PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, January 2015

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1. Professional Nursing for the Month of December 2014

Retention/Professional Development:

A total of six "Leading Change" workshops were conducted in November and December 2014. Approximately 120 Charge RNs and Nurse Managers completed the one day course which focused on change management and conflict resolution. This collaborative effort between SFGH and JVS promoted leadership skills to support charge nurses and managers in engaging staff in the process of preparing for care in the new hospital building.

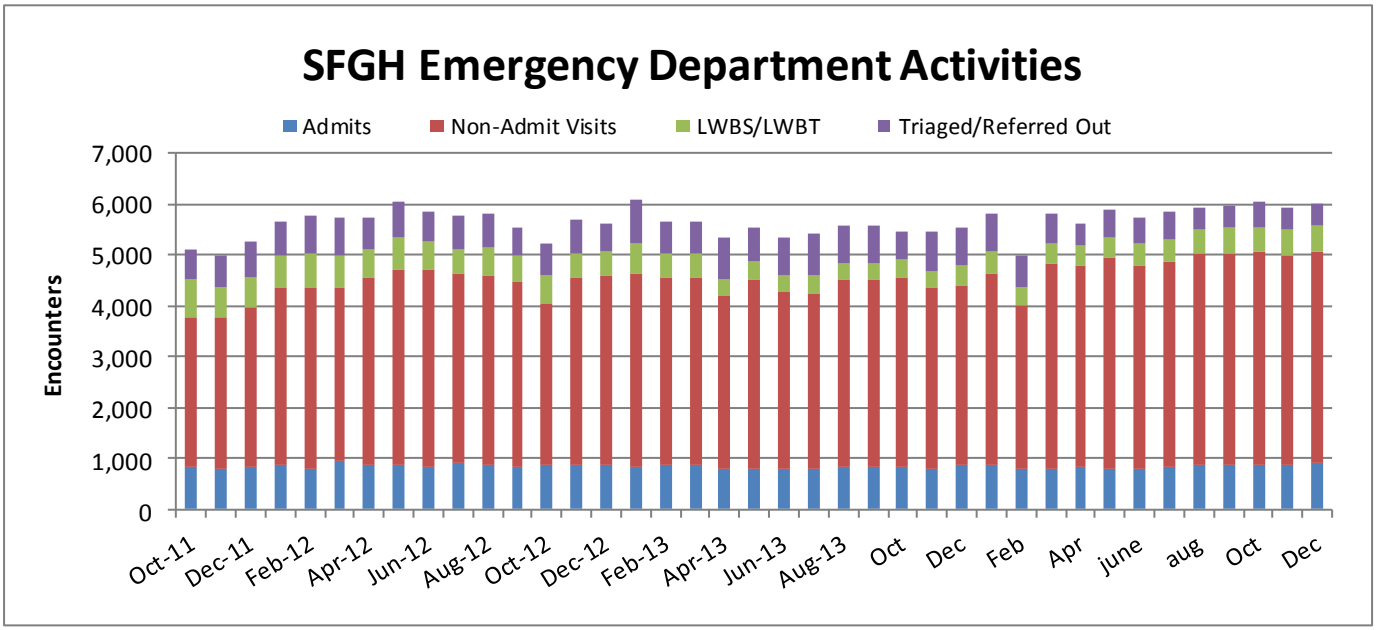
Transition Initiatives:

