

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, December 2016

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1. Professional Nursing for the Month of November 2016

Nursing Professional Development

The *Evalysis* Foresight Staff Activity Study will take place the week of December 12th in the Labor and Delivery unit, Surgical Intensive Care Unit and the Oncology/Family Practice Medical/Surgical unit. The evidenced based study has trained observers documenting the care delivery the see every 10 minutes. This observational data is collected over a 72 hour period and combined with budget data, patient acuity and unit staff feedback will provide ZSFG with rich information in reports that can be analyzed to review the staffing models, nursing roles and patient acuity trends. The next nursing division to be studied will be the Emergency Department at the end of January.

Nursing Recruitment and Retention

Nursing Departments are continuing to hire and train new staff. The Emergency department had 1 new nurse start orientation this month, which brings a total of 11 nurses in the midst of their training program. Labor and Delivery has a total of 16 new staff in the 1:1 preceptor portion of their orientation. NICU has 2 staff currently in their training program and they are doing well. There are 3 RNs currently in the Pediatric training program. Psychiatry had 4 RN staff begin their training program this month. In Critical Care, 6 nurses are continuing their orientation in the Critical Care training program. The Medical/Surgical division has 47 nurses in the didactic portion of their training program. Perioperative nursing has a request to hire six RN staff that are scheduled to begin their training program in January.

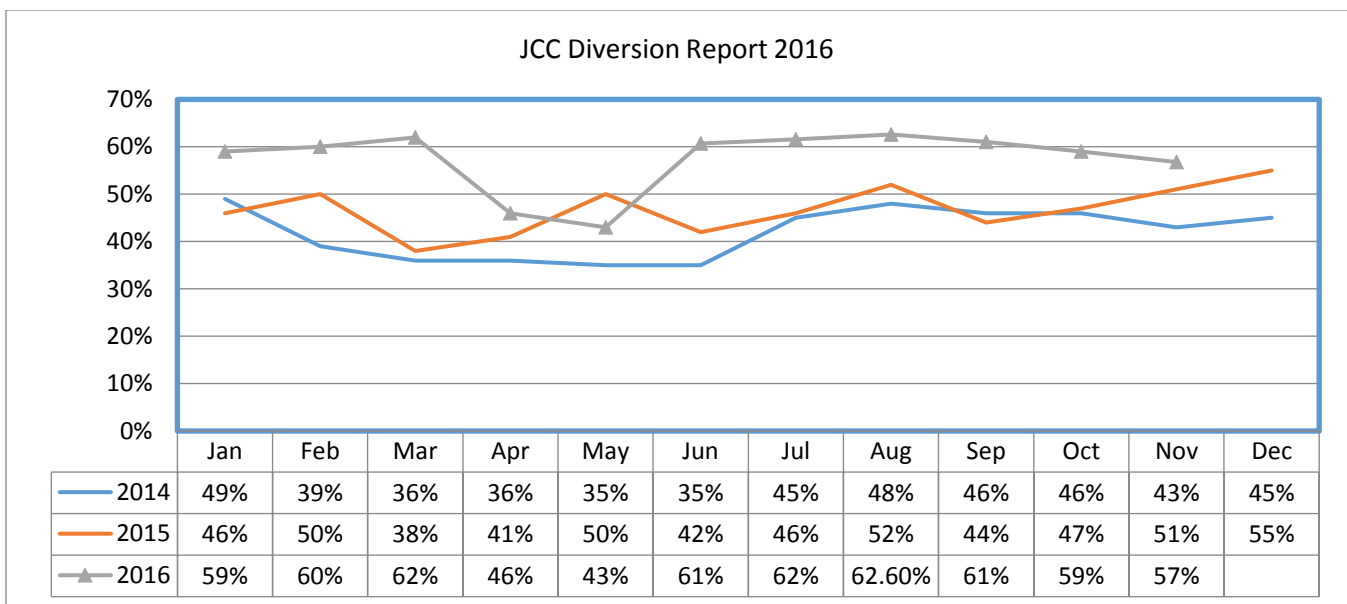
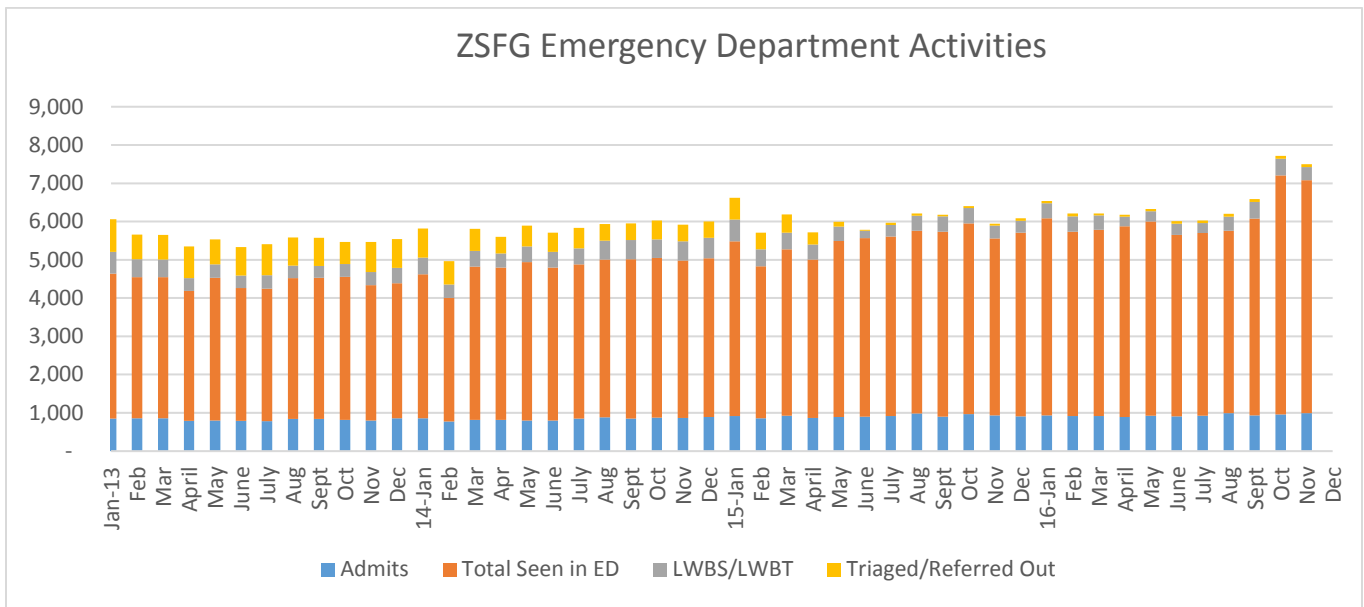
2. Lower Level of Care Discharge Data for the month of November 2016

