

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, February 2018

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1. Professional Nursing for the Month of January 2018

Nursing Professional Development

Departmental Training Courses held this month included:

- Maternal Child Health annual staff education days are scheduled in February
- Maternal Child Health hosted UCSF S.T.A.B.L.E. class that focused on stabilizing patients for transport to another acute health center
- Relationship-Centered Communication
- Geriatric Care Course for PCA and CNA staff
- Lymphedema Management Seminar

Nursing Recruitment and Retention

Maternal Child Health: There are twelve nurses in the process of being oriented to the labor and delivery and postpartum areas. Three per diem RN staff just completed their labor & Delivery orientation while an addition three completed post-partum orientation.

Peri-Operative: The OR training program continues for their four newly hired staff.

Critical Care: The four nurses in the critical care training program are nearing completion of their orientation.

Psychiatry: There are three newly hired in their orientation and training program.

Emergency: Be-Verlyn “Bebs” Navarro, RN started work on 2/12/18 as the new Emergency Department Nursing Director.

4A SNF: Genieve Delacruz, RN was named as interim nurse manager.

Nursing Recognition Awards

Zero Hero Awards – On February 13, The Patient Safety department awarded the following nursing units “Zero Heroes” for reducing patient harm in the third quarter of 2017:

Silver – Zero Harm for 2 months in Q3-2017: H42/44, H54/56, H62/64, H76/68

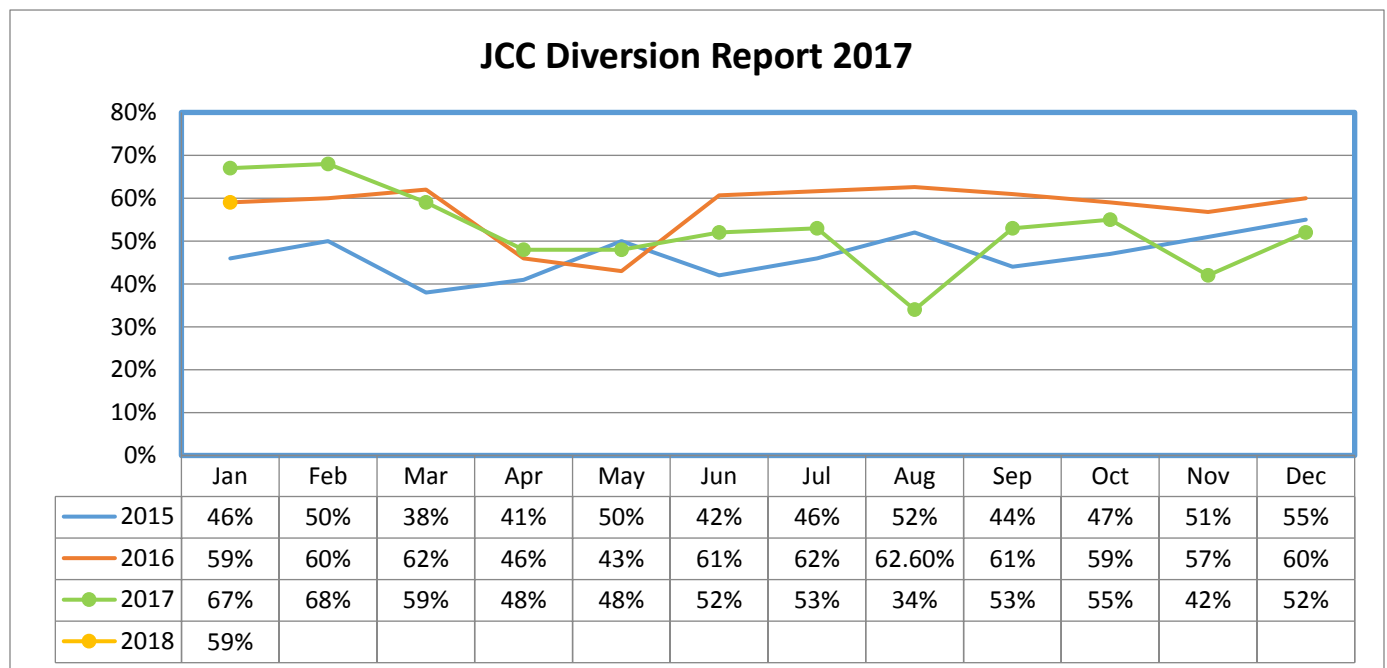
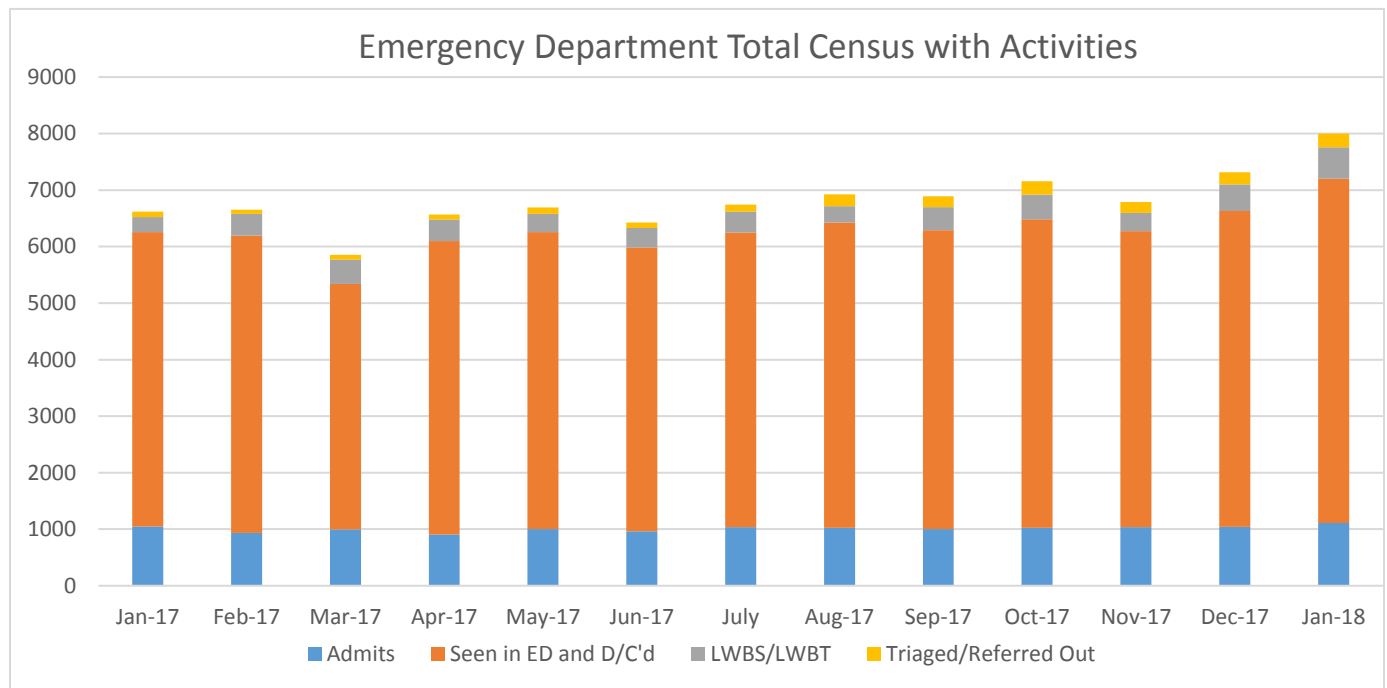
Bronze – Zero Harm for 1 month in Q3-2017: H32/38, H34/36, H66/68

No Falls with Injury in Q3-2017: Maternal Child Health units and PES

Professional Nursing for the Month of January 2018...continued

Safety Hero - Awarded February 13th to Godfrey Johnson, patient care assistant on unit 4A SNF. On January 29th Godfrey did a remarkable calm and courageous job in acting immediately when one of the residents called for help. Godfrey detected that there was smoke arching from the power cord of the resident's rental bed. He calmly and quickly assisted the residents in vacating the room, single handedly unplugging the cord that was arching from the power outlet and then secured the room by closing the door while the rest of the staff called for assistance and assured that the rest of the unit's residents were safe while SFFD and ZSFG Facility staff were responding to the call.

