PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, October 2016

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1. Professional Nursing for the Month of September 2016

Transition Initiatives:

Nursing lead the latest Inpatient Flow Kaizen Workshop which held the week of October 3rd. The focus of this workshop was on improving the bed turnover process by streamlining the communication practices between the units, Environmental Services, Bed Control, and the Emergency Department. Simultaneously, during this workshop, they all worked to ensure that the quality of the bed cleaning process was excellent.

Nursing Professional Development

Several ZSFG nurse practitioner (NP) staff volunteered to have visiting Dutch nurse practitioner students shadow them in their clinical practice areas, educating them on the California NP role and public health care in San Francisco.

In collaboration with University of San Francisco (USF) Clinical Nurse Leader (CNL) faculty, ZSFG is sending several nursing staff members to Cedars-Sinai Hospital in Los Angeles to observe and learn about their falls prevention program on October 21st. Cedars-Sinai has made significant reductions in their overall falls rate, specifically in their falls that cause injury. The USF CNL team plans to be active members of our ZSFG falls prevention taskforce, assist with planning and implementation of falls reduction strategies and after evaluating the Cedar-Sinai fall program hope to take the interventions developed and implement them here at ZSFG.

Nursing Recruitment and Retention

Nursing orientation and training programs are in full swing. The Emergency department has 10 nurses that have just finished their initial orientation phase and are working independently in the non-resuscitation areas of the ED. They are continually interviewing and hiring. Labor and Delivery has 7 RN staff hired and currently in the training program. NICU has 2 staff currently in the training program. Pediatrics has 3 in the training program. Psychiatry has 6 RN requests to hire. HR predicts these psychiatry nurses will be ready for their training in November. Critical Care has 6 nurses that have started their training program this month. Medical/Surgical nursing has 20 nurses in the orientation and training program.

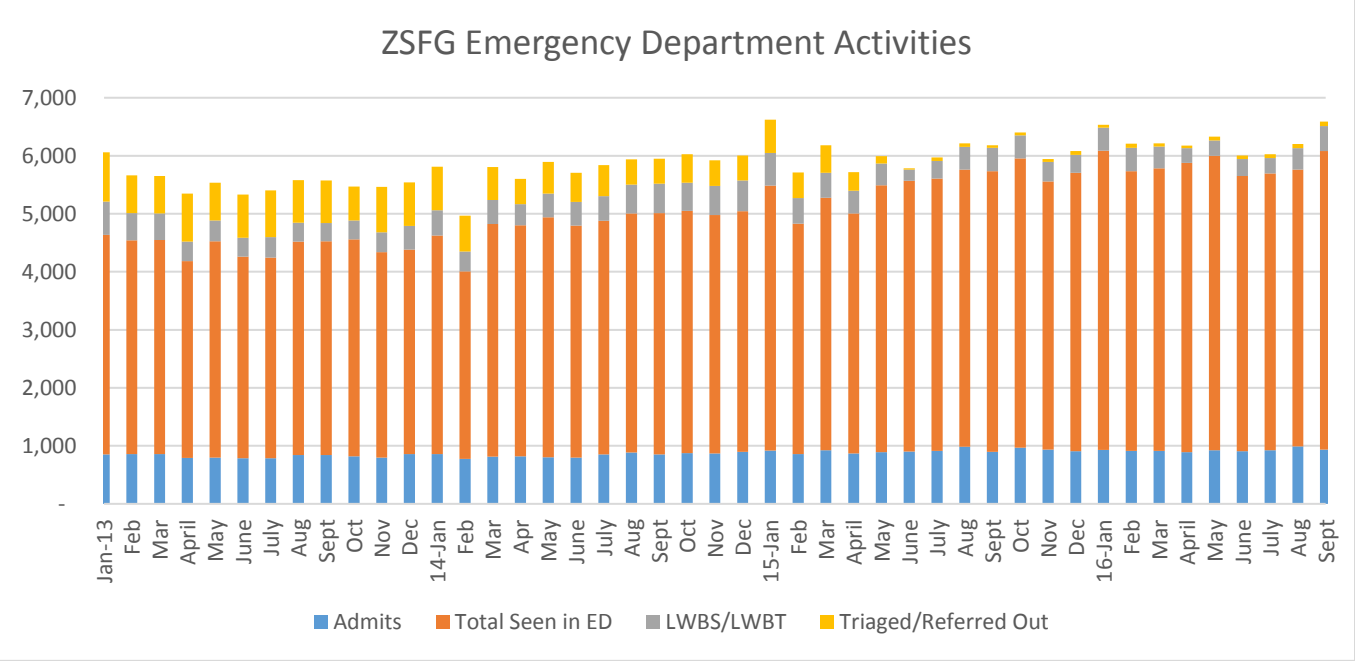
2. Lower Level of Care Discharge Data for the month of September 2016

