

# PATIENT CARE SERVICES REPORT

*Submitted to the Joint Conference Committee, April 2016*

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## 1. Professional Nursing for the Month of April 2016

### Transition Initiatives:

Nursing department staff education continues on our hospital transition education plan. On Saturday, April 9, 2016 the Nursing department practiced moving patients from building 5 to the new hospital building 25 in our first “Mock Move”. Staff simulated moving 12 patients from different nursing departments into the new hospital. Learning from the exercise included testing patient flow timing and communication.

Our third “Day in the Life” scenario will take place Wednesday, April 20, 2016. Nursing, along with 25 other hospital departments, will enact many different scenarios to test new workflows, verify protocols and system integration.

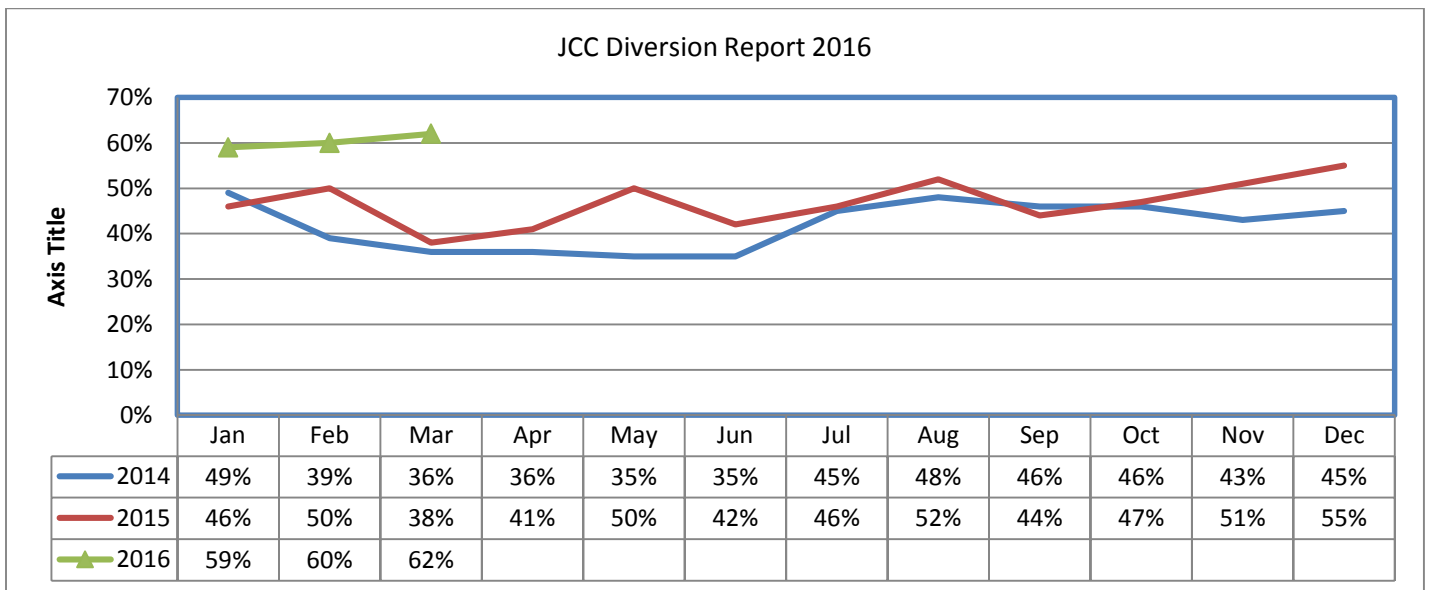
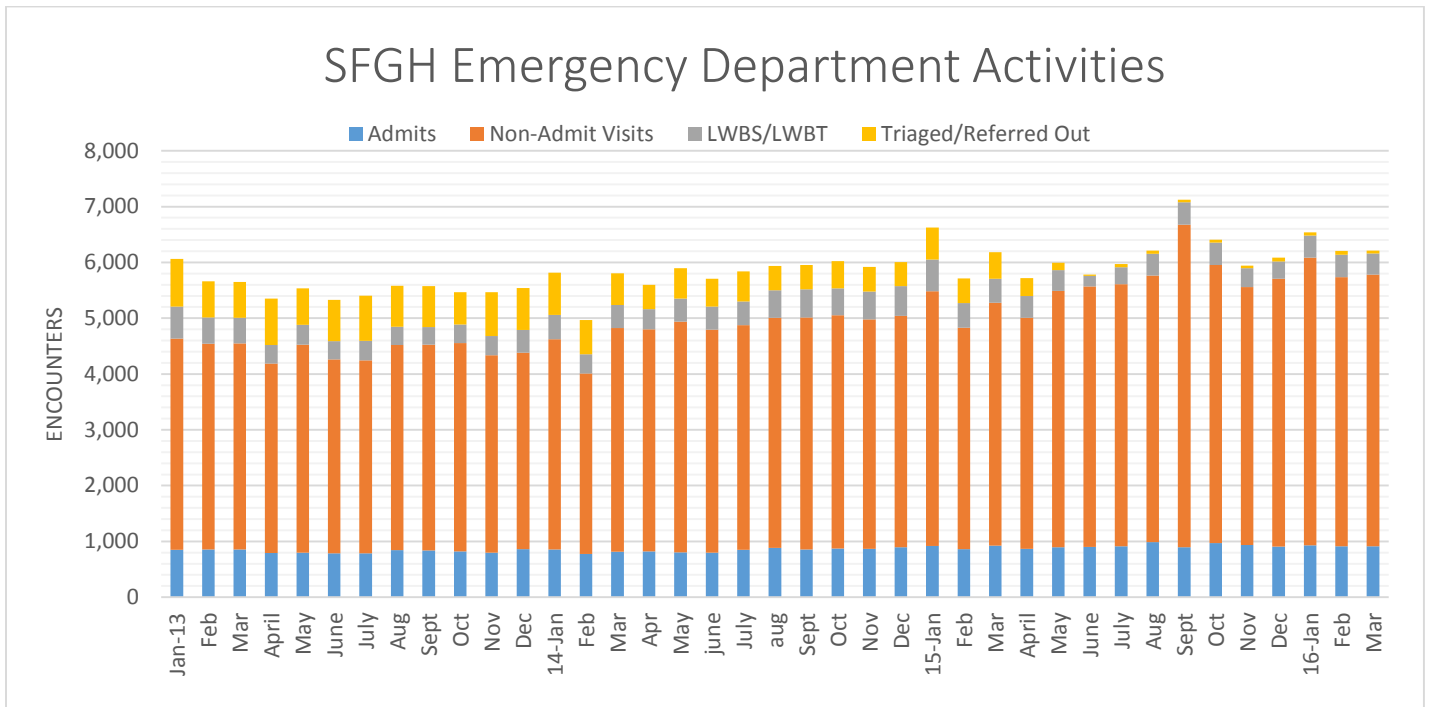
### Nursing Professional Development

