



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

PSYCHIATRY SERVICES UPDATE

Mark Leary MD, Interim Chief

Kathy Ballou RN, Director of Nursing

Anton Nigusse Bland MD, PES Medical Director

Emily Lee MD, Inpatient Psychiatry Medical Director



San Francisco Department
of Public Health

TRUE NORTH



ZSFG PSYCHIATRY ACUTE & EMERGENCY SERVICES PATIENT FLOW VISION STATEMENT

- Ensure that our patients will be discharged to the appropriate level of care as soon as they are ready.
- Maintain access for patients who need the most acute services.

BACKGROUND

- Part of System of Care
 - Owned and operated by the City and County of San Francisco, Department of Public Health (DPH)
 - A component of the San Francisco Health Network (SFHN)
- Psychiatric services are an integral part of emergency and outpatient network
- Collaborates closely with DPH and SFHN in providing services

BACKGROUND

Psychiatric Emergency Services (PES)

- Only PES in San Francisco
- > 7,500 encounters/year
- Psychiatrists and Nurses on-site 24/7 for behavioral health emergencies
- Emergency assessment
- Crisis stabilization
- Transfer to acute inpatient care
- Referral/linkage to ongoing outpatient care

Inpatient Psychiatry

- Largest acute inpatient service in San Francisco
- 44 acute admission and acute step-down beds (2 units)
- Jail Psychiatric Inpatient Unit (8 beds) integrated with Jail Behavioral Health Services

PES AND INPATIENT CLINICAL CHALLENGES

- Serious mental illness (psychosis, high suicide risk)
- Homelessness (60%)
- Involuntary treatment (PES 60%, Inpatient 95%)
- Often unlinked to outpatient treatment despite intensive efforts
- High levels of substance use disorders
- Multiple co-morbid medical conditions (dementia, limited ambulation, traumatic brain injury, diabetes)
- Criminal justice involvement

CURRENT CONDITIONS (2018 Jan-May)

Psychiatric Emergency Services (PES)

- 677 encounters/month
- Median Length of Stay = 13.3 hours
- Condition Red (diversion) = 11%
- Outside ER transfer acceptance rate = 73%

CURRENT CONDITIONS (2018 Jan-May)

Inpatient Psychiatry

- Acute admissions = 68 patients/month
- Median Inpatient LOS = 7 days
- Mean Inpatient LOS = 15 days
- Length of Stay Range = 1 to 700+ days
- Readmission rate to inpatient within 30 days of discharge = 3%

TARGET AND GOALS

No.	Targets	Baseline 2017	Goal 2018
1	By December 2018, 80% of patients surveyed on inpatient psychiatry will indicate satisfaction with services	77%	80%
2	By December 2018, increase percent of acute inpatient care days by 20%	21%	25%
3	By December 2018, reduce PES Condition Red (diversion) by 25%	20%	15%
4	By December 2018, increase completed inter-facility transfers from other hospitals to PES by 33% (excludes inappropriate referrals)	30%	40%