2. Emergency Department (ED) Data for the Month of January 2018



January | 2018

ED Diversion: 59%

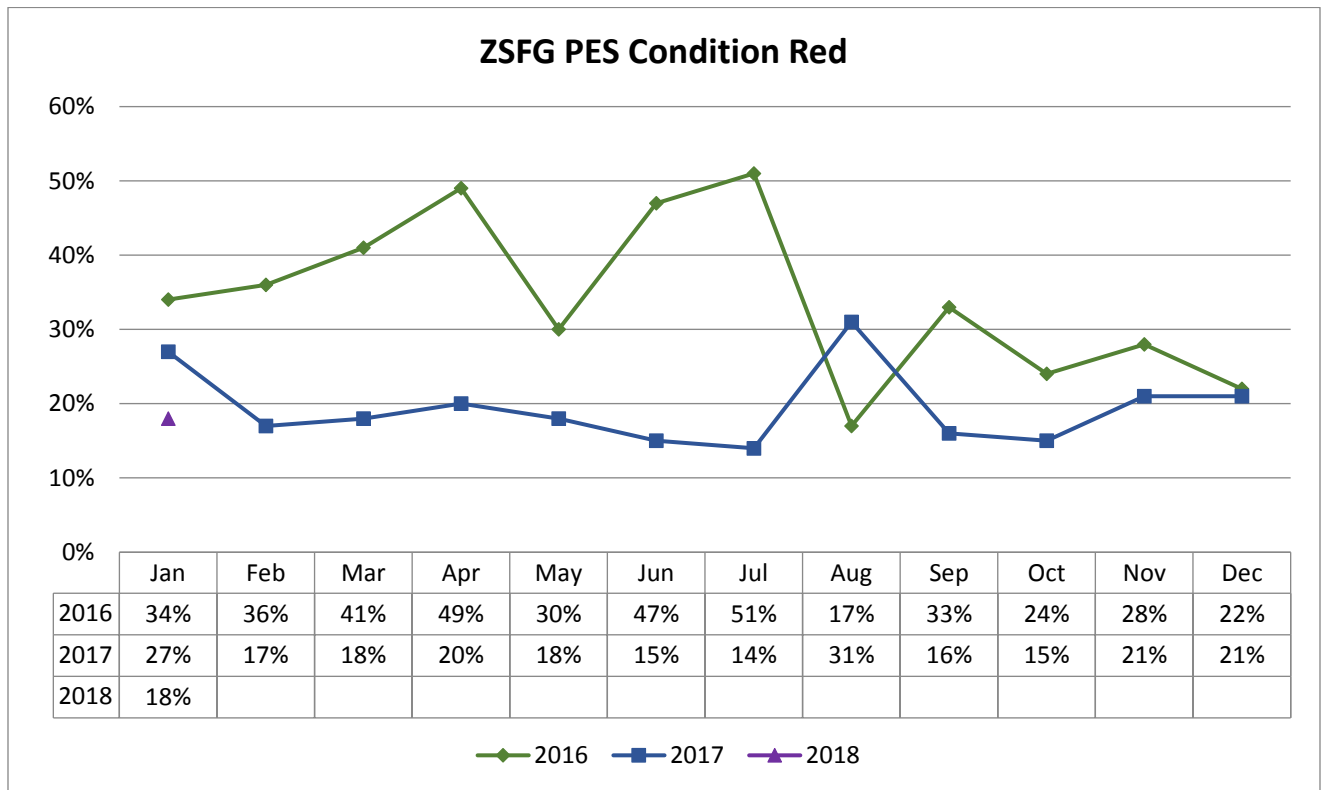
