

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, December 2015

By: Terry Dentoni, MSN, RN, CNL, SFGH Chief Nursing Officer

Report Contents:

1. Professional Nursing.....	1
2. Emergency Department Data.....	2
3. Psychiatric Emergency Services Data.....	3
4. Request for Inter-Facility Transfer to PES from other Hospitals.....	4-5

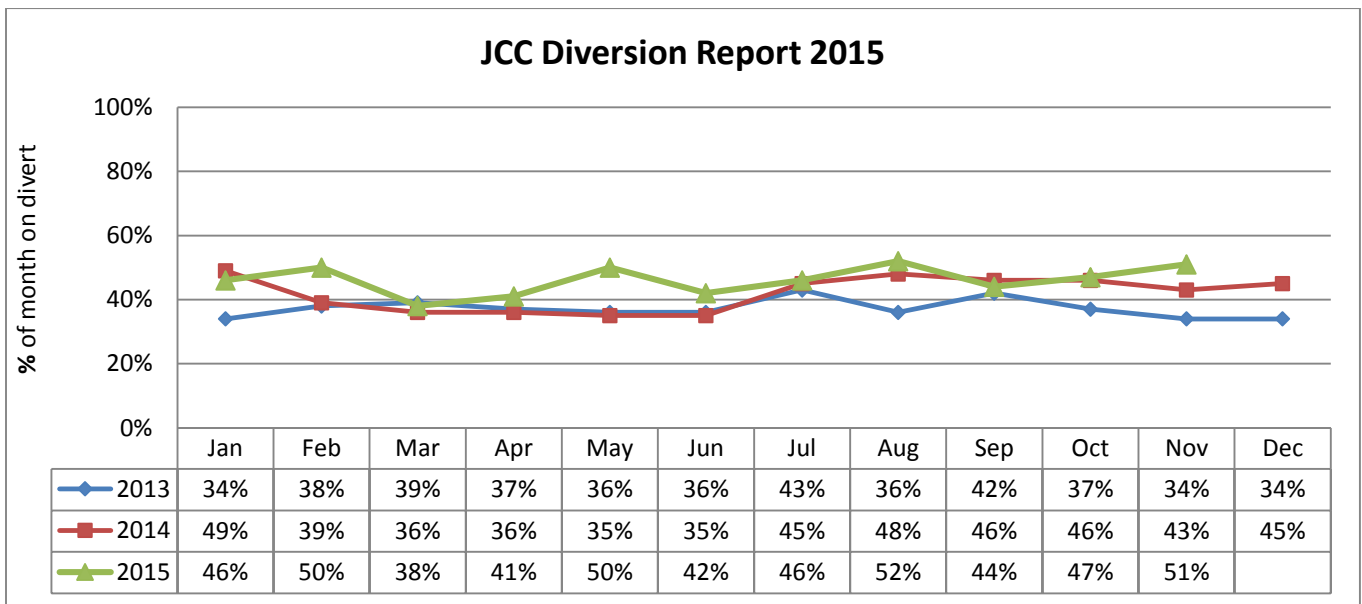
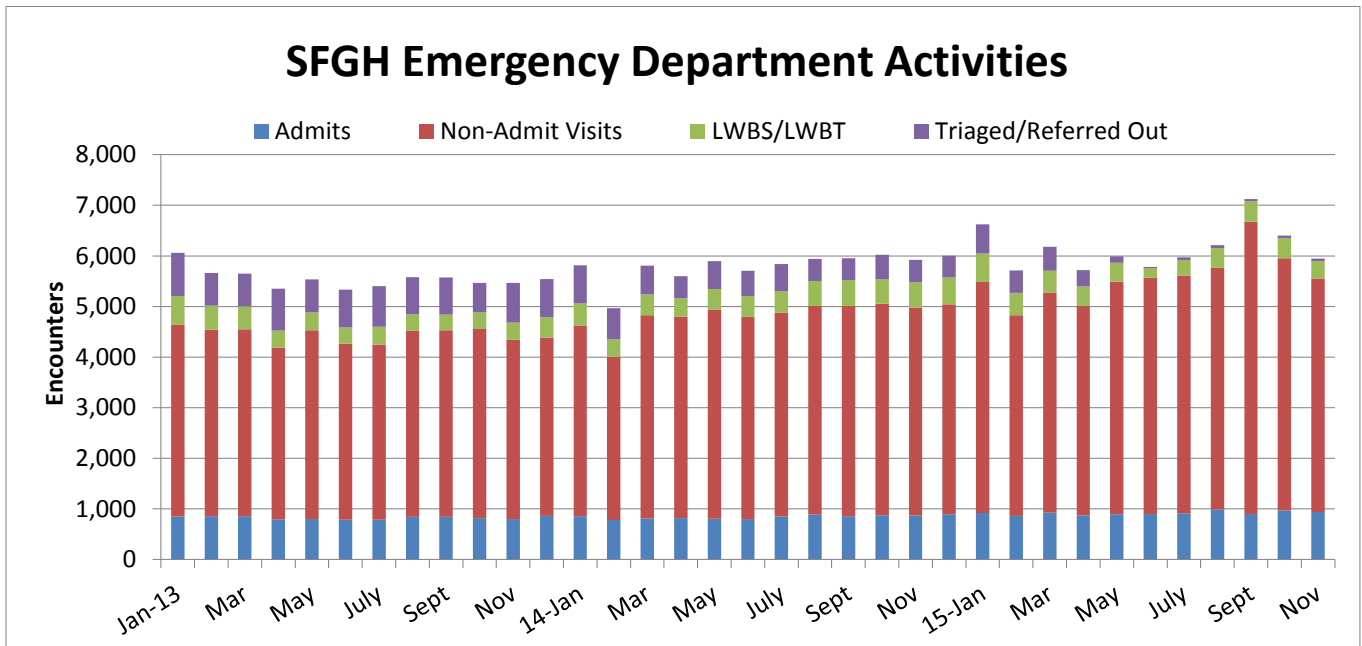
1. Professional Nursing for the Month of December 2015

