

# PATIENT CARE SERVICES REPORT

*Submitted to the Joint Conference Committee, March 2018*

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

### Nursing Professional Development

Departmental Training Courses held this month included:

- Maternal Child Health completed their staff annual education classes
- Maternal Child Health rolled out 3 quality initiatives this month. The initiatives are: Quantifying blood loss every delivery, Enacting a contingency team plan for every emergency and Established the national standard “Decision to incision” process
- Perinatal unit wide training began on Culture competency for perinatal transgender patients
- Breast Feeding Basics for Healthcare
- Critical Care held a Pulmonary Artery monitoring class
- MERT staff completed their annual education course
- Critical Care Nursing rolled out the Daily Management System (DMS) this month
- Emergency Department and Medical Surgical Nursing have begun a series of annual education classes for their department staff
- Relationship-Centered Communication
- Trauma Informed Systems

### Nursing Certification

- Maternal Child Health: Kelly Brandon become RNC (Registered Nurse certified) in Electronic Fetal Monitoring
- Critical Care: Robert Martinez passed the CCRN (Critical Care Registered Nurse) certification exam

### Nursing Recruitment and Retention

**Maternal Child Health** Two 2320 RN completed their Labor & Delivery orientation. There were an additional two RN (one 2320 and one P103) who have completed their post-partum orientation.

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

**Critical Care** There are eight nurses in the critical care training program (four for SICU and four for MICU).

**Psychiatry** Three staff nurses are progressing in their Psychiatry orientation and training program.

**Emergency** The ED continues to interview potential candidates for their training program.

**FHC** welcomed Marvin McGregor, RN, MSN into his role as Nurse Manager of the Family Health Center.

**Critical Care Nursing Director** Christina Bloom, RN, MSOL started in her new position February 26<sup>th</sup>.

## Professional Nursing for the Month of February 2018...continued

### Nursing Recognition

As part of the National Patient Safety Week celebration, ZSFG Patient Safety awarded the *Zero Hero Awards* for Q4 2017 to the following ZSFG nursing units:

Q42017:

