina owned by Correct Care Recovery Solutions, and contracted by DOH to provide

KEY TERM	DEFINITION
Waived Bed	A hospital bed in addition to those included in the HSH licensed bed capacity (i.e., a substandard patient room with respect to licensing standards such as square footage, access to toileting facilities, etc).
Year Over Year (YOY)	Comparison of HSH patient statistics with the same data for the previous fiscal year. In this report, YOY reflects change between FY 2015 and 2016.

REPORTING REQUIREMENTS OF HAWAI'I REVISED STATUTES (HRS) §334-16

PART I. TOTAL ADMISSIONS AND DISCHARGES

Table 1 illustrates the total admissions and discharges from HSH for FY 2015 and 2016. During FY 2016, HSH admissions increased by 15% and discharges increased by 10%.

TABLE 1: ADMISSIONS AND DISCHARGES

ADMISSIONS				DISCHARGES			
FY15	FY16	YOY*	% Change	FY15	FY16	YOY*	% Change
304	349	+45	+15%	302	331	+29	+10%

*Year over year (YOY) reflects change between FY2015 and 2016.

Table 2 illustrates the total of transfers within DOH custody for FY 2016. Transfers to Kāhi Mōhala increased by 18% from FY 2015. Transfers of patients from Kāhi Mōhala back to HSH increased from one in FY 2015 to six in FY 2016. In both FY 2015 and 2016, one individual was transferred to CRCC, resulting in a total of four individuals in out-of-state custody.

TABLE 2: TRANSFERS WITHIN DOH CUSTODY

KĀHI MŌHALA				CRCC			
FY15	FY16	YOY	% Change	FY15	FY16	YOY	% Change
82	97	+15	+18%	1	1	0	0%

Table 3 illustrates the total of DOH/DPS dual custody individuals for FY 2016. Nine individuals were transferred to DPS custody, resulting in an 80% increase from FY 2015. Over the course of FY 2016, a total of 15 dually-committed individuals were in DPS custody, with 10 individuals in DPS custody at the end of the fiscal year.

TABLE 3: DUALLY COMMITTED TO DOH AND DPS

TRANSFERS TO DPS				DPS CUSTODY DURING FY			
FY15	FY16	YOY	% Change	FY15	FY16	YOY	% Change
5	9	+4	+80%	9	15	+6	+67%

PART II. NUMBER OF ADMISSIONS TO AND DISCHARGES FROM THE HAWAI'I STATE HOSPITAL, BROKEN DOWN BY COMMITMENT CATEGORIES[3]

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 (Acquitted and Committed)—Commonly referred to as "Not Guilty by Reason of Insanity" or NGRI.

Table 6 identifies the number of admissions and discharges with a legal status of acquitted and committed. During FY 2016, admissions with a legal status of acquitted and committed declined by 6%.

TABLE 6: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF ACQUITTED AND COMMITTED (OR NGRI)

ADMISSIONS				DISCHARGES			
FY15	FY16	YOY	% Change	FY15	FY16	YOY	% Change
17	**16**	-1	-6%	0	**0**	0	—

B. HRS §704-411(3): Post-Acquittal Hearing on Dangerousness

There were no admissions or discharges with this legal status in FY 2015 or 2016.

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 in FY 2015 and 2016. There was no increase in temporary hospitalization admissions. In FY 2016, per order by the court, there was one individual discharged with a temporary hospitalization status to a community-based treatment facility while awaiting a review hearing to restore conditional release.

TABLE 7: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF TEMPORARY HOSPITALIZATION FOR VIOLATING TERMS OF CONDITIONAL RELEASE

ADMISSIONS				DISCHARGES			
FY15	FY16	YOY	% Change	FY15	FY16	YOY	% Change
86	**86**	0	0%	0	**1**	+1	—

[3] Methodological Note on Reporting of Commitment Status: The commitment status of an individual usually changes over the course of hospitalization. For instance, a patient committed pursuant to HRS §704-406 (Unfit to Proceed), may, over the course of inpatient treatment, be found fit to proceed (HRS §704-405) and after going to trial, become HRS §704-411(1)(a) (Acquitted and Committed). For the purposes of this report, the commitment status has been assessed at the point in time of interest; that is, for information requested regarding admissions, the commitment status at the time of **admission** is reported; for discharges, the commitment status at the time of **discharge** is reported.

