PATIENT CARE SERVICES REPORT
Submitted to the Joint Conference Committee, May 2016

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

Report Contents:

1. **Professional Nursing for the Month of May 2016**

Transition Initiatives:

Our transition teams are continuing departmental staff education and training sessions focusing on new equipment and unit work flow scenarios. In the Operating room, on four different days, nursing staff are working with the OR multidisciplinary teams testing their new work environment in different patient flow scenarios.

On May 12, the Emergency Department is conducting a multicasualty simulation drill in Building 25 testing work flow in their new environment.

On Saturday, May 21 patient move in day arrives. The first patient will be moved from building 5 into Building 25 at 7am and all nursing units are expected to be fully moved in by that afternoon.

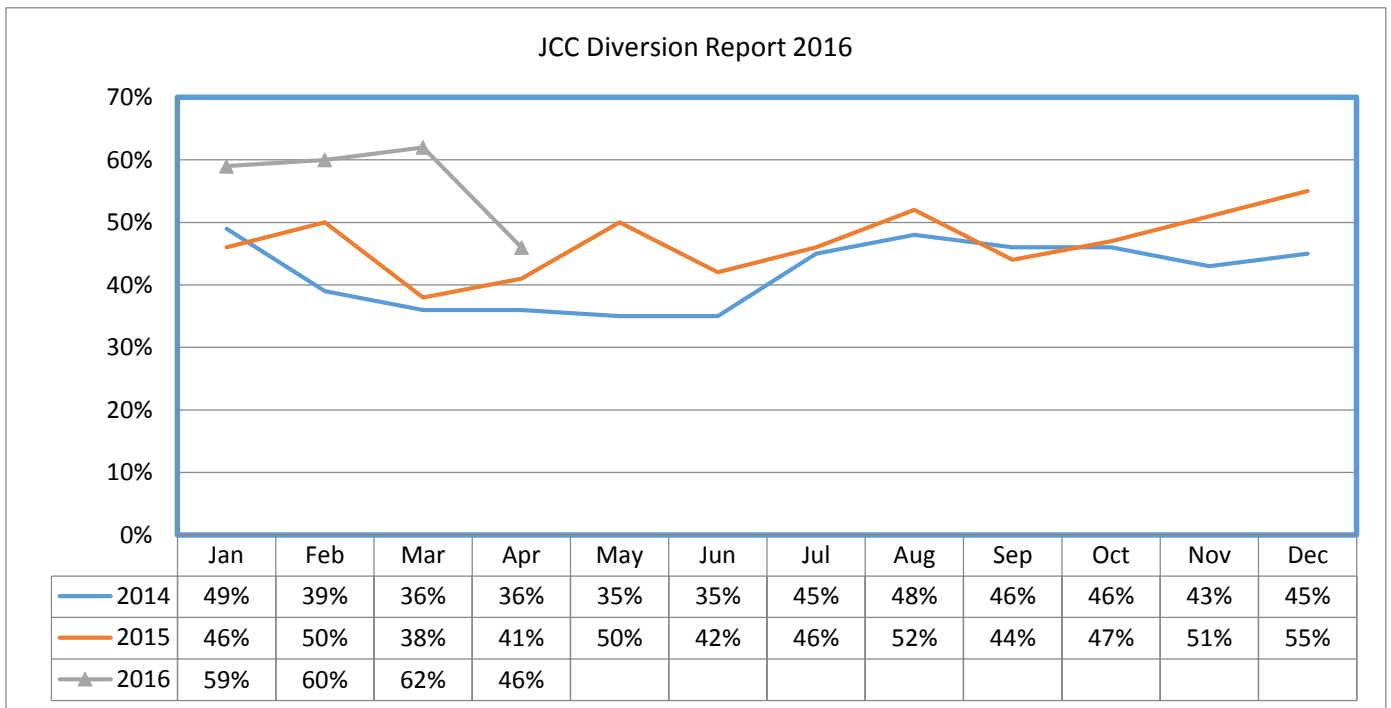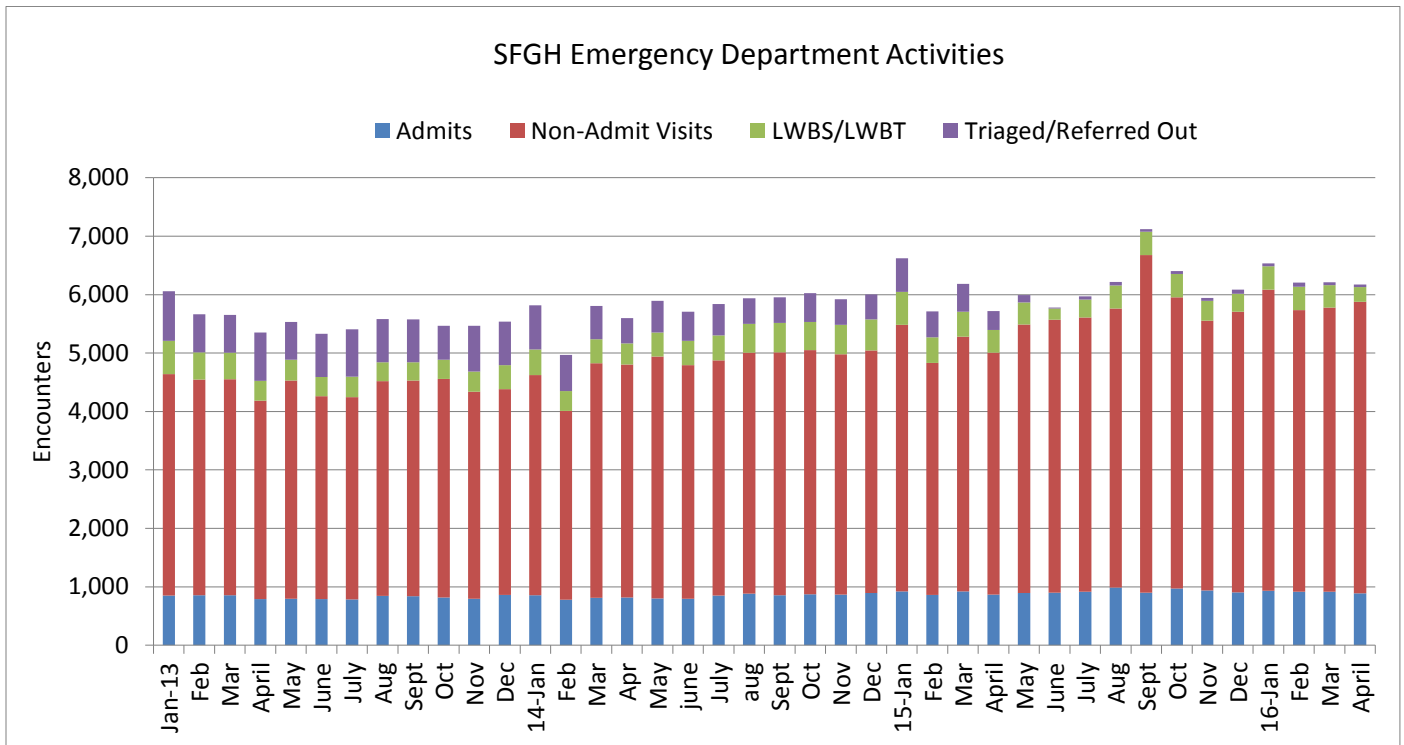**Nursing Professional Development:**