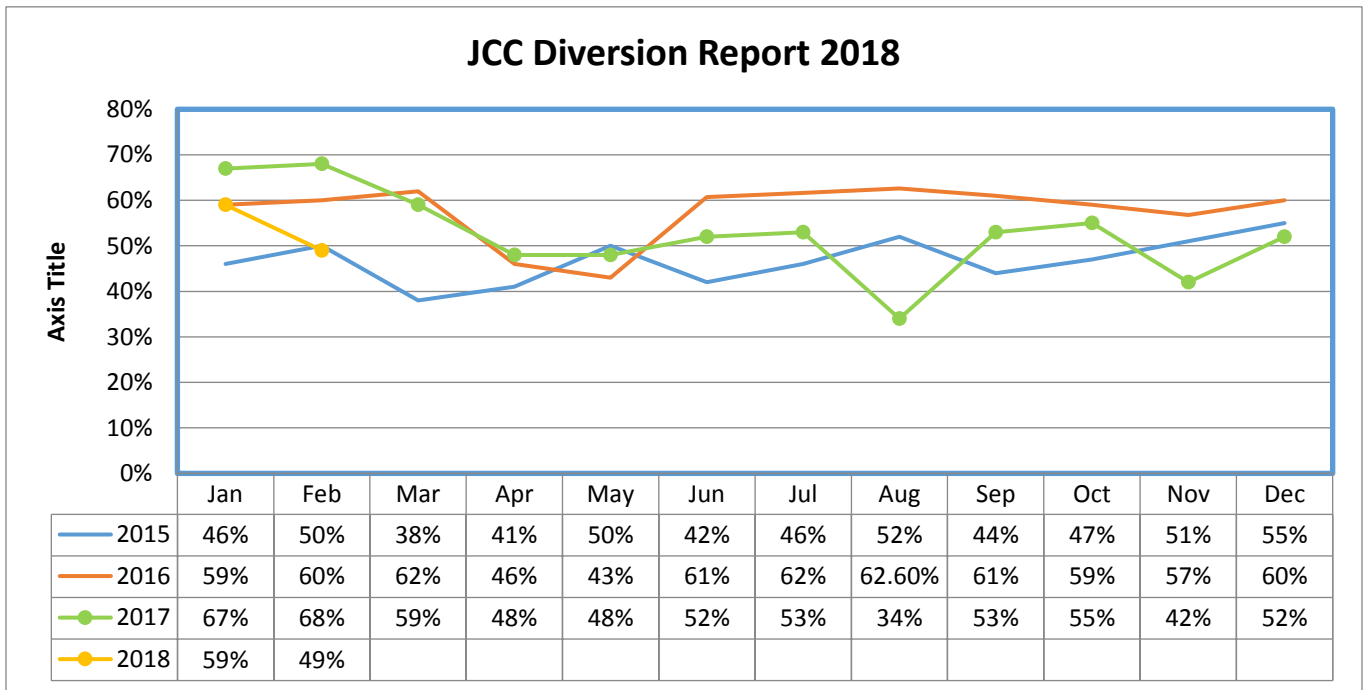
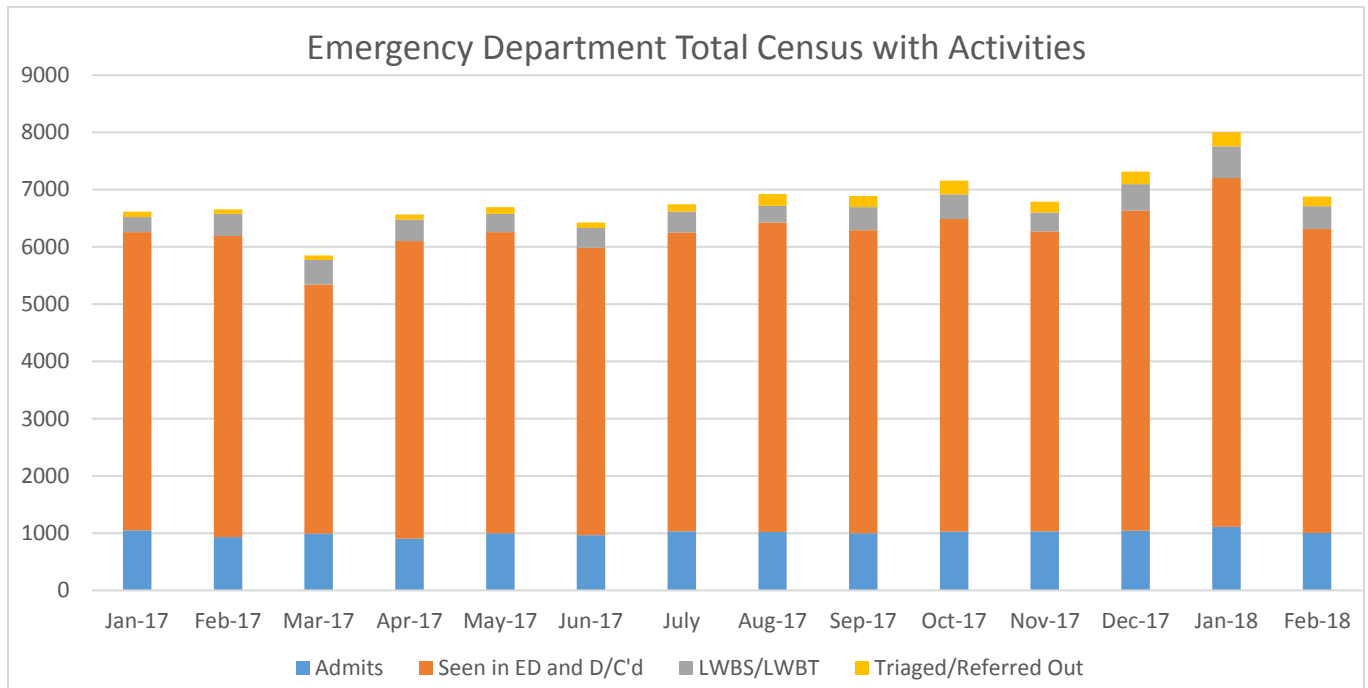
Silver - Zero Harm for 2 months in Q417: H32/38, H34/36, H62/64, H66/68