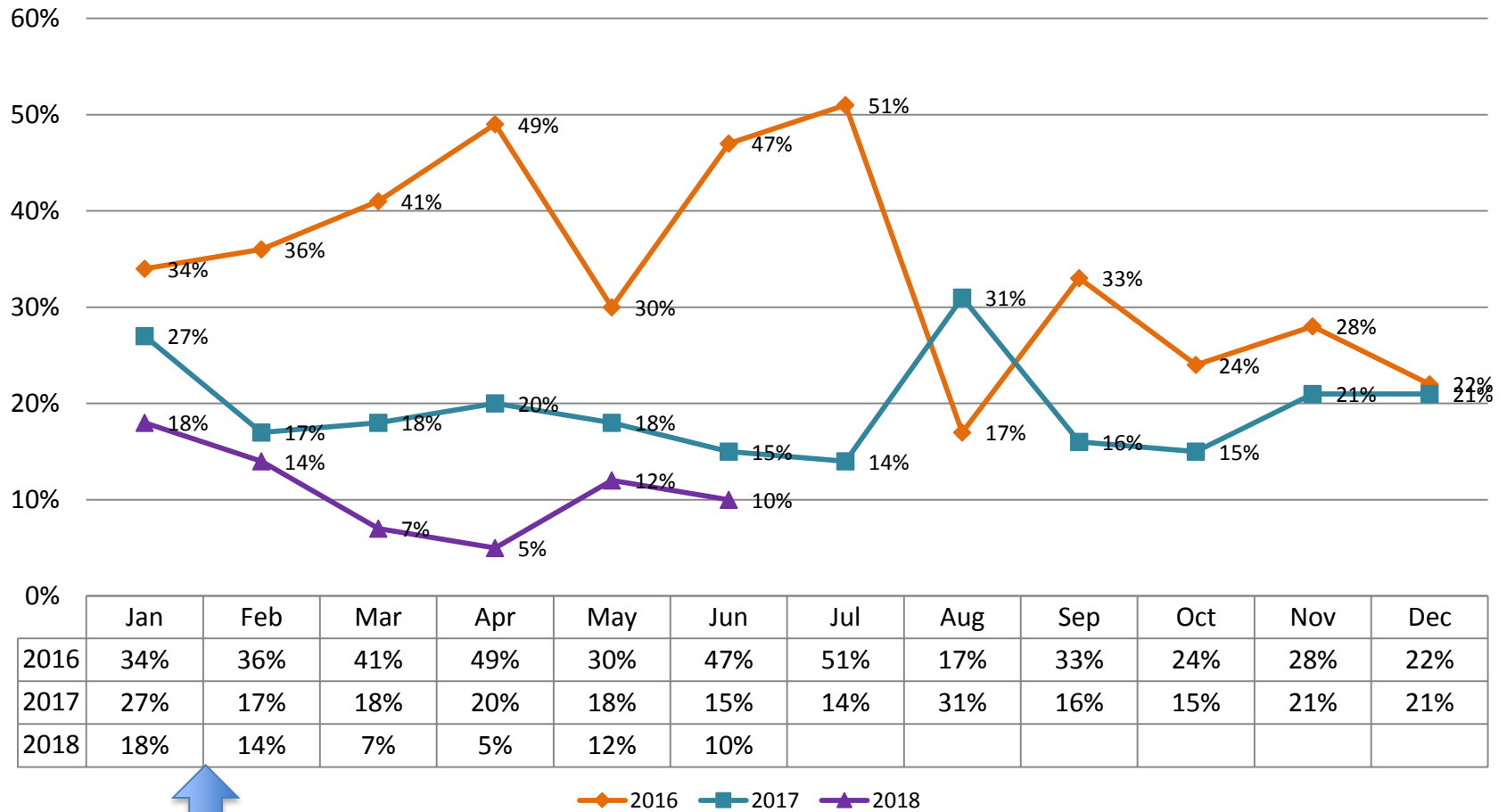
COUNTERMEASURES

No.	Root Cause	Proposed Countermeasure	Outcomes
1	Protracted stays in PES for non-acute patients	(1) Pilot for Diversion of ADU Candidates from PES to DUCC (2) Vertical treatment pilot for segmenting flow between high-acuity and low-acuity care needs (3) Redesign of staff workflows to reduce wait times for assessment	<ul style="list-style-type: none"> • 516% increase in referrals to DUCC • 52% reduction in Condition Red • 17% reduction in Length of Stay

COUNTERMEASURES (cont.)

