

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, July 2016

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1. Professional Nursing for the Month of June 2016

Transition Initiatives:

Nursing department Optimization staff are continuing to collaborate within Nursing and with other departments, working on the new clinical applications and technologies in Building 25. The Optimizers are providing assistance and support fine tuning workflows and helping with the educators on evaluating staff on the new Building 25 competencies.

The Medical Surgical Nursing Division, with multidisciplinary team members, is conducting a Kaizen workshop July 25-29, 2016 to work on improving the medical-surgical flow by removing flow barriers. The improvement request to improve flow include:

- Clearly defining the decision making process (in the ED and Bed Control) to determine where medical-surgical patients are admitted in order to maximize patient cohorting.
- Defining a standard process for identifying lower level of care patients on the acute medical-surgical units at the earliest point in the hospitalization.
- Optimize the use of telemetry by creating protocols and standard work for alarm optimization, telemetry orders and MD/RN communication.

Nursing Recruitment and Retention

During the month of July several of the Nursing Divisions are commencing their training programs:

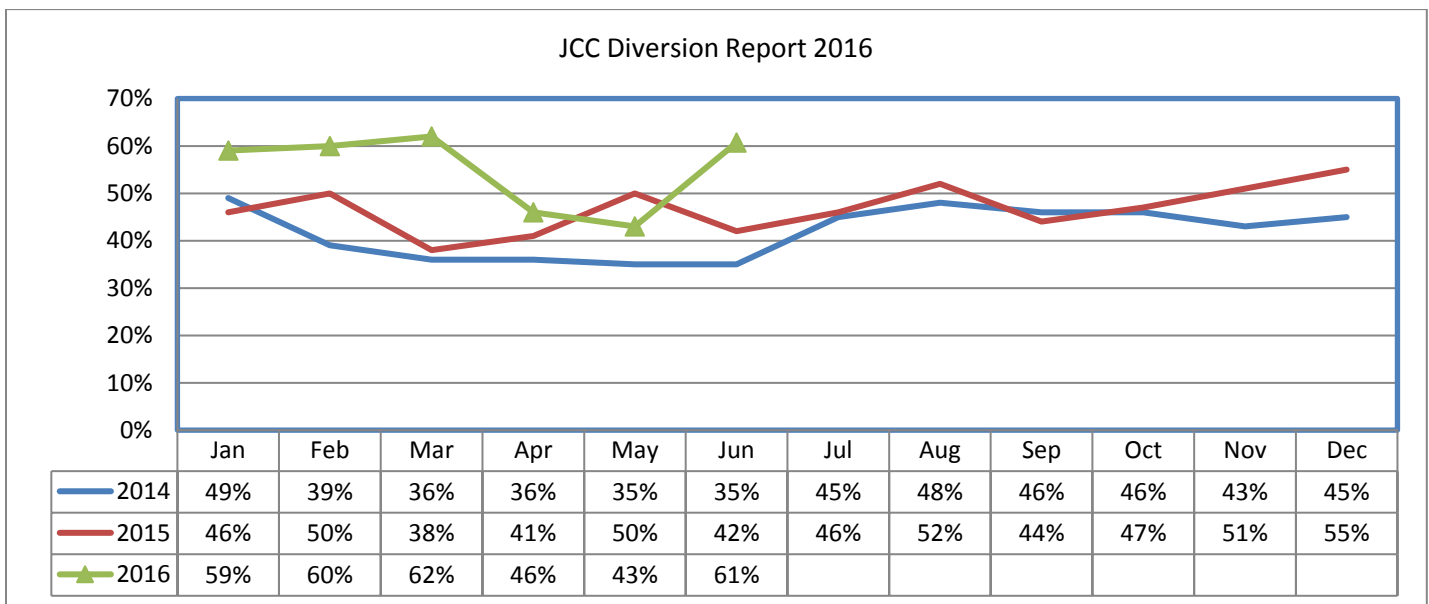
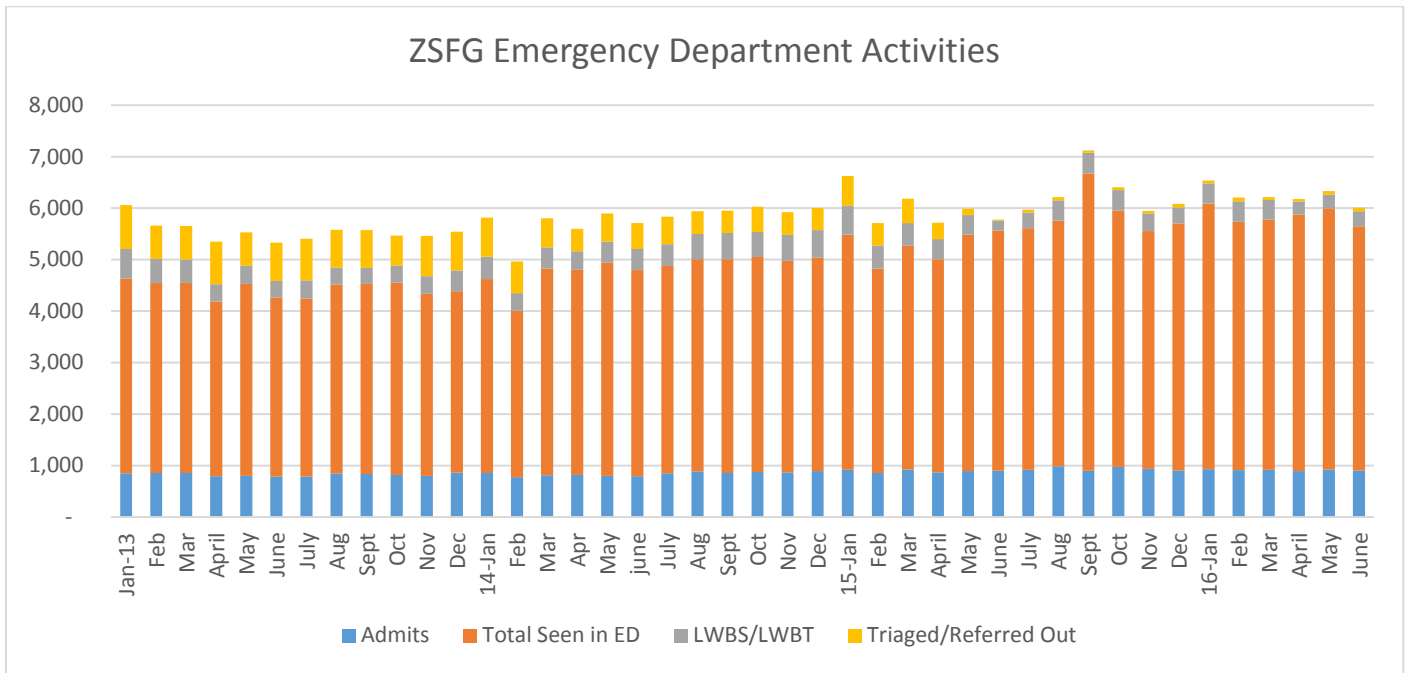
- Family Birth Center is in the midst of training 3 new hires
- Emergency Department training program begins July 25th for 11 new staff
- Critical Care training program begins this month for 5 reassigned nurses
- Medical Surgical Nursing has 30 new staff starting July 29th

Nursing Professional Development

Emergency Department Nursing Educator, Richard Nepomuceno presented “The Good, The VAD, and The Ugly: Caring for a patient with a Ventricular Assist Device” at the Day of Trauma Case Studies Conference held at Santa Clara Medical Center.

Critical Care nursing educator, Kelly Swift attended the TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety) conference learning about how to translate the communication method into practice and Justin Dauterman, also a Critical Care Educator, attended the Association for Nursing Professional Development Convention July 18-19th where he presented his poster on his Post-Orientation Development for Staff Program.