MedSurg	
Discharge Destination	% LLOC Patient
10 Acute Diversion Unit	0.3%
11 Acute Hospital	2.9%
12 Acute Rehab	0.6%
13 AMA (includes AWOL)	3.8%
14 Board & Care	0.2%
15 Board & Care - Elderly	0.1%
17 Discharge to Self - Refuse Service Options	0.5%
18 Expired	1.8%
19 Home	71.8%
20 Hospice - Facility	0.4%
21 Hospice - Community	0.3%
22 Hotel	0.4%
23 Hotel Temporary	0.1%
24 Jail	0.8%
25 Medical Respite	1.5%
27 Psych Board & Care	0.4%
28 Psych Inpatient	0.8%
32 Residential Treatment Facility	0.5%
33 Shelter	2.3%
34 Skilled Nursing Facility	5.4%
35 SNF Rehab	2.9%
36 Sub-Acute Facility	0.1%
99 Other	2.6%
Grand Total	100.0%

PSY (Excludes 7L)	
Discharge Destination	% LLOC Patient
10 Acute Diversion Unit	22.7%
11 Acute Hospital	9.1%
13 AMA (includes AWOL)	9.1%
14 Board & Care	2.3%
15 Board & Care - Elderly	2.3%
19 Home	20.5%
22 Hotel	4.5%
27 Psych Board & Care	4.5%
32 Residential Treatment Facility	11.4%
33 Shelter	13.6%
Grand Total	100.0%

SNF	
Discharge Destination	% LLOC Patient
11 Acute Hospital	12.5%
13 AMA (includes AWOL)	12.5%
15 Board & Care - Elderly	6.3%
19 Home	68.8%
33 Shelter	6.3%
Grand Total	100.0%