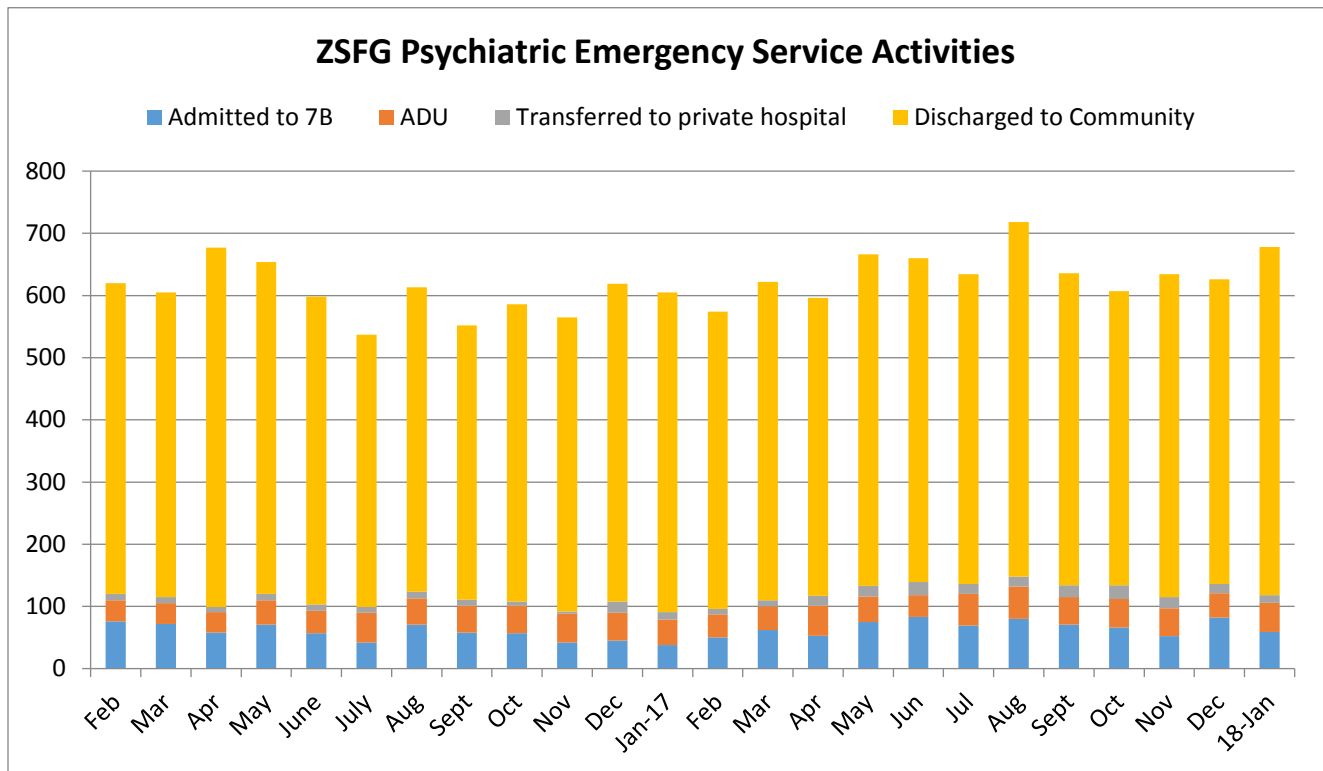
ED Diversion: 218 hrs (29.3%) + Trauma Override 222 hrs (29.8%)

