

# PATIENT CARE SERVICES REPORT

*Submitted to the Joint Conference Committee, August 2018*

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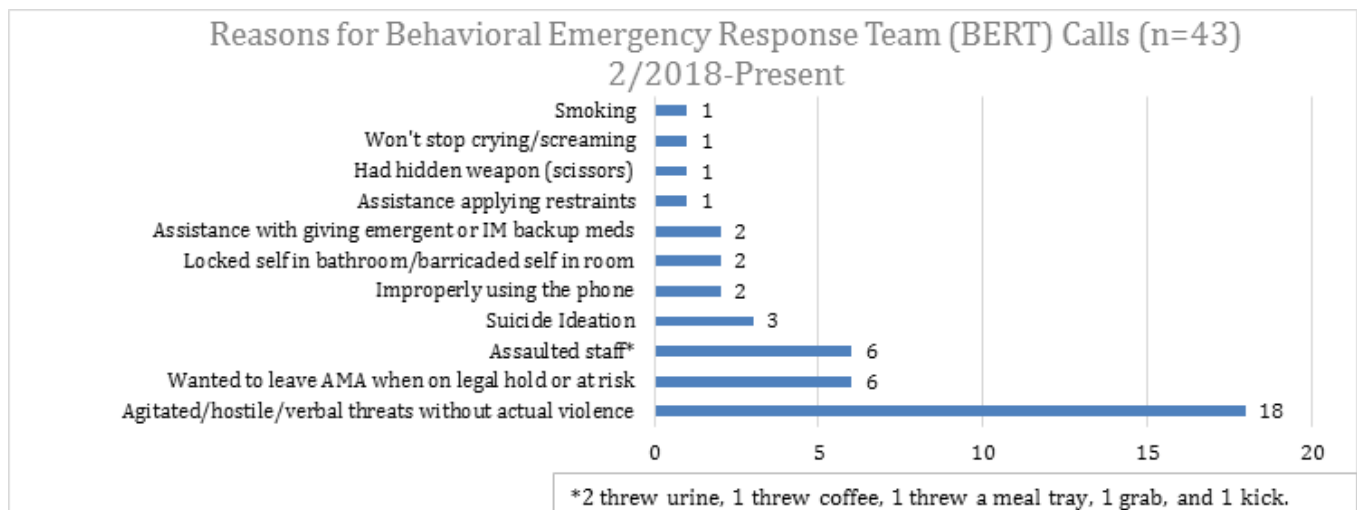
