#### PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, September 2016

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

### **Report Contents:**

1.	Professional Nursing1
2.	Emergency Department Data2
3.	Psychiatric Emergency Services Data
4.	Request for Inter-Facility Transfer to PES from other Hospitals5

## 1. Professional Nursing for the Month of August 2016

#### **Transition Initiatives:**

 Building 25 Nursing department optimization staff are continuing to providing assistance and support fine tuning workflows with Responder 5 and the Philips clinical applications with all the nursing areas focusing on decreasing unnecessary alarms to work on preventing alarm fatigue.

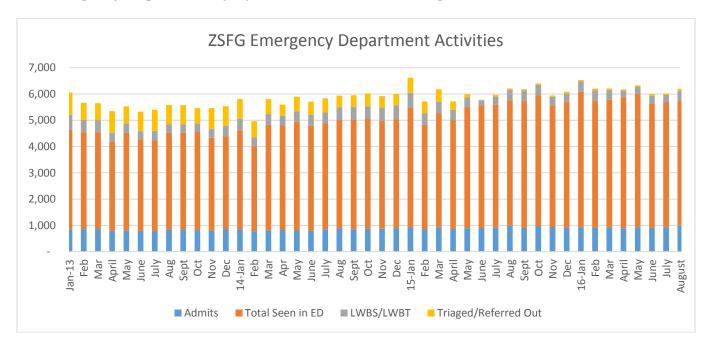
# **Nursing Professional Development**

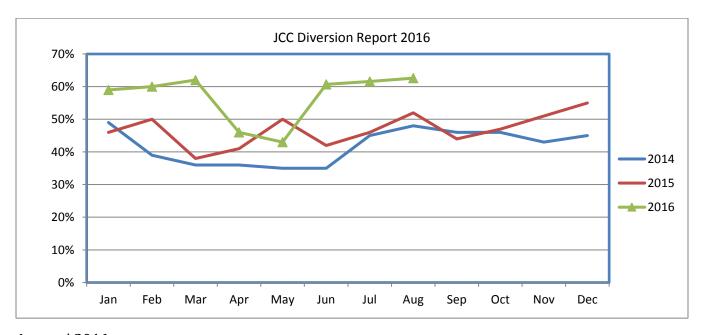
The Foresight Staff Activity Study was completed in the Psychiatric units last week. The next nursing divisions to be studied will be Medical Surgical and one of the Intensive Care units. The Emergency Department is being trained on a new evidence based patient acuity model starting September 28<sup>th</sup>. Once the model is rolled out to all staff and fully implemented in the ED, a Foresight staff activity study will be scheduled.

#### **Nursing Recruitment and Retention**

• Critical Care Training program currently has 5 trainees that are all doing well. On September 16<sup>th</sup>, 30 new Medical Surgical nursing staff completed the didactic portion of their training program. The Emergency Department has 10 trainees currently orienting to Pod A, B, and C. Maternal Child has 5 newly hired staff that are starting orientation this week and in Psychiatry, two staff have just completed their new graduate orientation program and have started working as staff nurses.

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





## August | 2016

**Diversion Rate**: 62.6%

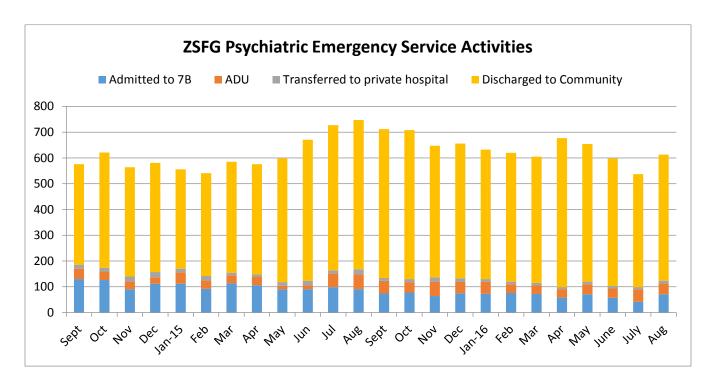
**Total Diversion**: 330 Hours, 55 Minutes (44.4%) + **Trauma Override**: 135 Hours, 54 Minutes (18.2%)

