

# PATIENT CARE SERVICES REPORT

*Submitted to the Joint Conference Committee, February 2016*

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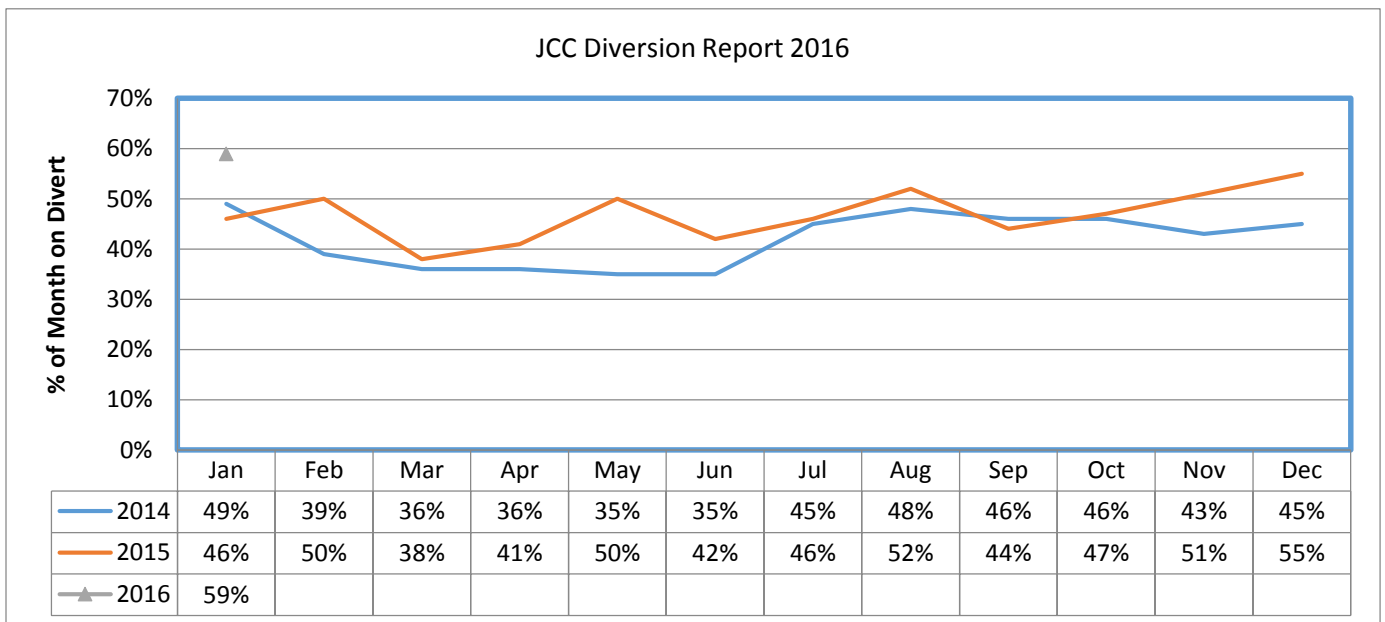