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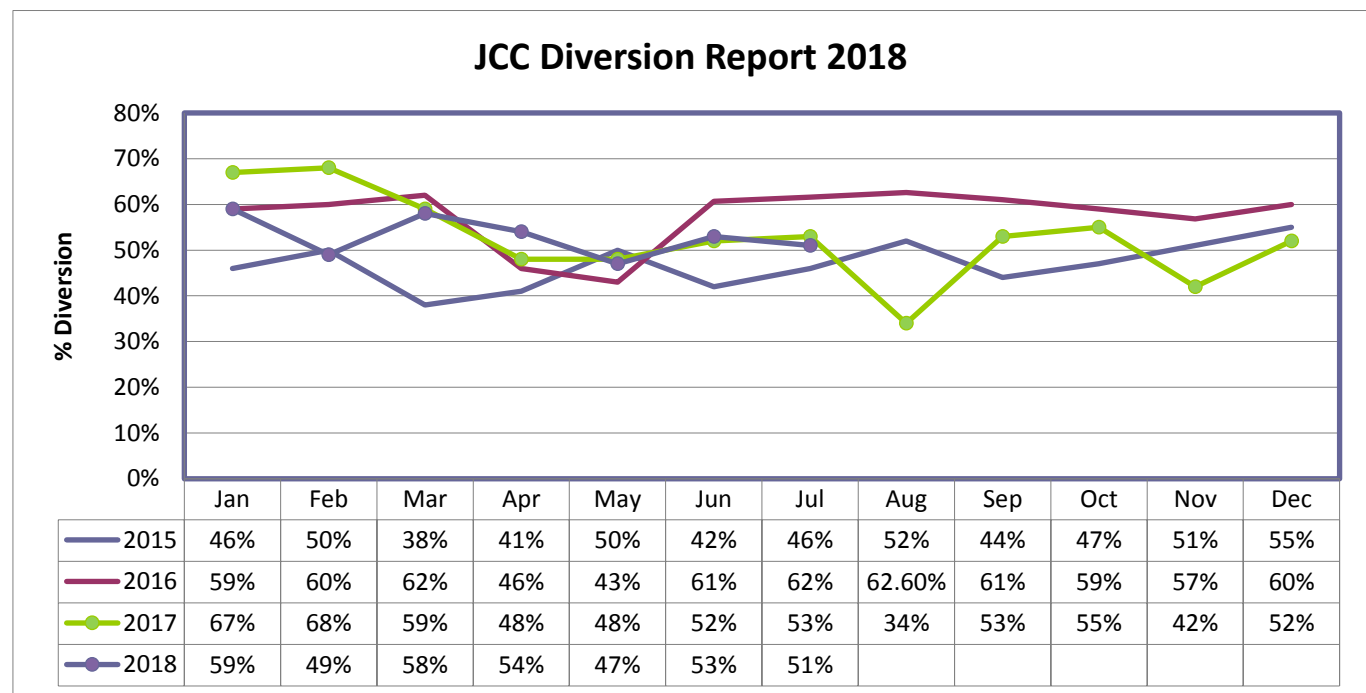
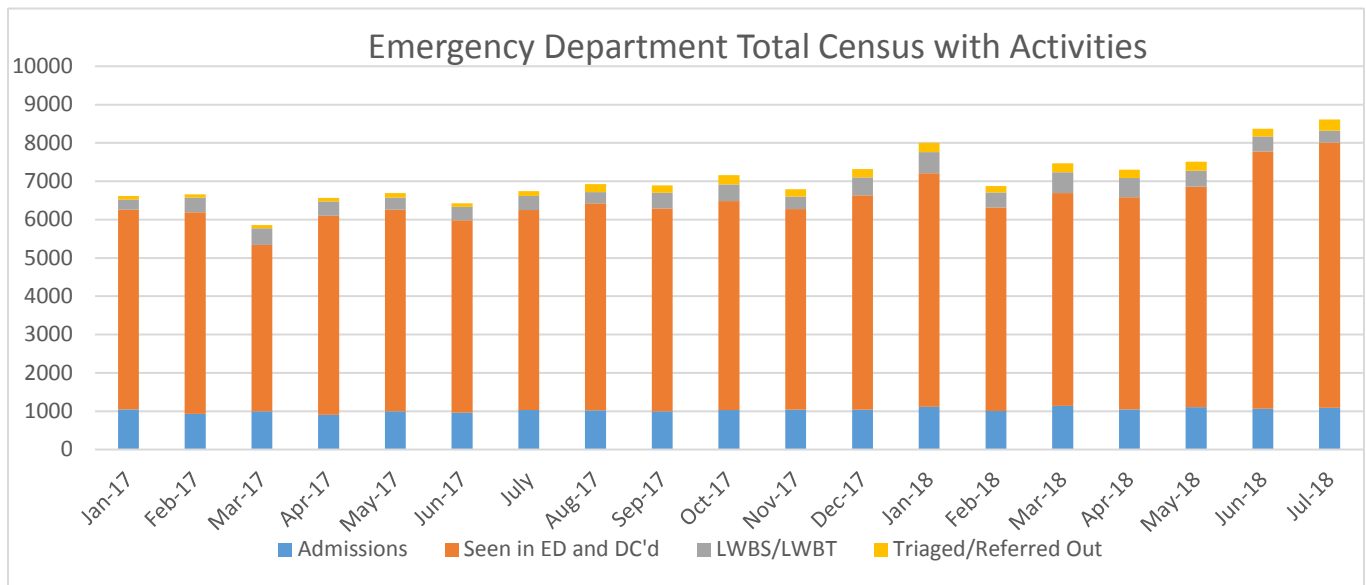
## 1. Professional Nursing for the Month of July 2018