Acute Care for the Elderly (ACE) Clinical Nurse Specialist, Annelie Nilsson, MS, along with two ACE unit staff nurses, Jaleel Arnado, RN and Yvette Marucut, RN are traveling to the 2016 annual NICHE (Nurses Improving Care for Healthsystem Elders) conference in Chicago to present their work on two posters: “Fall Prevention Education for Hospital Staff and ACE Patients with Video and Icons” and “Post Hip Fracture Clinical Pathway in Hospitalized Older Adults”.

At the upcoming UCSF Regional Nursing Research Day conference on April 29, 2016, a newly hired SFGH staff nurse, Uzoma Uwakah, RN, DNP, has been selected for a podium presentation on her DNP research training traditional birth attendants neonatal resuscitation skills to improve outcomes in rural Eastern Nigeria.

Birth Center Designated Transition Education Coordinator, Lillian Tsai, RN MS, published an article “Breastfeeding among Mothers on Opioid Maintenance Treatment: A literature Review” in the Journal of Human Lactation (JHL) a quarterly, peer-reviewed journal publishing original research.

## 2. Emergency Department (ED) Data for the Month of April 2016



### April | 2016

**Diversion Rate: 62%**

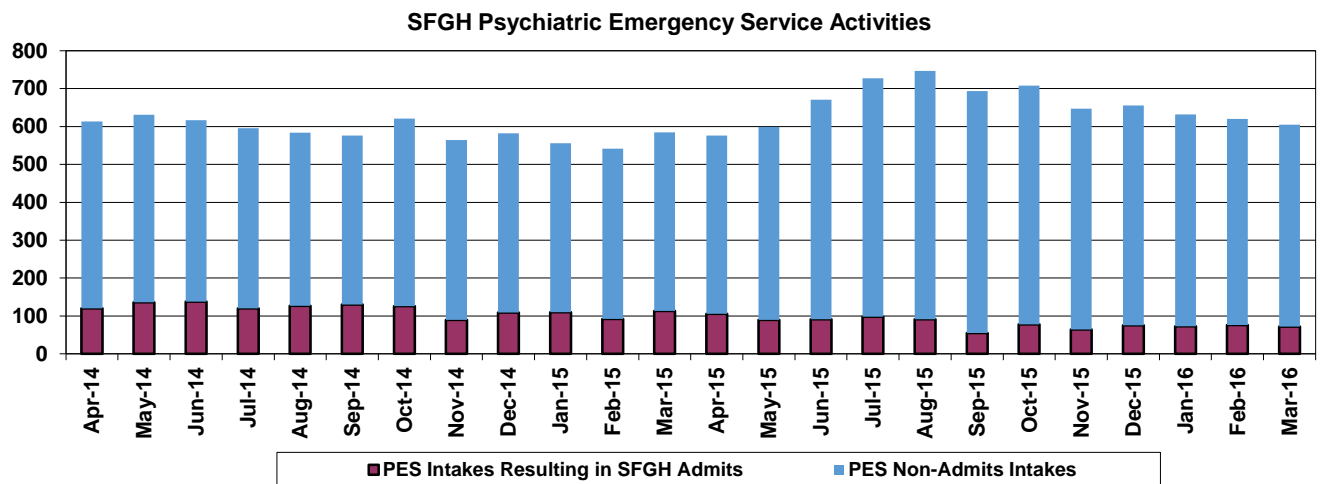
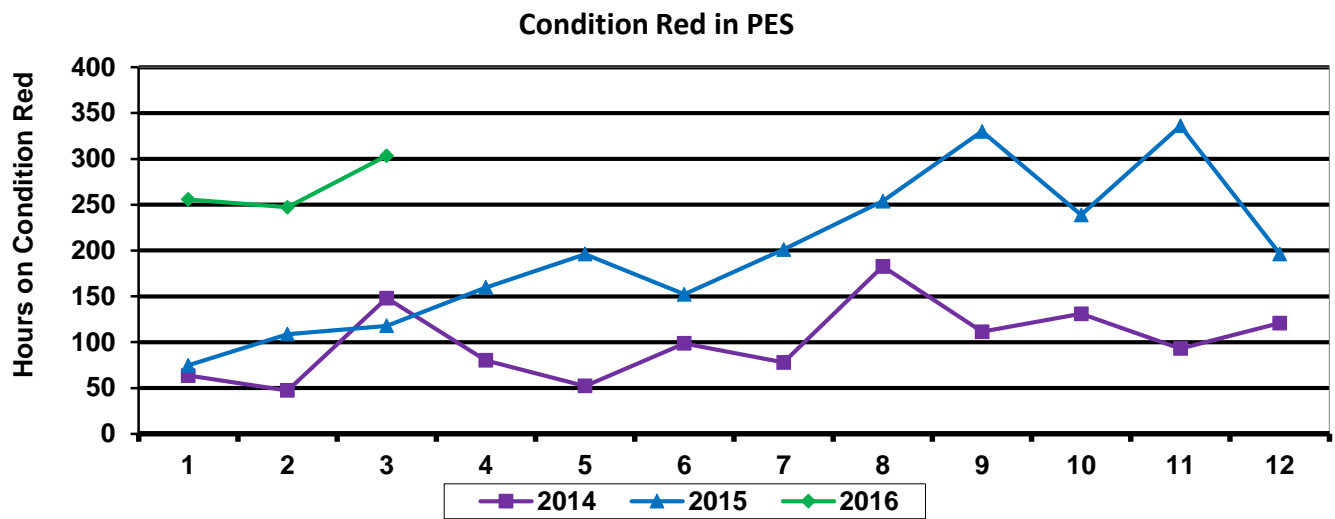
*ED diversion – hours 268 (36%) + Trauma override - hours (26%)*

**ED Encounters: 5834**

**ED Admissions: 915**

**ED Admission Rate: 16%**

### 3. Psychiatric Emergency Service (PES) Data for the Month of April 2016



PES had a dramatic increase in encounters in 2015, peaking in August 2015 at 747 patient encounters. March 2016 had 605 patient encounters, which is average for PES total monthly encounters in the post-Medical Screening Exam protocol change era.