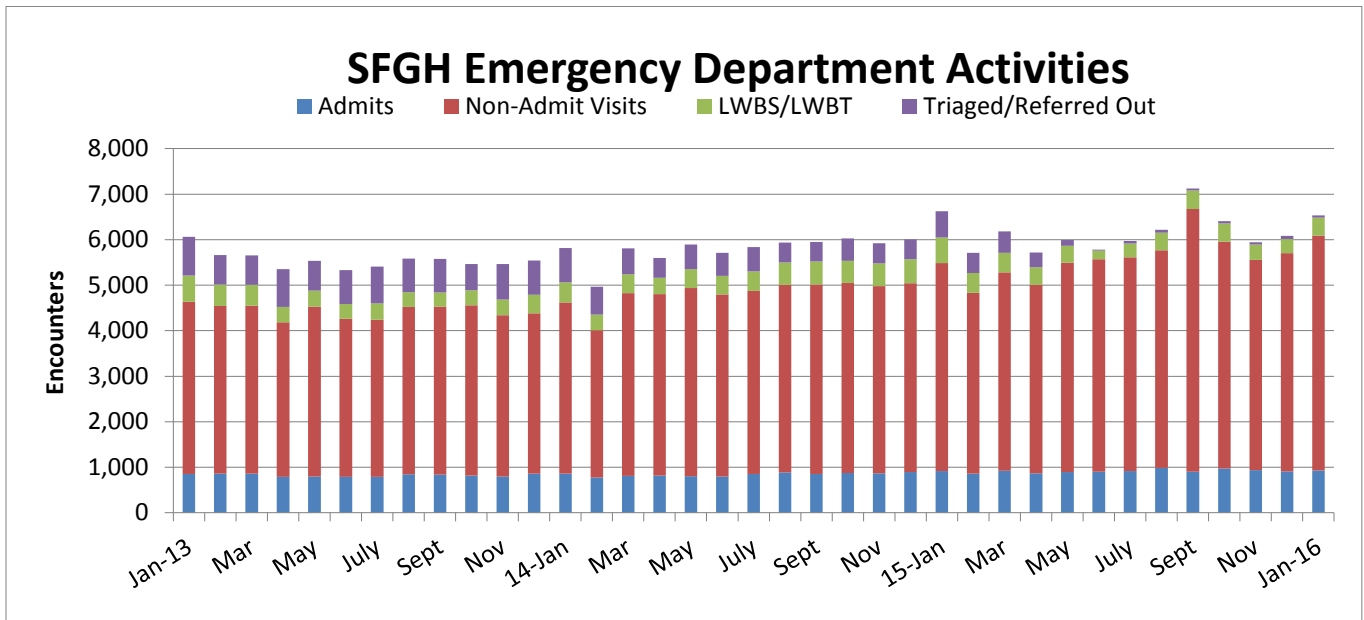
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## 1. Professional Nursing for the Month of February 2016