Bronze - Zero Harm for 1 months in Q417: H42/44, H54/56/58, H76/78

Zero Falls with Injury for Q417: Maternal Child & Pediatrics, 4A SNF, Emergency Department

Zero Falls in 2017: PACU-Pre-op and Operating Room

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



February | 2018

**ED Diversion: 48.66%**

*ED Diversion: 212Hrs 52 Mins (36.5%) + Trauma Override 84Hrs 10 Mins (12.5%)*

**Total ED Encounters: 6877**

**ED Admissions: 1007**

**Admissions Rate: 14.64%**

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

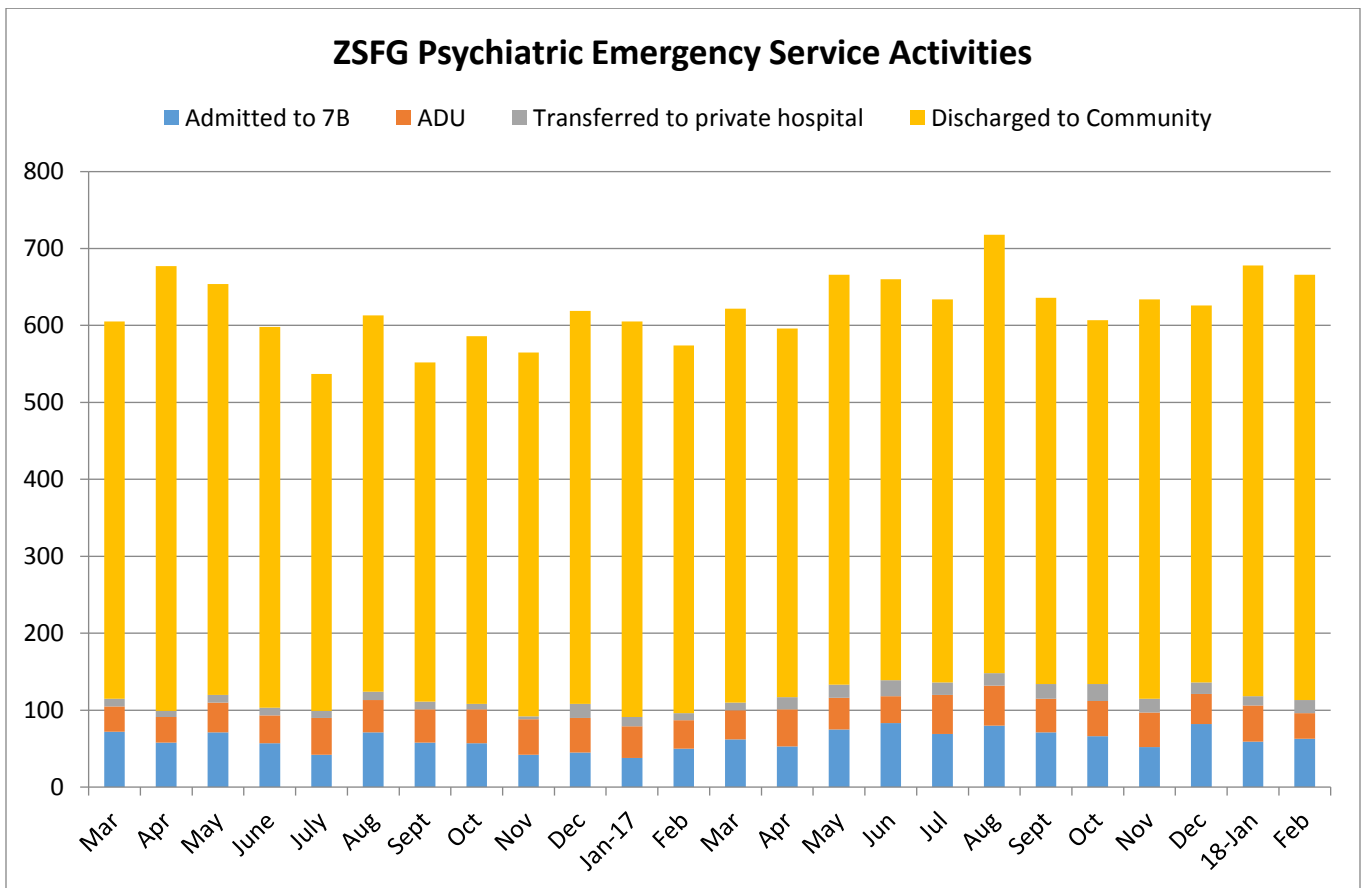
Overview:

On February 1, the 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.

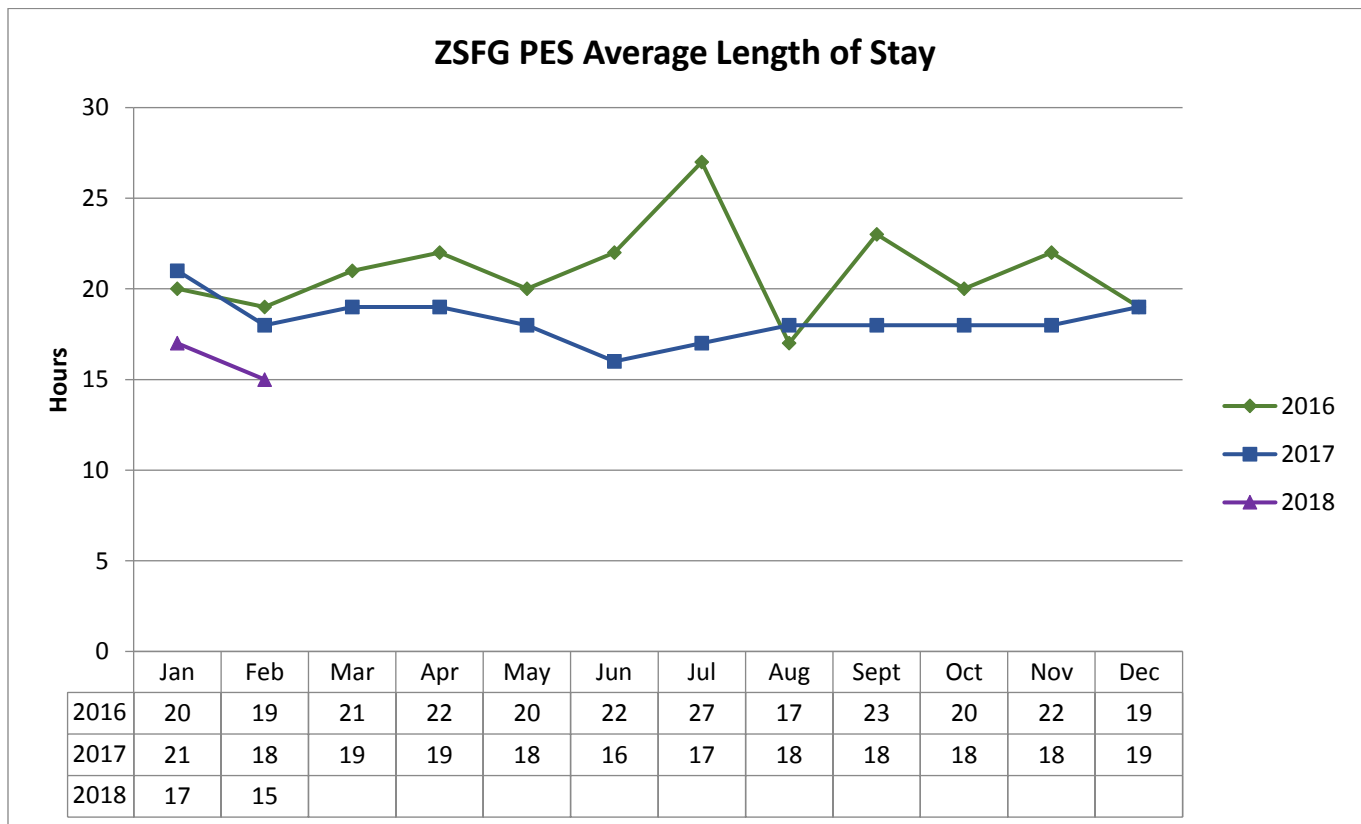
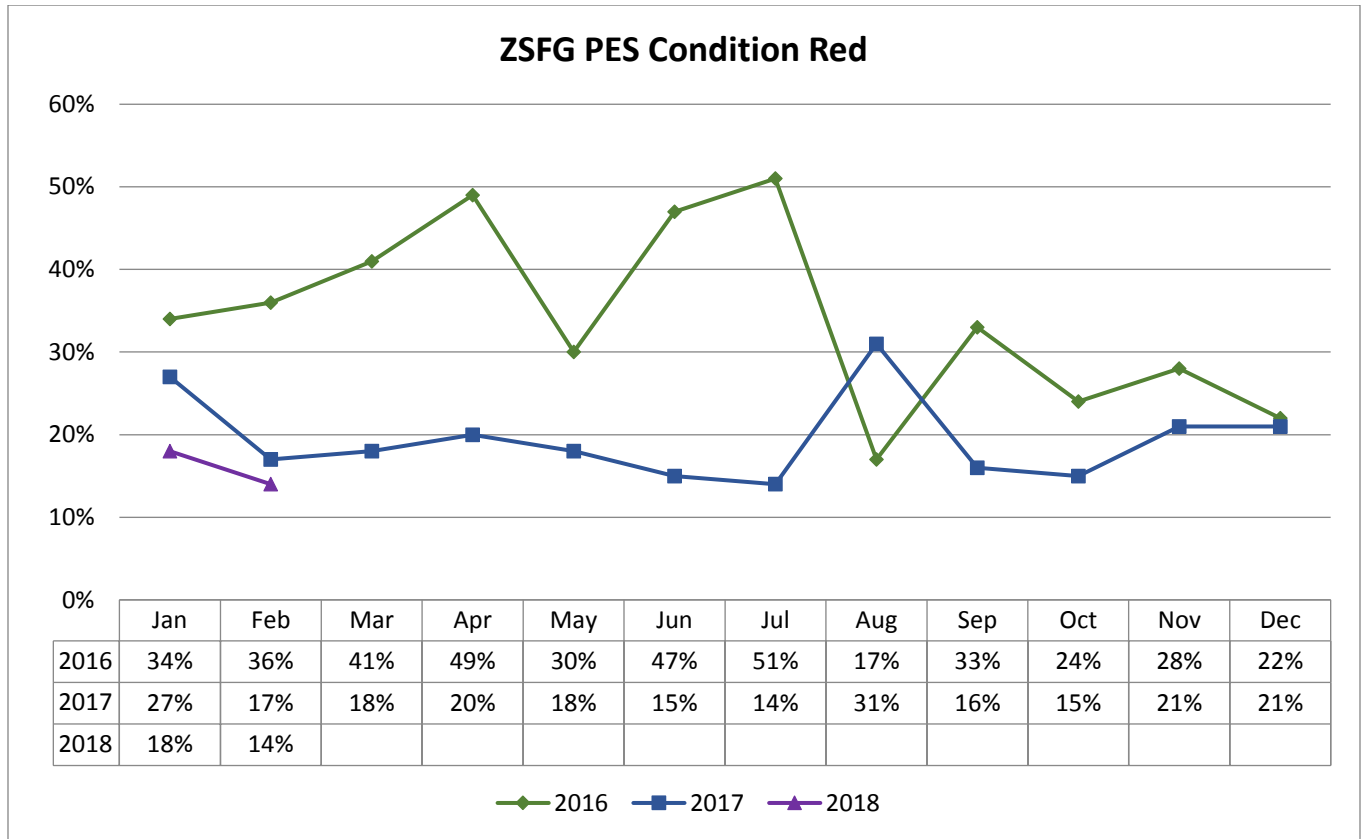
In February, PES completed 666 patient encounters. This is higher than our average number of encounters per month in 2017 (n = 637). The median length of stay also declined from 16 hours in January to 14.6 hours in February. The Leadership Team opted to disclose the median values because they may be less sensitive to the effects of outliers with protracted stays.

