PATIENT CARE SERVICES REPORT
Submitted to the Joint Conference Committee, September 2017

By: Terry Dentoni, MSN, RN, CNL - ZSFG Chief Nursing Officer

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1. Professional Nursing for the Month of August 2017

Nursing Professional Development

This month the San Francisco General Hospital Foundation Heart Grants were awarded to nursing administration for Care Coordination Leadership training and Charge Nurse Development and Education. The Family Birth Center at ZSFG was awarded a Hearts Grant to develop Nursing Staff in advanced electronic fetal monitoring assessments.

Other Heart Grants awarded that will impact nursing professional development at ZSFGH include:
- Early mobility safe patient handling equipment for the ICUs
- Enhancing patient experience during end of life care
- Patient centered reproductive care with ultrasound
- LGBTQ patient quality care

Workplace Violence Prevention Plan training has been started in the Emergency Department, Psychiatric Emergency, Inpatient Psychiatry, and Urgent Care.

The second Safe Patient Handling Training is scheduled for September 14th.

Family Birth Center nurses have the opportunity to attend a breast feeding basics course this month.

Nursing Recruitment and Retention

Medical-Surgical Twenty four new nurses began the Medical-Surgical Training Program this week.
Emergency Nursing: Eleven nurses have started in the ED training program.
Maternal Child Health Seven nurses are completing postpartum training and 4 are completing labor and delivery training. Five additional nurses are predicted to start orientation within the next month.
Peri-Operative The operating room has 2 experienced nurses completing scrub training this month. Four brand new nurses to the OR starting this month for their 6 month orientation and training to the department.
Critical Care The Critical Care Training Program is currently underway with four nurses advancing in their training. One experienced nurse to begin orientation next week.
Psychiatry One nurse is continuing their orientation to the department.
Outpatient Services Two nurses are currently being oriented.
2. **Emergency Department (ED) Data for the Month of August 2017**

- **Diversion Rate:** 34%
- **ED Diversion** = 189 hours **(25.5%)** + **Trauma Override** 64 hours **(8.6%)**

<table>
<thead>
<tr>
<th>August 2017</th>
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<tbody>
<tr>
<td>Total Ed Encounters: 6635</td>
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<tr>
<td>ED Admissions: 1023</td>
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<tr>
<td>ED Admission Rate: 15.4%</td>
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3. **Psychiatric Emergency Service (PES) Data for the Month of August 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>Year</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>
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<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>
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<td>22%</td>
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<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>31%</td>
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Psychiatric Emergency Service (PES) Data for the Month of August 2017…continued

ZSFG PES Average Length of Stay

ZSFG PES Admission Rates
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).

In August, there was a decrease in patients accepted and arrived. This is due to increased Condition Red and flow issues, which were related to a very high monthly census of 718. Correspondingly, there was an increase in the number of patients who were screened as appropriate by PES’s triage nurse but the presenting facility cancelled the request before PES had room for the patient.