Transition Initiatives:

The Emergency Department conducted two back to back weeks of Kaizen workshops deep diving into the patient flow process from the time the patient is greeted at the ED door to the time the patient is seen by a provider. The team built a mock up ED unit to test workflow and by steadfastly performing rapid cycle plan, do, study, adjust cycles when the implemented the new process in the ED, they improved the low acuity ED patient wait times by 67% and reduced the left without being seen patients from 7% to zero!

The Occupational Health Services department conducted a 5S workshop in their work area in Building 9. They intensely implemented the sort, shine, set in order, standardize, and sustain framework to reorganize their work stations and exam rooms. They shared that their patients, the center of their care, are DPH wide employees will now be greeted by a more organized environment.

2. Emergency Department (ED) Data for the Month of December 2015



November | 2015

Diversion Rate: 51%

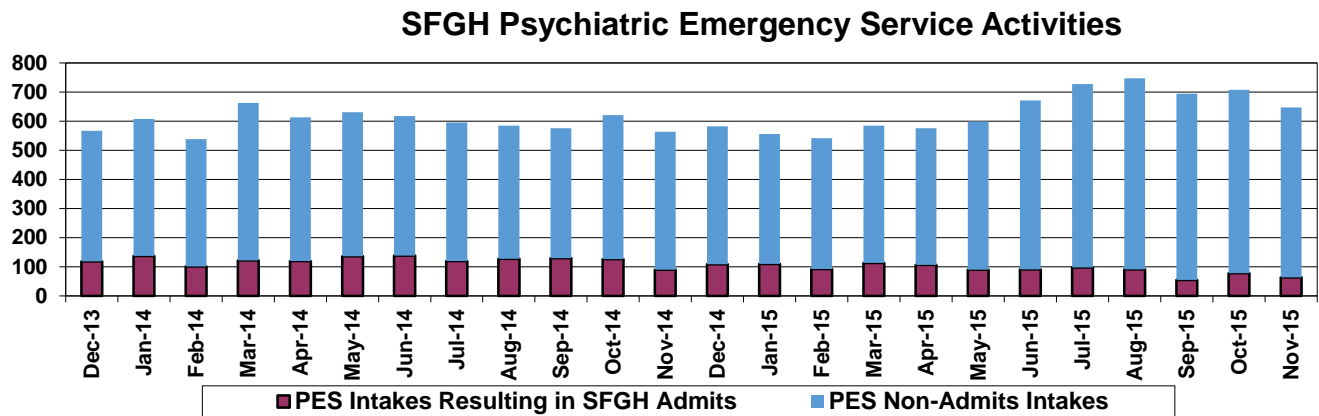
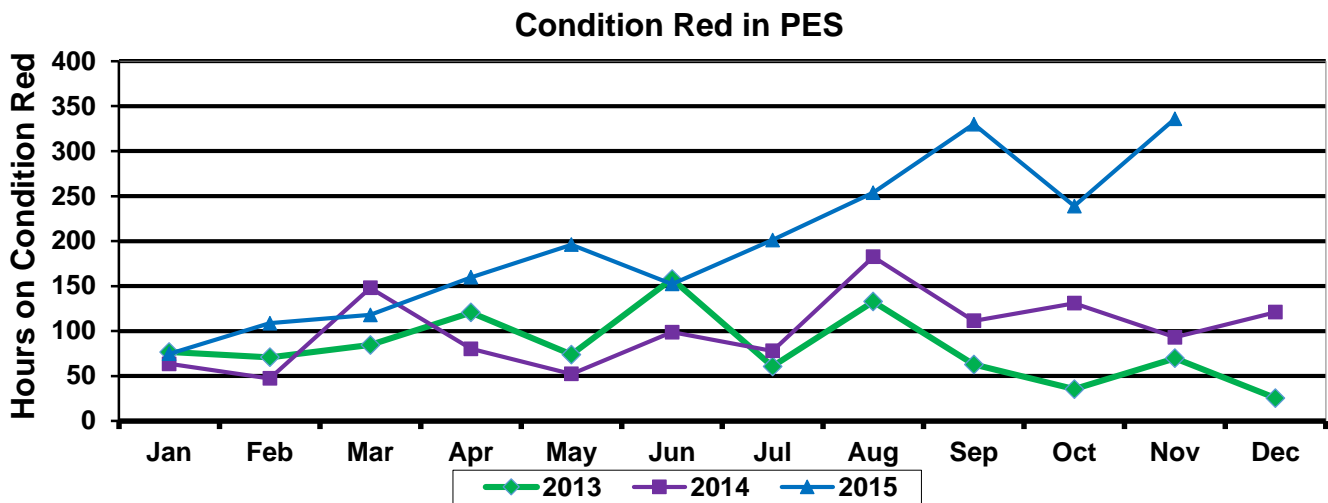
ED diversion - hours 244 (34%) + Trauma override - hours 124 (17%)

ED Encounters: 5605

ED Admissions: 936

ED Admission Rate: 17%

3. Psychiatric Emergency Service (PES) Data for the December 2015



PES has had a dramatic increase in encounters over the past six months—June, July, August, September and October 2015 are the five highest volume months in PES history. PES encounters continued high in November.

In November a total of 583 patients were discharged from PES: 56 to ADUs, 17 to other psychiatric hospitals, and 510 to community/home.

PES admitted a total of 64 patients to the SFGH inpatient psychiatric unit in November, a decrease from 78 patients in October 2015. This lowest ever monthly admission total is directly related to decreased inpatient bed capacity resulting from increased waits by SFGH Psychiatry inpatients for discharge, primarily for locked subacute treatment (LSAT) beds. The decreased inpatient bed availability resulted in increased time waiting for inpatient beds by patients being admitted from PES and longer PES ALOS. Longer PES ALOS results in increased PES census levels causing an increased likelihood of Condition Red (see below).

