

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, March 2016

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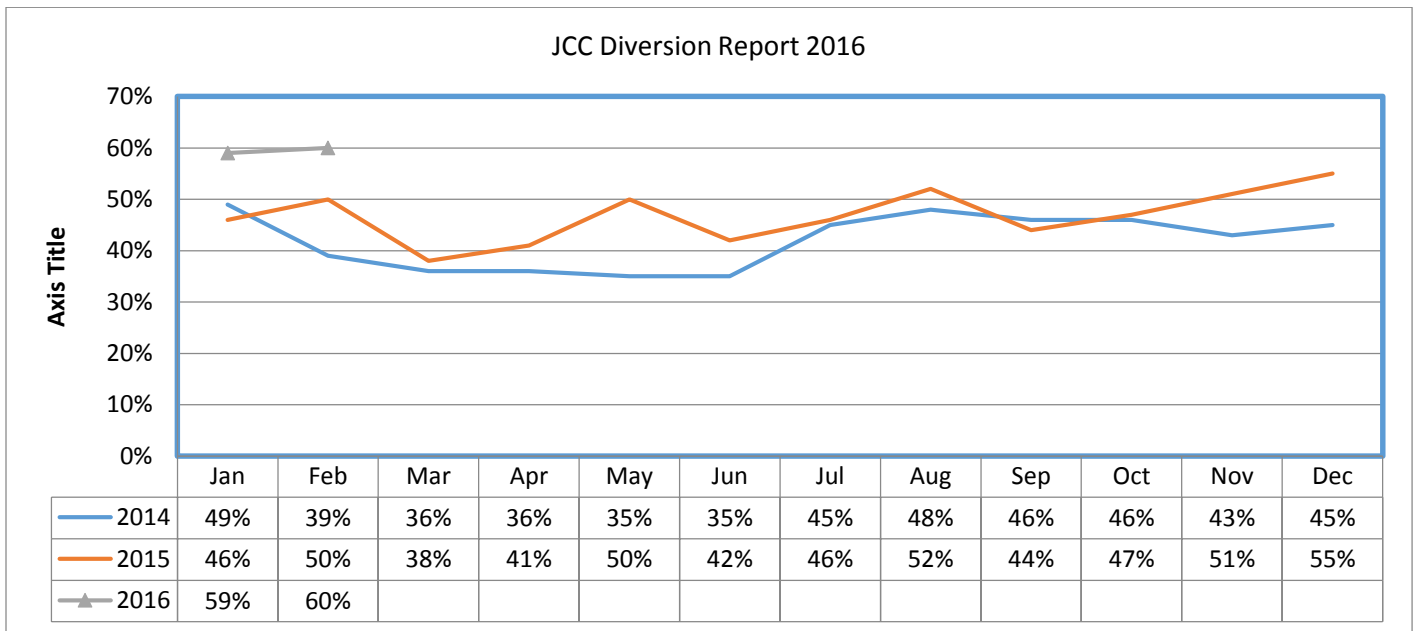
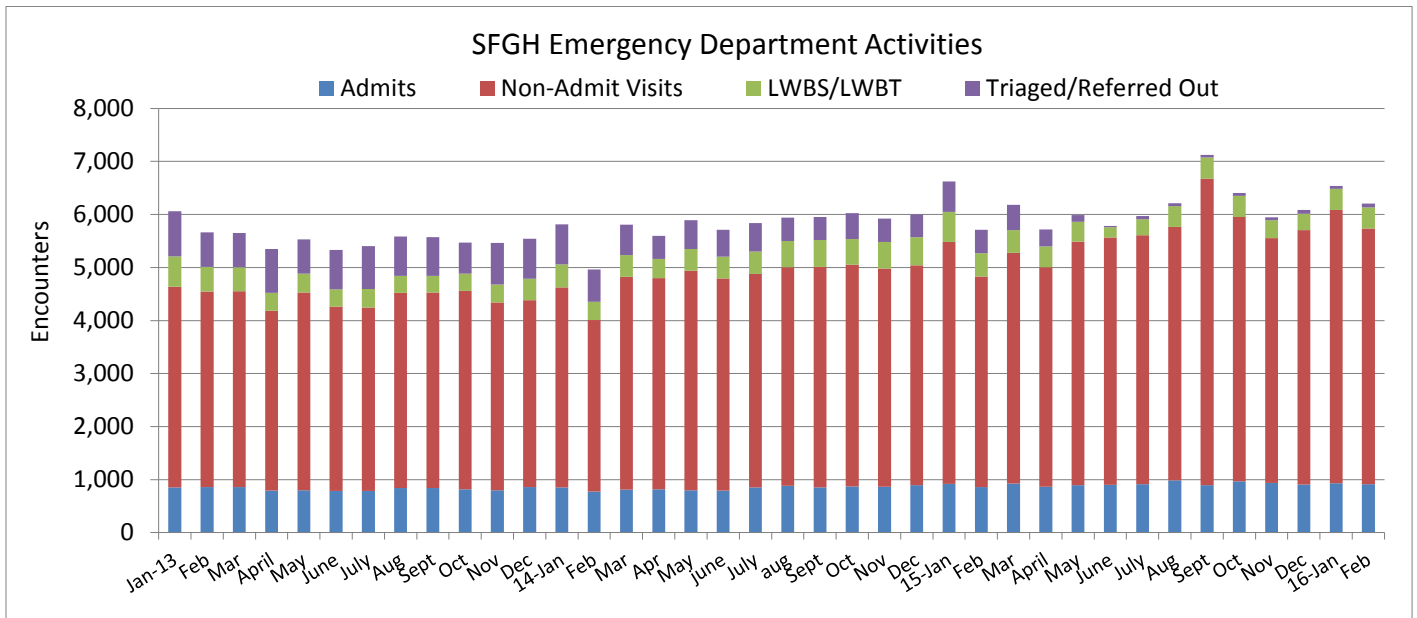
1. Professional Nursing for the Month of March 2016