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



June | 2016

Diversion Rate: 60.7%

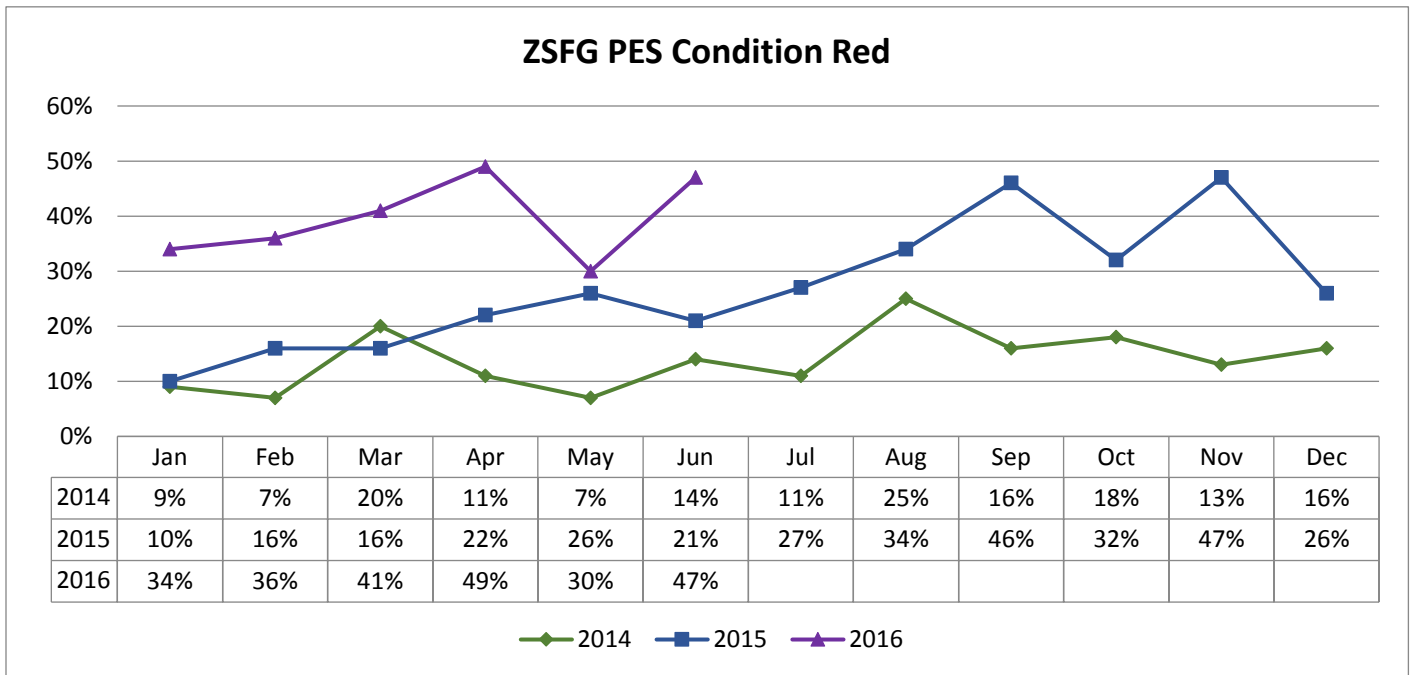