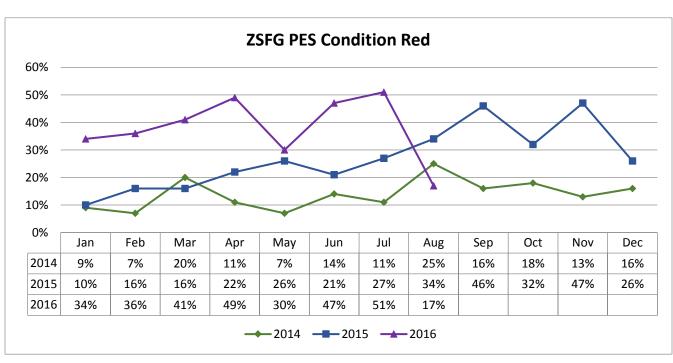
ED Encounters: 5,831

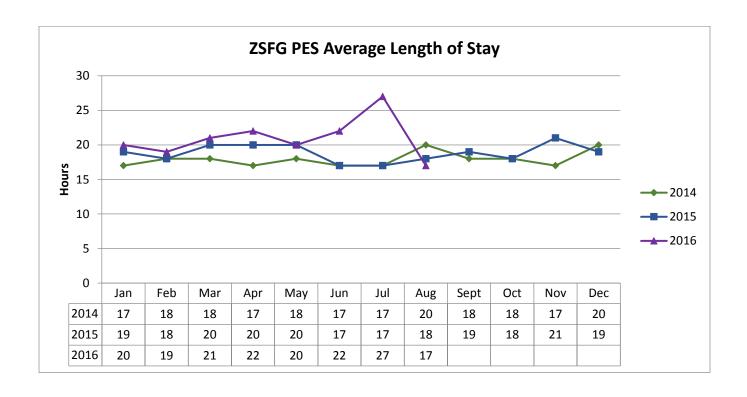
ED Admissions: 989

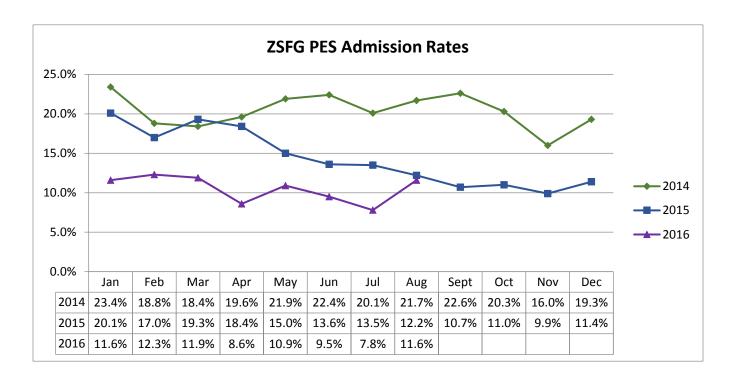
Admission Rate: 17%

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









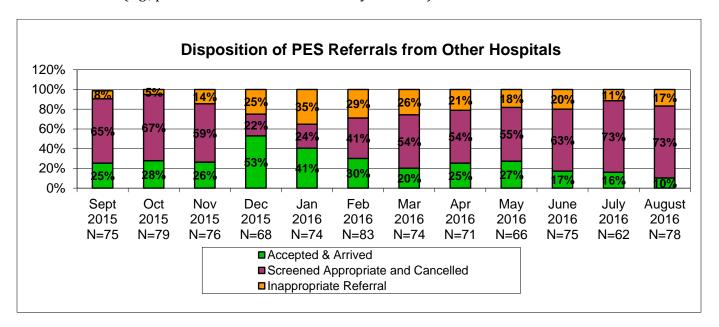
### 4. Request for Inter-Facility Transfer to PES from other Hospitals

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 hospital to PES.
- August had the same 73% "Screened Appropriate but Canceled" (formerly Accepted but Cancelled) as of July.