

# PATIENT CARE SERVICES REPORT

*Submitted to the Joint Conference Committee, April 2018*

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.....	3-5
4. Request for Inter-Facility Transfer to PES from other Hospitals.....	6

---

## 1. Professional Nursing for the Month of March 2018

### *Nursing Professional Development*

Departmental Training Courses held this month included:

- Relationship-Centered Communication
- Trauma Informed Systems
- Safe Patient Handling
- Workplace Violence Prevention
- Maternal Child Health implemented training for staff on the new process for Donor Human Milk, Buprenorphine and Methadone induction and along with UCSF/Perinatal Outreach, held a class on Substance use and the Mother Baby Dyad
- Critical Care Nursing implemented the Daily Management System (DMS) tools: Daily status sheet between both ICU managers and charge nurses as well as between the Managers and Director. The ICU daily mobile huddle board went live at the end of April
- The Emergency Department held a two day Lean workshop called *Care Start* focusing on the triage area
- Emergency Department and Medical Surgical Nursing staff are continuing to implement their division's annual education classes
- The Trauma Program began training on Stop the Bleed – a national public health initiative to train responders and the public on stopping deadly bleeding in the first five minutes. RN and MEA staff who complete this training can serve as trainers for the public.
- The Emergency Department has begun in-services called the *First Five Minutes* which focuses on the RN response during the first five minutes of a urgent patient situation

### *Nursing Recruitment and Retention*

**Maternal Child Health** There are six 2320 RN being oriented to Labor & Delivery.

**Peri-Operative.** There are four nurses continuing to progress in the OR orientation and training program.

**Critical Care** Eight nurses are progressing in the critical care training program (four for SICU and four for MICU). Interviews are currently underway for the next critical care training program for new graduates and experienced RNs projected to begin in July.

