

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, June 2018

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1. Professional Nursing for the Month of May 2018

Departmental Training Courses held this month included:

- Workplace Violence Prevention, Trauma Informed Systems and Sexual Orientation and Gender Identity classes
- Emergency Nurse Pediatric Course (ENPC)
- Trauma Nurse Core Course (TNCC)
- ACLS for Experienced Providers – first time offered at ZSFG for multidisciplinary staff providing more scenarios than the regular ACLS course
- Charge Nurse Development Series - kickoff session held for charge nurses from the ZSFG campus hospital and clinics. Goals for this development series include integration of leadership and communication competencies, and to foster top-of-license nursing practice.

Nursing Services Recruitment and Retention

Maternal Child Health Six RNs continue in their orientation to Labor & Delivery

NICU Four RNs are enrolled in the NICU training program

Medical-Surgical Nursing posted 6 new graduate training program positions for their September program

Peri-Operative Two nurses completed the OR orientation and training program. Four scrub technicians are progressing in their orientation program

Critical Care Seven nurses completed the critical care training program. Currently interviewing for eight positions for the August training program.

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

Emergency Six RNs successfully completed their twelve week training program in Pods A, B and C. Interviews ongoing for the August training program.

Notable ZSFG Nursing

Vizient HHS (“Hospital Improvement Innovation Network,” sponsored by the Centers for Medicare & Medicaid Services, Department of Health and Human Services) cited the ZSFG nursing fall reduction improvement work in their Hospital Spotlight article titled *Fall-related injuries drop by 28 percent at San Francisco hospital*.

Emergency room nursing educators Rachel Perry and Rich Nepomuceno, CNS John Fazio along with Dr. Debbi Madhok were awarded the 2018 EMS Hospital Provider Award for their work establishing the Mission Protocol for Stroke patients.

