

NEWSLETTER

E.D.

February 21, 2020

Issue # 7



Special Interest Articles:

- ED Staff Meeting
- Regulatory Updates
- Pediatrics ED Car Seat Program

Individual Highlights:

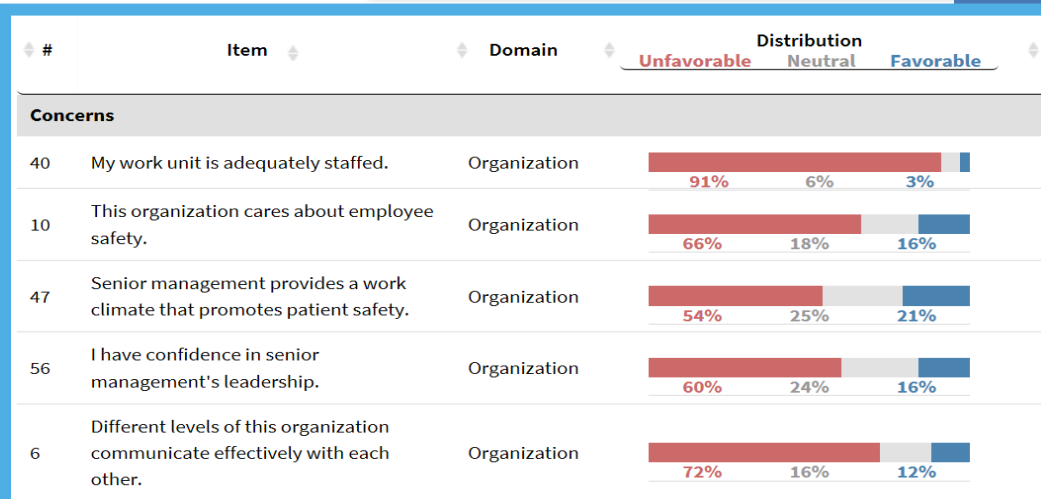
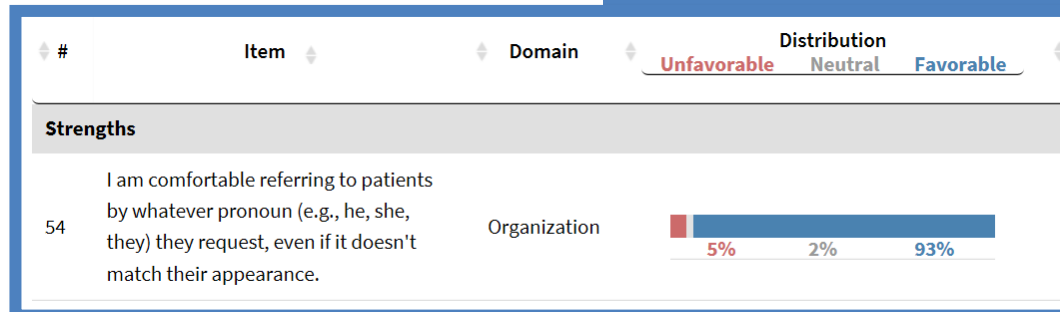
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Monthly ED Staff Meeting

On Wednesday morning we had our monthly staff meeting. Thank you to all staff who attended. Two topics were discussed at length in the meeting, workplace violence and ED Press Ganey Employee Engagement Survey. An in-depth discussion of workplace violence in the ED took place. The staff said that their perception was workplace violence is part of their job and that the ED is not a safe environment. There was a suggestion from staff to provide a refresher on restraint application. What are the things in place in the department to prevent workplace violence and support staff? Here is a breakdown of our current processes and future steps.

CURRENT STATE	FUTURE STATE
ED Violence Prevention Task Force – frontline staff participation	ED Violence Prevention Task Force – more frontline staff participation
Licensed Psych Tech pilot	LPT as permanent staff
BERT Rounding 2x day on weekdays	BERT rounding expansion to evening & night shift
ED Behavioral Team Activation PDSA	ED Code 99
Victor 2 Sheriff fixed position (inconsistent)	Victor 2 Sheriff fixed position 24/7
Online CPI training annually, Annual Update agenda dedicated to De-escalation Techniques	6.5 Hours of CPI live training annually
UO System Reporting, Violence Screening Tool (paper)	Updated electronic UO System to include violence screening tool
Columbia Screening Tool	Columbia Screening Tool and ED violence Screening Tool

There were 148 respondents on the employee engagement survey. Below are the department's strengths and concerns. A full report will be emailed to everyone. We will invite frontline staff to join focus groups to work on improving our ED staff engagement.



Pediatrics ED Car Seat Program

By Christine Sowar, CCLS, Child Life Specialist

ZSFGH will provide ED patients and families with the proper car seat upon discharge if they do not have appropriate resources.

Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) is committed to improving the overall safety of all patients and families. According to California law, all children under 8 years of age must be properly restrained in the back seat of the vehicle to meet Federal standards. As a Level 1 Trauma center that cares for hundreds of children and motor vehicle accidents a year,

ZSFG must enable families with the proper mode of child restraint following a car accident or other circumstances. In order to ensure a safe mode of transportation home, ZSFG will provide ED patients and families with the proper car seat upon discharge if they do not have appropriate resources. ZSFG offers three different car seats for different ages consisting of an infant, transitional/convertible, and booster seat. Trained staff, including charge nurses, social workers and child life, may give out car seats to qualifying families. Car seats are available for patients/families if:

- The child is a passenger in an activated motor vehicle collision (MVC)
- The child is a passenger in an MVC and transported by EMS for medical evaluation
- Car seat has visible damage regardless of activation status/transport
- Child is in CPS custody and they do not have an appropriate car seat

In order to provide the best care for our patients, having a car seat program is necessary for patient and family centered care and safety.



Regulatory Corner

By Adrian Smith, RN, MSN, Director Regulatory Affairs

CDPH CareSTART Investigation update:

The state surveyor leading the investigation into these complaints made a further document request, asking for more patient assignment sheets. This information was provided to them and we await their final response regarding the investigation. The focus of their investigation and questioning was the 1:4 nurse to patient ratio, focused specifically on the CareSTART model. The changes made to the process following triage, up to and including the Medical Screening Exam (MSE) have addressed the perceived non-compliance.

Cal-OSHA Workplace Violence (WPV) Investigation:

All the requested documents were provided to the inspector some time ago. One of these documents was a list of staff contact details to enable to inspector to undertake some further interviews with staff members. At this time, it is unknown if these interviews are complete. Implementation of countermeasures has begun in advance of the formal deficiencies being cited and these include plans for CPI Training, Investigation of WPV Incidents tool being piloted and the town hall meetings.

The Joint Commission Survey Preparedness

Joint Commission Survey window is open, and we are anticipating them to be on campus for an unannounced survey by late spring. We have a lot of work to do in preparation for the survey and have therefore established a weekly EOC (environment of care) rounding in the ED. Here is a small list of opportunities found this week:

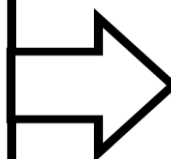
- **Drinks** (capped) should be in a designated “hydration station”
- No **food** is allowed anywhere in patient care areas
- **Crash carts** should be checked daily
- **Unlabeled urine specimens** in dirty utility room
- **Black Medication Waste Box** is only intended for wasting of liquid from a syringe or pills that have been removed from the wrapper. It should not be used for sharps container or a vial/syringe/trash disposal container

Pharmaceutical Waste

Medications distributed by the Pharmacy.

- NO SHARPS!!!
- Return unused and expired medications to the Pharmacy via Omnicell return bins.
- Waste controlled substances into this container following witnessed disposal procedures.
- Pressurized Inhalers - Toss mouthpiece into regular trash, return canister to the Pharmacy.

See reverse side for examples



ED Policy Corner

By Lisa Morgan, RN

There are so many Hospital and ED Policies we want to highlight once a week for you.

Blood Alcohol Levels - Voluntary and Involuntary Collection of Blood/Drug Alcohol Specimens

- The arresting Officer will contact their contracted Phlebotomist to perform blood draws
- The blood draw, though time sensitive, should not delay or interfere with their medical care
- If the patient requires restraint for the blood draw, Law Enforcement should be the ones restraining them
- If you want to know more, see the ED Policy!

Daily Management System – Feb 1-20

Sepsis



LWBS (goal: <4%)



Discharged from Waiting Room



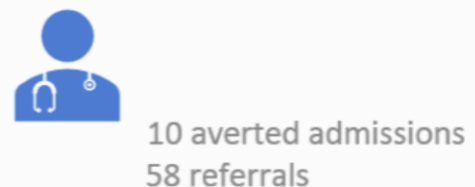
UCC Transfers



Diversion (goal: <40%)



Social Medicine



Celebrations!!!

I wanted to celebrate the night shift staff of 2/15/2020. The Department was critically understaffed with only 19 nurses and received multiple critical patients and then a MCI with 6 - 911 activations. The **CN Gretchen** remained calm and helped with the patients as did the AOD Shino. The Resus Staff worked so hard and pulled together to take great care of the sickest patients.

I wanted to celebrate **MEA Nicole Simon**. She is always a great resource for questions. She saw that there was a need for pediatric supplies in Pod C at night and with any downtime over the last 2 shifts put together a cart with pediatric supplies that can be used when Peds are cared for in Pod C.