Total ED Encounters: 7451

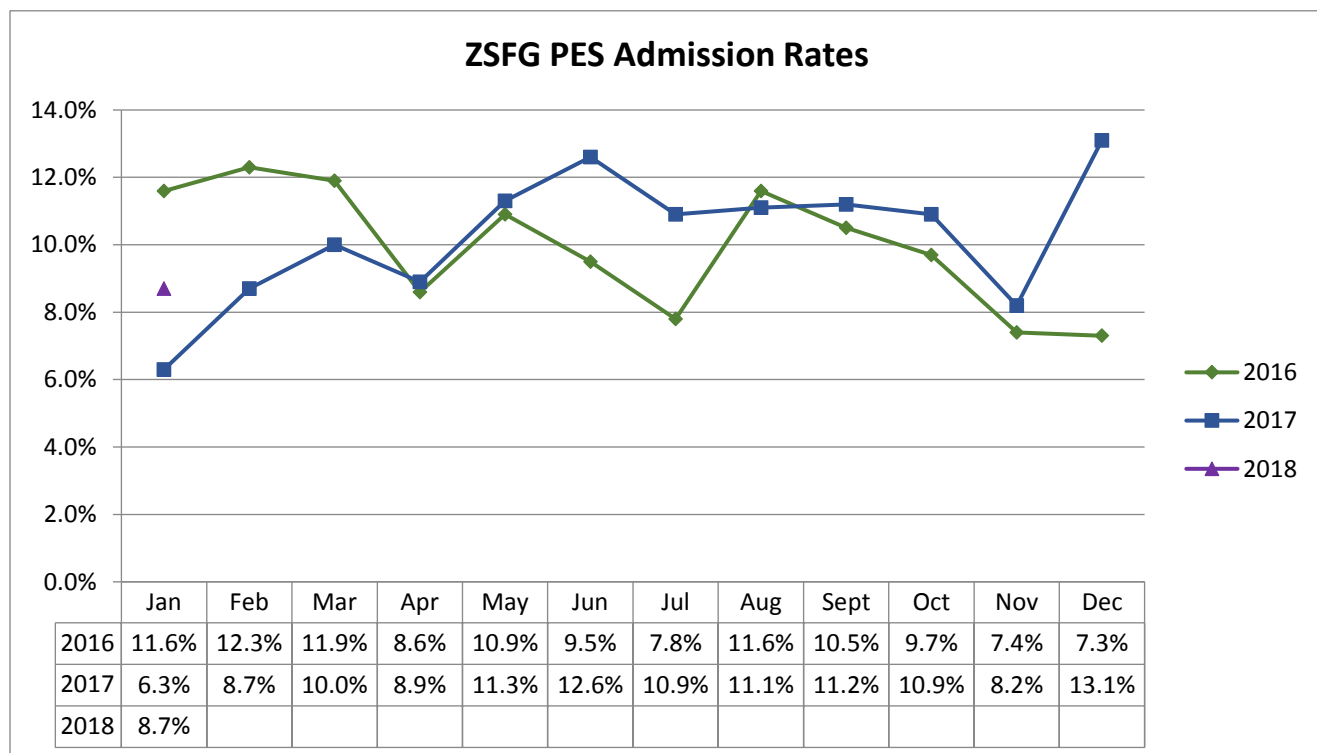
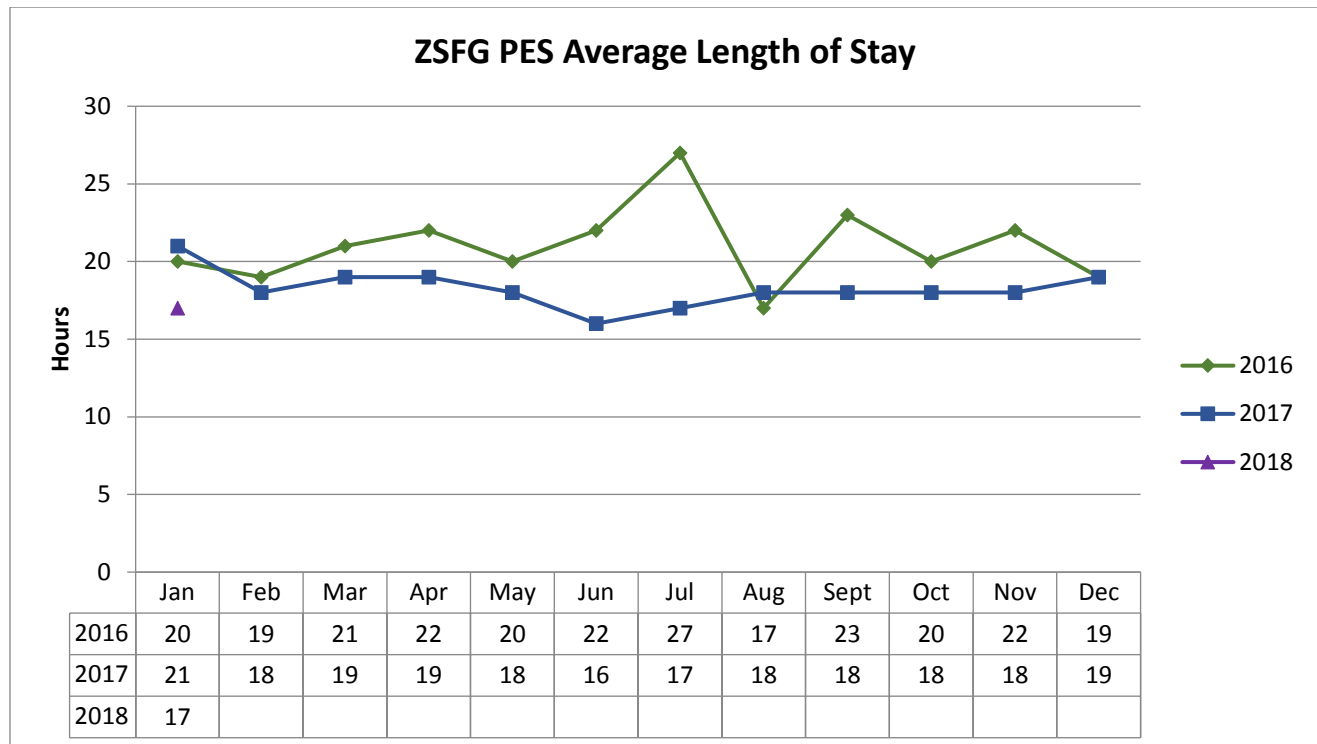
ED Admissions: 1112

