PATIENT CARE SERVICES REPORT  
Submitted to the Joint Conference Committee, November 2017  

By: Terry Dentoni, MSN, RN, CNL - ZSFG Chief Nursing Officer

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1. Professional Nursing for the Month of October 2017

Nursing Professional Development  
Emergency Department Kaizen delving into the development of a clinical decision unit within the department in the new ED took place the second week of the month.

The Emergency Department CNS’ implemented a pilot test of a nurse initiated sepsis alert protocol tool that includes strategies to initiate the national standard of care for detecting and treating sepsis patients.

Departmental Training Courses held this month included:
• Annual oncology and palliative care courses for unit H54/56 medical surgical staff
• Wound Care Symposium held November 2nd.
• Registered Cardiovascular Invasive Specialist Certification preparation course for Cardiac Cath lab nursing staff and Radiology Technician staff.
• Labor and Delivery nursing staff attended the breast feeding basics course.
• Critical Care nursing held a Pediatric Competency Training Course.
• Workplace Violence Prevention training continues for the Emergency Department, Psychiatric Emergency, Inpatient Psychiatry, and Urgent Care areas.

Nursing Recruitment and Retention  
Emergency Nursing: Eleven nurses are progressing in the ED training program.
Maternal Child Health There are five nurses completing the postpartum training.
Peri-Operative. Four nurses continue in the OR training program.
Critical Care Four nurses advancing in their training in the critical care training program.

Nursing Academic Publications  
Sasha Cuttler, RN, PhD’s article “Reducing medical-surgical inpatient falls and injuries with videos, icons and alarms” was published in the British Medical Journal Open Quality Report. ZSFG Nursing and other interdisciplinary fall reduction team member’s work resulted in a reduction in falls and fall-related injuries within the medical oncology unit at ZSFG. This reduction was accomplished by initiating a fall prevention agreement with patients and their families upon admission, scoring and communicating fall risk scores, and ensuring that all care team members were involved. Fall and fall injuries rates were compared two-quarters prior to implementation of the fall agreement and eight-quarter post implementation. Falls and fall injuries on the medical oncology unit showed an overall reduction of 37 percent and 58.6 percent respectively. This is the first published study to show a statistically significant decrease in falls and injuries on med-surg units. In addition, the team has met and exceeded the ACA’s Partnership for Patients goal of a 40 percent reduction in injuries. The complete article can be accessed here:  http://bmjopenquality.bmj.com/content/6/2/e000119
2. Emergency Department (ED) Data for the Month of October 2017

Emergency Department Total Census with Activities

JCC Diversion Report 2017

OCTOBER 2017

Diversion Rate: 55.8%

*ED Diversion = 301 hours (40.5%) + Trauma Override 108 hours (14.5%)*

Total Ed Encounters: 6726

ED Admissions: 1027

ED Admission Rate: 15.27%
3. **Psychiatric Emergency Service (PES) Data for the Month of September 2017**

**ZSFG Psychiatric Emergency Service Activities**

- Admitted to 7B
- ADU
- Transferred to private hospital
- Discharged to Community

**ZSFG PES Condition Red**

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<td>36%</td>
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**Psychiatric Emergency Service (PES) Data for the Month of September 2017…continued**

### ZSFG PES Average Length of Stay

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### ZSFG PES Admission Rates

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<td>13.5%</td>
<td>12.2%</td>
<td>10.7%</td>
<td>11.0%</td>
<td>9.9%</td>
<td>11.4%</td>
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<tr>
<td>2016</td>
<td>11.6%</td>
<td>12.3%</td>
<td>11.9%</td>
<td>8.6%</td>
<td>10.9%</td>
<td>9.5%</td>
<td>7.8%</td>
<td>11.6%</td>
<td>10.5%</td>
<td>9.7%</td>
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<tr>
<td>2017</td>
<td>6.3%</td>
<td>8.7%</td>
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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).

In October, there was an increase in the number of patients who were accepted and arrived. This may be in part because PES was on Condition Red fewer hours.