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

Table 11 identifies the number of admissions and discharges with a legal status of revocation of conditional release by FY 2015 and 2016. While FY 2015 saw no admissions with this status, there were four admissions in FY 2016.

TABLE 11: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF REVOCATION OF CONDITIONAL RELEASE

ADMISSIONS				DISCHARGES			
FY15	FY16	YOY	% Change	FY15	FY16	YOY	% Change
0	4	+4	—	0	0	0	—

G. Civil Commitment[4]

Table 12 identifies the number of admissions and discharges with a legal status of civil commitment by FY 2015 and 2016. During FY 2016, admissions with a legal status of civil commitment decreased by 80%.

TABLE 12: ADMISSIONS AND DISCHARGES WITH LEGAL STATUS OF CIVIL COMMITMENT

ADMISSIONS				DISCHARGES			
FY15	FY16	YOY	% Change	FY15	FY16	YOY	% Change
5	1	-4	-80%	0	0	0	—

H. Voluntary Patients

Table 13 identifies the number of admissions and discharges with a legal status of voluntary, meaning individuals who have committed themselves to HSH on their own free will. While there were no voluntary admissions in FY 2015 or 2016, three individuals were discharged in FY 2016 with this status.

TABLE 13: ADMISSIONS AND DISCHARGES OF VOLUNTARY PATIENTS

ADMISSIONS				DISCHARGES			
FY15	FY16	YOY	% Change	FY15	FY16	YOY	% Change
0	0	0	—	0	3	+3	—

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

PART III. NUMBER OF INDIVIDUALS COMMITTED TO THE HAWAI'I STATE HOSPITAL BY EACH COUNTY AND COURT

A. County

Table 16 and **Figure 1** detail admissions by the county ordering DOH commitment. During FY 2016, all counties increased their admissions to HSH, ranging from 9% on Maui (22 to 24) to 93% on Kaua'i (14 to 27). In comparison to each county's proportion of the state population, the percentage of admissions from Hawai'i and Kaua'i were higher, while the percentage of admissions from Honolulu (O'ahu) and Maui were lower.

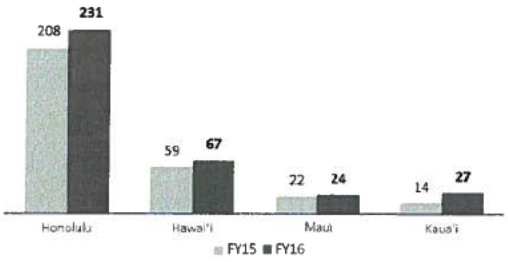
TABLE 16: ADMISSIONS BY COMMITTING COUNTY

	# OF ADMISSIONS		% OF ADMISSIONS				
COUNTY	FY15	FY16	FY15	FY16	% of State Pop.*	YOY	% Change
Honolulu	208	**231**	69%	**66%**	70%	+23	+11%
Hawai'i	59	**67**	19%	**19%**	14%	+8	+14%
Hilo	38	**44**	13%	**13%**	—	+6	+16%
Kona	21	**23**	7%	**7%**	—	+2	+10%
Maui	22	**24**	7%	**7%**	12%	+2	+9%
Kaua'i	14	**27**	5%	**8%**	5%	+13	+93%
TOTAL	**303**	**349**	**100%**	**100%**	**100%**	**+46**	**+15%**

*Based on the 2015 U.S. Census Bureau estimate of the State of Hawaii's population.

FIGURE 1: ADMISSIONS BY COMMITTING COUNTY, FY 2015 AND 2016

All counties committed more patients to HSH in FY 2016, resulting in a 15% increase in admissions.