Lisa Nasir

I want to celebrate **Nicole Simon, MEA** for helping with downtime: making paper charting packs, setting up the Pods and being an awesome resource to everyone!

Nicole Oftedal

We wanted to thank the **ED family** for being open and collaborative to our survey prep program. We enjoyed seeing staff when presenting at Talking Points, chatting about our survey prep program, sharing observation and interview strategies in the event a staff member is selected for med pass observations during a survey. We appreciated the time each staff member took to either answer our questions or participate in our survey prep program. I wanted to acknowledge **Jen Leggett, NP**. She participated in our mock med pass observation on 12/13/19. In addition to demonstrating good hand hygiene before and after administering medications, her safe practice included using patient identifiers, the 5 rights and timely documentation. Her rapport with the patient and patient's family member was apparent and she absolutely knew her patient. All of these components will go a long way during a survey.

Daphne Nguyen, RN, Regulatory

Mark Spector, LPT has done an amazing job yesterday deescalating a patient who started being aggressive and Mark was able to keep him calm throughout his stay. He is very skilled, and we love having him.

John Brown, MD

I wanted to recognize **MEA Erin Thomas** for an excellent job at the greeter desk. We had an influx of patients come in at the same time. Erin recognized the patient's symptoms and his physical appearance were not right. Erin brought him right away to triage and he was taken to resusc for immediate care. The patient was found to have a STEMI. Had Erin not brought him to triage he could have delayed care.

Floyd Frazier

Katharine Wignall is an excellent team player. It is always reassuring to have her as an acuity!

Rachael Lee

Busy, busy trauma night! 13 total activations. Thank you to **Robert Quiggle** as POD A TL, **JP Poncia** POD C TL and **Annie Chocas** as Resus TL for all collaborating to get through the night.

Gretchen Arcia

Germe Ambion completed his first solo shift as TL in pod C. He did a great job keeping up with the patient flow and knew what was going on with the patients in his pod.

Alex Shoemaker completed his pod TL checklist and did a great job in pod A tonight. He also had a great grasp of the patient flow and knew what was going on.

Floyd Frazier

I want to thank each one of you from my heart for advocating for patient and staff safety every day you are at work.

At the ED staff meeting I got several feedback on how we can improve staff training and other processes related to care of our behavioral patients. In leadership rounding today, Cortney Baker was telling me how she has appreciation for the Pod A 3:1 ratio as the nurses are now able to give more and do more for patients.

I am inspired by your abilities, commitment and compassion to do the 'right' by all those we serve.

Have a safe weekend and enjoy the warm weather with your family and love ones.

Bebs Navarro

Thank you to **John Fazio** for being at the bedside with the nurses caring for a peds trauma case. Staff were calmer when John was there.

Bridgette Hargarten

Juan Poncia and **Jonathan Alexander** were amazing in their resus training last night with multiple sick ICU patients. Sent 9 people to the ICU.

*Thanks!
Rob*

Staffing and Hiring

Please join me in welcoming our new team members who will be attending the NEO in March.

RN Travelers:

- Maria Diliberto, RN – March 9
- Evangeline Tenate, RN – March 9
- Shirley Brown, RN – March 23

This week HR sent conditional offers of employment to four ED experienced nurse candidates. We hope for a tentative start date of March 23rd.

While we are in the process of hiring into our vacancies, we currently have sixteen ED nurse travelers, four registry MEAs, and one registry LPT to backfill our staffing needs and support our daily work.

Thank you to all of you for being very welcoming to our travelers and registry staff!!!

Job Classification	Current Vacancy (number)	Status
2320 RN experienced	12	4 conditional offers sent. Awaiting refreshed list of applicants from HR to schedule additional interviews.
2320 RN ENTP (Spring Cohort)	8	4 requests to hire (reassignment) in process. Interviews of external applicants will be conducted next week.
2430 MEA	5	1 request to hire (reassignment) in process. Awaiting list from HR to schedule external applicant interviews.
2328 NP as needed	3	Awaiting List from HR.

UPCOMING EVENTS

FEBRUARY 2020						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

MARCH 2020						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

ED Violence Prevention Task Force

Ultrasound Guided IV Class

ED Charge Nurse Meeting

TNCC

ED Performance Improvement

NP Staff Meeting

Charge Nurse Meeting

St Patrick's Day

Spring Start

ED Staff Meeting

Resus Class

ACLS Initial

Charge Nurse Meeting

Feb 24 3:00-4:30

Feb 25

Feb 25 4:00-6:00

Feb 26 -27

March 2 12:00-1:00

March 9 12:00-1:30

March 12 8:00-10:00

March 17

March 19

March 18 7:30-8:30

March 19-20

March 19-20

March 24 4:00-6:00