Admissions Rate: 15%

3. Psychiatric Emergency Service (PES) Data for the Month of January 2018



Psychiatric Emergency Service (PES) Data for the Month of January 2018...continued



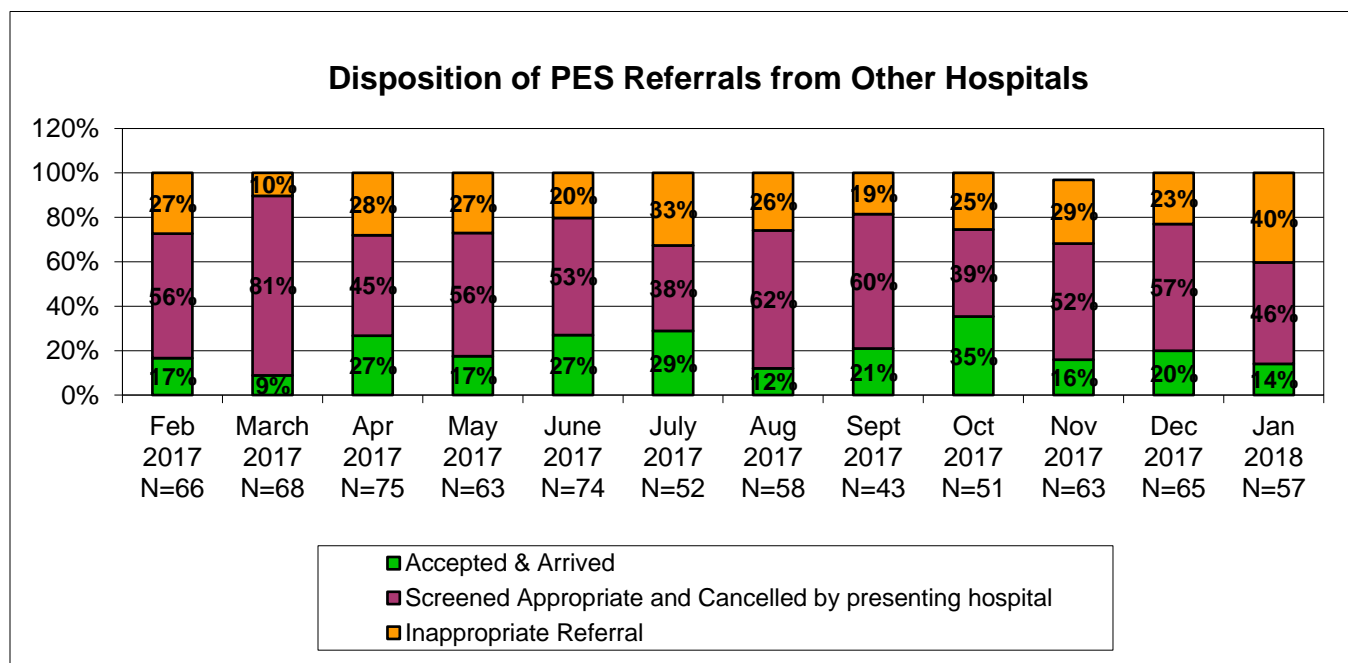
4. Request for Inter-Facility Transfer to PES from other Hospitals

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.

Screened Appropriate but Cancelled Prior to Acceptance refers to patients that have been screened by a triage nurse and have preliminary approval, but the paperwork has not been reviewed by a physician. Their transfer was then 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).



This month showed a decrease in the number of patients accepted and arrived to PES from other hospitals. However there was a large increase in the number of referrals which were not appropriate, which accounts for this change.