PART IV. LENGTHS OF STAY IN THE HAWAI'I STATE HOSPITAL

A. Individuals Discharged During FY 2016

Table 18 reports the length of stay for individuals discharged during FY 2016. The most common legal status at discharge was conditional release (HRS §704-415), with an average stay of just under a year. Further examination reveals that 73% of individuals discharged on conditional release were originally admitted as temporary hospitalizations for violating terms of conditional release (HRS §704-413(1)).

TABLE 18. LENGTH OF STAY (LOS) FOR INDIVIDUALS DISCHARGED IN FY 2016, BY DISCHARGE LEGAL STATUS

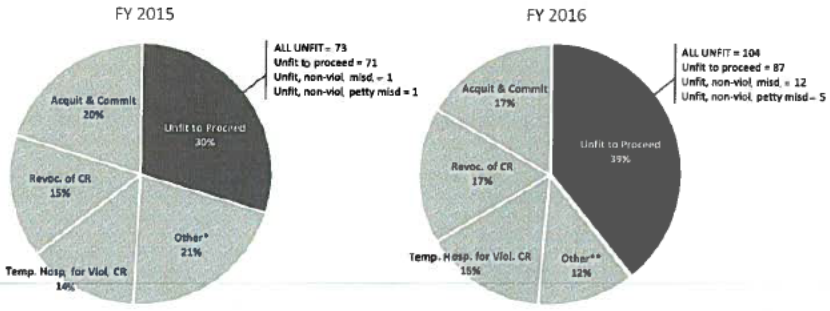
	# OF DISCHARGES			TOTAL LOS			AVERAGE LOS		
LEGAL STATUS AT DISCHARGE	FY16	YOY	% Chg	FY16	YOY	% Chg	FY16	YOY	% Chg
Conditionally Released (CR)	**103**	-8	-7%	**36,028**	+3,995	+12%	**350**	+61	+21%
No Legal Encumbrance	**93**	+17	+22%	**20,281**	-7,155	-26%	**218**	-143	-40%
Fit to Proceed	**84**	+13	+18%	**13,414**	+1,438	+12%	**160**	-9	-5%
Unfit to Proceed, Rel. on Cond.	**27**	-5	-16%	**6,506**	-4,177	-39%	**241**	-93	-28%
Acquitted & CR	**9**	+1	+13%	**1,290**	-947	-42%	**143**	-136	-49%
Evaluation of Fitness to Proceed	**6**	+5	+500%	**485**	+450	+1,286%	**81**	+46	+131%
Voluntary	**3**	+3	—	**4,328**	+4,328	—	**1,443**	+1,443	—
Unfit to Proceed	**2**	+2	—	**172**	+172	—	**86**	+86	—
Acquitted & Discharged	**1**	-1	-50%	**80**	-315	-80%	**80**	-118	-59%
Temp. Hosp. for CR Violation	**1**	+1	—	**99**	+99	—	**99**	+99	—
Expired	**2**	+1	+100%	**17,077**	+11,704	+218%	**8,539**	+3,166	+59%
TOTAL	**331**	+29	+10%	**99,760**	+9,592	+11%	**301**	+3	+1%

C. Legal Status of Patients Active at End of Fiscal Year

Figure 3 presents the primary legal status of patients active on the last day of FY 2015 (June 30, 2015) and FY 2016 (June 30, 2016). The commitment status of an individual normally changes over the course of hospitalization. For instance, an individual committed pursuant to HRS §704-406 (unfit to proceed), may later be found fit to proceed (HRS §704-405), and after going to trial, become HRS §704-411(1)(a) (acquitted and committed). Furthermore, individuals are sometimes admitted to HSH with multiple court cases and orders, resulting in more than one legal status, all of which will likely evolve during a hospitalization episode. In such instances, the legal status involving the longest DOH commitment is selected as the individual's primary legal status.