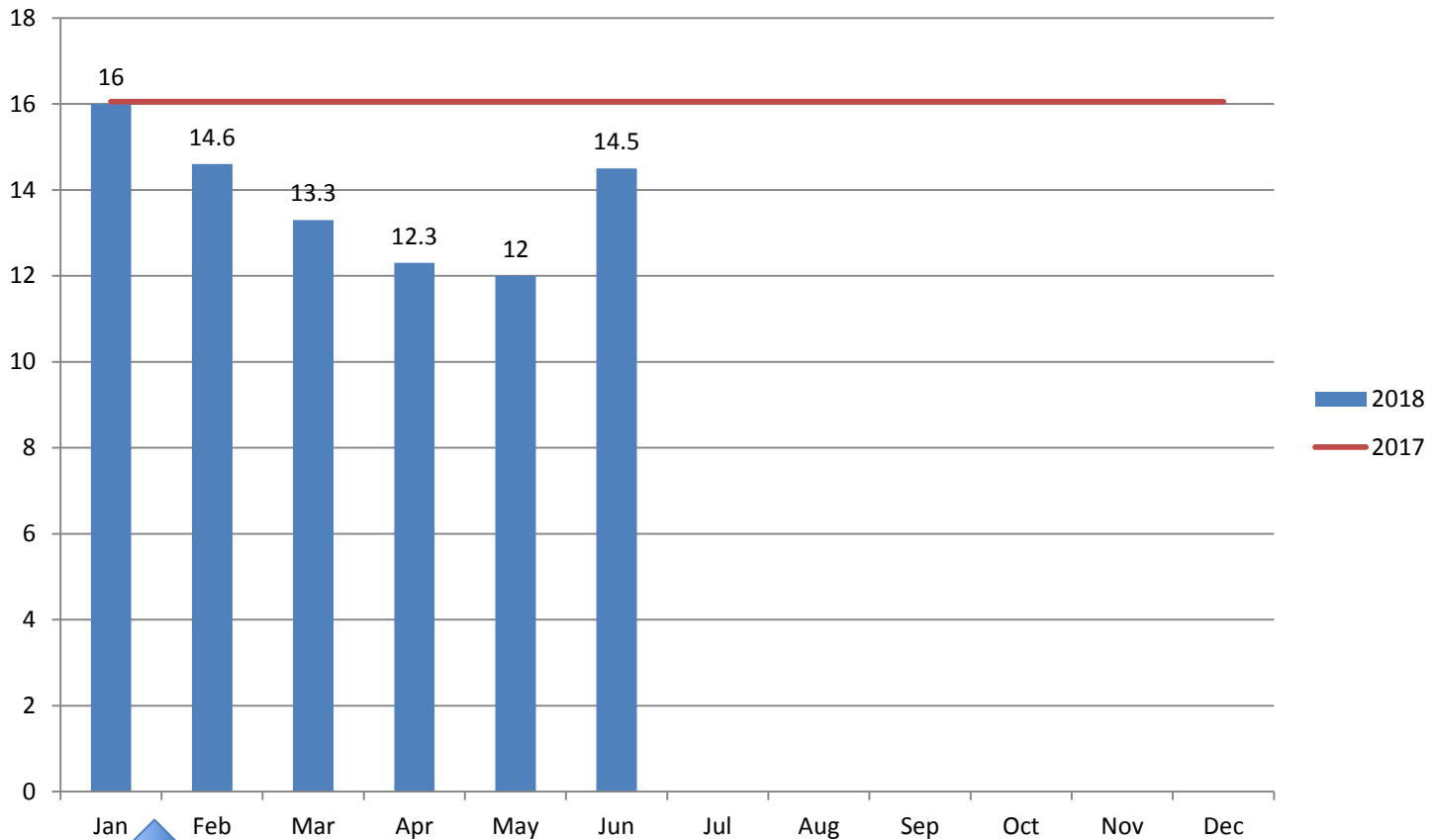
No.	Root Cause	Proposed Countermeasure	Outcomes
2	Protracted stays on Inpatient Service for non-acute patients	<ol style="list-style-type: none"> (1) Weekly team meetings with DPH Transitions and SF Conservatorship Director to expedite placement of inpatients (2) ZSFG Psychiatry Compliance Committee Documentation Training for Inpatient Staff (3) Implement inpatient administrative day billing by collaborating with DPH, Transitions, UM, and clinical staff (4) DPH Transitions opening of SF Healing Center (St. Mary's) and Hummingbird respite (5) SF Conservator's Office implementation of Post-Acute Community Conservatorship (PACC) + Affidavit B (meds) 	<ul style="list-style-type: none"> • 29% increase in acute care days • Monthly inpatient admissions stable • 57% increase in administrative (behavioral) days • 11 new PACC conservatorships started on Inpatient (20 overall)

