PATIENT CARE SERVICES REPORT
Submitted to the Joint Conference Committee, October 2015

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1. Professional Nursing for the Month of October 2015

Transition Initiatives:

This past week, the Emergency Department participated in a Value Stream Mapping workshop. Value Stream Mapping allows us to observe and understand the flow of care for patients from the beginning to the end of a service. The team mapped the flow for patients in the Emergency Department from the time they are first greeted, until the patients are discharged or admitted. Nursing staff, providers from the Emergency Department, as well as staff from throughout the organization participated with a patient, Epee, who represented the voice of all of our patients.

During the week, the team mapped the current state through the practice of going to Gemba, the place where the work is done. By going to Gemba, the team was able to “Learn to See” from the patient’s perspective. The team documented observations, reflected on what they saw, and generated ideas for improvement. By doing so, they created a Future State Map, where perfect care is delivered every time in the Emergency Department.

ED Nursing, working will all the disciplines and services is focused on implementing the 6-month improvement plan that was established that week to redesign and improve our systems to reach the Future State.

Professional Development:

On October 1st, a conference was held to recap successes of the Gordon and Betty Moore Foundation Nursing Initiative, an initiative which funded $160 million dollars of improvements in Bay Area Nursing Schools and Hospitals. SFGH was featured in a video with the University of San Francisco (USF) School of Nursing, noting the success of the Nursing Transitions Program which was designed to address the immediate problem of a local surplus of new RN graduates and to help these new graduates bridge the gap between education and practice while increasing their employability.

With the leadership of SFGH Urgent Care Nurse Manager, Ricardo Ballin, SFGH has played a significant role in training new graduate RNs to work in the Ambulatory Care setting. The graduates interviewed in the video expressed that working in the SFGH UCC increased their confidence and competence. This program differs from traditional new graduate bridging programs in that they are offered through a school of nursing, which partners with practice settings to provide clinical experiences.
Awards:

SFGH is among a select group of hospitals and transplant centers nationwide recognized by the U.S. Department of Health and Human Services (HHS) for conducting activities that promoted organ donor enrollment in state organ donor registries. The hospitals are part of the national Workplace Partnership for Life (WPFL) Hospital Campaign, sponsored by HHS’s Health Resources and Services Administration (HRSA).

SFGH’s awareness and registry campaigns educated staff, patients, visitors, and community members on the critical need for organ, eye, and tissue donors and thereby increased the number of potential donors on the state’s donor registry. The hospital earned points for each activity implemented during Phase IV of the campaign, between August 1, 2014, and April 30, 2015, and was awarded Bronze recognition by HRSA.
2. **Emergency Department (ED) Data for the Month of October 2015**

**SFGH Emergency Department Activities**

- **Triaged/Referred Out**
- **LWBS/LWBT**
- **Non-Admit Visits**
- **Admits**

**JCC Diversion Report 2015**

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**September | 2015**

**Diversion Rate:** 45%

*ED diversion – 195 hours (27%) + Trauma override -126 hours (18%)*

**ED Encounters:** 5776

**ED Admissions:** 898

**ED Admission Rate:** 16%
3. Psychiatric Emergency Service (PES) Data for the October 2015

- PES has had a dramatic increase in encounters over the past four months—June, July, August, and September 2015 are the four highest volume months in PES history. September’s intakes were decreased from August likely due to the increased % time PES was on Condition Red.

- PES admitted a total of 55 patients to the SFGH inpatient psychiatric unit in September—by far the lowest number admitted in the history of SFGH inpatient psychiatry. This is likely due to lack of open inpatient beds related to the difficulty placing non-acute patients waiting on units 7B and 7C.

- In September a total of 639 patients were discharged from PES: 37 to ADUs, 11 to other psychiatric hospitals, and 591 to community/home.

- There was an increase in Condition Red hours from August to September. PES was on Condition Red for 322 hours (44.7%) during 28 episodes in August. The average length of Condition Red was 12.17 hours. In August, PES was on Condition Red for 253.7 hours (34%) during 33 episodes, averaging 7.97 hours.

- The average length of stay (LOS) in PES was 18.96 hours in the month of September. This was an increase from the August LOS of 17.74 hours. This is likely due to the longer wait for SFGH inpatient psychiatry beds due to difficulty placing non-acute patients on 7B and 7C. This is related, in part, to the significant increase in the number of patients referred to SFGH inpatient psychiatry by mandate from the criminal justice system for placement in scarce treatment beds. Finally, due to the recent limited availability of inpatient beds, PES has been even more reluctant to admit non-acute patients from PES who need a lower level of care that isn’t immediately available. This results in some patients having extremely long lengths of stay in PES while a safe non-acute setting can be obtained.
4. **Request for Inter-Facility Transfer to PES from other Hospitals**

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

**Accepted and Arrived Referrals** refer to patients that have been approved by PES for admission and are transferred and admitted to PES. The transfer of these patients has been authorized by PES based on EMTALA regulations as well as the communication of clinical condition between the sending and the receiving physicians.

**Accepted and Cancelled Referrals** refer to patients that have been approved for transfer and admission to PES but their transfer is cancelled by the referring facility. This cancellation could be because the referring hospital has decided to place the patient on their own psychiatric unit or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

**Inappropriate Referrals** refer to patients identified through the PES screening process to be inappropriate for transfer and admission to PES for evaluation and disposition. Common reasons for PES to decline transfer of a patient from a referring hospital are medical status (not medically stable for transfer) and insurance status (e.g., private insurance or out of county Medi-Cal).

### Disposition of PES Referrals from Other Hospitals

![Disposition of PES Referrals from Other Hospitals](chart)

#### Analysis:

- No significant change over the past 13 months in the number of requests for transfer from other hospitals to PES.

- Significant and progressive increase during July/August/September in the proportion of requests that are “Accepted and Cancelled (by requesting hospital)”—July/August/September averaged 56% vs. 17% over the prior 10 months. This may be attributed to the increase in PES Condition Red during these months, which is likely the result of the dramatic increase in PES intakes during July/August/September. The increase in PES intakes continues to be associated with the change in Medical Screening Exam protocol subsequent to SFGH’s EMTALA survey. It is likely that because of longer waits to get patients to PES, the other hospitals made other arrangements for the patients, or the patients’ clinical condition improved enough that they no longer needed PES services.
- Significant and progressive decrease during July/August/September in the proportion of requests that were “Accepted and Arrived”—July/August/September averaged 33% vs. 58% over the prior 10 months. This decrease appears to be accounted for by the increase in “Accepted and Cancelled (by requesting hospital)” described above.

- Significant and progressive decrease during July/August/September in the proportion of requests that were “Inappropriate Referrals”—July/August/September averaged 8% vs. 23% over the prior 10 months. These are requests for transfer of patients that are found to be medically unstable for transfer, or who are not residents of San Francisco. The factors causing this change not clear.

**Other trends:**

- Patients discharged to the community from PES in September 2015 increased to 591 (most in PES history) from 579 in August 2015, despite a lower number of overall PES encounters in September (694) compared to August (747).

- Patients transferred to ADUs decreased in September (37) compared to August (57). This represents a return to usual baseline after historic highs in July and August. The reason for this fluctuation is not clear.

- Patients transferred to private hospitals in September decreased to 11 from 20 in August.

- The average length of time per episode on Condition Red increased in September to 12.17 hours from 7.97 hours in August. This could be explained by a decrease of inpatient bed availability, decreased ADU bed availability, and/or decreased private hospital bed availability.