In March a total of 533 patients were discharged from PES: 33 to ADUs, 10 to other psychiatric hospitals, and 490 to community/home.

PES admitted a total of 72 patients to the SFGH inpatient psychiatric unit in March, a small decrease from 76 patients in February 2016, continuing the trend over the past 6 months of historically low inpatient bed availability. This limited inpatient bed availability related to difficulty placing lower level of care patients continues to negatively impact PES Condition Red, PES average length of stay, and PES inter-facility transfer acceptance rates.

The average length of stay (ALOS) in PES increased to 21.46 hours in the month of March (up from 18.69 hours in February).

There was an increase in Condition Red hours from February to March. PES was on Condition Red for 303.6 hours (40.8%) during 24 episodes in March. The average length of Condition Red was 12.65 hours. In February, PES was on Condition Red for 247.3 hours (35.5%) during 26 episodes, averaging 9.64 hours.

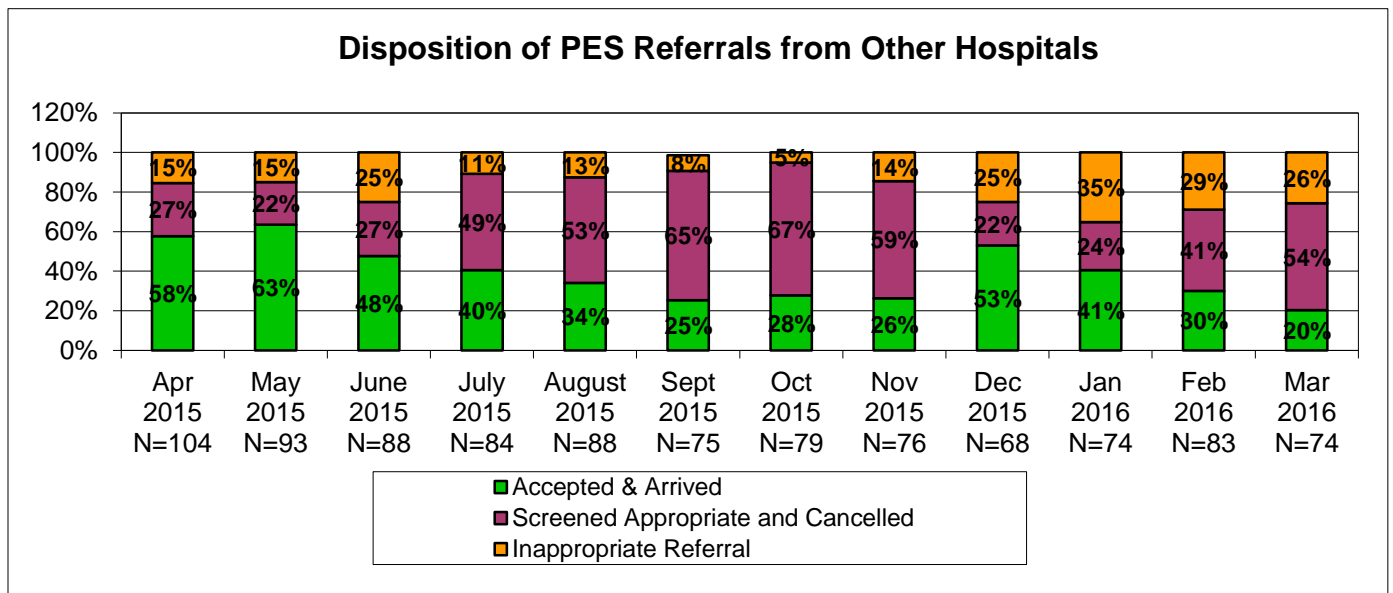
#### 4. Request for Inter-Facility Transfer to PES from other Hospitals

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).



#### Analysis:

- No significant change over the past 12 months in the number of requests for transfer from other hospitals to PES.
- March showed an increase in patients which were “Screened Appropriate but Cancelled” (formerly Accepted but Cancelled), rising to 54% (from 41%).
- This month showed a decrease in proportion of requests which were “Accepted and Arrived”, 20%.
- There was a decrease in “Inappropriate Referrals” in March 2016 to 26%. 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 are not clear.