OUTCOMES: PES Condition Red %



PES DUCC ADU
pilot starts 2018

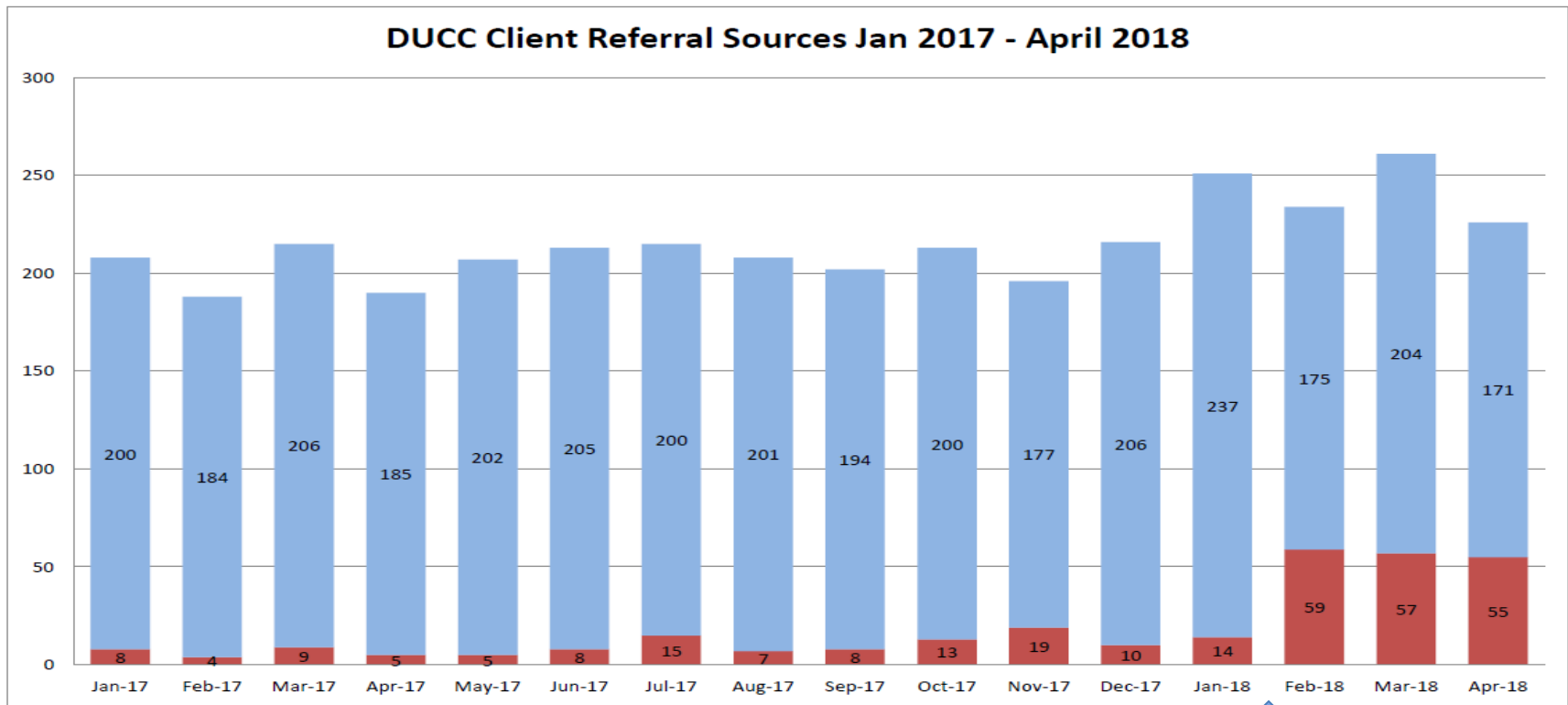
OUTCOMES: PES Median Length of Stay (hours)