### Behavioral Emergency Response Team (BERT)

The Behavioral Emergency Response Team (BERT) a behavioral health rapid response team comprised of experienced psychiatric nurses that respond to urgent situations, including potentially disruptive or threatening actions of patients who compromise the safety and well-being of themselves and others. Currently a process improvement PDSA (Plan-Do-Study-Act), the BERT responds to inpatient non-behavioral health units at ZSFG to manage volatile behaviors through de-escalation techniques, and by providing staff support and real-time education. Thus far, the BERT has demonstrated improved patient outcomes, increase in staff satisfaction, and impacts on the SFSD calls for service on campus.



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



July | 2018

**Diversion Rate: 51%**

*ED Diversion 298 hours (40%) + Trauma Override 79 hours (11%)*

**Total ED Encounters: 6919**

**ED Admissions: 1090**

**ED Admission Rate: 15.75%**

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

#### Overview:

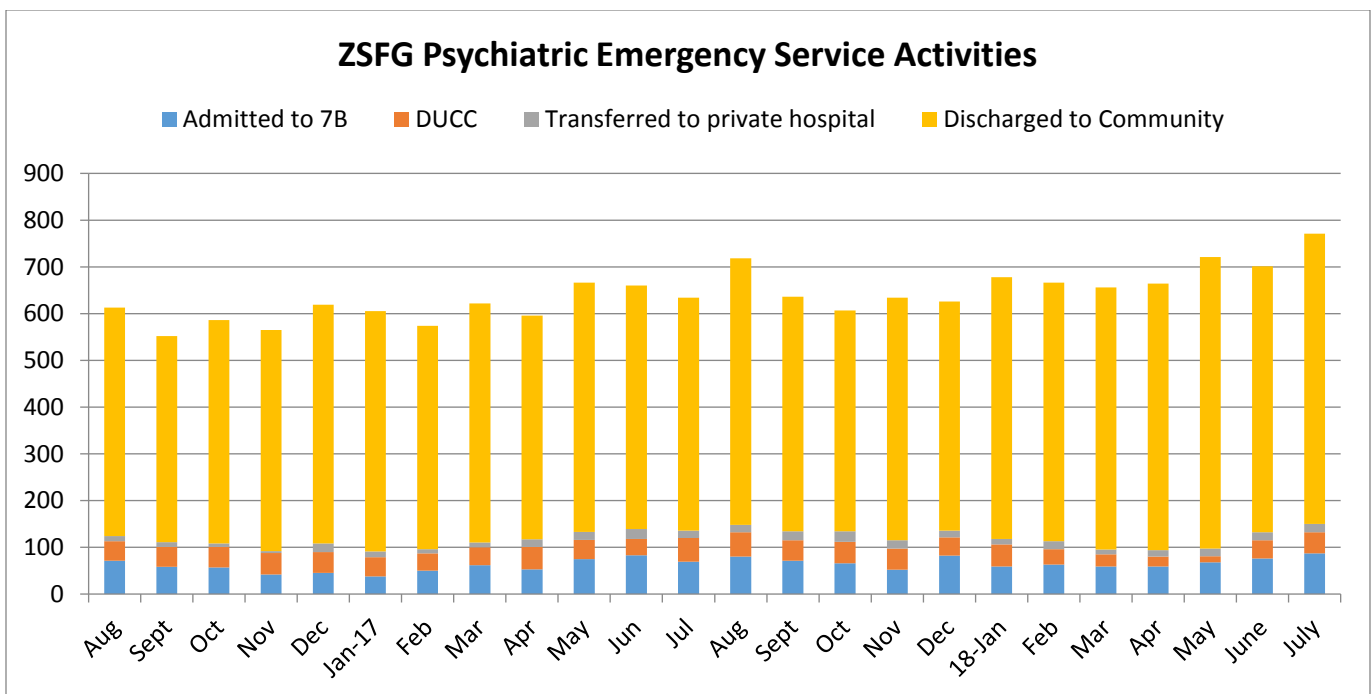
On February 1, PES in collaboration with the Progress Foundation initiated a Pilot for Diversion of ADU Candidates from PES to DUCC. Our data suggests that the test has been successful.

In July, PES completed a record - 771 patient encounters. This is significantly higher than the average number of encounters per month in 2017 (n = 637).