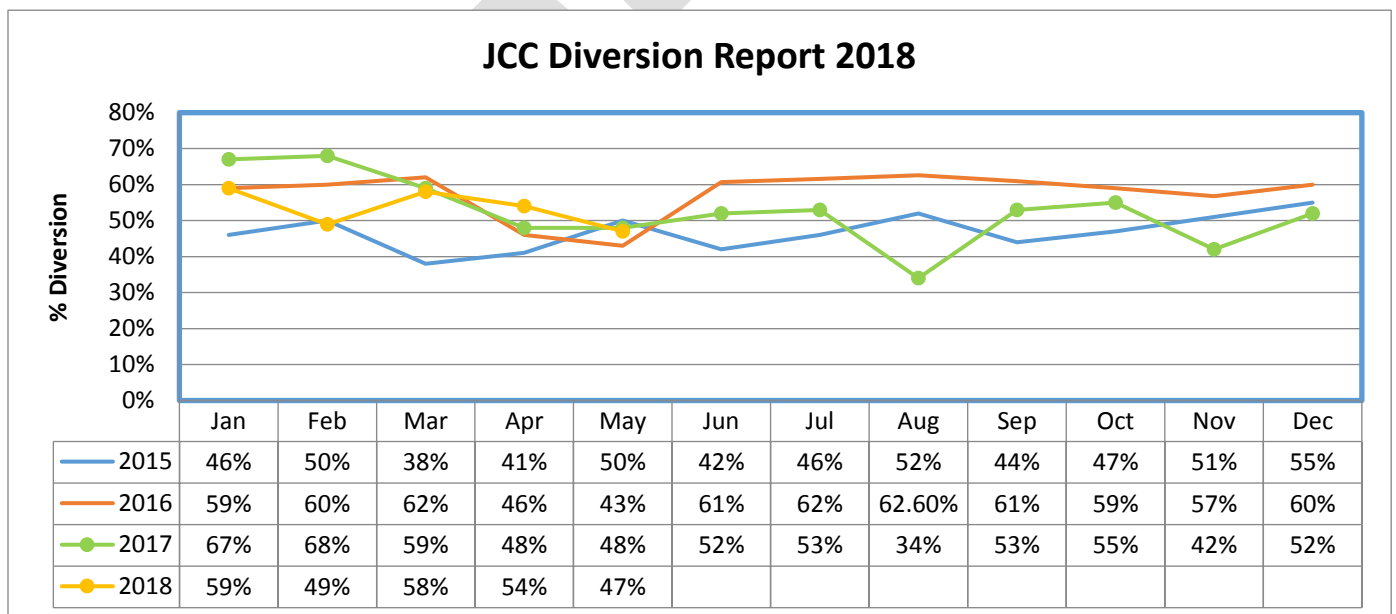
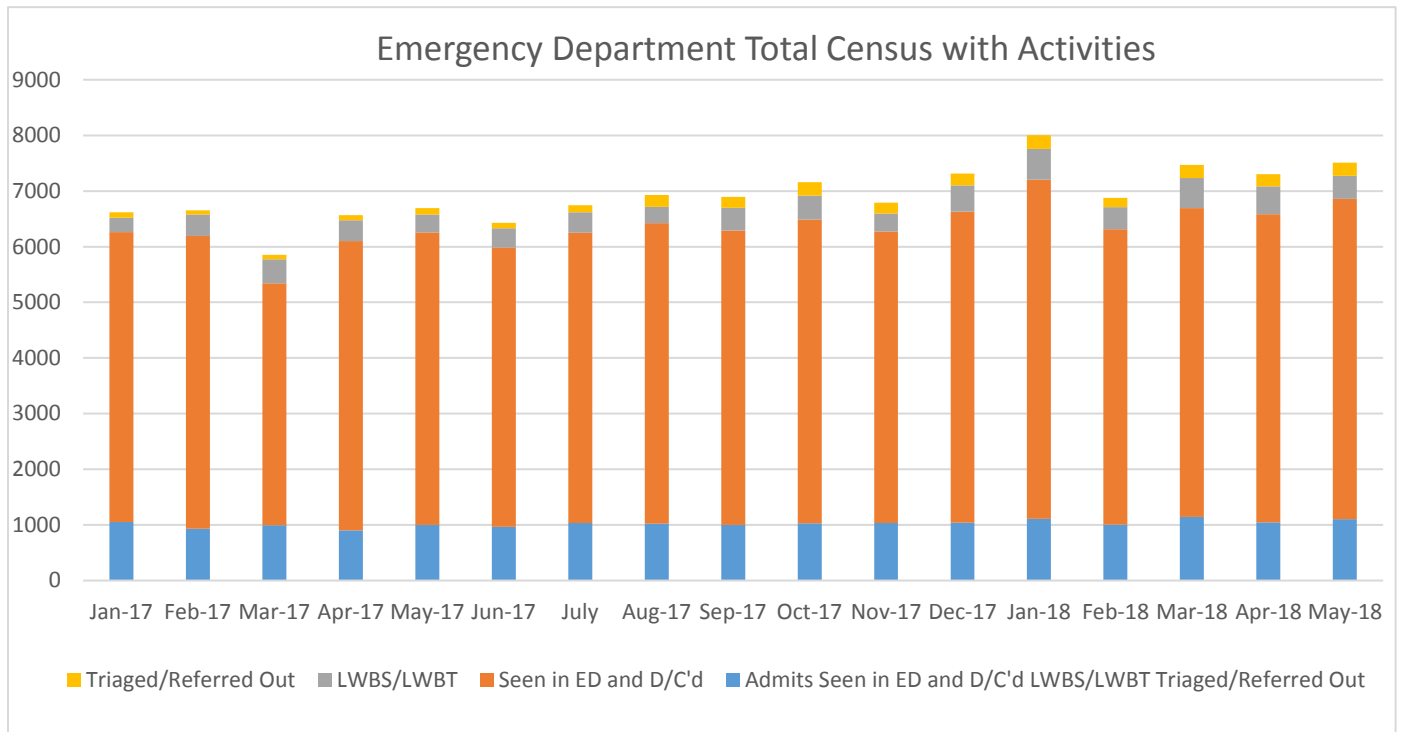
Professional Nursing for the Month of April 2018...continued

Patient Safety Hero Awards were awarded to the following nursing units at the June Management Forum:

- Gold - Zero harm for the entire 1st Quarter 2018 in units:
H42/44
H62/64
- Silver - Zero harm for 2 out of 3 months in 1st Quarter 2018 in units:
H32/38
H54/56
- Bronze - Zero harm for 1 out of 3 months in 1st Quarter 2018 in units:
H76/78
H66/68
- No Falls with Injury for the 1st Quarter 2018 in units:
Maternal Child
PES

FOR RL

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



May | 2018

Diversion Rate: 47%

ED Diversion = 307 hours (41%) + Trauma Override 39 hours (5%)

Total ED Encounters: 7095

ED Admissions: 1105

ED Admission Rate: 15.57%

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

Overview:

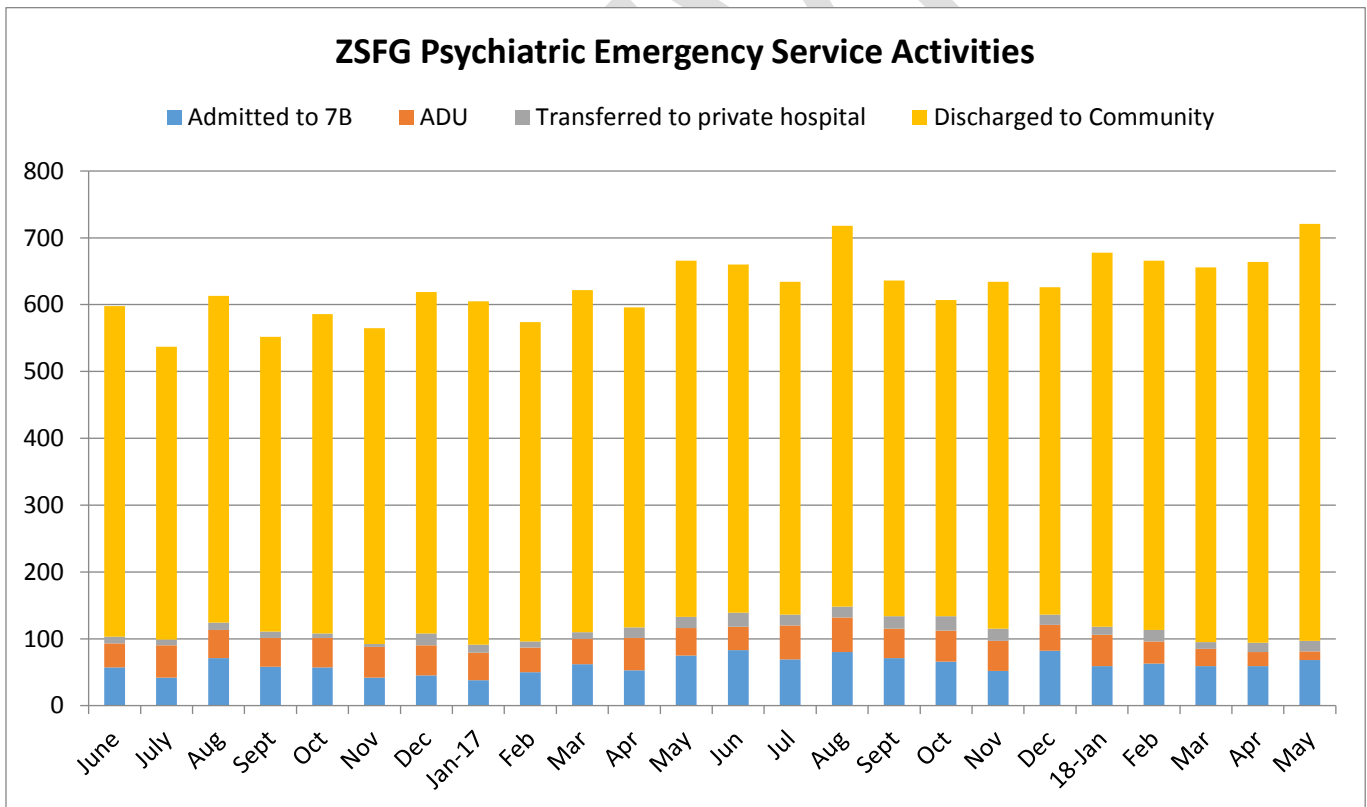
On February 1, PES in collaboration with the Progress Foundation initiated a Pilot for Diversion of ADU Candidates from PES to DUCC. Our data suggests that the test has been successful.

In May, PES completed 721 patient encounters. This is significantly higher than our average number of encounters per month in 2017 (n = 637).