The percentage of active patients with the legal status of unfit to proceed increased noticeably from 30% at the end of FY 2015 to 39% at the end of FY 2016. Details of the unfit to proceed legal status show significant increases in all three subcategories, including individuals charged with non-violent misdemeanors and petty misdemeanors.

FIGURE 3: ACTIVE PATIENTS BY LEGAL STATUS AT END OF FY 2015 AND 2016



**Other* includes civil commitment (n=28), eval. of fitness to proceed (n=11), voluntary (n=4), conditional release (n=4), fit to proceed (n=3), post-acquittal hearing on dangerousness (n=1), and court-ordered involuntary (n=1).

***Other* includes civil commitment (n=11), eval. of fitness to proceed (n=6), voluntary (n=3), conditional release (n=1), and unfit & released on conditions (n=1).

Table 21 compares the offense grades of FY 2015 and 2016 admissions. Admissions with felony charges increased by 13%; however, it represented a slightly smaller proportion of total admissions due to a 25% increase in misdemeanor admissions. The increase in misdemeanor admissions was primarily due to a 41% increase in misdemeanor offenses and to a lesser extent, a 9% increase in petty misdemeanor offenses. Among felony admissions, there was a 13% decline in the most serious offenses (Felony A), but significant increases in Felony B (+44%) and Felony C (+11%) offenses.

TABLE 21: COMPARISON OF FY 2015 AND 2016 ADMISSIONS BY GRADE OF MOST SEVERE OFFENSE

	# OF ADMISSIONS		% OF ADMISSIONS			
	FY15	FY16	FY15	FY16	YOY	% Change
TOTAL ADMITS W/FELONY CHARGES	**166**	**187**	**55%**	**54%**	**+21**	**+13%**
Felony A	**30**	**26**	**10%**	**7%**	**-4**	**-13%**
Offense against another	27	22	9%	6%	-5	-19%
Offense not against another	3	4	1%	1%	+1	+33%
Felony B	**32**	**46**	**11%**	**13%**	**+14**	**+44%**
Offense against another	13	22	4%	6%	+9	+69%
Offense not against another	19	24	6%	7%	+5	+26%
Felony C	**104**	**115**	**34%**	**33%**	**+11**	**+11%**
Offense against another	50	53	16%	15%	+3	+6%
Offense not against another	54	62	18%	18%	+8	+15%
TOTAL ADMITS W/MISD. CHARGES	**129**	**161**	**42%**	**46%**	**+32**	**+25%**
Misdemeanors	**64**	**90**	**21%**	**26%**	**+26**	**+41%**
Offense against another	53	60	17%	17%	+7	+13%
Offense not against another	11	30	4%	9%	+19	+173%
Petty Misdemeanors	**65**	**71**	**21%**	**20%**	**+6**	**+9%**
Offense against another	19	11	6%	3%	-8	-42%
Offense not against another	46	60	15%	17%	+14	+30%
VIOLATION – Offense not against another	**7**	**1**	**2%**	**0%**	**-6**	**-86%**
NO CHARGE	**2**	**0**	**1%**	**0%**	**-2**	**-100%**
TOTAL	**304**	**349**	**100%**	**100%**	**+45**	**+15%**

Another measure of hospital utilization and expenditure is inpatient days, an accounting unit representing each day a patient utilizes HSH services.[5] **Table 22** presents total inpatient days by fiscal year for each of the three DOH locations (HSH and contracted beds). The total inpatient days increased each year from FY 2011 through FY 2015, with a minor decline in FY 2016 (-0.3%).