### Transition Initiatives:

- The nursing department staff participated in our first Day in the Life scenario February in preparation for our move to the new hospital building. Nursing department staff and super users spoke to their nursing pod workflows, policies, and equipment during each of the 26 department-specific and emergency response scenarios.
- The Emergency Department held its 2<sup>nd</sup> Kaizen Workshop following the Value Stream that began in October, 2015. ED Nursing participated with Clinical Laboratory and Diagnostic Imaging department staff in the February 8 -12<sup>th</sup> workshop. The goal focused on reducing the lead time for Emergency Severity Index 3 (ESI 3) patients, through performing PDSAs around team-based care. Standard work was created in these departments to improve the flow of patients through the ED by reducing turnaround time for lab and imaging tests.
- Additionally, February 22, 2016, Mr. Jeux Rinehart, MSN, RN will begin his orientation as the Emergency Department Nursing Director. Jeux will bring with him a wealth of Emergency Nursing and leadership experience, most recently as Medical Center Manager at Group Health in Seattle, Washington. Patt Carr, MSN, RN will return to her role as AOD.

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



### February | 2016

**Diversion Rate: 59%**

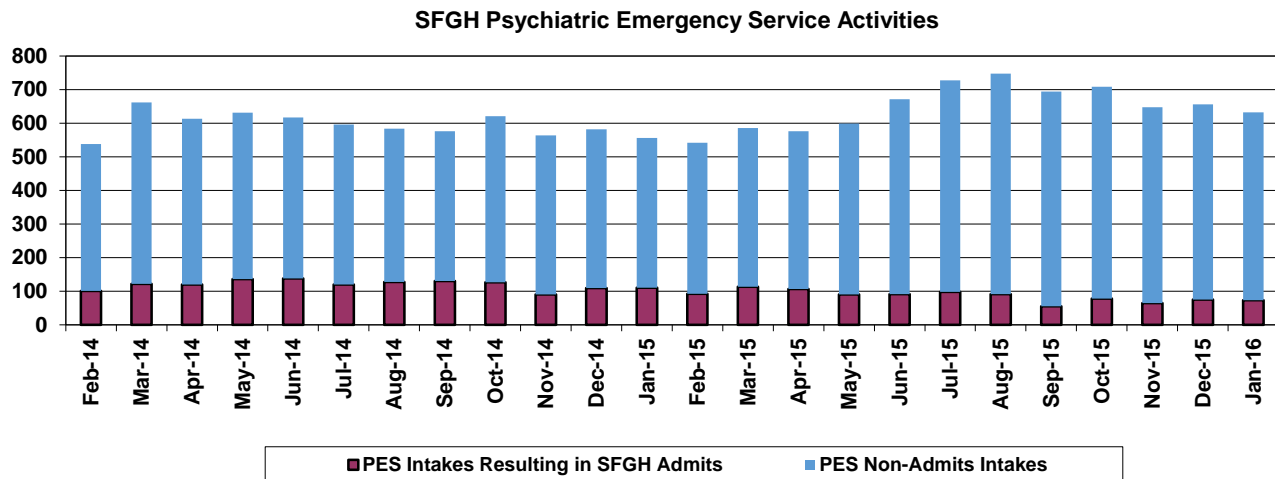
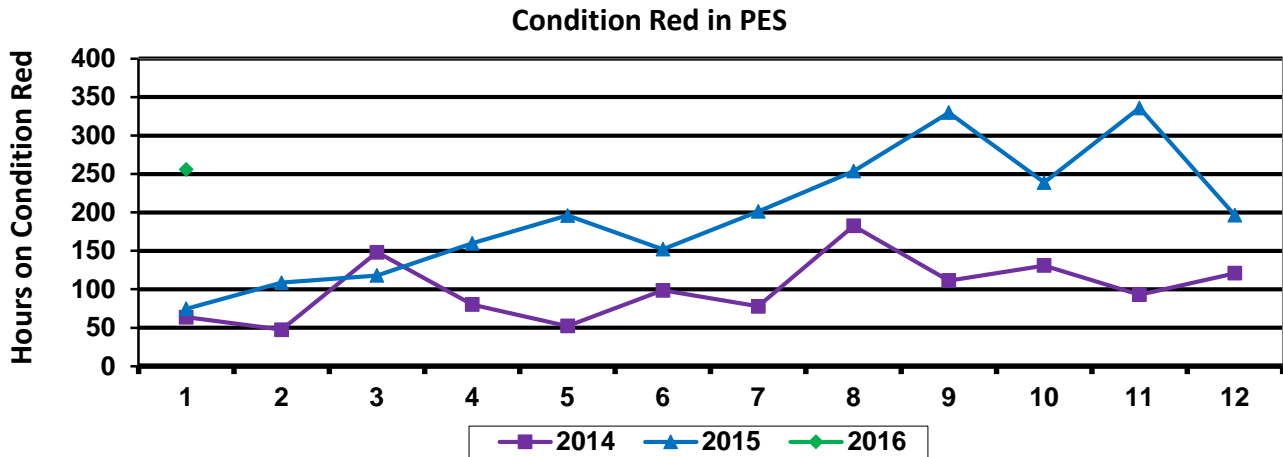
*ED diversion – hours 230 (30%) + Trauma override - hours 213 (29%)*

**ED Encounters: 6141**

**ED Admissions: 930**

**ED Admission Rate: 15%**

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



PES had a dramatic increase in encounters in 2015, peaking in August 2015 at 747 patient encounters. January 2016 had 632 patient encounters, which is average for PES total monthly encounters in the post-Medical Screening Exam protocol change era.

In January a total of 559 patients were discharged from PES: 46 to ADUs, 11 to other psychiatric hospitals, and 513 to community/home.