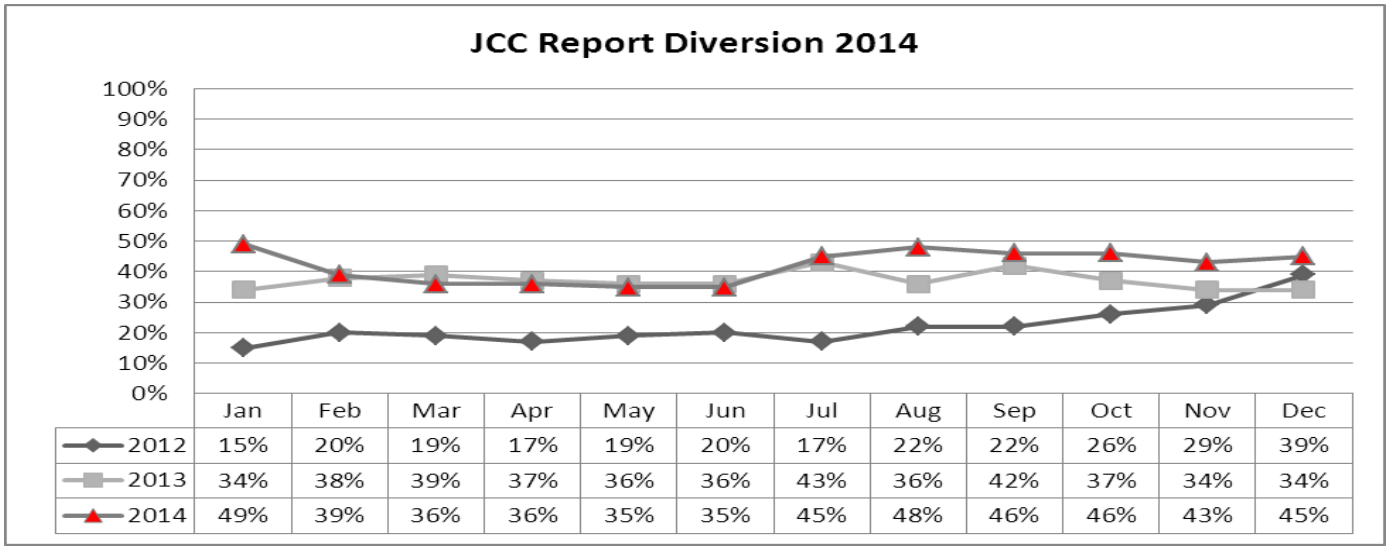
Transition Education Coordinators have been identified in all Nursing specialty areas. These coordinators will be responsible for the development and implementation of the training that all members of the nursing staff will require to be competent to deliver care in the new hospital building. Transition education will focus on four components: general orientation and workflow, equipment, information technology and clinical competency. The next three months will focus on planning the transition curriculum and beginning training for new clinical competencies if relevant.

The first Nurse Call workgroup convenes January 22 in Sunnyvale at the Comtel lab. Twelve SFGH nursing participants will experience the Responder 5 system at the lab and begin work on creating new workflows for the new building. With Responder 5, the RN or PCA will be alerted to the inpatients' call light request via a phone which the PCA or RN will carry. The Responder 5 system allows for different types of patient requests and allows for the requests to be directed to specific nursing staff. The workgroup will determine how specific patient requests will be directed in each nursing area.

Using the 3P Process from Lean Methodology, medical-surgical multidisciplinary leadership has been planning for patient care delivery in the new hospital building. Patient care will be grounded in a patient centered care model that utilizes an acuity adaptable model of nurse staffing. This means that patient transfers in the inpatient setting will be minimized to eliminate unnecessary work and improve coordination and integration of care. Additionally, medical-surgical nurses will learn new clinical competencies and a new role, "the flex RN" is being developed. 5D is the model unit where the new processes of care are being trialed. Another 3P planning week will be held February 2-6 to further refine the Flex RN role and examine how to adapt staffing to meet the needs of patients with a broader range of medical-surgical acuity.