Events
- The annual DPH Nurses Week event was held on May 5 in the ZSFG cafeteria as an acknowledgement of the dedication and work of DPH Nurses. The evening reception was attended by more than 300 DPH staff where multiple nursing awards were presented: the O'Connell award, the SFGH Friend of Nursing award, the Primary Care Nursing award, the DAISY award and the Dorothy Washington Scholarships. A second reception was hosted by SFGH Nursing leaders for the night shift staff from 5 to 7 am in the SFGH Wellness Center the following morning.

Awards - The following awards were presented during the Nurses Week reception:

- Jeffrey Schmidt was awarded **the O'Connell Award** which is presented to a DPH RN who demonstrates leadership in clinical, administrative or education and advances the care of DPH patients or advances the profession of Nursing. Jeffrey has given tirelessly of himself over the past year functioning as AOD and Rebuild Transition Coordinator.

- Terry Saltz was presented with the **SFGH Friend of Nursing Award** acknowledging all of his support through the rebuild process from day one and all his work to ensure that everything is working for us on move in day.

- The **Primary Care Nursing Award** was presented to Dana Nelson, 3M Nurse Manager recognizing her role in advancing the care of patients in the 3M Surgical Specialties clinic and throughout ZSFG.

- The **DAISY Award,** recognizing staff nurses for their outstanding contributions which make a significant impact on patients and families was presented to Eduardo Gutierrez RN – 3M Surgical Clinic.

- The **Dorothy Washington Scholarship** provides monetary support for the professional development of nurses at ZSFG. The fund supports the development of culturally diverse nurse leaders prepared to care for the people of San Francisco. This was the vision of Dorothy Washington and a commitment she exemplified over her 35 year nursing career at SFGH. The following staff are this year's Dorothy Washington Scholarship recipients, who have either chosen to obtain a nursing degree or have gone back to school to obtain advanced degrees in nursing:

  - Maria Coreena Velasco, RN - 5E/5R Critical Care. Maria has worked at SFGH since 2009. She is an expert clinician who has also worked as a relief charge nurse, as well as being a member of the MERT team. Maria will begin the – Acute Nurse Practitioner Program at UCSF in September.

  - Kevin Langley, RN – 4E Surgical Trauma ICU. Kevin started his career at ZSFG in 1998 on 5A – AIDS/Oncology Unit and since 2003 he has worked in 4E ICU. He currently works as a relief charge nurse on the night shift, MERT nurse and enjoys precepting new staff and students. Kevin is pursuing his master's degree in Nursing from UCSF.

  - Rosita Estacio – Patient Care Assistant – 4D Surgical Trauma Unit. Rosa has worked at SFGH since 2011 and is attending the University of San Francisco for her Bachelor's Degree in Nursing.

  - Juliet Huntington, RN – 6C Birth Center. Juliet has worked with ZSFG since 2011. She is a dedicated nurse that has demonstrated her commitment to the most vulnerable patients and is a charge nurse on the night shift. Juliet is currently attending UCSF in there Certified Nurse Midwife /Women's Health Nurse Practitioner Program.

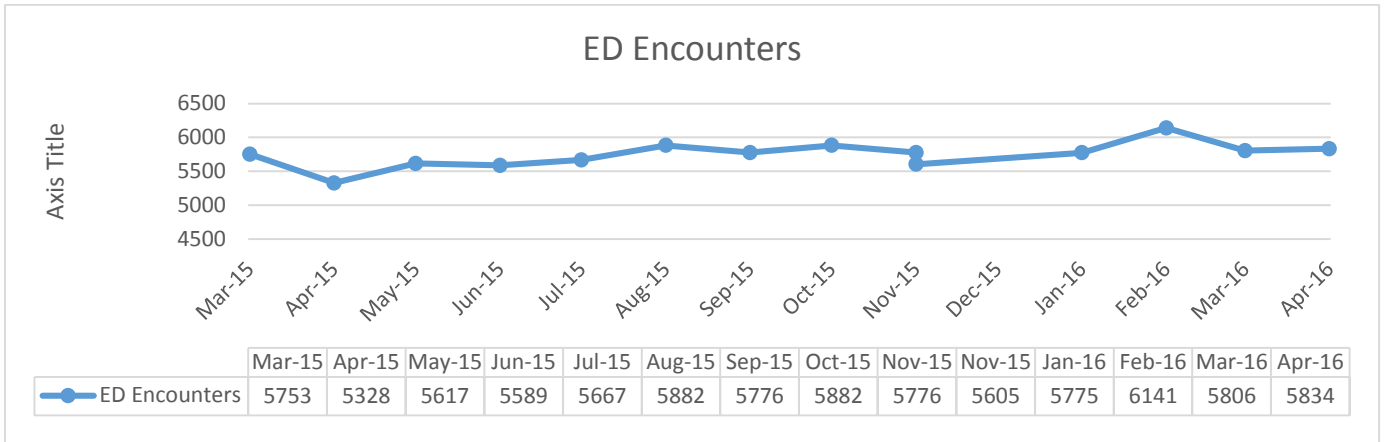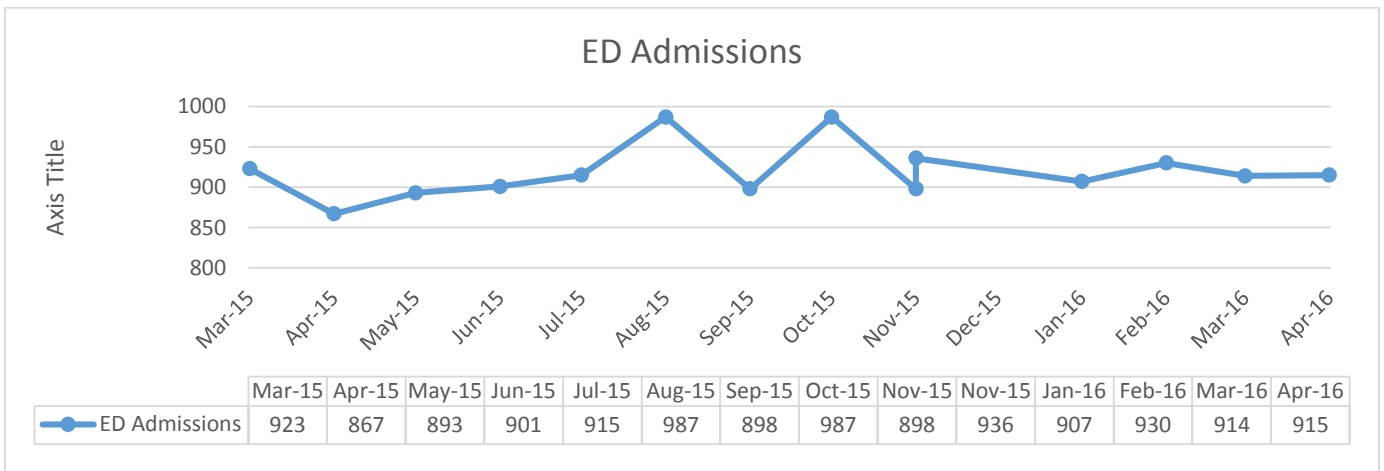2. **Emergency Department (ED) Data for the Month of May 2016**