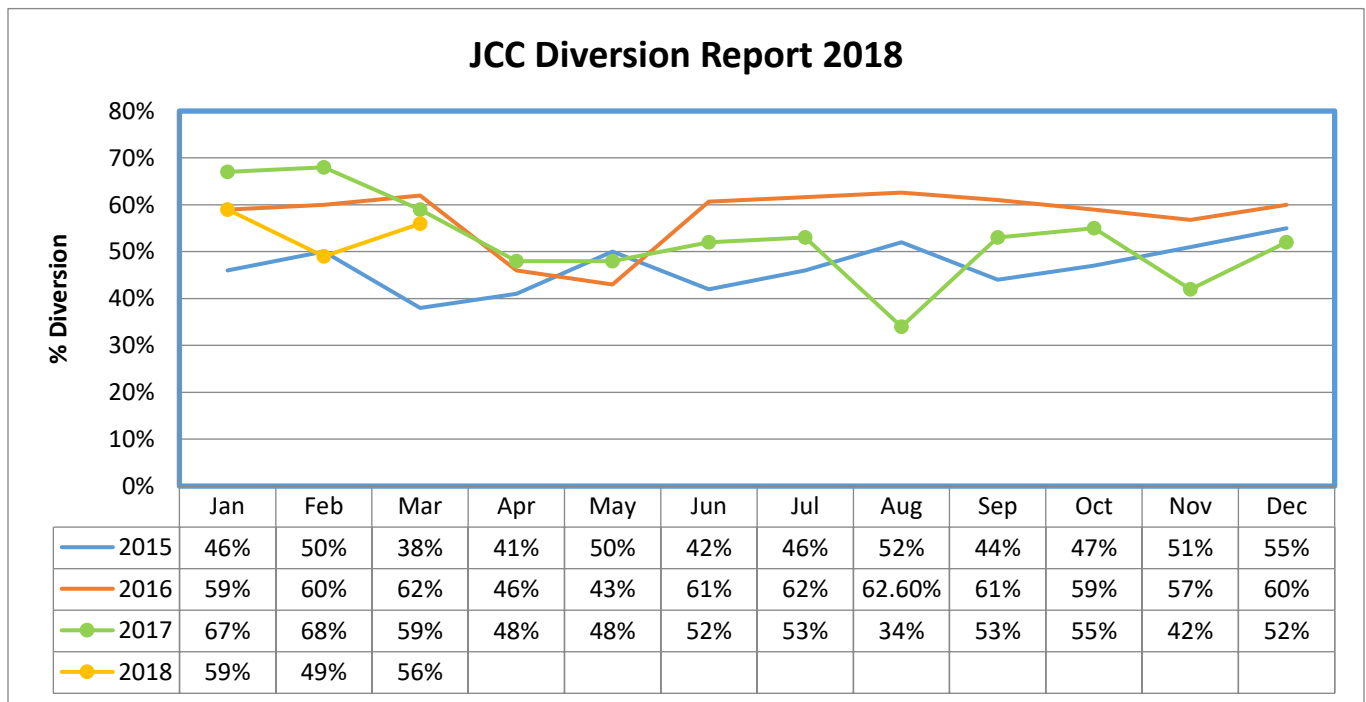
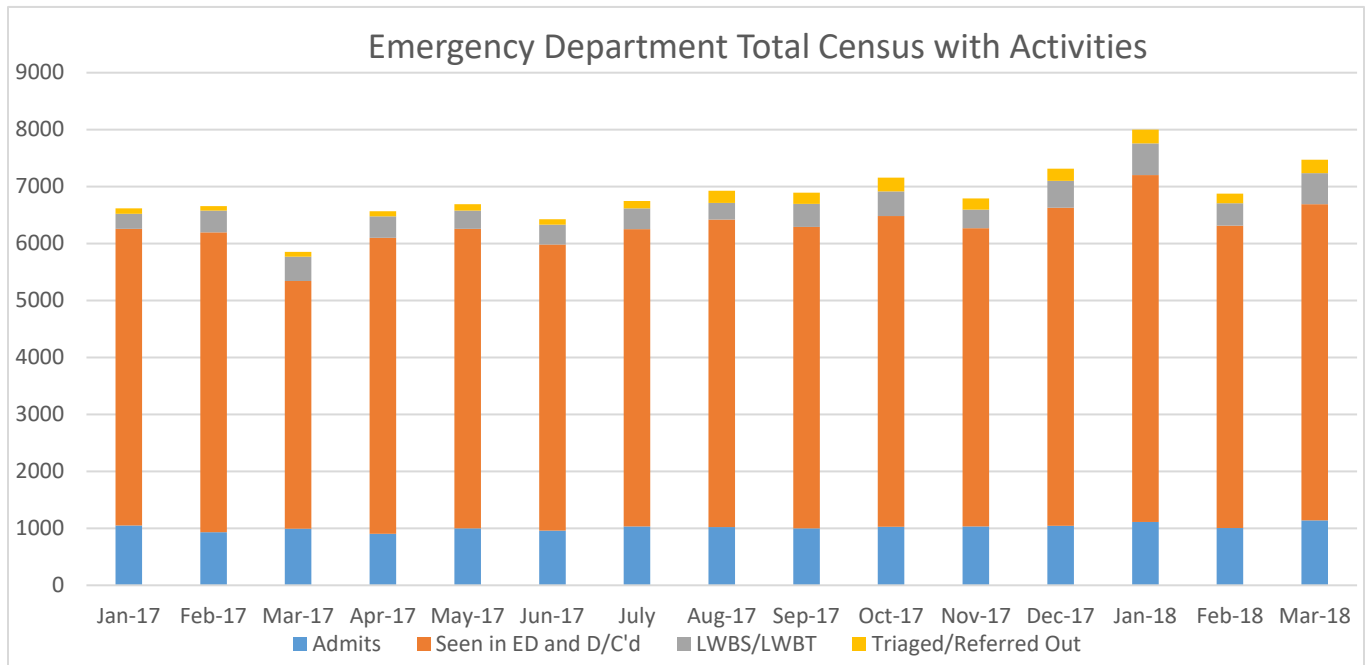
**Psychiatry** Three staff nurses have successfully completed their orientation and training program.

**Emergency** There are six new staff that have completed the first portion of their twelve week training program.

### *Nursing Recognition*

During the successful Joint Commission Stroke recertification survey, the surveyor asked for a copy of the Mission protocol for Stroke Patients so that it can be shared as a best practice.