Transition Initiatives:

Nursing department staff education commenced this month in Phase II of our transition education plan. Super user nursing staff are now training their nursing department colleagues within each nursing division on the essential elements in their work areas in the new hospital building.

Nursing department staff participated with over 25 other hospital departments in our second “Day in the Life” scenario on March 16, 2016. The exercise helped validate workflows, verified protocols and system integration, helped point any patient safety issues that could be addressed prior to the actual move in day and opened channels of communication among all participants.

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



March | 2016

Diversion Rate: 60%

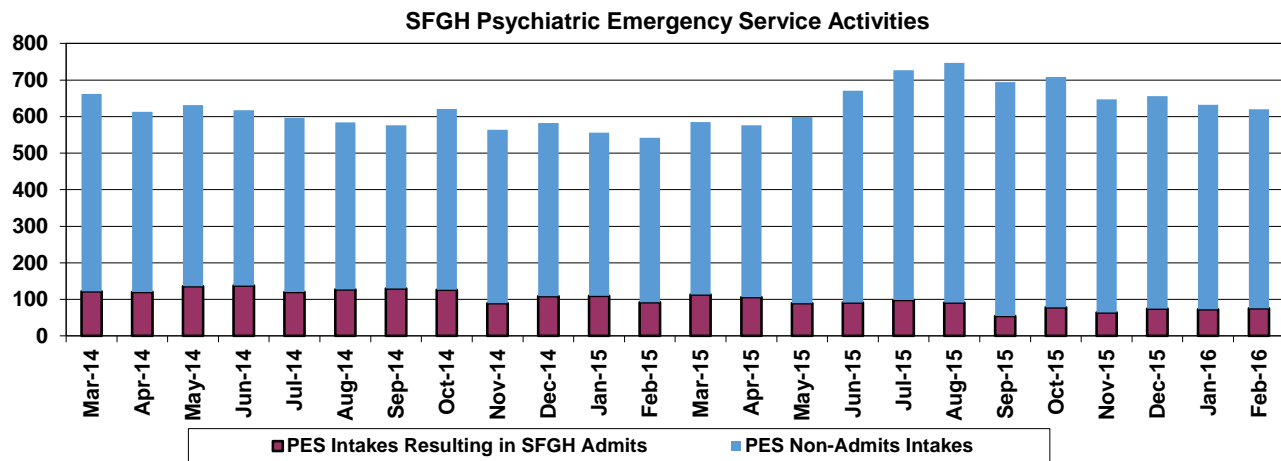
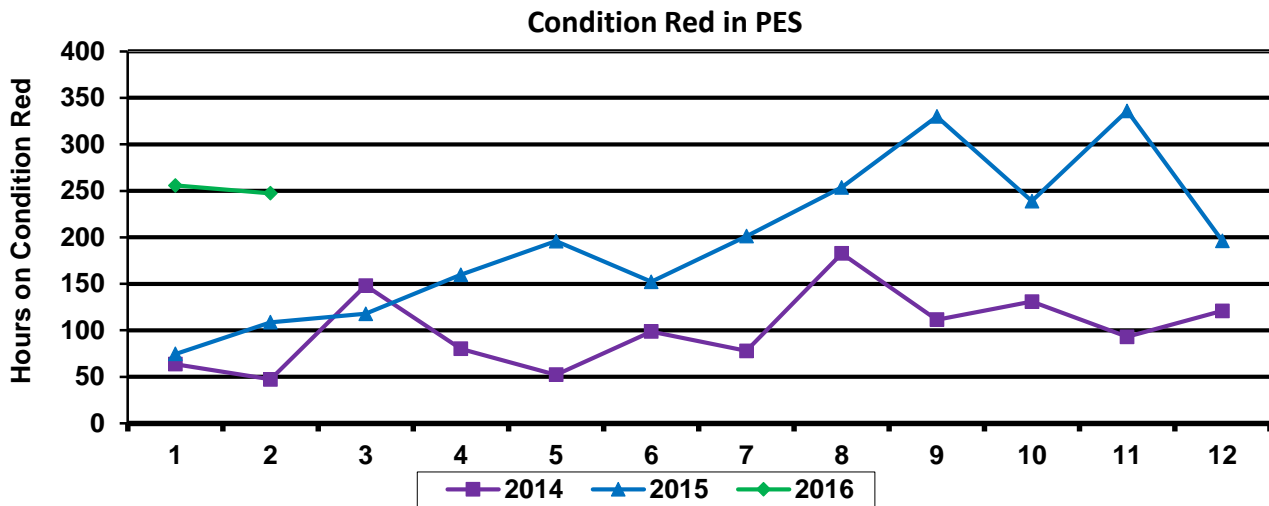
ED diversion – hours 190 (27%) + Trauma override - hours (33%)