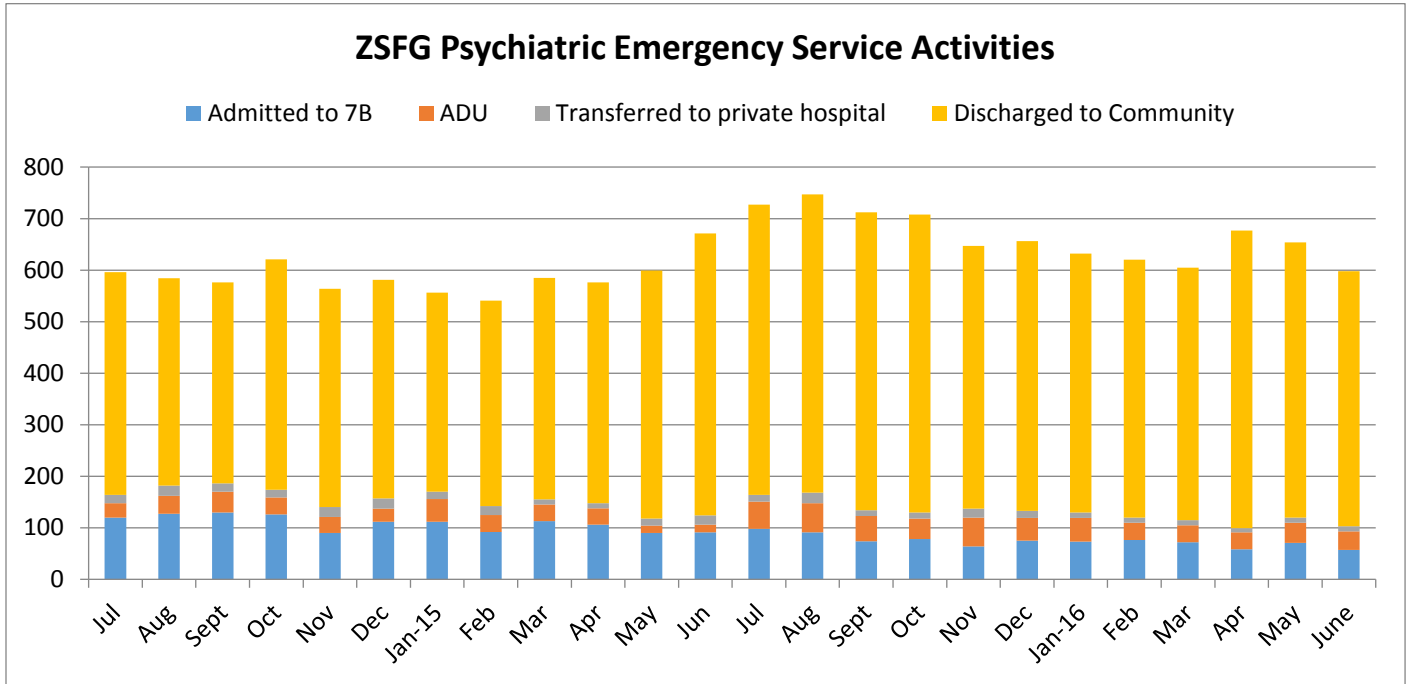
Total Diversion: 283 Hours, 53 Minutes (39.4%) + **Trauma Override:** 153 Hours, 6 Minutes (21.3%)