## 2. Emergency Department (ED) Data for the Month of March 2018



March | 2018

**Diversion Rate: 56.0%**

*ED Diversion = 304 hours (41%) + Trauma Override 115 hours (15%)*

**Total ED Encounters: 6929**

**ED Admissions: 1141**

**ED Admission Rate: 16.5%**

### 3. Psychiatric Emergency Service (PES) Data for the Month of March 2018

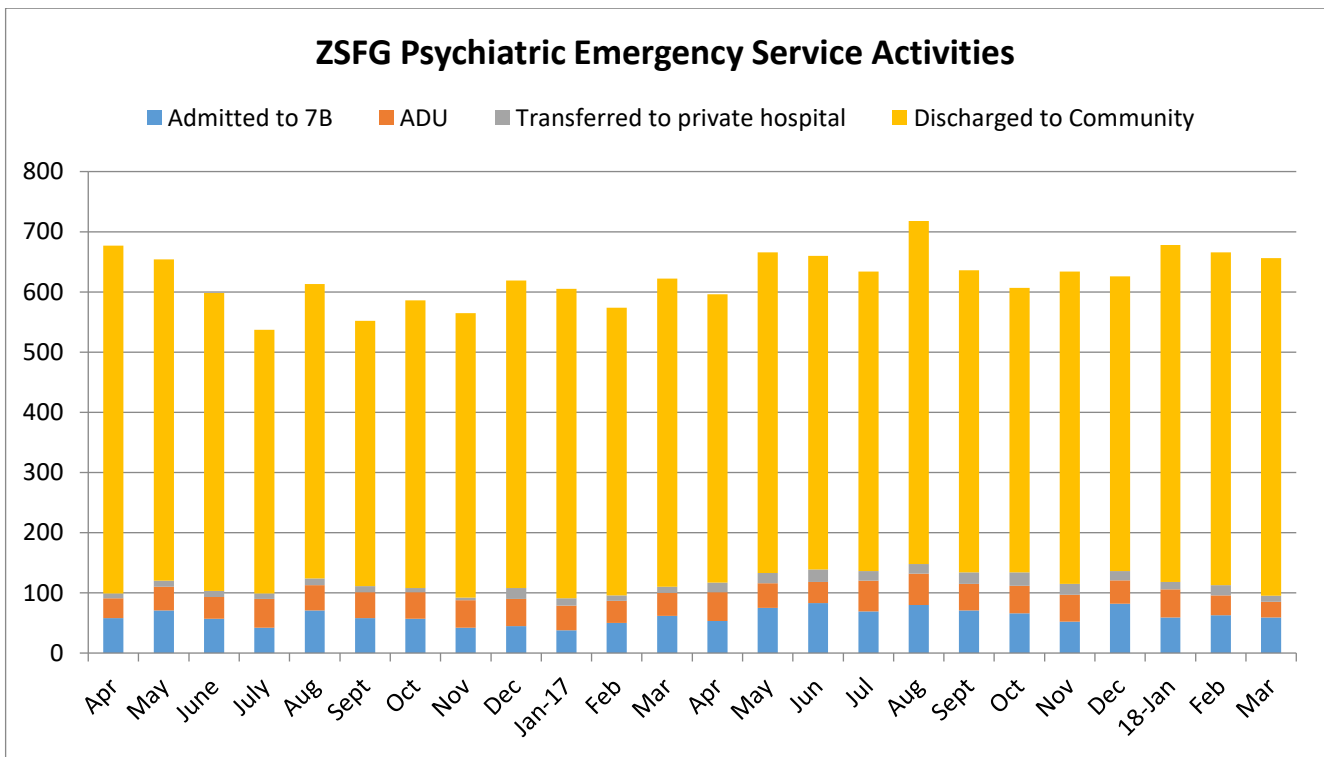
Overview:

On February 1, PES in collaboration with the Progress Foundation initiated a Pilot for Diversion of ADU Candidates from PES to DUCC. Our data suggests that the test has been successful.