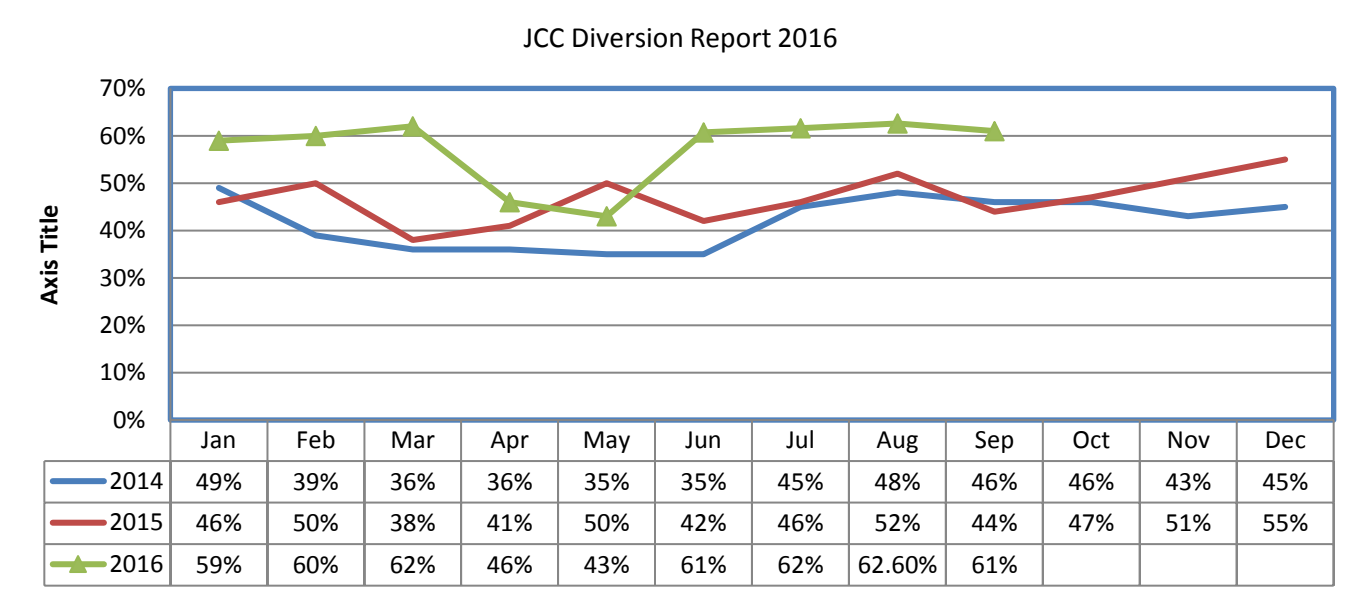
MedSurg (Excludes SNF and PSY)	
Discharge Destination	**% LLOC Patients**
10 Acute Diversion Unit	0.6%
12 Acute Rehab	0.6%
13 AMA (includes AWOL)	1.9%
14 Board & Care	1.9%
18 Expired	3.2%
19 Home	45.9%
20 Hospice - Facility	1.3%
22 Hotel	1.3%
24 Jail	0.6%
25 Medical Respite	10.8%
27 Psych Board & Care	0.6%
28 Psych Inpatient	0.6%
32 Residential Treatment Facility	1.3%
33 Shelter	5.1%
34 Skilled Nursing Facility	16.6%
35 SNF Rehab	5.7%
99 Other	1.9%
Grand Total	**100.0%**

PSY (Excludes 7L)	
Discharge Destination	**% LLOC Patients**
10 Acute Diversion Unit	21.6%
11 Acute Hospital	2.7%
13 AMA (includes AWOL)	5.4%
19 Home	43.2%
22 Hotel	2.7%
25 Medical Respite	2.7%
30 Psych Locked Facility	5.4%
32 Residential Treatment Facility	2.7%
33 Shelter	13.5%
Grand Total	**100.0%**

