

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, January 2016

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1. Professional Nursing for the Month of January 2016

Transition Initiatives:

Over 300 Nursing staff participated in the Department Transition Education Coordinator (DTEC) super user training the first week of January. Facilities, Infection Control and DTECH staff will be continuing the staff education sessions in Building 25 weekly throughout the month on the following topics:

- New equipment and devices found in the patient rooms and nursing units - from blanket warmers and light switches to eye wash stations and negative pressure rooms
- Digital eVideon bedside patient education channels
- Hands-on instructions on the new safe patient handling equipment
- New Phone system

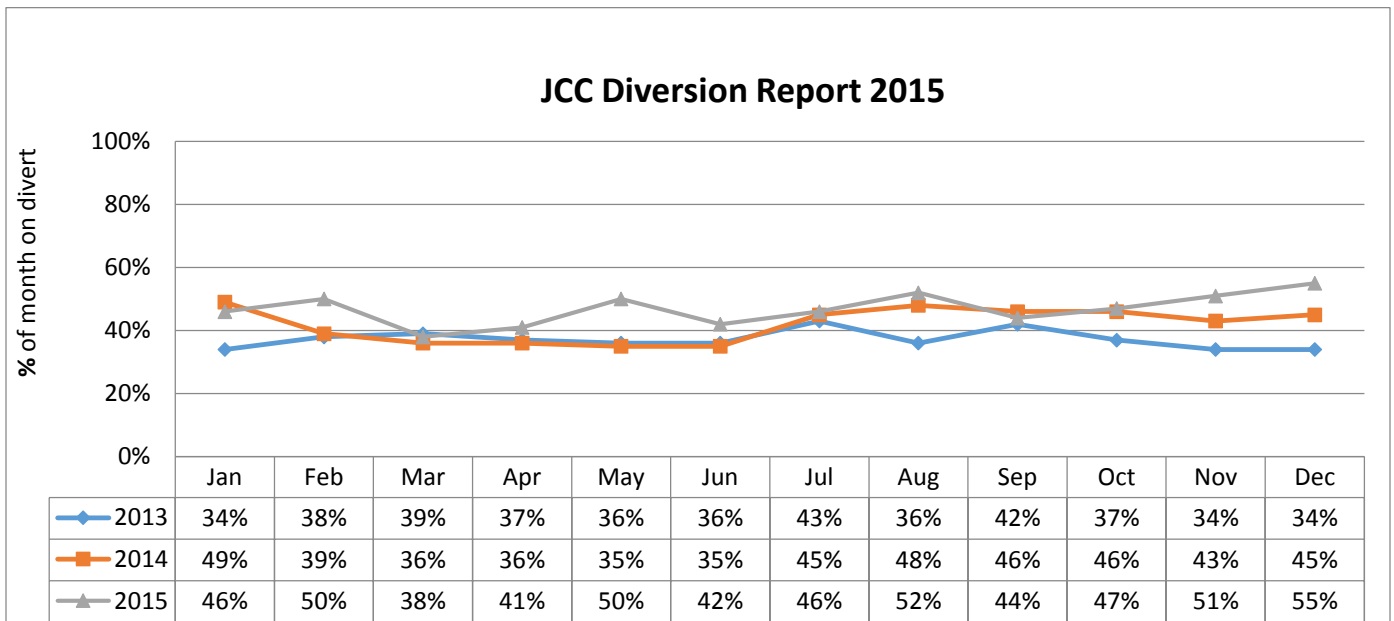
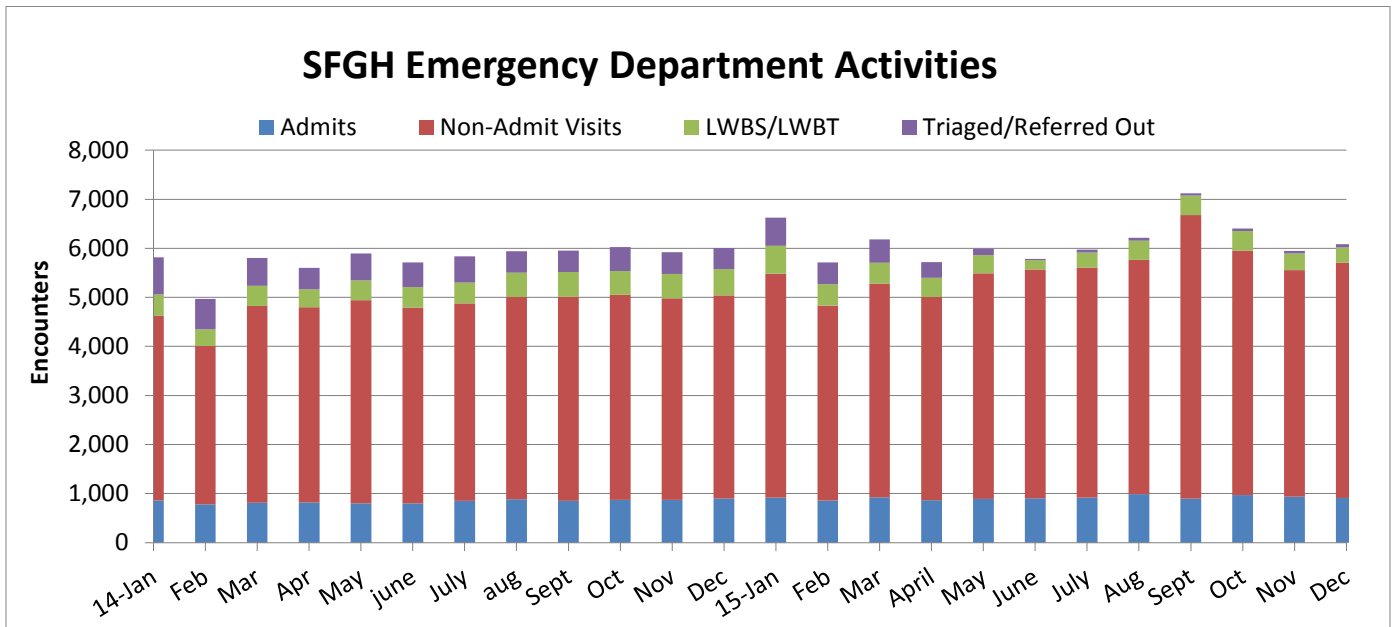