TABLE 22: INPATIENT DAYS OF ACTIVE PATIENTS BY LOCATION, FY 2011-2015

	LOCATION			
FISCAL YEAR	HSH	Kāhi Mōhala	CRCC	TOTAL
2016	**73,651**	15,365	1,309	**90,325**
2015	**74,408**	15,298	850	**90,556**
2014	**71,214**	14,600	512	**86,326**
2013	**67,528**	14,576	365	**82,469**
2012	**69,003**	6,875	366	**76,244**
2011	**67,469**	5,840	365	**73,674**

Figure 6 provides a closer look at the change in inpatient days between FY 2015 and 2016, comparing individuals contributing less or more than 6 months of inpatient days during respective fiscal years. This roughly equates to a comparison of shorter- versus longer-stay patients. In FY 2016, the increase in shorter-stay individuals (n=56) greatly outnumbered the reduction in longer-stay individuals (n=9). However, since longer-stay individuals involve more inpatient days per individual, the decrease in inpatient days contributed by longer-stay individuals (-3,389) was slightly greater than the increase in inpatient days contributed by shorter-stay individuals (+3,158). These differences may help to explain the decline in inpatient days in FY 2016 despite the 15% increase in admissions.

FIGURE 6: FY 2015 AND 2016 COMPARISON, BY MONTHS OF INPATIENT DAYS CONTRIBUTED BY PATIENTS

A third approach to analyzing hospital utilization and expenditure is gross total length of stay (gross LOS) for active patients, which is the difference between the current date and the admission date. Since a patient's legal status may change while in DOH custody as a result of ongoing court proceedings, it can also be helpful to examine data by a patient's current legal status. **Figure 7** provides a snapshot of the HSH population on the last day of FY 2016 (June 30, 2016). In FY 2016, 44 individuals with the legal status of acquitted and committed (i.e., not guilty by reason of insanity, or NGRI) on the last day of the

[5] For example, 100 patients at HSH for 1 day would represent 100 inpatient days. Inpatient days exclude days when a patient stays overnight offsite, such as at an acute care medical facility, a transitional program in the community, or in DPS custody.

CONCLUSION

As the data demonstrates, the demands on the inpatient component of the Adult Mental Health Division—the Hawai'i State Hospital specifically—are increasing. The growth in the admission of patients court-ordered to HSH for restoration of fitness is striking, rising from 150 in FY 2015 to 196 in FY 2016. Admissions in this category have been increasing over the past several years and this trend is projected to continue, raising concerns over the static capacity of Hawaii's forensic inpatient system. While discharges have also increased (238 in FY 2008 to 331 in FY 2016), they are more than offset by the persistent rise in overall admissions (226 in FY 2008 to 349 in FY 2016).

In 2016, the Legislature provided funding for the design and construction of a new, 144-bed forensic facility on the site of the current Goddard Building on the HSH campus. The demolition of Goddard and the design of the new building are underway, and construction is currently projected to be completed by the end of 2020. The new building will expand much-needed capacity at HSH and allow forensic patients to be treated in a safe, secure, and therapeutic setting. The support of the Legislature for this project is greatly appreciated.

Thank you for the opportunity to provide this report.

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 Hawai'i) after the hearings were completed. The report contained several recommendations, including that HSH submit a written report on data regarding staff assaults and injuries to the 2015 and 2016 legislative sessions.

Issued by the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA), "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers" states that "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.' According to the Bureau of Labor Statistics (BLS), 27 out of the 100 fatalities in healthcare and social service settings that occurred in 2013 were due to assaults and violent acts."[6]

A workplace violence prevention program is an effective organizational approach to mitigate the risk of violence in the hospital workplace. OSHA outlined key elements of an effective program: leadership support, staff involvement, worksite hazard analysis, reporting assault and injury incidents, analysis and tracking and record keeping using the OSHA Form 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 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), a regional organization consisting of state psychiatric hospitals from 15 western states: Alaska, Arizona, California, Colorado, Hawai'i, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming. WPSHA 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. HSH compares its assault and staff injury data with other state psychiatric hospitals for benchmarking purposes.