SNF	
Discharge Destination	**% LLOC Patients**
11 Acute Hospital	15.8%
19 Home	84.2%
Grand Total	**100.0%**

3. Emergency Department (ED) Data for the Month of September 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%	43%	61%	62%	62.60%	61%			

September | 2016

Diversion Rate: 61%

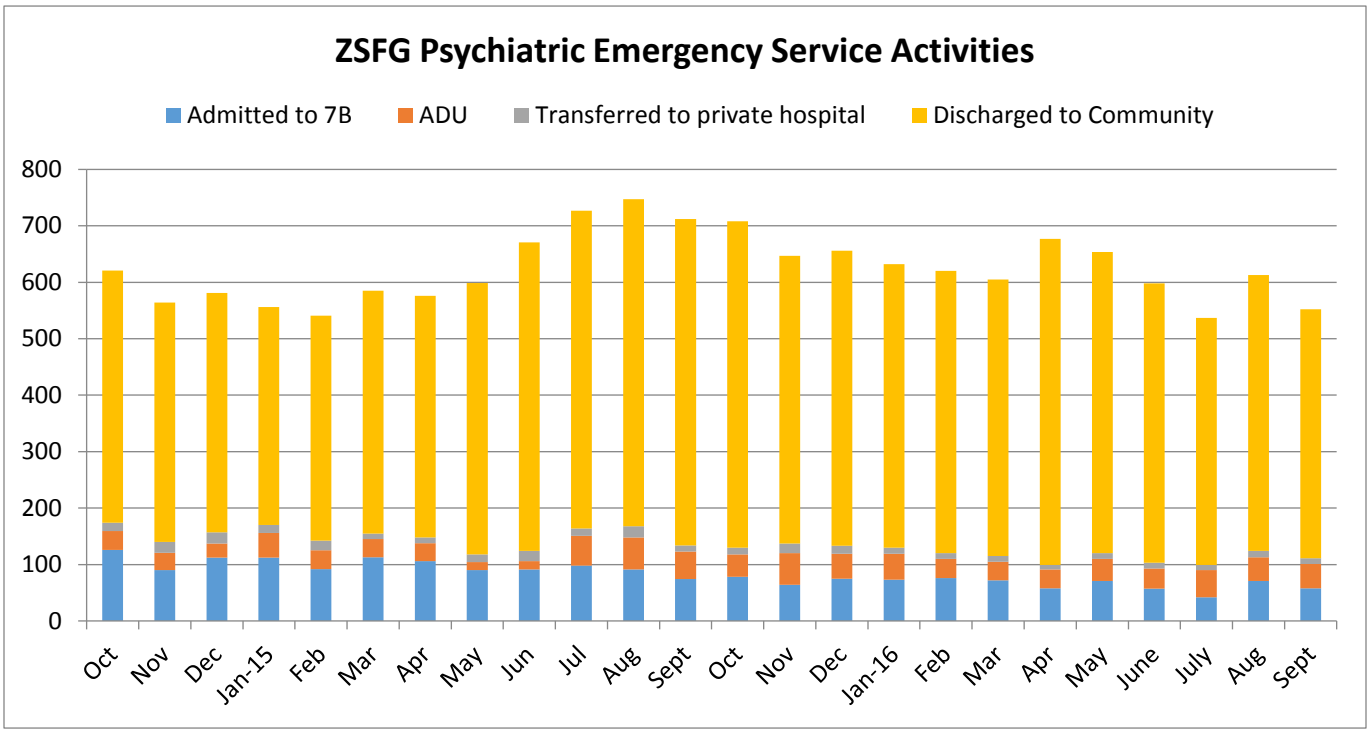
Total Diversion: 295 Hours, 15 Minutes (41.0%) + **Trauma Override**: 144 Hours, 15 Minutes (20.0%)