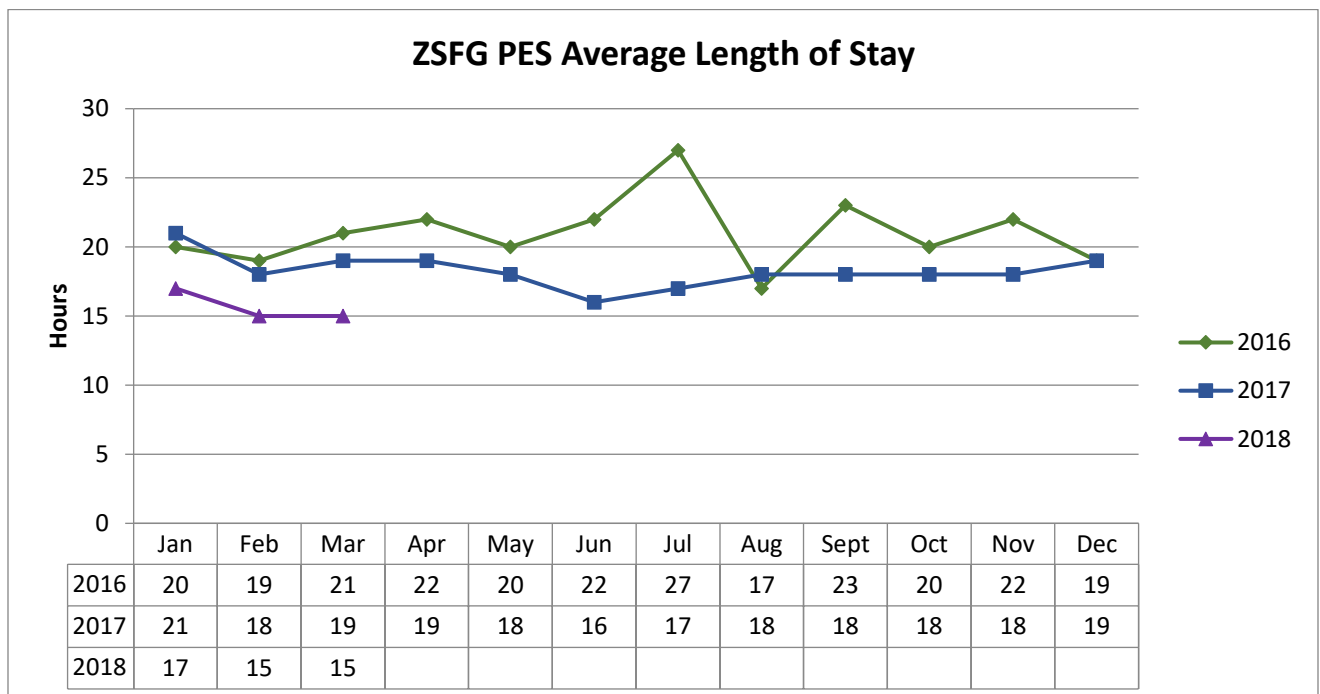
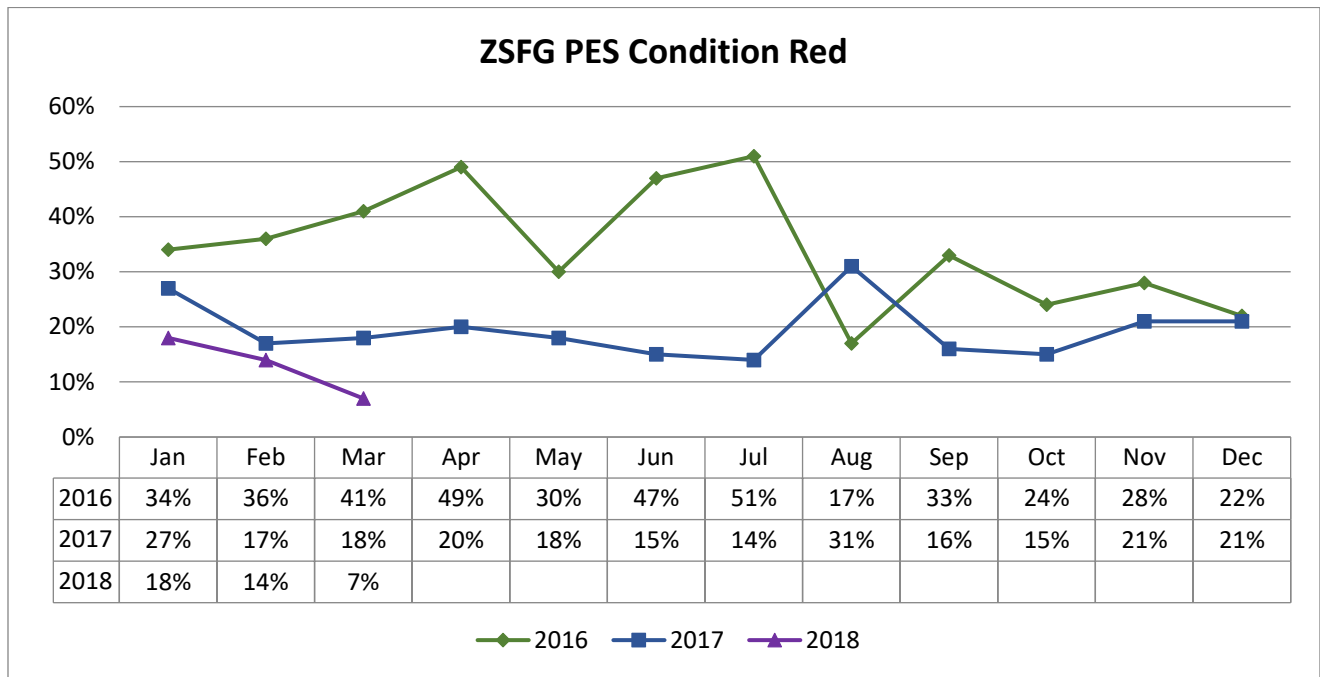
In March, PES completed 656 patient encounters. This is higher than our average number of encounters per month in 2017 (n = 637). Despite the increased volume, the Condition Red/Diversion Rate decreased from 14.1% in February to 7.4% in March.