SFGH Emergency Department Activities

Legend: Admits | Non-Admit Visits | LWBS/LWBT | Triaged/Referred Out

Y-axis: Encounters (0 to 8,000)

X-axis: Jan-13, Feb, Mar, April, May, June, July, Aug, Sept, Oct, Nov, Dec, 14-Jan, Feb, Mar, Apr, May, june, July, aug, Sept, Oct, Nov, Dec, 15-Jan, Feb, Mar, April, May, June, July, Aug, Sept, Oct, Nov, Dec, 16-Jan, Feb, Mar, April

JCC Diversion Report 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014	49%	39%	36%	36%	35%	35%	45%	48%	46%	46%	43%	45%
2015	46%	50%	38%	41%	50%	42%	46%	52%	44%	47%	51%	55%
2016	59%	60%	62%	46%								

April | 2016

Diversion Rate: 46%

*ED diversion – hours 239 (33%) + **Trauma override** - hours 92(13%)*

ED Encounters:

ED Encounters

	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Nov-15	Jan-16	Feb-16	Mar-16	Apr-16
ED Encounters	5753	5328	5617	5589	5667	5882	5776	5882	5776	5605	5775	6141	5806	5834

ED Admissions:

ED Admissions

	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Nov-15	Jan-16	Feb-16	Mar-16	Apr-16
ED Admissions	923	867	893	901	915	987	898	987	898	936	907	930	914	915

ED Admission Rate:

ED Admission Rates

	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Nov-15	Jan-16	Feb-16	Mar-16	Apr-16
ED Admission Rate	21%	16.20%	15.80%	16%	16%	17%	16%	17%	16%	17%	16%	15%	16%	16%
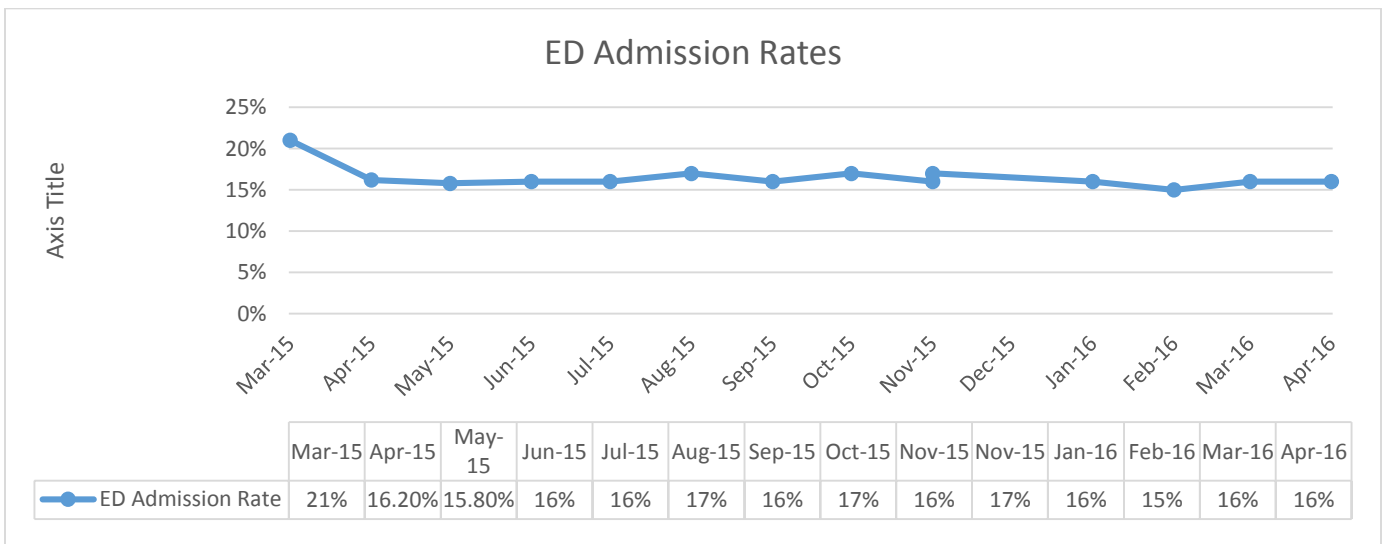
3. Psychiatric Emergency Service (PES) Data for the Month of May 2016

Condition Red in PES

SFGH Psychiatric Emergency Service Activities
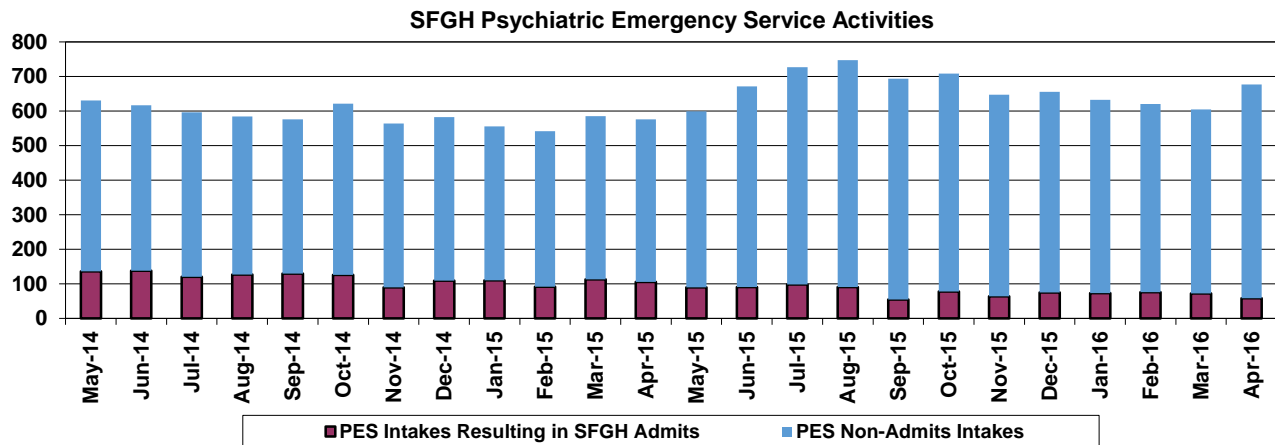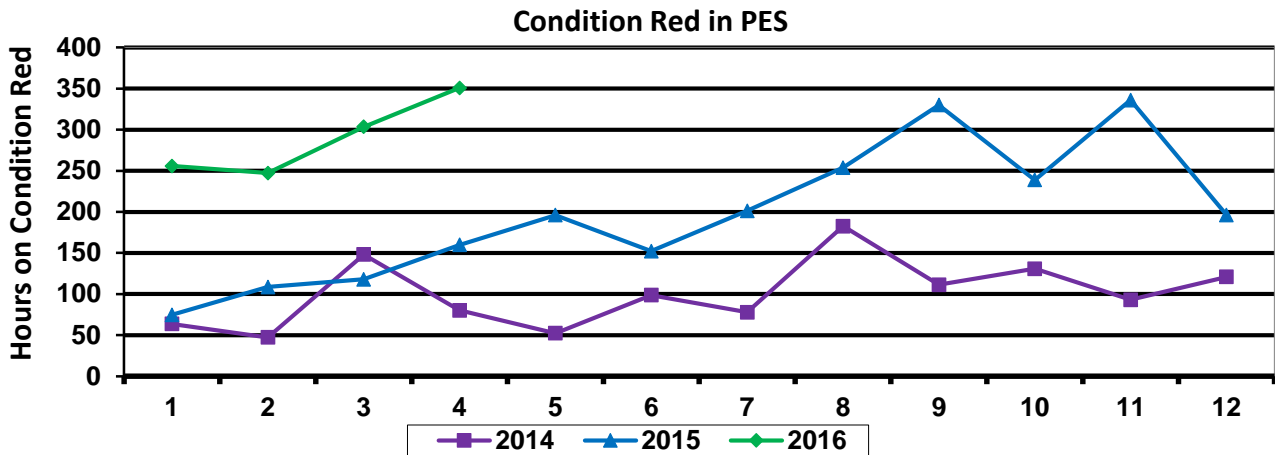
PES had a dramatic increase in encounters in 2015, peaking in August 2015 at 747 patient encounters. April 2016 had 677 patient encounters, which is high for PES total monthly encounters in the post-Medical Screening Exam protocol change era.