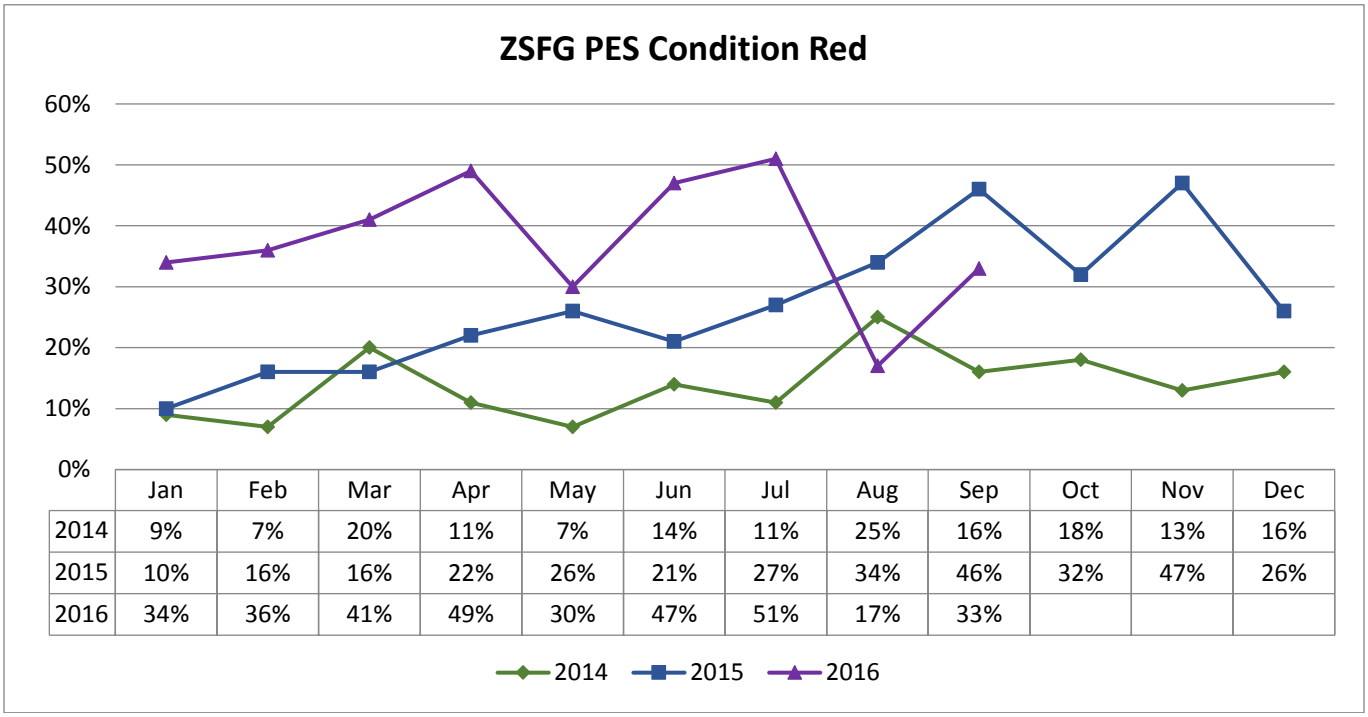
ED Encounters: 6,160

ED Admissions: 933

Admission Rate: 15%

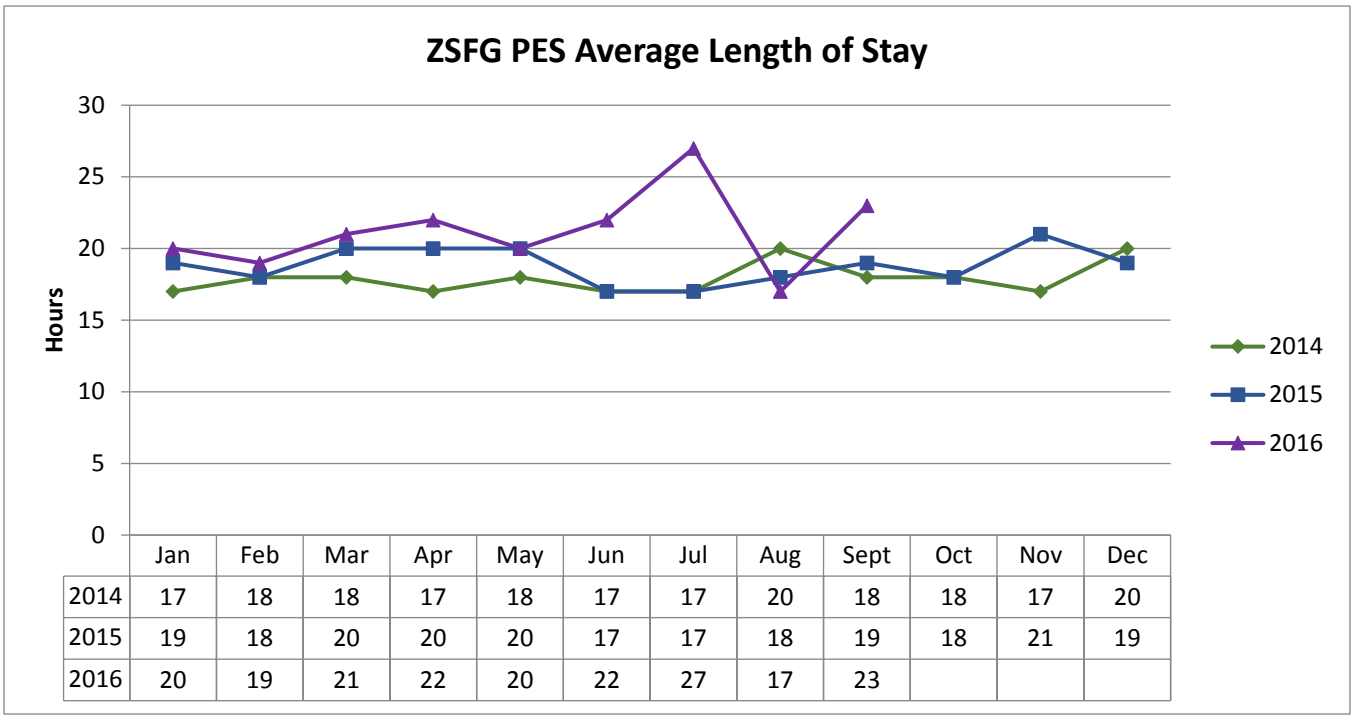
4. Psychiatric Emergency Service (PES) Data for the Month of September 2016