3. Emergency Department (ED) Data for the Month of November 2016



November 2016

Diversion Rate: 57%

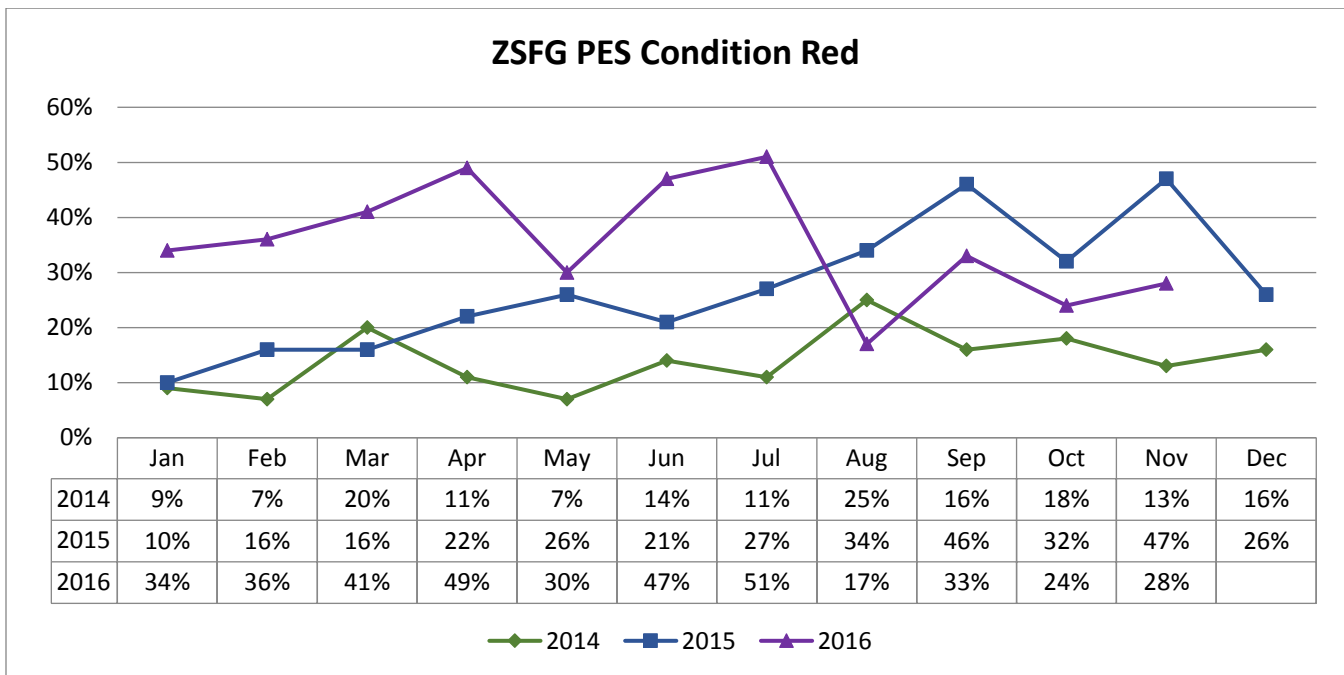
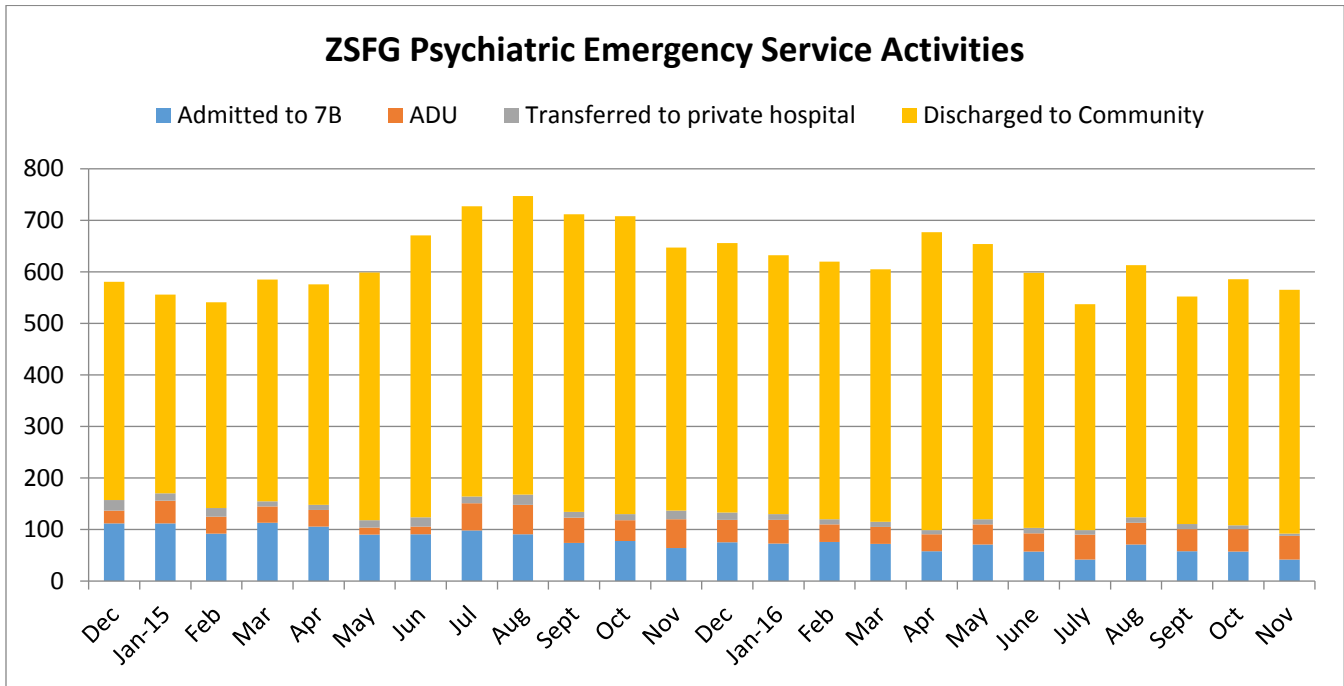
Total Diversion: 265 Hours (36.8%) + **Trauma Override:** 145 Hours (20%)