In April a total of 619 patients were discharged from PES: 33 to ADUs, 8 to other psychiatric hospitals, and 578 to community/home.

PES admitted a total of 58 patients to the SFGH inpatient psychiatric unit in April, a large decrease from 72 patients in March 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 increased to 21.68 hours in the month of April (up from 21.46 hours in March).

There was an increase in Condition Red hours from March to April. PES was on Condition Red for 350.82 hours (48.7%) during 31 episodes in April. The average length of Condition Red was 12.28 hours. In March, PES was on Condition Red for 303.6 hours (40.8%) during 24 episodes, averaging 12.65 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).

Disposition of PES Referrals from Other Hospitals
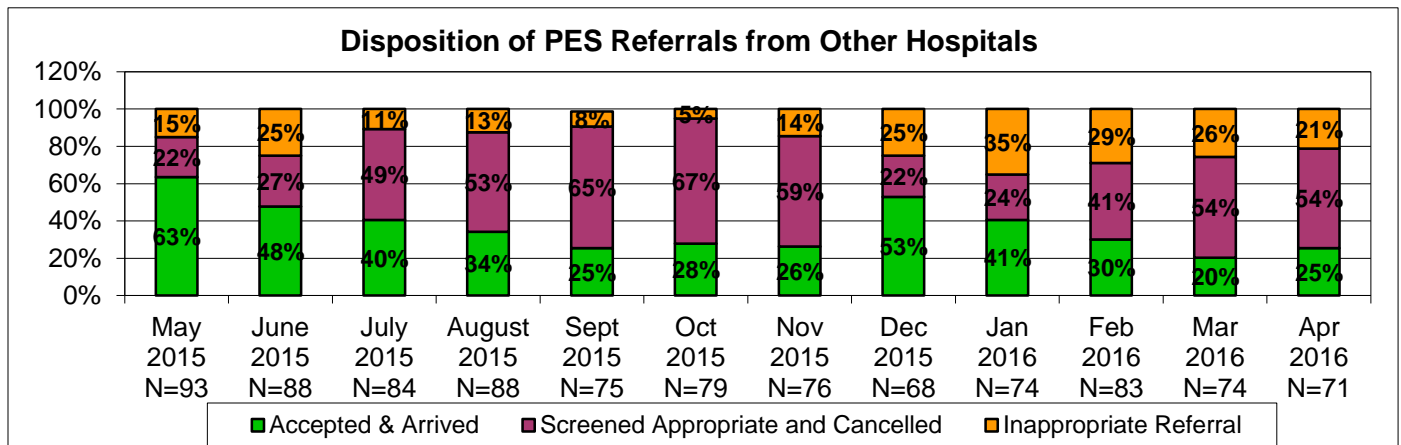
ANALYSIS

- No significant change over the past 12 months in the number of requests for transfer from other hospitals to PES.

- April showed no change in patients which were "Screened Appropriate but Cancelled" (formerly Accepted but Cancelled), continuing at 54%.

- This month showed an increase in proportion of requests which were "Accepted and Arrived", 25%.

- There was a decrease in "Inappropriate Referrals" in April 2016 to 21%. 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.