1. **January 2012 2320 RN VACANCY RATE:** Overall 2320 RN vacancy rate for areas reported is **1%**

<table>
<thead>
<tr>
<th>AREA</th>
<th>RN VACANCY RATE</th>
<th>NO. VACANT FTE</th>
<th>TRAINING PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Med/Surg</strong> (Includes 4B/Stepdown unit)</td>
<td>0.6%</td>
<td>1.1 FTE</td>
<td>Ongoing recruitment/hiring to fill vacancies.</td>
</tr>
<tr>
<td><strong>Critical Care</strong> (Includes 4E/5E/5R)</td>
<td>1.5%</td>
<td>1.6 FTE</td>
<td>Ongoing recruitment/hiring to fill vacancies.</td>
</tr>
<tr>
<td><strong>Perinatal</strong> (Includes 6C Birth Center &amp; 6H Infant Care Center)</td>
<td>3.95%</td>
<td>2.9 FTE</td>
<td>Ongoing recruitment/hiring to fill vacancies.</td>
</tr>
<tr>
<td><strong>Perioperative</strong> (Includes OR/PACU/Surgi-center)</td>
<td>1.7%</td>
<td>0.9 FTE</td>
<td>Position posted – actively recruiting to fill vacancy.</td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
<td>0%</td>
<td>0 FTE</td>
<td></td>
</tr>
<tr>
<td><strong>Psychiatry</strong> (Includes PES &amp; acute inpatient units only)</td>
<td>0%</td>
<td>0 FTE</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Health Center</strong></td>
<td>0%</td>
<td>0 FTE</td>
<td></td>
</tr>
<tr>
<td><strong>Clinics</strong> (Includes Specialty clinics/hosp-based Primary Care)</td>
<td>0%</td>
<td>0 FTE</td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>1%</strong></td>
<td><strong>6.5 FTE</strong></td>
<td></td>
</tr>
</tbody>
</table>
## 2. Staffing Ratio- January 2012

<table>
<thead>
<tr>
<th></th>
<th>Critical Care</th>
<th>PACU</th>
<th>Step-Down</th>
<th>Medical Surgical</th>
<th>Telemetry</th>
<th>Pediatrics</th>
<th>Perinatal</th>
<th>Psychiatry</th>
<th>ED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area unable to meet minimum ratios</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Area unable to cover breaks</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Surgeries postponed related to ratios</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Admissions held related to ratios</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Beds closed / ED zone closed related to ratios</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>ED diversion related to ratios</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
3. Professional Nursing Practice- January 2012

Recruitment and Training

Training programs for the Critical Care Nursing and Emergency Services begin on February 13, 2012.

Shared Governance Councils

Professional Development Council Initiative- Nursing Ground Rounds

The first SFGH Nursing Ground Rounds convened on February 1, 2012, sponsored by the Shared Governance Professional Development Council with collaboration of Shared Governance Research Council. The agenda included the following presentations;

- “The Question is the Answer” Sasha Cutler RN
- “Evidence Based Practice” Grad Green RN
- “A Question of Delirium” Liz Hewlett RN
- “Development of Early Mobility Program in ICU” James Alonso RN
- “Skin to Skin-Post C-section Initiative” Kristina Hung RN
- “5D Leadership Triad: Teamwork and Shared Governance in Action” Erwin Villanueva RN

2 CEU’S were obtained and lunch was provided by a generous grant from the SF Foundation.
Quality and Safety Council Initiative-

On Jan 11th, the SFGH's Nursing Quality and Safety Council attended a regional “Magnet Journey” event hosted by the Gordon and Betty Moore Foundation (GBMF). Nursing representatives from nine Bay Area hospitals convened to share initiatives and activities that support Magnet designation. Joe Clement RN, Sasha Cuttler RN, and Franco Herrera RN gave a presentation titled “Nursing Sensitive Indicators” in which they highlighted some of the unique, nurse-driven projects at SFGH that have reduced waste, improved the quality of care, and improved the patient and staff experience.

SFGH presenters unveiled an innovative reporting calendar for the Nursing Quality Forum (NQF)¹ that moves from the current unit-based outcome model to reporting by clinical topic. The new structure is designed to improve communication and collaboration, and reduce duplication both within the nursing department and with other disciplines. To align with the newly released hospital strategic plan, this initiative groups clinical topics into the quality domains of Clinical Effectiveness, Workforce and Culture, Patient Centeredness, Efficiency and Waste, and Safety and Harm.

Well received by the audience, this new reporting system exemplifies SFGH’s commitment to Shared Governance, Magnet, and the advancement of the Nursing Profession.