2. Emergency Department (ED) Data for the Month of December 2014





	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2012	15%	20%	19%	17%	19%	20%	17%	22%	22%	26%	29%	39%
2013	34%	38%	39%	37%	36%	36%	43%	36%	42%	37%	34%	34%
2014	49%	39%	36%	36%	35%	35%	45%	48%	46%	46%	43%	45%

December | 2014

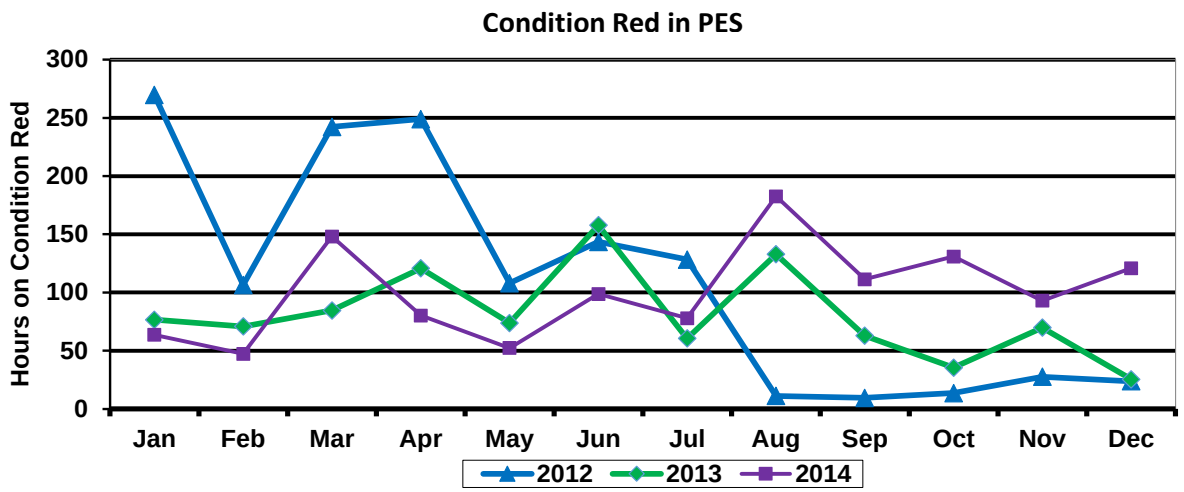
Diversion Rate: 45%

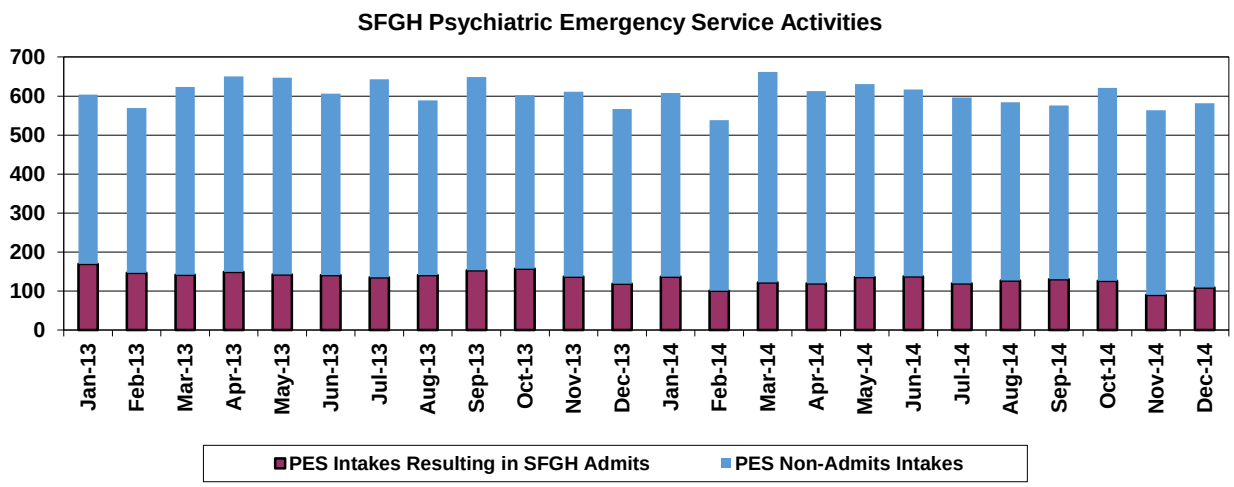
ED diversion – 336 hours (45%)

ED Encounters

Total Patients: 5473
ED Admissions: 895
Patients Discharged: 4147
ED Admission Rate: 18%

3. Psychiatric Emergency Service (PES) Data for the Month of December 2014





PES had 564 patient encounters in November 2014 and 582 in December 2014. PES admitted a total of 109 patients to SFGH inpatient psychiatric units in December, an increase from 90 inpatient admissions in November. In December a total of 473 patients were discharged from PES: 24 to ADUs, 20 to other psychiatric hospitals, and 429 to community/home.