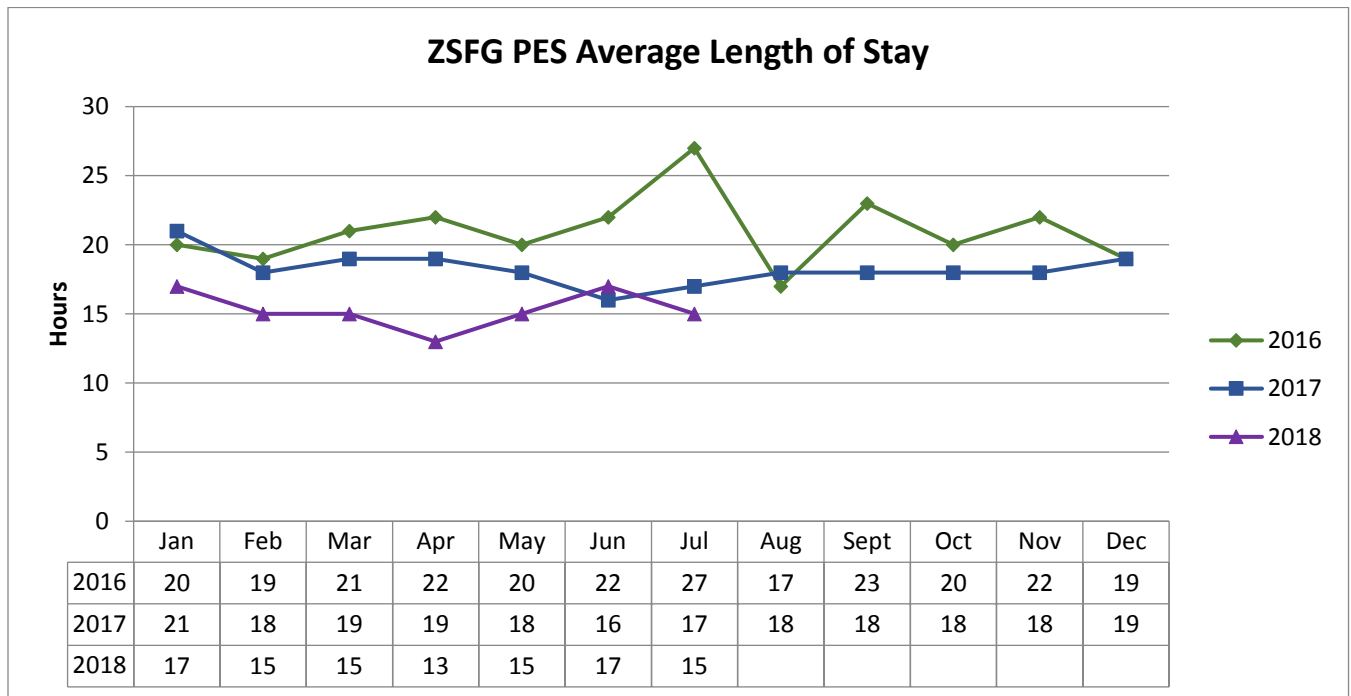
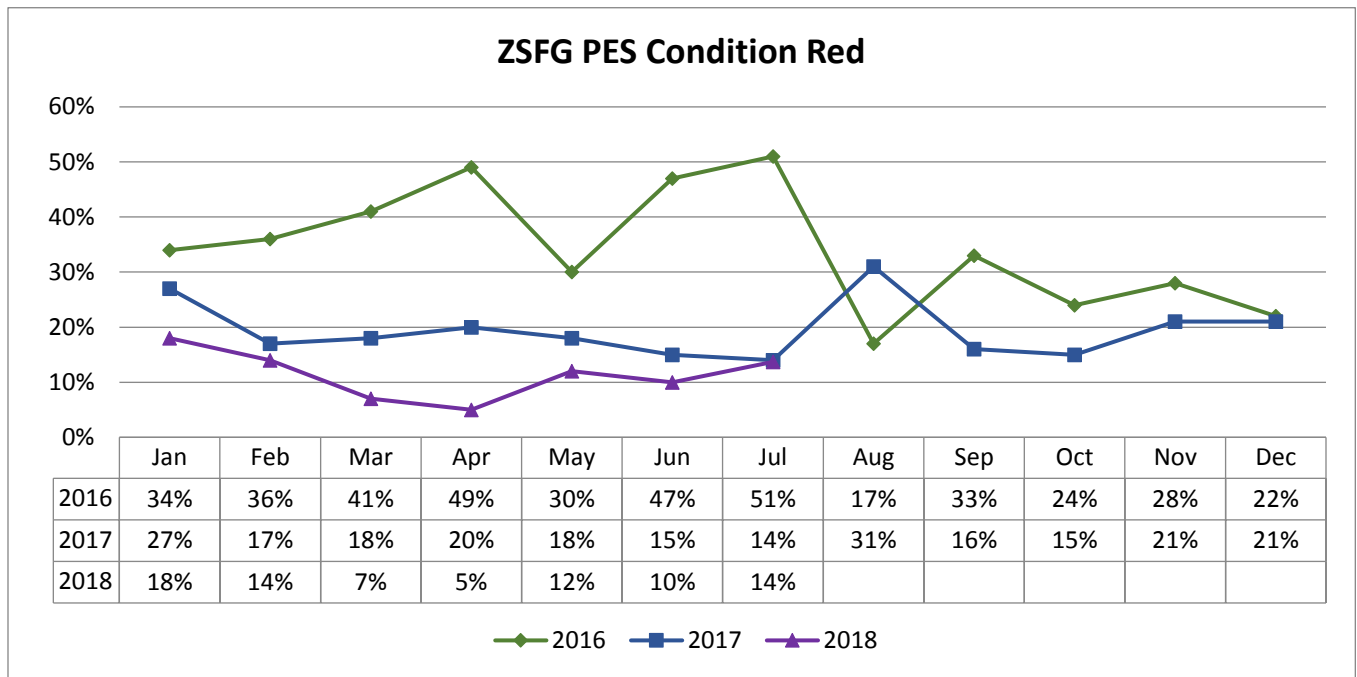
Despite the increased volume, at 13.7% the Condition Red/Diversion Rate was within the goal for maintaining flow (n = <15%).