ED Encounters: 6086

ED Admissions: 991

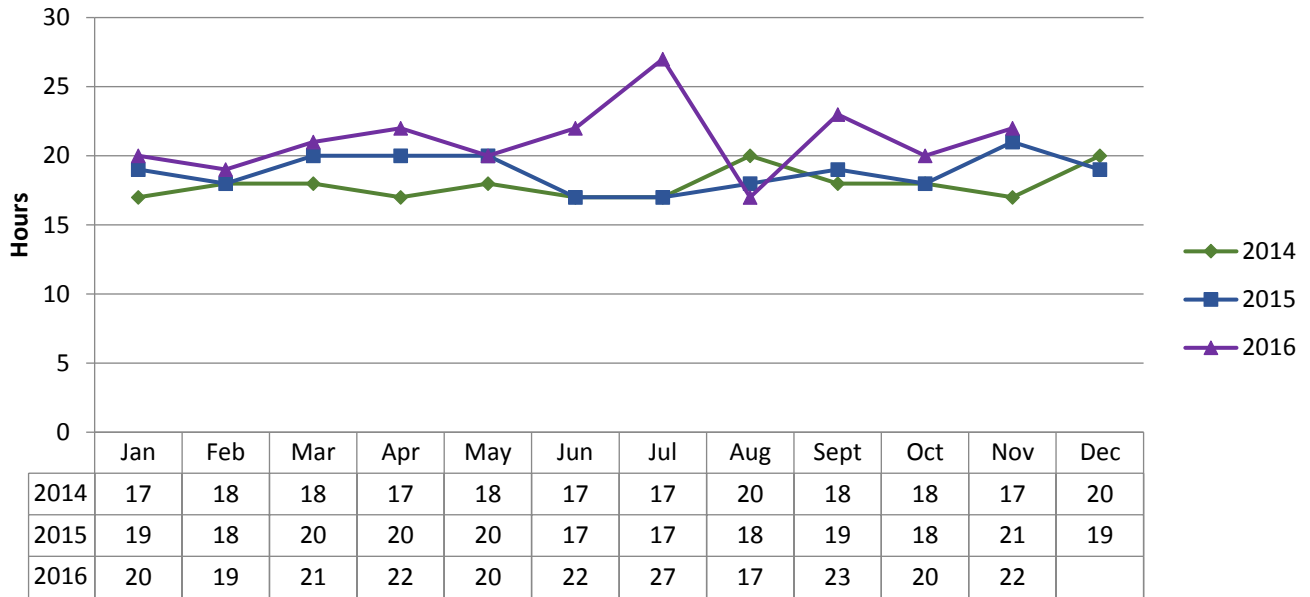
Admission Rate: 16%

4. Psychiatric Emergency Service (PES) Data for the Month of November 2016

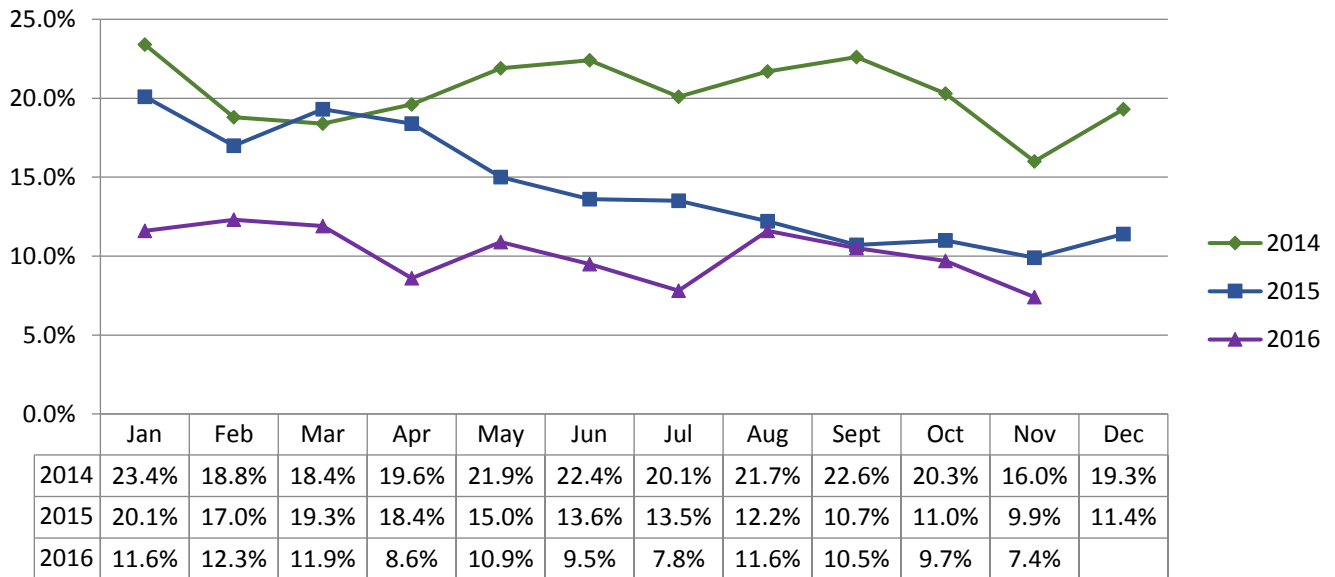


Psychiatric Emergency Service (PES) Data for the Month of November 2016...continued

ZSFG PES Average Length of Stay



ZSFG PES Admission Rates



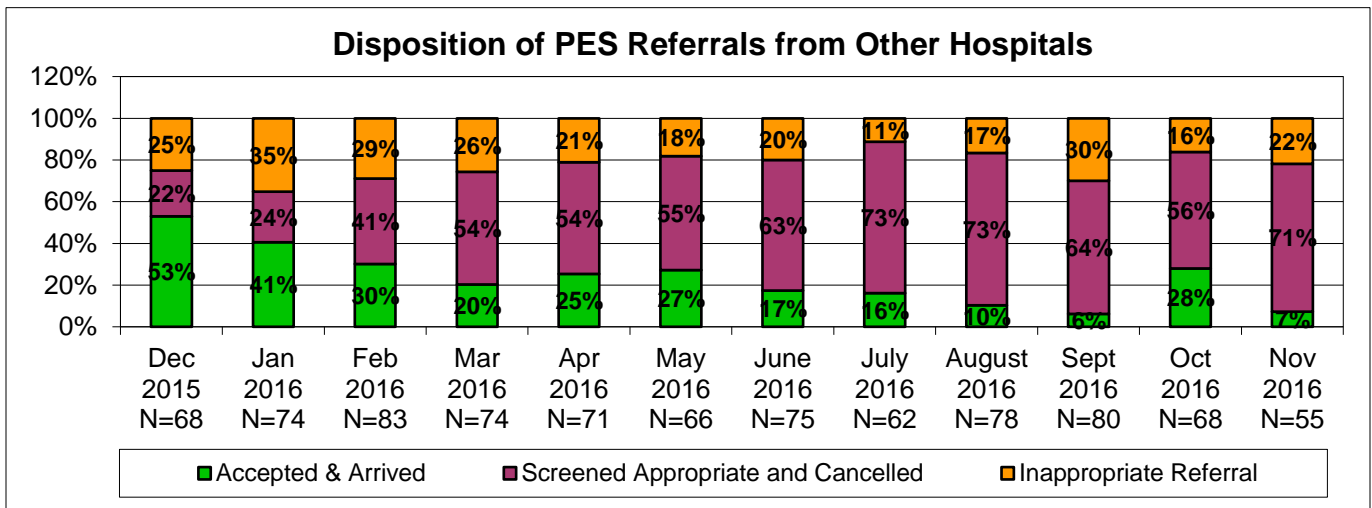
5. Request for Inter-Facility Transfer to PES from other Hospitals

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:

The Department of Psychiatry is at an all-time low number of inpatient admissions to unit 7B due to high numbers of lower level of care patients on 7B and 7C waiting for placement. This results in increased length of stay in PES and continuing high percentages of time on Condition Red. Increased Condition Red decreases PES's ability to accept patients from other hospitals.