The median length of stay also declined from 14.6 hours in February to 13.3 hours in March. The Leadership Team opted to disclose the median values because they may be less sensitive to the effects of outliers with protracted stays.

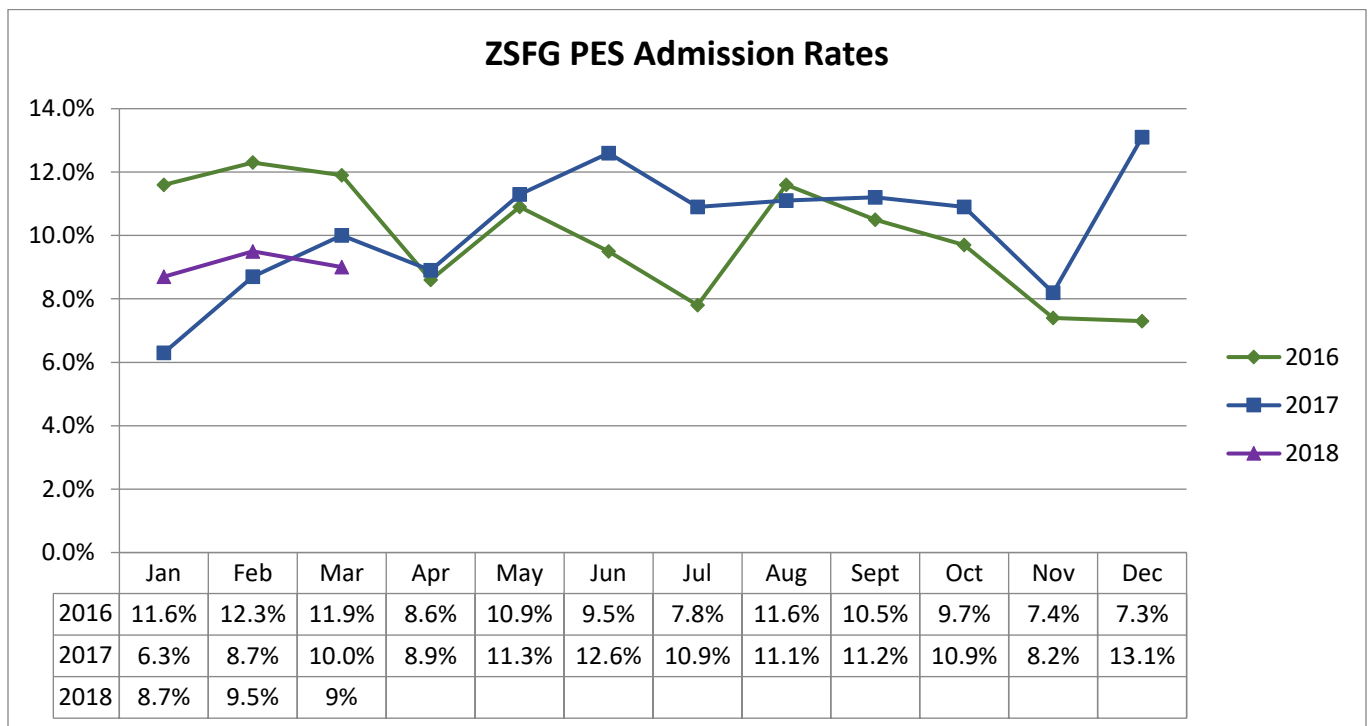
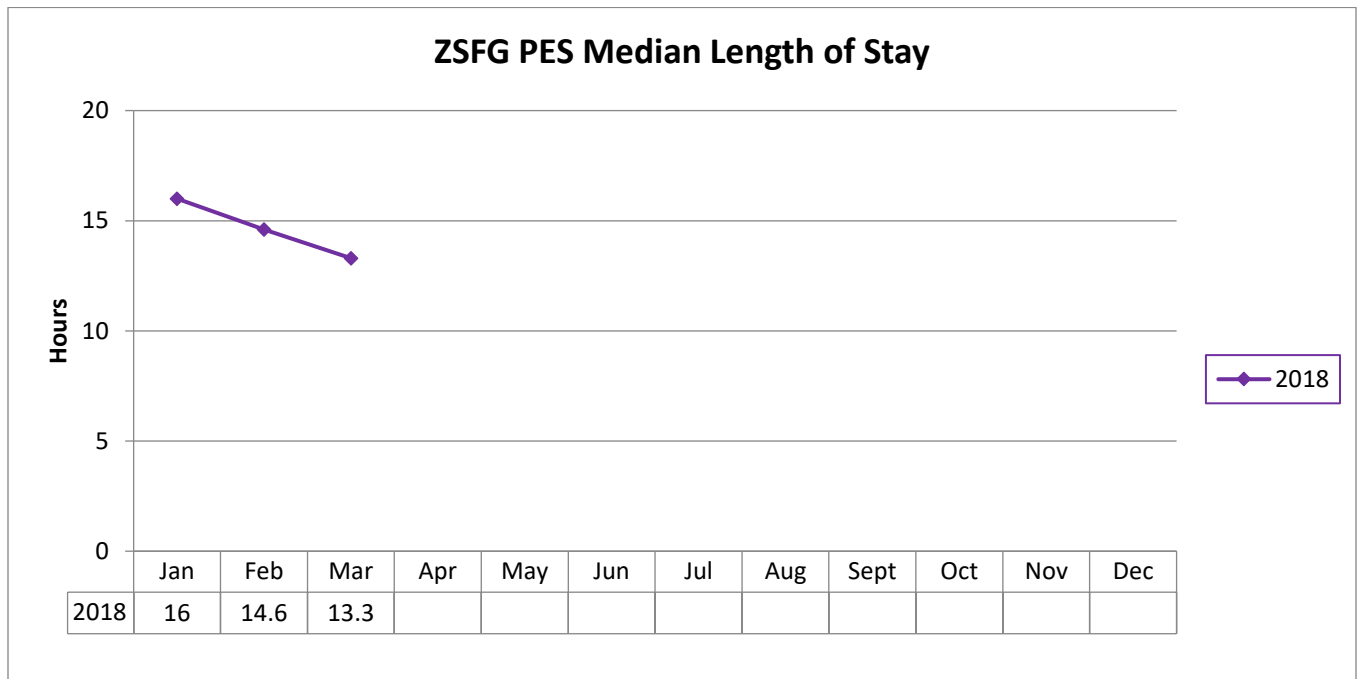
Lastly, PES is revising the process for accepting transfers from outside facilities to improve patient flow. As a result, the volume of transfers accepted from other local emergency rooms increased to 53% in the month of March. This is a significant improvement over the average transfer acceptance volume per month in 2017 which was 21%.



**Psychiatric Emergency Service (PES) Data for the Month of March 2018...continued**



**Psychiatric Emergency Service (PES) Data for the Month of March 2018...continued**



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

##### 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).

