PATIENT CARE SERVICES REPORT
Submitted to the Joint Conference Committee, August 2017
By: Terry Dentoni, MSN, RN, CNL - ZSFG Chief Nursing Officer

Report Contents:

1. Professional Nursing...........................................................................................................1
2. Emergency Department Data..................................................................................................2
3. Psychiatric Emergency Services Data......................................................................................3
4. Request for Inter-Facility Transfer to PES from other Hospitals............................................5

1. Professional Nursing for the Month of July 2017

Nursing Professional Development

Departmental Safe Patient Handling Plans will be adopted by all in-patient units this month. Safe Patient Handling Committee is coordinating training for identified departmental champions. These six hour classroom sessions will include education on safe body mechanics, roles and responsibilities, communication and coaching, and hands-on training with device vendors. Additional classes are projected for next year.

The Workplace Violence Prevention Plan education and training has been initiated, focusing on areas with higher risk - the Emergency Department, Psychiatric Emergency Services, Urgent Care, and Psychiatry. This education and training will widen throughout the year to encompass all ZSFG staff.

The Clinical Education Collective will have their premier meeting August 24. The purpose of these monthly meetings, attended by Clinical Nurse Specialists, Nurse Educators, and Performance Improvement Coordinators, is to share knowledge, expertise, and resources across nursing disciplines to contribute to department-wide professional development and educational initiatives in a manner that is collaborative and fosters teambuilding.

Nursing Recruitment and Retention

Medical-Surgical Six nurses are scheduled to begin orientation next week. The next Med-Surg Training Program is scheduled to begin in September.

Emergency Nursing Eight nurses are completing their training to the department. Fourteen float pool patient care assistants have been on-boarded.

Maternal Child Health Two nurses are successfully completing their training to Labor and Delivery. Three nurses to begin general orientation next week.

Peri-Operative The operating room is awaiting the training program start date for four nurses. One nurse begins general orientation next week.

Critical Care The Critical Care Training Program is currently underway with four nurses advancing in their training. One nurse to begin orientation next week.

Psychiatry One nurse begins orientation next week.

Outpatient Services Two nurses begin orientation next week.

Nursing Recognition

Patient Safety Zero Hero Awards will be announced next month. These quarterly awards are presented to nursing units with zero rates of falls with injury, catheter associated urinary tract infection, hospital acquired pressure injuries, and surgical site infections.
2. **Emergency Department (ED) Data for the Month of July 2017**

**Emergency Department Total Census with Activities**

**JCC Diversion Report 2017**

![Graph showing total census with activities for May '16 to July '17]

**Graph Legend:**
- **Admits**
- **Seen in ED and D/C’d**
- **LWBS/LWBT**
- **Triaged/Referred Out**

**July | 2017**

**Diversion Rate:** 53%

*ED Diversion = 311 hours (42%) + Trauma Override = 81 hours (11%)*

**Total ED Encounters:** 6379

**ED Admissions:** 1034

**ED Admission Rate:** 16.2%
3. **Psychiatric Emergency Service (PES) Data for the Month of July 2017**

### ZSFG Psychiatric Emergency Service Activities

- Admitted to 7B
- ADU
- Transferred to private hospital
- Discharged to Community

### ZSFG PES Condition Red

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>10%</td>
<td>16%</td>
<td>16%</td>
<td>22%</td>
<td>26%</td>
<td>21%</td>
<td>27%</td>
<td>34%</td>
<td>46%</td>
<td>32%</td>
<td>47%</td>
<td>26%</td>
</tr>
<tr>
<td>2016</td>
<td>34%</td>
<td>36%</td>
<td>41%</td>
<td>49%</td>
<td>30%</td>
<td>47%</td>
<td>51%</td>
<td>17%</td>
<td>33%</td>
<td>24%</td>
<td>28%</td>
<td>22%</td>
</tr>
<tr>
<td>2017</td>
<td>27%</td>
<td>17%</td>
<td>18%</td>
<td>20%</td>
<td>18%</td>
<td>15%</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Psychiatric Emergency Service (PES) Data for the Month of July 2017…continued

ZSFG PES Average Length of Stay

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sept  Oct  Nov  Dec
2015  19  18  20  20  17  17  18  19  18  21  19
2016  20  19  21  22  22  20  22  27  17  23  20  22  19
2017  21  18  19  19  18  16  17

ZSFG PES Admission Rates

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sept  Oct  Nov  Dec
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%  9.7%  7.4%  7.3%
2017  6.3%  8.7%  10.0%  8.9%  11.3%  12.6%  10.9%
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**

<table>
<thead>
<tr>
<th>Month</th>
<th>Accepted &amp; Arrived</th>
<th>Screened Appropriate and Cancelled</th>
<th>Inappropriate Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2016</td>
<td>17%</td>
<td>34%</td>
<td>49%</td>
</tr>
<tr>
<td>Sept 2016</td>
<td>30%</td>
<td>22%</td>
<td>48%</td>
</tr>
<tr>
<td>Oct 2016</td>
<td>16%</td>
<td>27%</td>
<td>57%</td>
</tr>
<tr>
<td>Nov 2016</td>
<td>22%</td>
<td>38%</td>
<td>40%</td>
</tr>
<tr>
<td>Dec 2016</td>
<td>19%</td>
<td>56%</td>
<td>35%</td>
</tr>
<tr>
<td>Jan 2017</td>
<td>24%</td>
<td>56%</td>
<td>20%</td>
</tr>
<tr>
<td>Feb 2017</td>
<td>27%</td>
<td>31%</td>
<td>43%</td>
</tr>
<tr>
<td>March 2017</td>
<td>10%</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Apr 2017</td>
<td>28%</td>
<td>56%</td>
<td>19%</td>
</tr>
<tr>
<td>May 2017</td>
<td>27%</td>
<td>33%</td>
<td>39%</td>
</tr>
<tr>
<td>June 2017</td>
<td>20%</td>
<td>38%</td>
<td>42%</td>
</tr>
<tr>
<td>July 2017</td>
<td>33%</td>
<td>38%</td>
<td>30%</td>
</tr>
</tbody>
</table>

In July, the percentage of patients who were accepted and arrived from other hospitals increased slightly. Cancellations by the presenting hospital decreased this month. There were more inappropriate referrals- patients with private insurance or who are medically unstable, or do not have a psychiatric diagnosis.