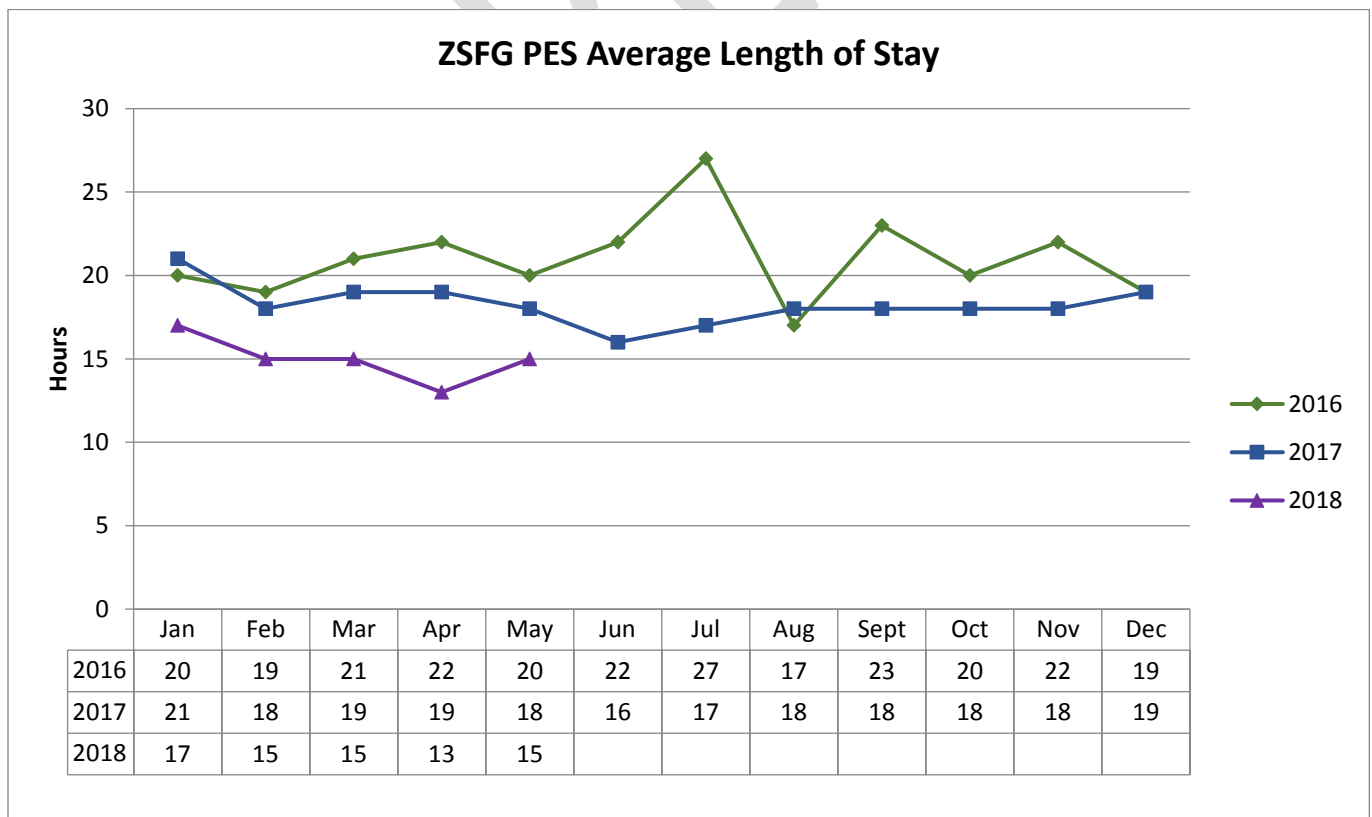
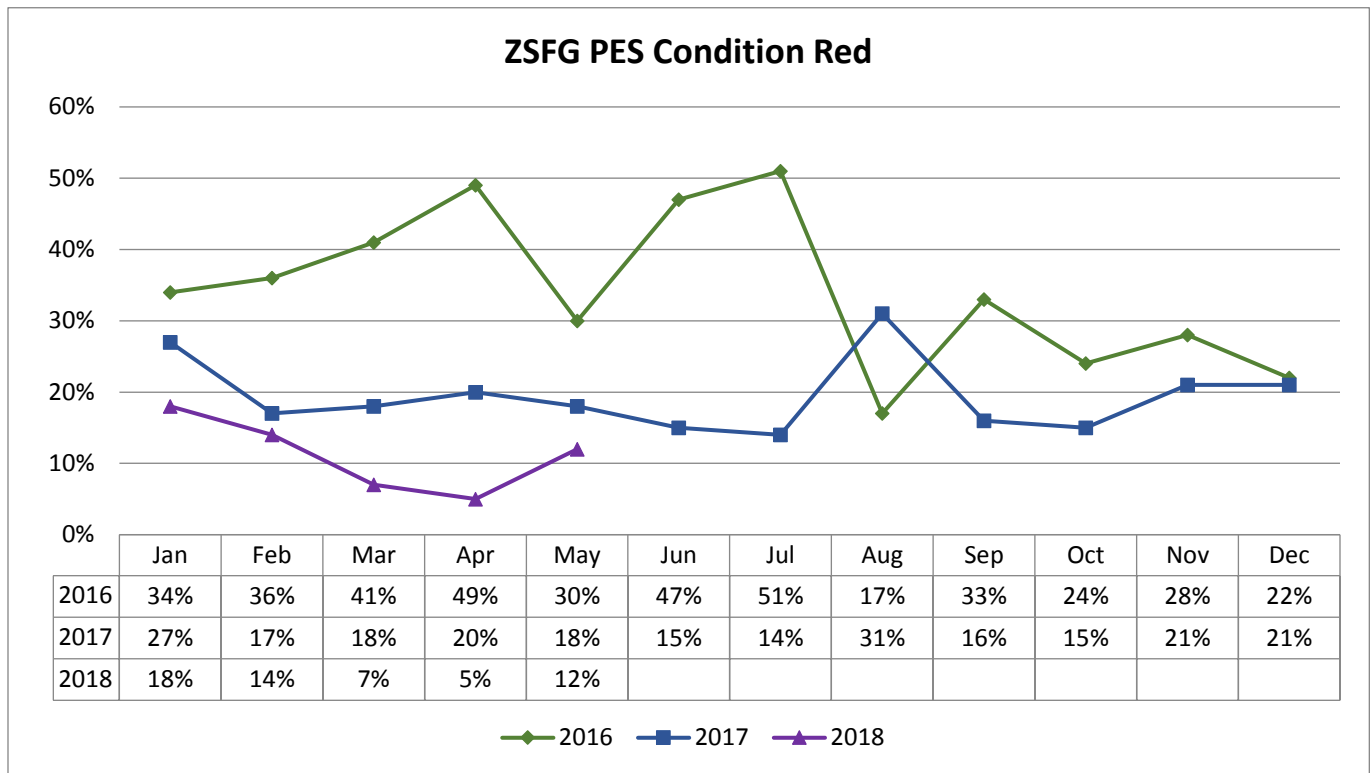
Despite the increased volume, at 12% the Condition Red/Diversion Rate was within our goal for maintaining flow (n = <15%). The increase in diversion seems related to the increased patient volume and an increase in the quantity of patients with protracted stays in PES.