There was an increase in Condition Red hours from November to December. PES was on Condition Red for 120.9 hours during 16 episodes in December. The average length of Condition Red was 7.55 hours. In November, PES was on Condition Red for 93 hours, during 13 episodes, averaging 7.15 hours.

The average length of stay in PES was 20.04 hours in the month of December. This was an increase from the November LOS of 17.22 hours.

PES saw a total of 7,192 patients in 2014. Average length of stay for the year was 17.88.

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

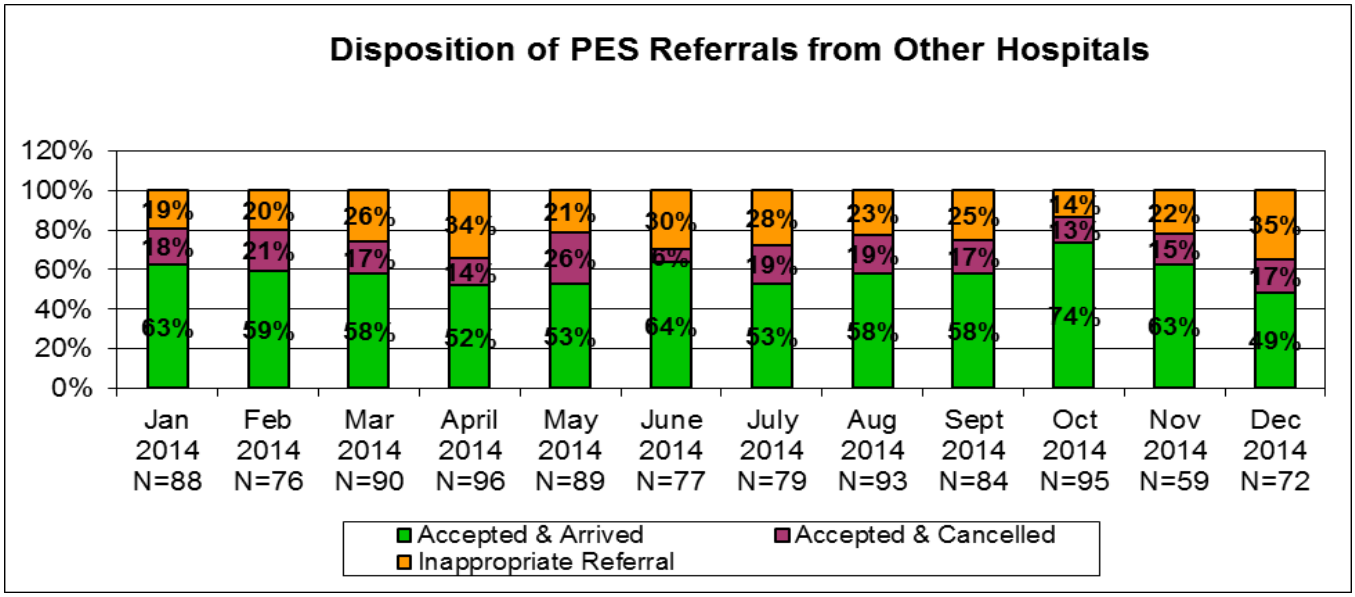
A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This 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 further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).



PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between November and December, the percentage of which the patient was accepted and was admitted to PES decreased from 63% to 49%. The percentage of which the referral was accepted but cancelled increased from 15% in November to 17% in December. This month, 35% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests increased from 59 in November to 72 in December.