The median length of stay was again reduced to 13.2 hours. This is lower than the median length of stay (hours) in 2017 (n = 16.05). The median length of stay decreased this month, going from 14.5 hours in June to 13.2 hours in July. The Leadership Team opted to disclose the median values because they may be less sensitive to the effects of outliers with protracted stays.

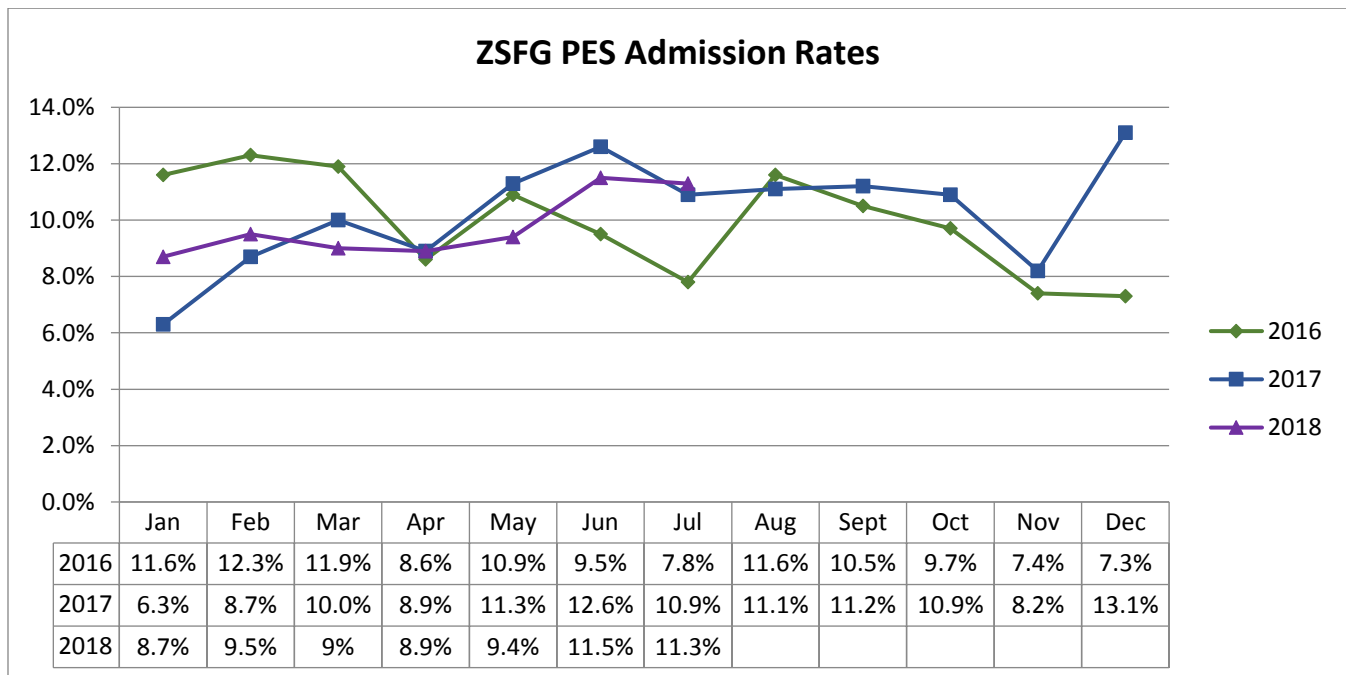