Despite the increased volume, the Condition Red/Diversion Rate decreased from 17.9% in January to 14.1% in February.

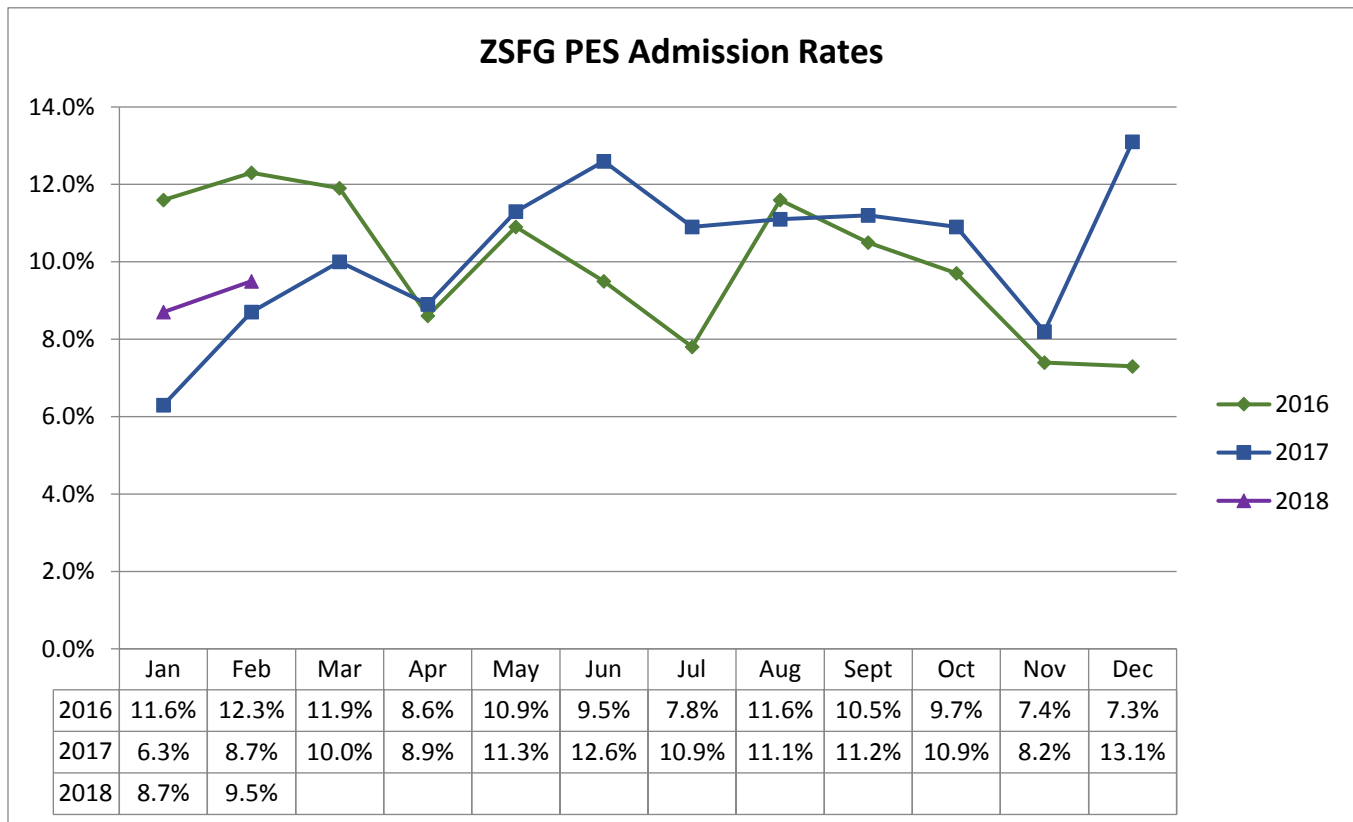
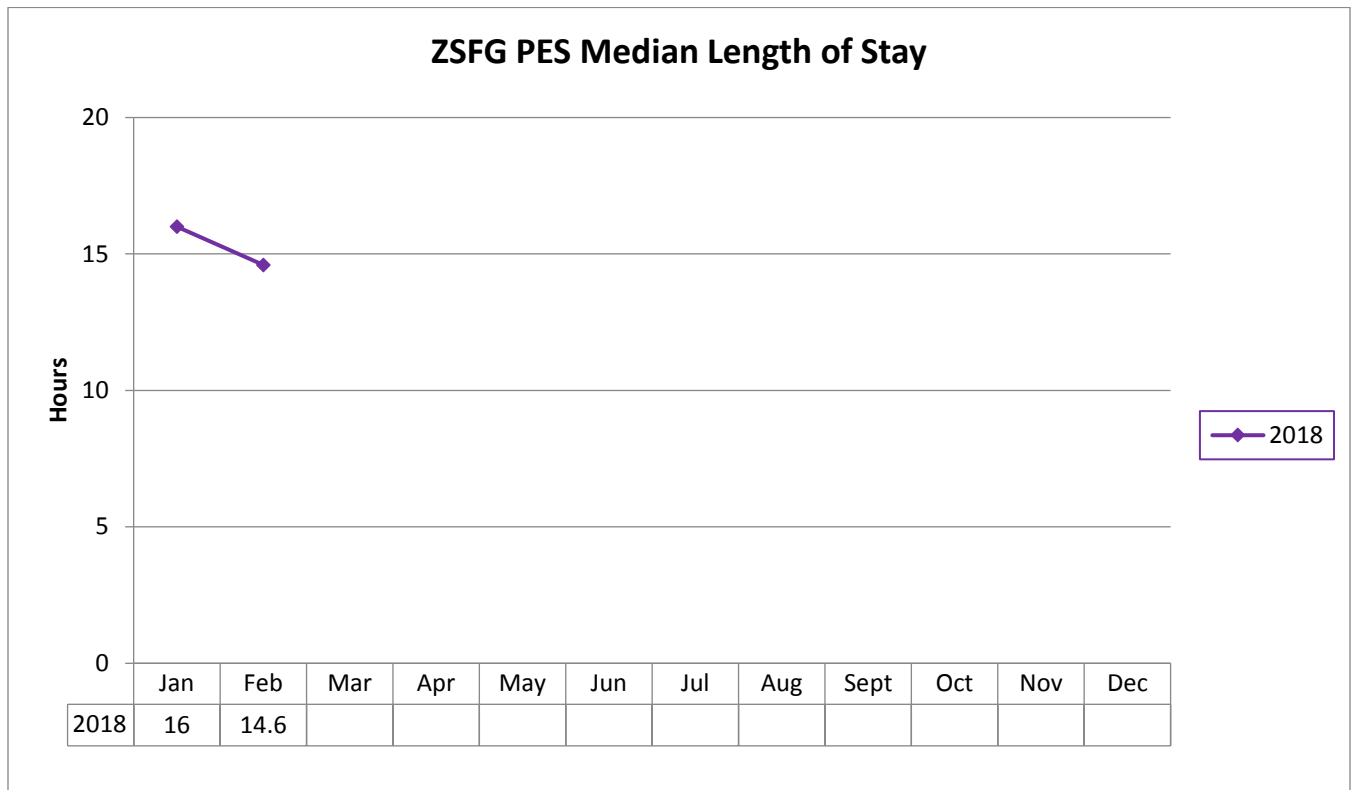
Lastly, PES is revising the process for accepting transfers from outside facilities to improve patient flow. As a result, the volume of transfers accepted from other local emergency rooms increased significantly to 41% in the month of February.



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



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



#### 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).