¹ At the bi-monthly NQF, participants learn about initiatives across departments, share successes in performance improvement work, and hear important announcements related to regulatory readiness and patient safety.
The Minds behind the Redesign

Sandylyn Ragudo RN

Richard Swart RN

American Nurses Association (ANA) Nursing Quality Conference

The American Nurses Association (ANA) Nursing Quality Conference in Las Vegas January 25-27th had participation from six SFGH nurses this year including Sarah Ghirawoo 4B Nurse Manager who lent her support. Participants had the opportunity to learn from other nurses and national leaders about innovations in patient safety and quality care. For the first time, San Francisco General Hospital had submissions accepted for presentation;

- Norlissa Cooper BSN, RN (4B nurse) with Sasha Cuttler PhD, RN presented the poster “Breaking Free from Knots: An Evidence-Based Approach to Physical Restraint Reduction”. Sarah Ghirawoo 4B Nurse Manager attended in support
• Nancy Parker MSN, RN, CNL (Nurse Manager Family Health and Urgent Care) with Catherine Weiser, MSN, RN, FNP and Ma. Grace Lopez, MSN, RN, CNL presented their poster “Outpatient Waiting Time and RN Job Satisfaction in the Urgent Care Center”.

In addition to the opportunity to learn about the work of other nurses from throughout the United States and around the world, there were informative talks from nurse researchers such as UCSF’s Holly De Groot, PhD, RN, FAAN who addressed the theory and methods of the “Staffing Climate” in Nursing. Professor Shoshanna Sofaer DrPH presented the results of national qualitative research that asked health care consumers what they felt were important quality measures for the National Quality Forum. As compared with previous conferences, there was an increased emphasis on examining new nurse-sensitive indicators for improved outpatient outcomes as well as increased attention to the patient’s perspective.

SFGH Nursing Skin Care Initiative

Ossie Gabriel RN, MSN, CNS launched a progressive patient care initiative designed to improve and standardize wound and ostomy care throughout the care continuum. Results from a needs assessment indicated that the current treatment plan lacked collaboration and evidence-based practice throughout the DPH system. This prompted the development of an innovative improvement plan that has potential to spread as a model for other urban areas. Proposed to be implemented in stages, this quality improvement project includes cost analysis, ability to replicate across care areas and standardization with the ultimate goals of improving patient outcomes, satisfaction and reducing unnecessary cost and waste.
This initiative includes the following

- SFGH- standardized skin and wound care with bi-weekly skin rounds by 22 nurses
- Engagement of DPH skin care leaders including Laguna Honda, Home Health and SFGH Wound Care Center for the purpose of developing a cohesive patient and issue specific management system through the DPH continuum.
- Product Evaluation including price consideration with pilot actions at the various sites.
- Wound, Ostomy, Continence Nursing (WOCN) Classes and Presentations by clinical and research leaders every six months. Starting with a recent one day Wound Symposium attended by 130 staff from SFGH and participating DPH agencies.
- Engagement and spread of initiative throughout the bay area.

Ossie Gabriel RN
4. **ED Report – January 2012**

**SFGH Emergency Department Activities**

![Bar chart showing monthly encounters from January 2011 to December 2012 for SFGH Emergency Department Activities, with categories for Admits, Non-Admit Visits, LWBS/LWBT, and Triaged/Referred Out.](image)

Note LWBS/LWBT – Left Without Being Seen/Left Without Being Triaged

**JCC ED Diversion Report 2012**

![Line graph showing percentage of diversion for JCC ED Diversion Report 2012 for January to December 2012, with data points for 2012 and 2011.](image)
The Emergency Department had a Diversion rate total of 15% (112 hours) for the month of January 2012. The ED encounters for the month of January totaled 5036 patients, 870 of those were admissions.

5. **PES Report – January 2012**

### PES Condition Red

![Graph showing PES Condition Red for 2010, 2011, and 2012.]

### PES Encounter and Admissions

![Bar graph showing PES Encounter and Admissions from December 2010 to January 2012.]

PES had 490 patient encounters during December 2011 and 447 in January 2012. PES admitted a total of 106 patients to SFGH inpatient psychiatric units in January 2012, a decrease from 120 patient admissions in December. In January a total of 337 patients...
were discharged from PES: 34 to ADUs, 11 to other psychiatric hospitals, and 292 to community/home.

There was an increase in Condition Red hours from December to January. PES was on Condition Red for 269.6 hours during 25 episodes in January. The average length of Condition Red was 10.79 hours. In December, PES was on condition Red for 88.48 hours, during 14 episodes, averaging 6.32 hours.

The average length of stay in PES was 28.51 hours in the month of January, an increase from 22.11 hours in December 2011.

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