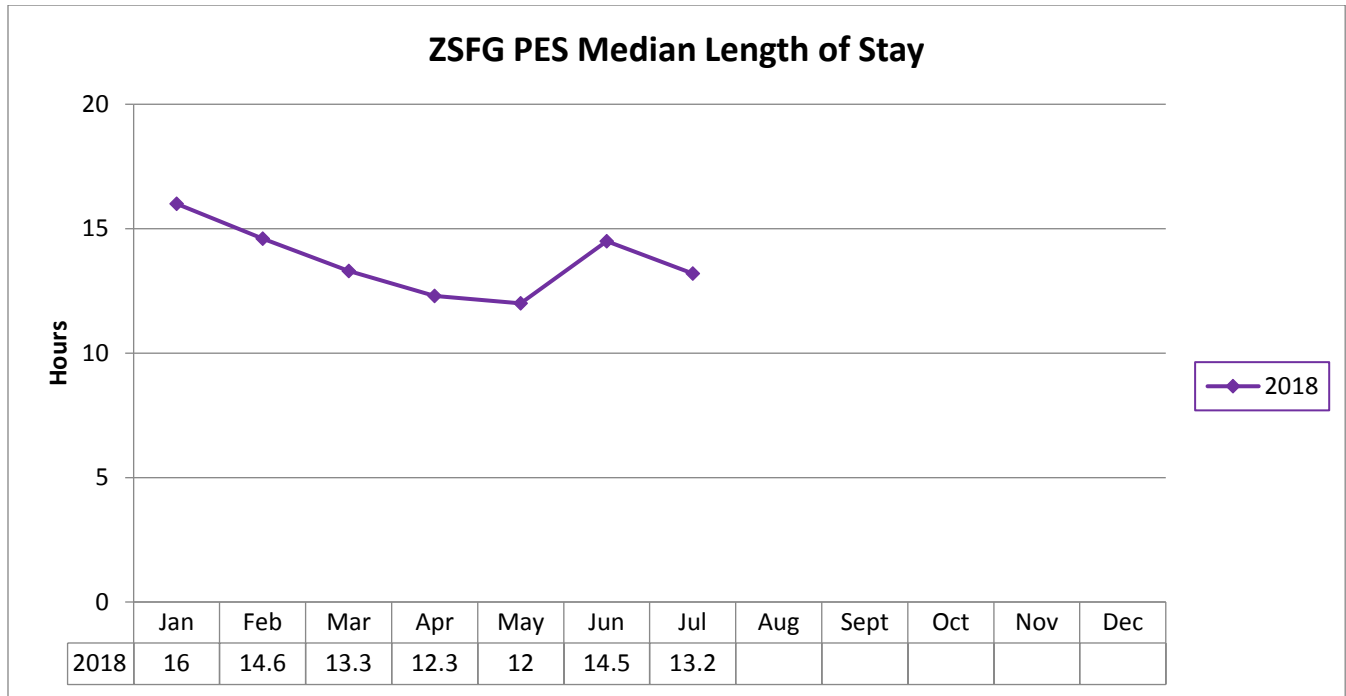
Despite the increased volume of encounters, PES remained accessible and accepted 83% of all appropriate transfer requests from other hospitals for emergency psychiatric assessments in the month of July.



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



**Psychiatric Emergency Service (PES) Data for the Month of July 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).