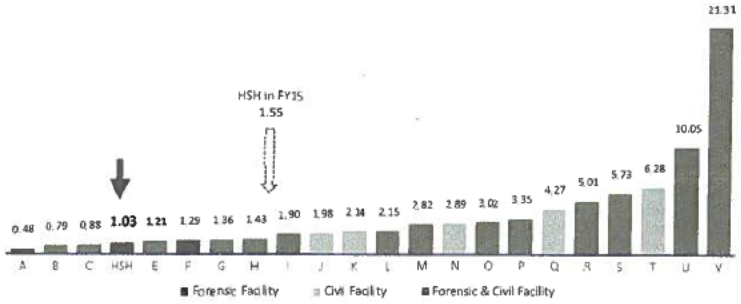
In 2013, WPSHA performed a benchmarking study on staff injuries. In 2014, WPHSA performed a benchmarking study on incidents of aggression. In 2015, WPSHA conducted a benchmarking study comparing member hospitals that reported staff, patient, and visitor incidents of aggression, including reports of assaults and attempted assaults. Twenty-two WPSHA hospitals that treat adults participated in the study, including HSH. Of the participating hospitals, 3 (including HSH) treat only forensic patients, 5 treat only civilly-committed patients, and the remaining 14 treat a mixture of forensic and civilly-committed patients.

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. The data is

[6] U.S. Department of Labor, Occupational Safety and Health Administration, OSHA 3148-04R 2015, "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers."

assaults (i.e., no contact) in its aggression data, not all hospitals do so. In FY 2016, HSH was 1 of only 4 hospitals reporting decreases in patient-to-staff acts of aggression, with the HSH rate continuing to improve from 1.55 in FY 2015 to 1.03 in FY 2016.

FIGURE 9: WPSHA FY 2016 BENCHMARKING DATA FOR PATIENT-TO-STAFF AGGRESSION INCIDENTS PER 1,000 PATIENT DAYS, BY FACILITY TYPE



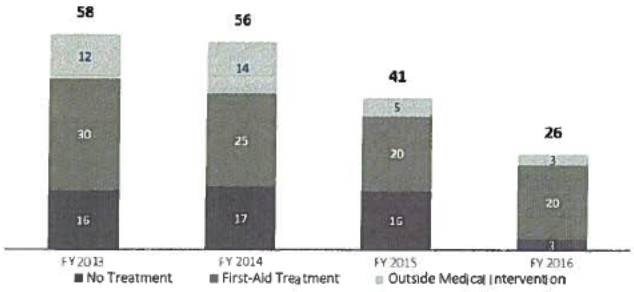
AMHD and HSH are committed to the provision of a safe work environment for all staff members. General healthcare settings present certain risk for staff. This is particularly true in the psychiatric hospitals. HSH continues to plan, design and implement measures to improve safety for patients, staff 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.

Enhanced staff training, adequate staffing levels, and analysis of events are among these measures. Additionally, a new proactive patient engagement program called iMUA began effective July 30, 2015. 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. Finally, since assault can be traumatic to the individual staff member, the unit, and the organization, a policy has been drafted to support the victims of staff assault.

Figure 11 illustrates the severity of staff injuries resulting from assaults at HSH between FY 2013 and 2016. HSH staff injuries declined by more than half (-55%) in the past 4 fiscal years and by 37% since the last fiscal year. This decline is likely related to the similar declines in staff assaults during the same time periods. Severe injuries requiring outside medical treatment fell at an even faster rate (-75%) than total assaults and total injuries between FY 2013 and 2016.

FIGURE 11: INJURY SEVERITY OF ASSAULTS ON HSH STAFF, FY 2013-2016

Between FY 2016 and 2016, HSH staff injuries resulting from assault declined 55% and severe injuries requiring outside medical treatment decreased 75%.



CONCLUSION

Any health care setting has some risk of violence and a psychiatric setting has an increased level of risk. HSH has taken steps to minimize that risk, and the data shows great strides in reducing in staff assaults and injuries. Since FY 2013, HSH staff assaults and injuries have declined by roughly half, with an even more dramatic 75% drop in severe injuries requiring outside medical treatment. HSH continues to compare very favorably to other state psychiatric hospitals in the western United States.