ED Encounters: 5,713

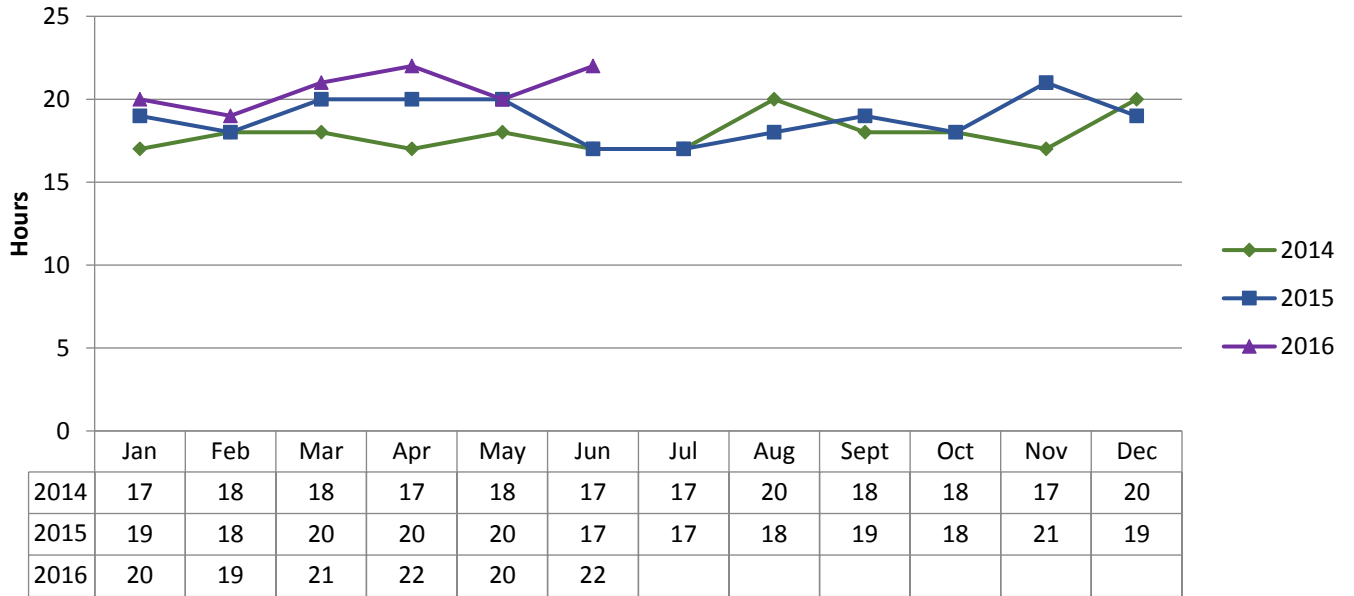
ED Admissions: 906

Admission Rate: 16%

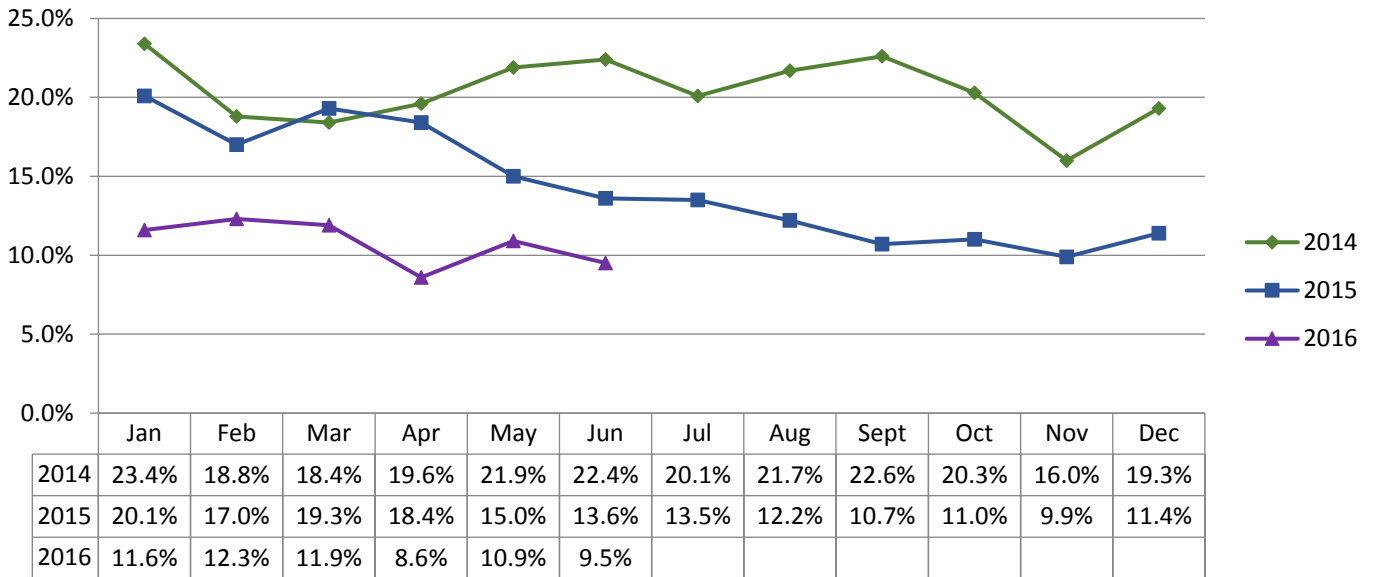
3. Psychiatric Emergency Service (PES) Data for the Month of June 2016