The median length of stay was 12.03 hours. This is lower than the median length of stay (hours) in 2017 (n = 16.05). The Leadership Team opted to disclose the median values because they may be less sensitive to the effects of outliers with protracted stays.

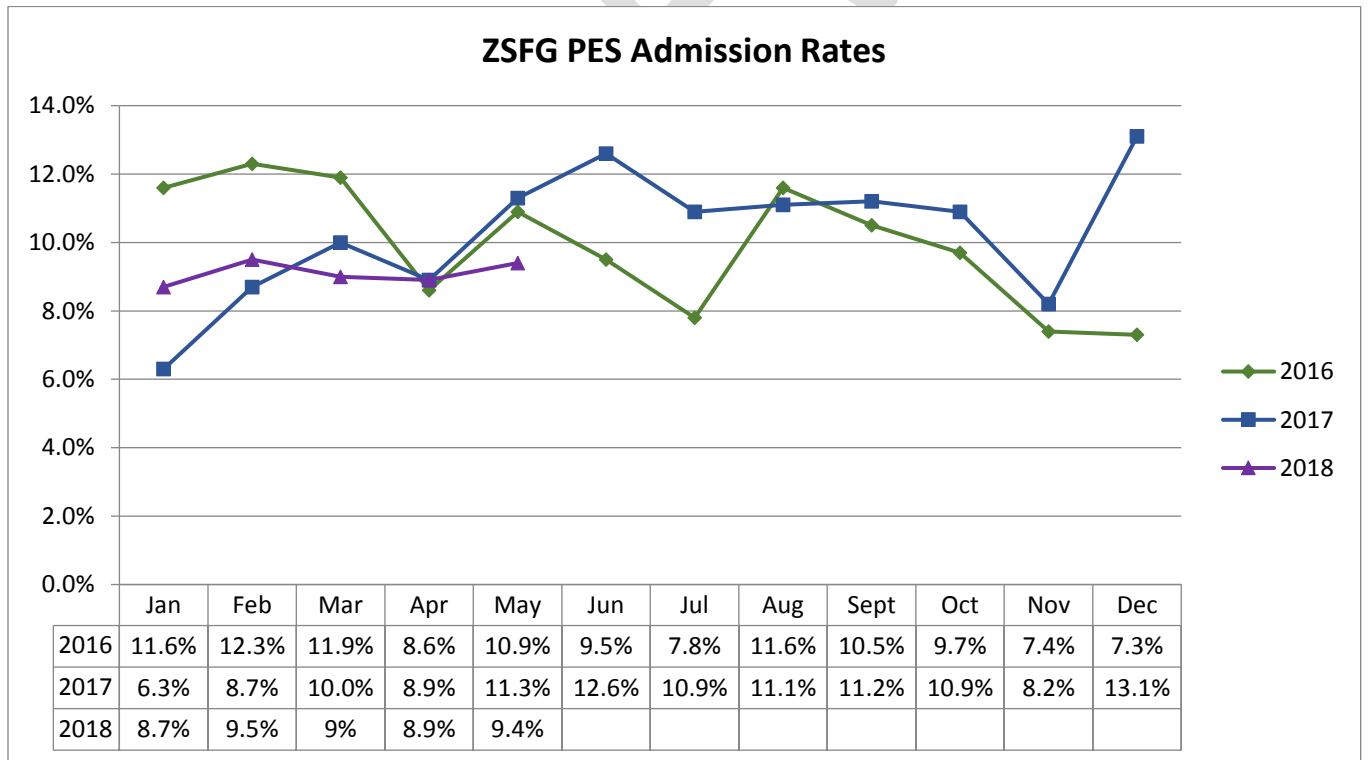
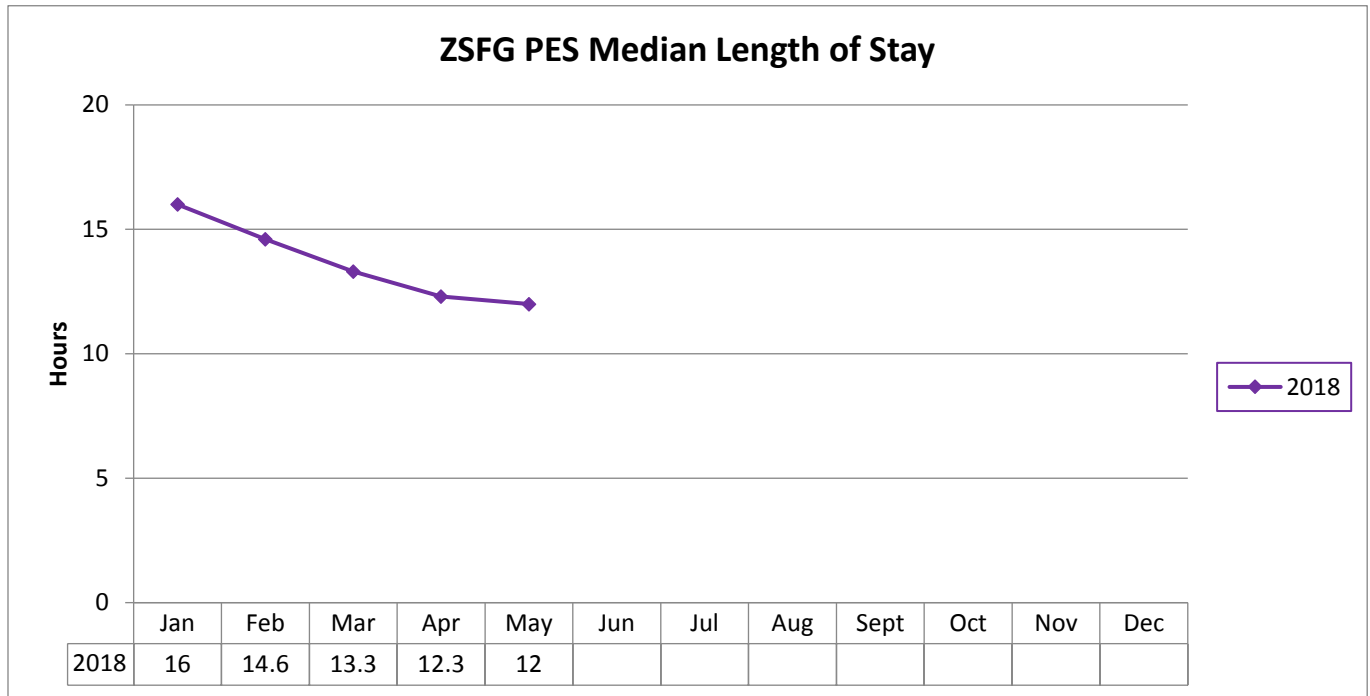
As a result, PES was more accessible and accepted 90% of all appropriate transfer requests from other hospitals for emergency psychiatric assessments in the month of May.



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



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