ED Encounters: 5806

ED Admissions: 914

ED Admission Rate: 16%

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



PES had a dramatic increase in encounters in 2015, peaking in August 2015 at 747 patient encounters. February 2016 had 620 patient encounters, which is average for PES total monthly encounters in the post-Medical Screening Exam protocol change era.

In February a total of 544 patients were discharged from PES: 34 to ADUs, 10 to other psychiatric hospitals, and 500 to community/home.

PES admitted a total of 76 patients to the SFGH inpatient psychiatric unit in February, a small increase from 73 patients in January 2016, 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 decreased to 18.69 hours in the month of February (down from 19.69 hours in January).

There was an increase in Condition Red hours from January to February. The total number of hours was fewer, but there were fewer days in February so the percentage of time on Condition Red increased. PES was on Condition Red for 247.3 hours (35.5%) during 26 episodes in February. The average length of Condition Red was 9.64 hours. In January, PES was on Condition Red for 252.2 hours (33.9%) during 30 episodes, averaging 8.84 hours.

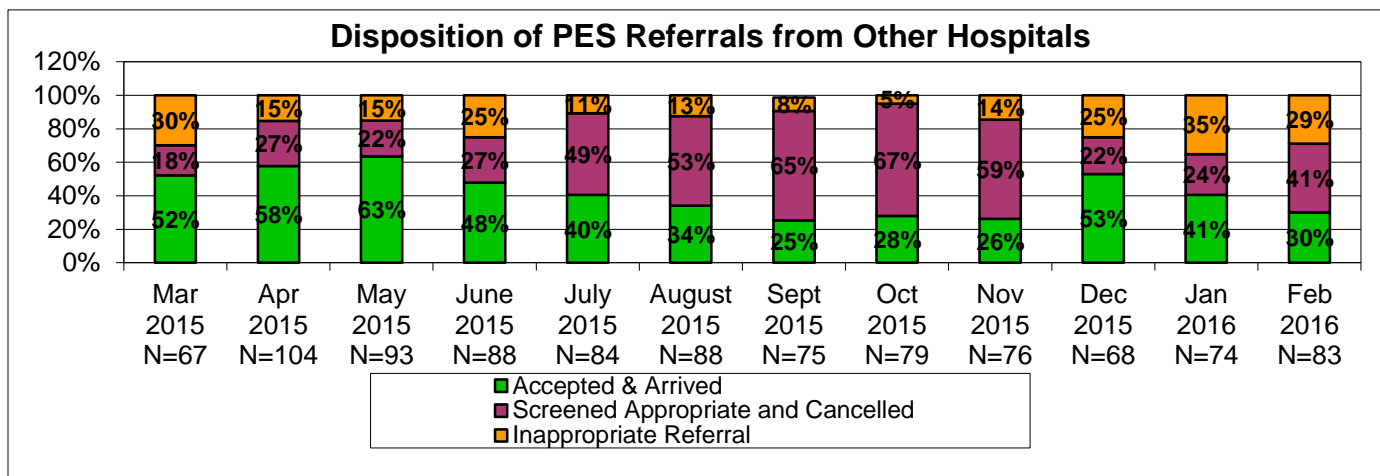
4. Request for Inter-Facility Transfer to PES from other Hospitals

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.

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.
- February showed an increase in patients which were “Screened Appropriate but Cancelled” (formerly Accepted but Cancelled), rising to 41% (from 24%).
- This month showed a decrease in proportion of requests which were “Accepted and Arrived”, 30%.
- There was a decrease in “Inappropriate Referrals” in February 2016 to 29%. 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.