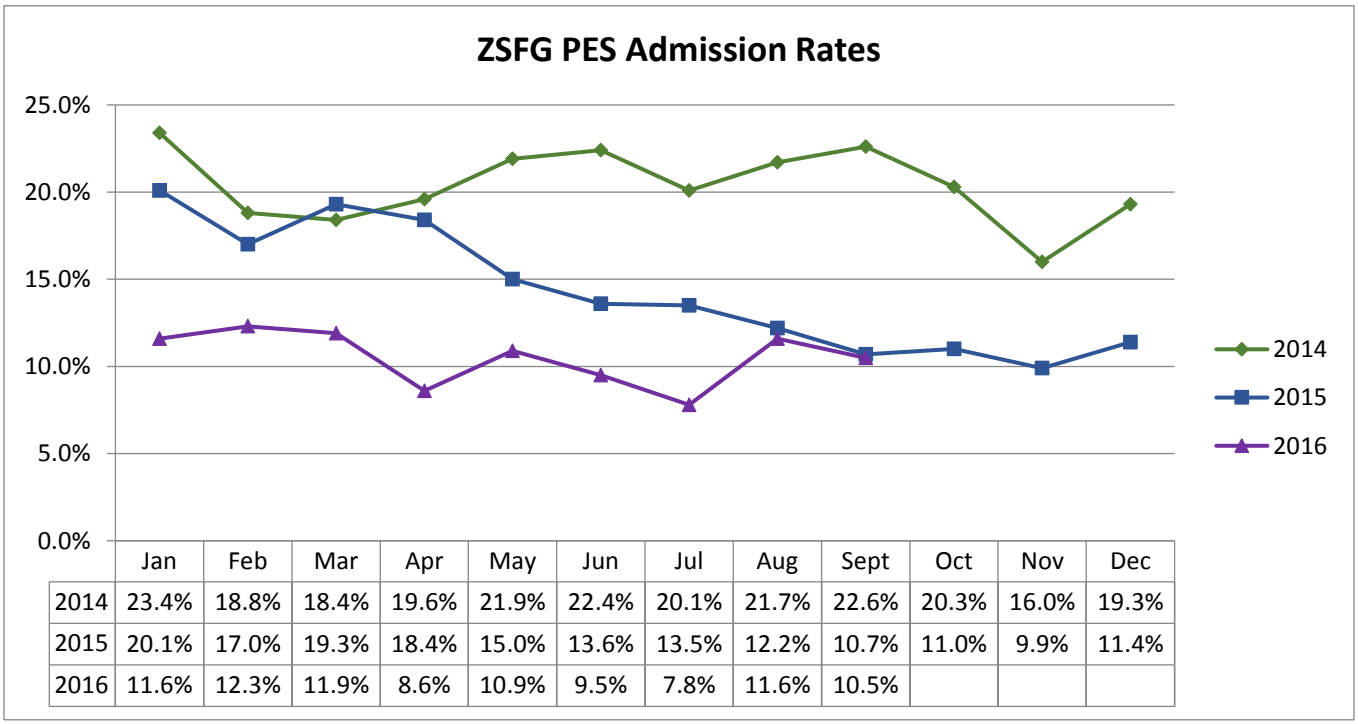


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014	9%	7%	20%	11%	7%	14%	11%	25%	16%	18%	13%	16%
2015	10%	16%	16%	22%	26%	21%	27%	34%	46%	32%	47%	26%
2016	34%	36%	41%	49%	30%	47%	51%	17%	33%			

Psychiatric Emergency Service (PES) Data for the Month of September 2016…continued



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2014	17	18	18	17	18	17	17	20	18	18	17	20
2015	19	18	20	20	20	17	17	18	19	18	21	19
2016	20	19	21	22	20	22	27	17	23			



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2014	23.4%	18.8%	18.4%	19.6%	21.9%	22.4%	20.1%	21.7%	22.6%	20.3%	16.0%	19.3%
2015	20.1%	17.0%	19.3%	18.4%	15.0%	13.6%	13.5%	12.2%	10.7%	11.0%	9.9%	11.4%