PES DUCC ADU
pilot starts

Zuckerberg San Francisco General
Hospital and Trauma Center

OUTCOMES: DUCC Client Referral Sources



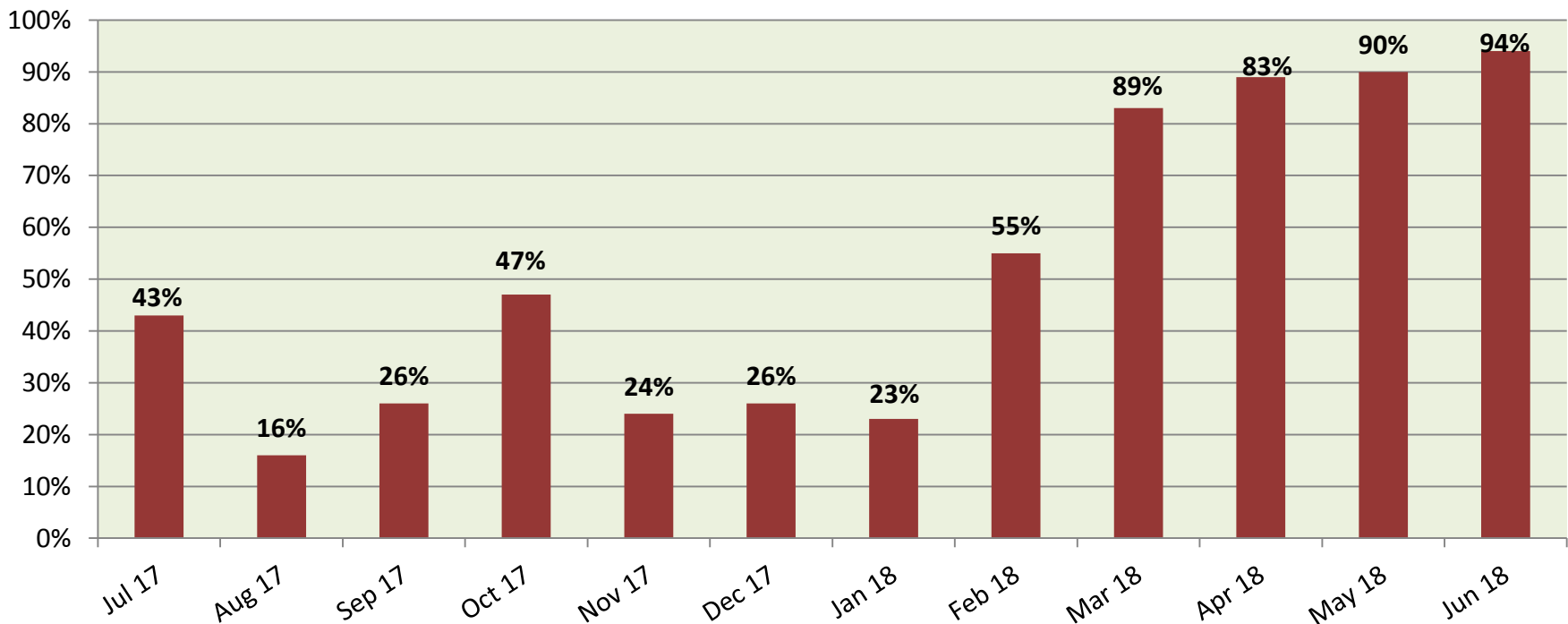
Average time clients referred from PES to DUCC stay there (2/2017-4/2017): 17 hours 32 minutes
 Average time clients referred from PES to DUCC and placed at ADU stay (2/2017-4/2017): 23 hours 22 minutes
 Average time clients referred from PES to DUCC stay there (2/2018-4/2018): 21 hours 23 minutes
 Average time clients referred from PES to DUCC and placed at ADU stay (2/2018-4/2018): 26 hours 7 minutes