Recognition:

The DAISY Award for Extraordinary Nurses

On Tuesday, January 12, 2016 Aleksandra Mendive was awarded the Daisy. A patient read about the Daisy Award nominations on a bulletin board in unit 4D. He wrote in his nomination letter about Aleksandra’s “outstanding compassion and understanding of a particularly painful and embarrassing day” during his hospitalization. He noted her kind words were a relief to his frustration and that she gave him hope that his current situation would pass. She was exactly what he needed at that particular time and he states he believed she was “nursing out of love for her patients and not because it was a job”.

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



December | 2015

Diversion Rate: 55%

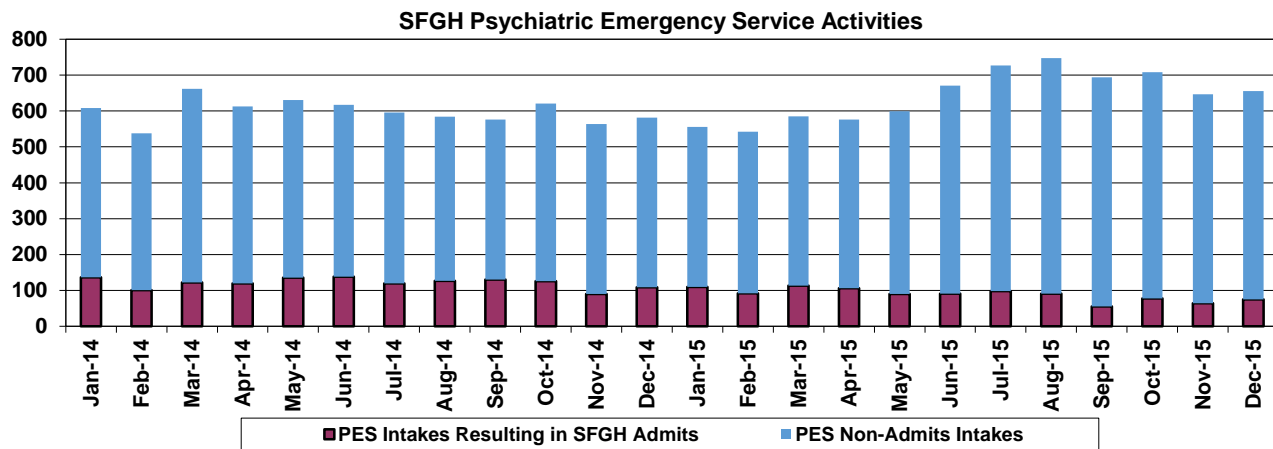
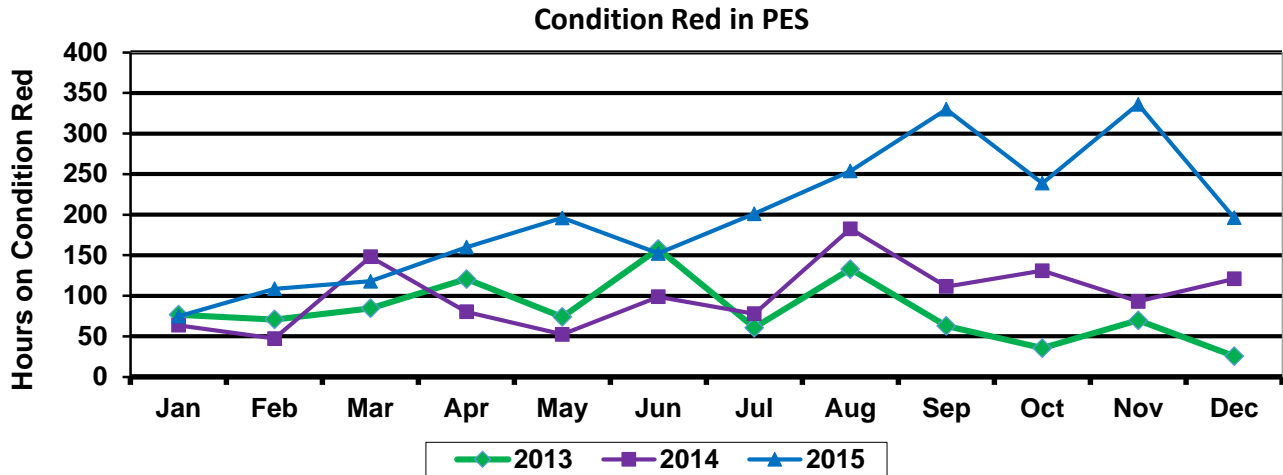
ED diversion - hours 232 (31%) + Trauma override - hours 178 (24%)