PES admitted a total of 73 patients to the SFGH inpatient psychiatric unit in January, a small decrease from 75 patients in December 2015, 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 19.69 hours in the month of January (up from 18.54 hours in December).

There was an increase in Condition Red hours from December to January. PES was on Condition Red for 252.5 hours (33.9%) during 30 episodes in January. The average length of Condition Red was 8.84 hours. In December, PES was on Condition Red for 196.2 hours (26.4%) during 24 episodes, averaging 8.17 hours.

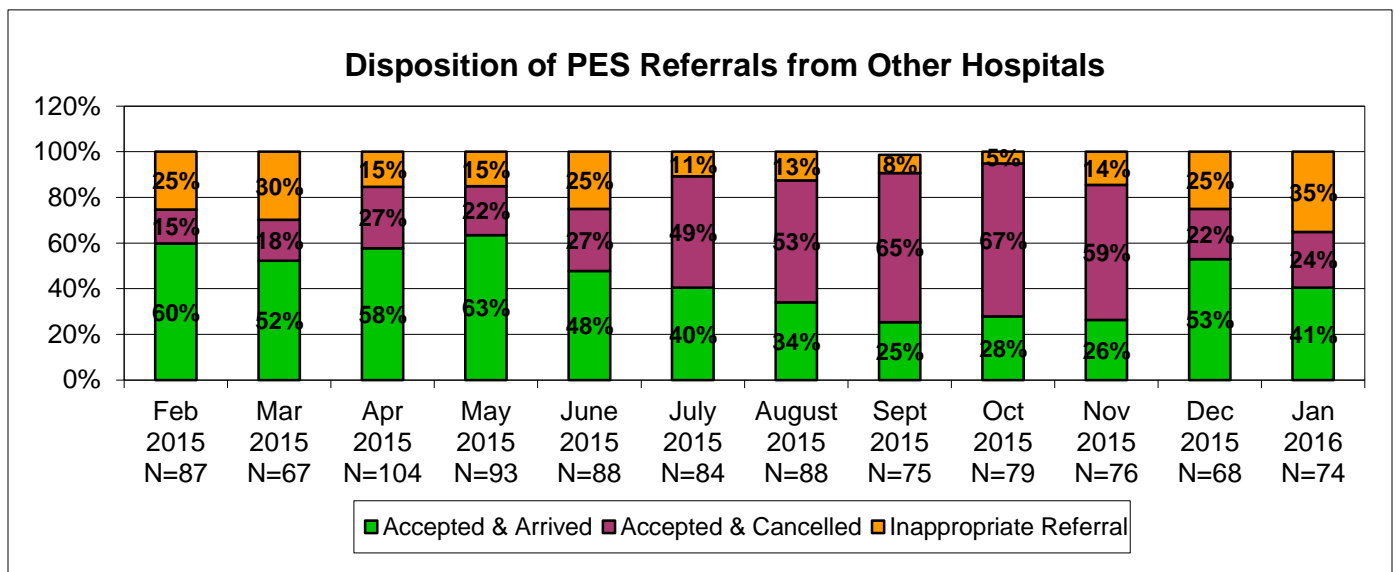
#### 4. Request for Inter-Facility Transfer to PES from other Hospitals

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.

**Accepted and Cancelled Referrals** refer to patients that have been approved for transfer and admission to PES but their transfer is 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.
- January showed a small increase in patients which were “Accepted and Cancelled”, rising to 24% (from 22%).
- This month showed a decrease in proportion of requests which were “Accepted and Arrived”, 41%. This appear to be mainly due to the increase in “Inappropriate Referrals” this month.

- There was an increase in “Inappropriate Referrals” in January 2016 to 35%, after a significant and progressive decrease during July/August/September/October 2015 in the proportion of “Inappropriate Referrals”—July/August/September/October 2015 averaged 10% vs. 25% over the prior 8 months. 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.