**PES DUCC ADU
pilot starts**

OUTCOMES: Transfers from Outside Hospitals to PES

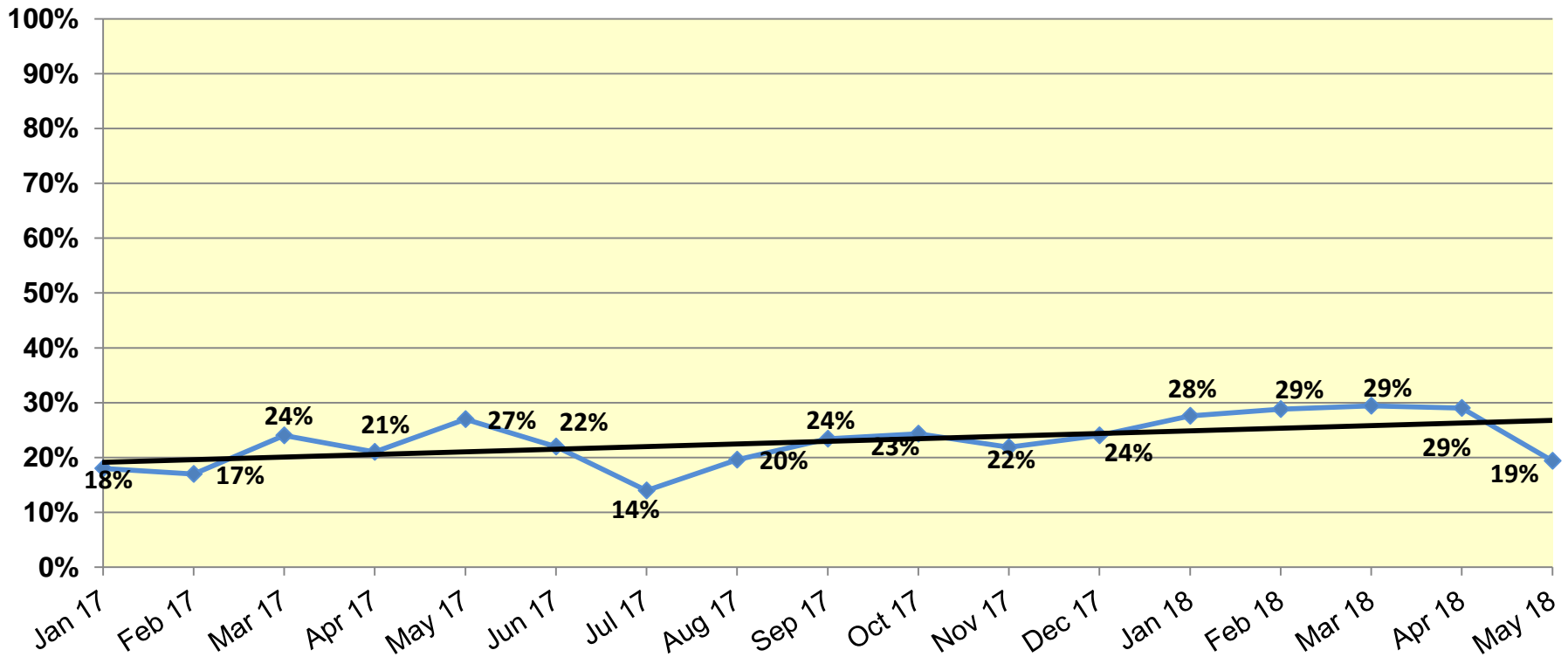
% of patients from outside hospitals (screened appropriate) who were transferred to PES