2016	11.6%	12.3%	11.9%	8.6%	10.9%	9.5%	7.8%	11.6%	10.5%			

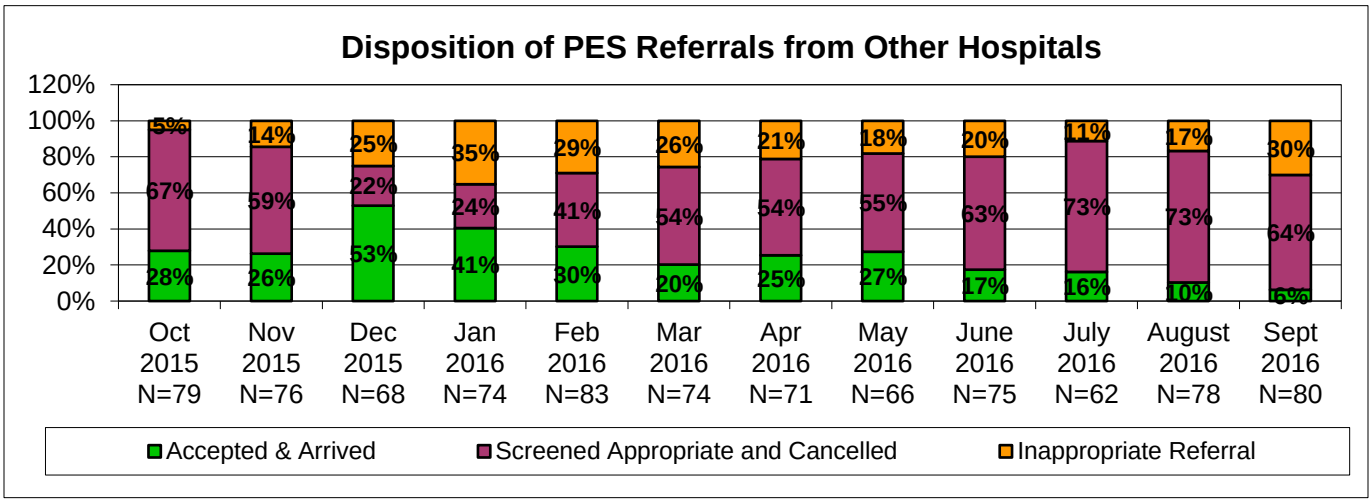
5. Request for Inter-Facility Transfer to PES from other Hospitals

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:

- There was a decrease from 10% - 6% in referrals accepted and arrived from other emergency rooms. This drop is due in part to the continuing lack of available beds on 7B and 7C.

- Inappropriate referrals increased significantly this month to 30%. It is not clear what causes these fluctuations.

- The percentage of referrals which were screened appropriate and cancelled decreased to 64% this month, down from 73%.