ZSFG PES Average Length of Stay



ZSFG PES Admission Rates



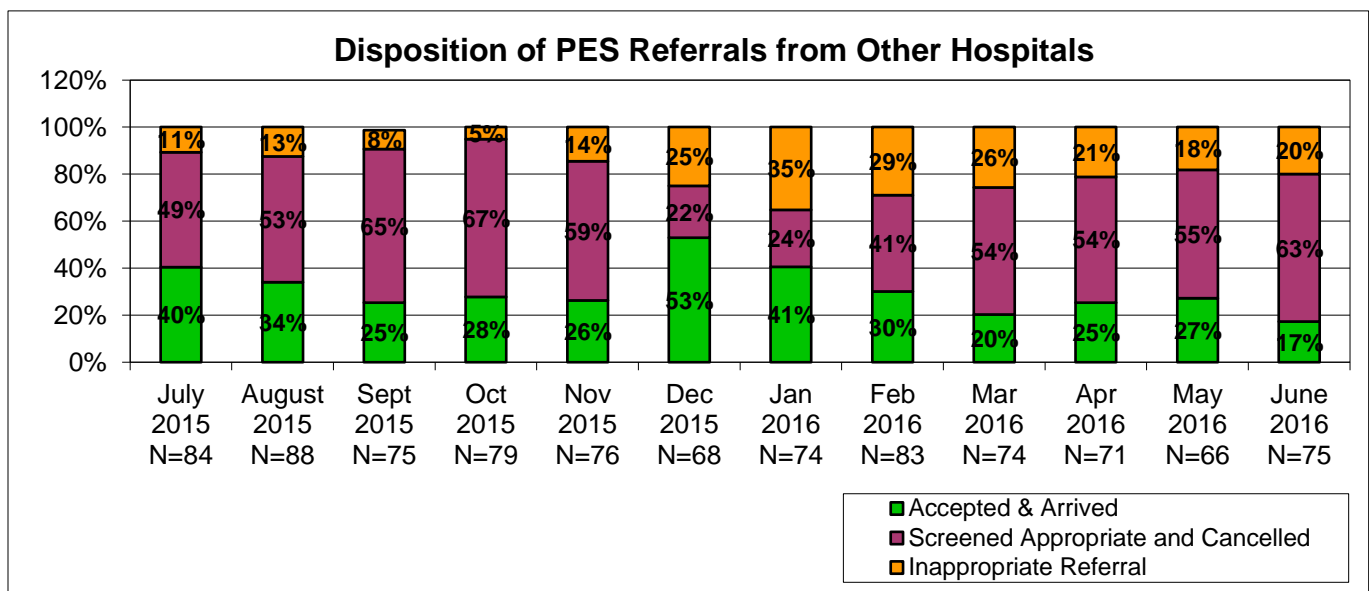
4. Request for Inter-Facility Transfer to PES from other Hospitals

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.
- June showed an increase in patients who were “Screened Appropriate but Cancelled” (formerly Accepted but Cancelled), up to 63%. This is due in part to the increase in Condition Red this month.
- There was a significant decrease in admits to unit 7B, due to a dramatic decrease in discharges from 7B and 7C. This led to patient flow issues in PES, with longer average length of stay for patients, a large increase in Condition Red hours, and fewer patients accepted from other hospitals.