ED Encounters: 5775

ED Admissions: 907

ED Admission Rate: 16%

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



PES has had a dramatic increase in encounters this year, and PES encounters continued high with 656 in December.

In December a total of 581 patients were discharged from PES: 44 to ADUs, 14 to other psychiatric hospitals, and 523 to community/home.

PES admitted a total of 75 patients to the SFGH inpatient psychiatric unit in December, an increase from 64 patients in November 2015. There was an increase in inpatient bed availability this month, resulting in an increase in inpatient admissions. The increased inpatient bed availability resulted in shorter PES ALOS and a decrease in Condition Red (see below).

The average length of stay (ALOS) in PES decreased to 18.54 hours in the month of December (down from 20.91 hours in November).

There was a significant decrease in Condition Red hours from November to December. PES was on Condition Red for 196.2 hours (26.4%) during 24 episodes in December. The average length of Condition Red was 8.17 hours. In November, PES was on Condition Red for 336 hours (46.7%) during 33 episodes, averaging 10.18 hours.

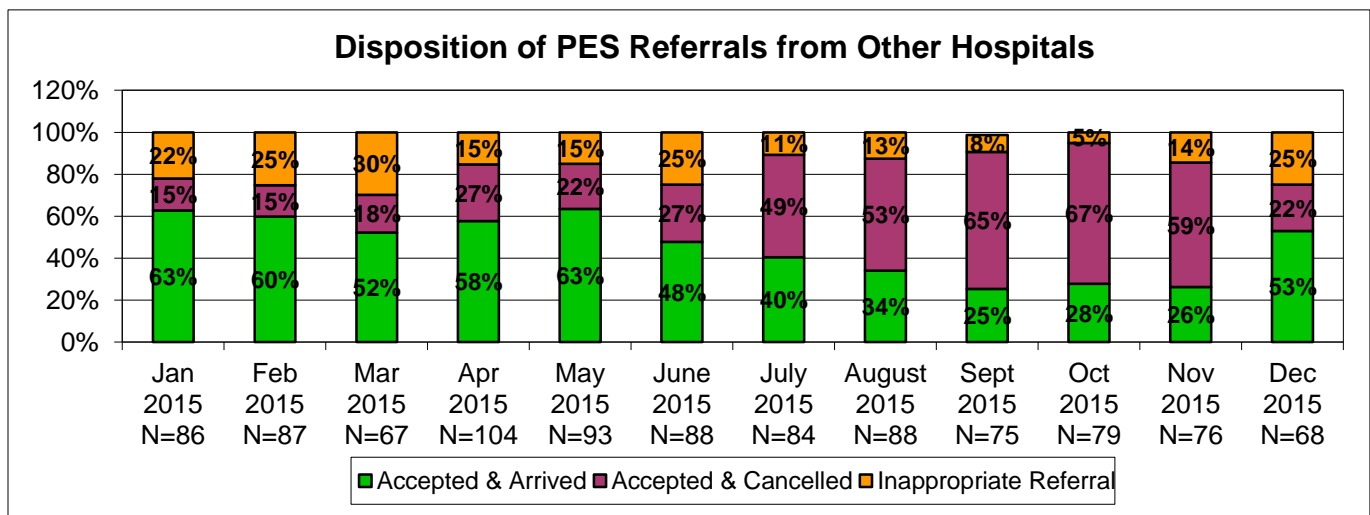
4. Request for Inter-Facility Transfer to PES from other Hospitals

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.
- December showed a significant decrease in patients which were “Accepted and Cancelled”, dropping to 22%. During July through November, there were higher levels in the proportion of requests that were “Accepted and Cancelled (by requesting hospital)”. This may be attributed to the increase in PES Condition Red during these months, which was 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.

- This month showed a dramatic increase in proportion of requests which were “Accepted and Arrived”, 53%. This is due in part to the reduction in Condition Red this month. July through November of this year averaged 30% Accepted and Arrived.
- There was an increase in “Inappropriate Referrals” in December to 25%, after a significant and progressive decrease during July/August/September/October in the proportion of “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.