The average length of stay (ALOS) in PES increased to 20.91 hours in the month of November (up from 17.66 hours in October).

There was a significant increase in Condition Red hours from October to November. PES was on Condition Red for 336 hours (46.7%) during 33 episodes in November. The average length of Condition Red was 10.18 hours. In October, PES was on Condition Red for 283 hours (32.1%) during 31 episodes, averaging 7.96 hours.

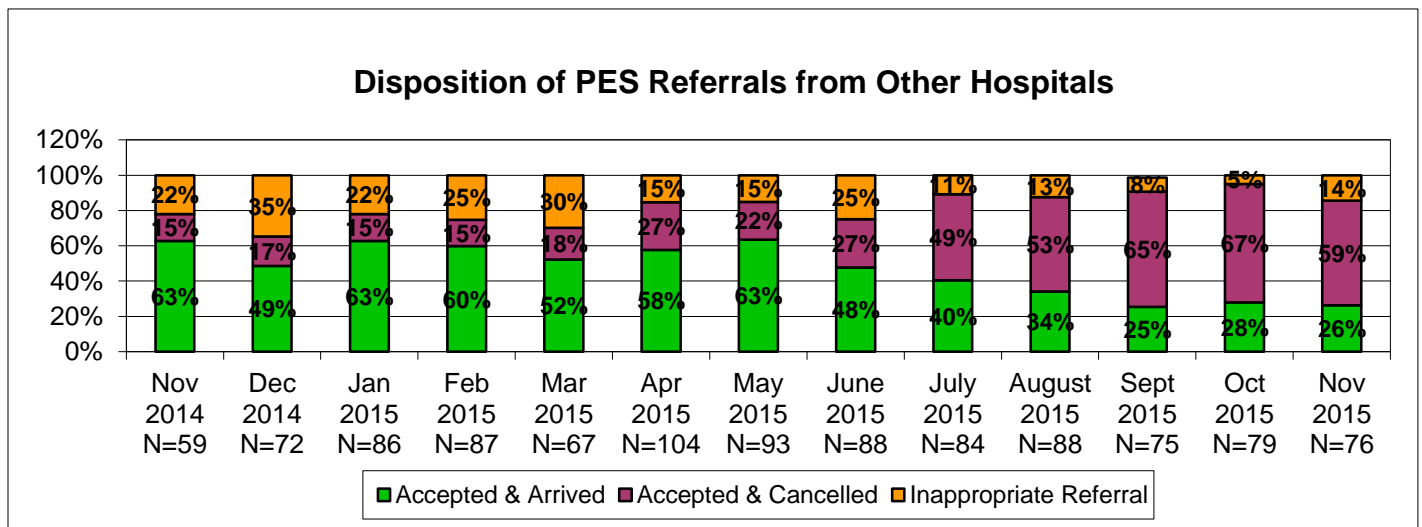
4. Request for Inter-Facility Transfer to PES from other Hospitals

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 13 months in the number of requests for transfer from other hospitals to PES.
- Significantly higher levels during past five months in the proportion of requests that are “Accepted and Cancelled (by requesting hospital)” —July/August/September/October/November averaged 61% vs. 21% over the prior 8 months. This may be attributed to the increase in PES Condition Red during these months, which is likely the result of the dramatic increase in PES intakes during the past four months, along with decreased inpatient bed availability. The increase in PES intakes continues to be associated with the change in Medical Screening Exam protocol subsequent to SFGH’s EMTALA survey. It is likely that because of longer waits to get patients to PES, the other hospitals made other arrangements for the patients, or the patients’ clinical condition improved enough that they no longer needed PES services.

- Significant overall decrease during the previous four months in the proportion of requests that were “Accepted and Arrived”—July/August/September/October/November averaged 30% vs. 66% over the prior 8 months. This decrease appears to be accounted for by the increase in “Accepted and Cancelled (by requesting hospital)” described above.
- Significant and progressive decrease during July/August/September/October in the proportion of requests that were “Inappropriate Referrals”—July/August/September/October 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 not clear.