PES DUCC ADU
pilot starts

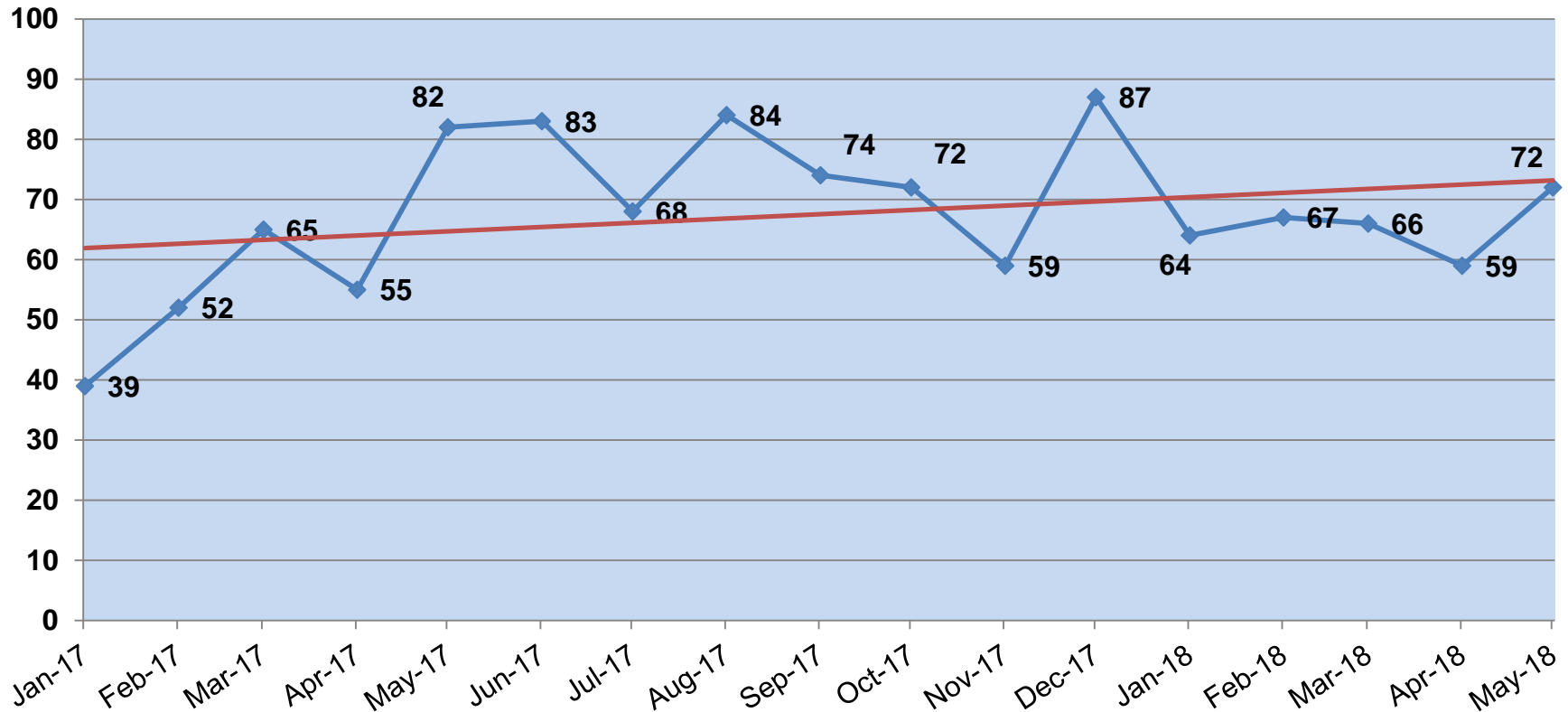
Created 7/18/18
Source: PES e-CHART

INPATIENT OUTCOMES: Acute Day %



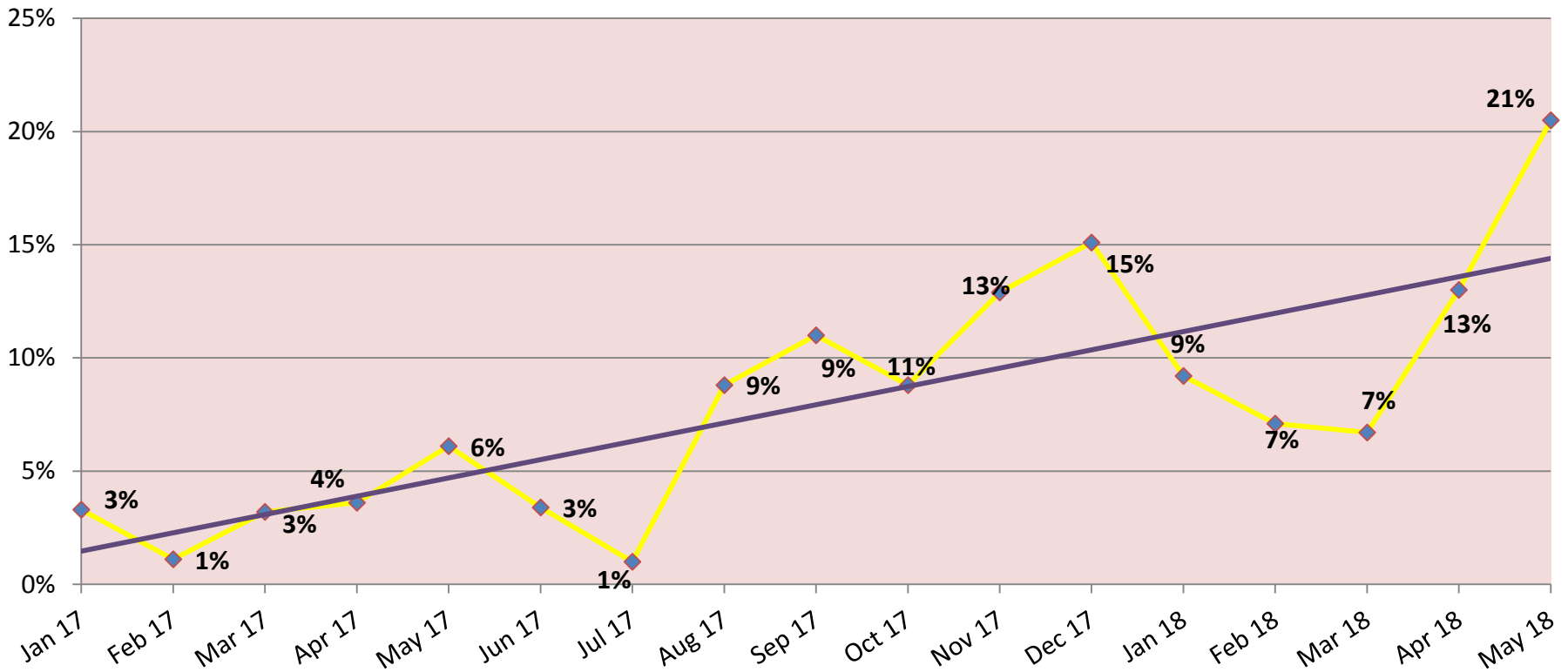
Created 7/18/17
Source: PES e-CHART

INPATIENT OUTCOMES: Admissions/month



Created 4/2/18
Source: ZSFG data center

INPATIENT OUTCOMES: Administrative Day %



Created 7/18/17
Source: PES e-CHART

CHALLENGES AND BARRIERS

- Relative lack of bed resources in continuum of care (hotels, board & care, residential treatment, LSAT beds for high need/risk patients)
- Relative lack of linkage resources available to PES (especially evenings/weekends),
- Recruitment and retention of medical providers
- Recruitment of new Psychiatry Chief

ACHIEVEMENTS

- Launch of Recovery Model practice on inpatient psychiatry to improve patient experience
- Significant increase in transfer acceptance rate from outside hospitals to PES
- Implementation of Post-Acute Community Conservatorship (PACC) with SF Conservatorship Office

NEXT STEPS

- Monitor data to measure impact of SF Healing Center (St. Mary's) and Hummingbird Respite
- Continue active partnership with DPH Transitions and SF Conservator to place challenging patients in the community
- Continue to Plan-Do-Study-Act countermeasures