

PATIENT CARE SERVICES REPORT
Submitted to the Joint Conference Committee, July 2014
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1. June 2014 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 14.3%

AREA	RN VACANCY RATE	NO. VACANT FTE	TRAINING PROGRAMS
Med/Surg (Includes 4B/Stepdown unit)	10.6%	20.1 FTE	423 applicants applied and were screened for the Med/Surg vacancies – 33 applicants were selected to interview. Interviews were conducted the week of June 30 th and request to hire packets will be submitted week of July 14 th
Critical Care (Includes 4E/5E/5R)	9.4%	9.9 FTE	Over 593 applicants applied and were screened. Interviews completed for ICU training program – selections are being made and request to hire packets will be submitted week of July 7 th .
Perinatal (Includes 6C Birth Center & 6H Infant Care Center)	10.9%	7.9 FTE	Request to post submitted to HR.
Perioperative (Includes OR/ PACU/ Surgicenter)	15.9%	8.5 FTE	64 applicants applied – qualified applicants are being invited for an interview.
Emergency	10.1%	14.3 FTE	572 applicants applied and after careful screening 30 applicants were being interviewed. Request to hire packets will be submitted for all approved vacancies the week of July 7 th .
Psychiatry (Includes PES & acute inpatient units only)	23.2%	20.5 FTE	External recruitment process currently on hold. Vacancies will be offered to BHC applicants being reassigned.
Behavioral Health Center	37.5%	6.0 FTE	Recruitment process currently on hold.
Clinics (Includes Specialty clinics/ hosp. based Primary Care)	11.1%	6.7 FTE	Interviews being conducted to fill existing approved vacancies.
TOTALS	14.3%	93.9 FTE	

2. Professional Nursing for the Month of June 2014

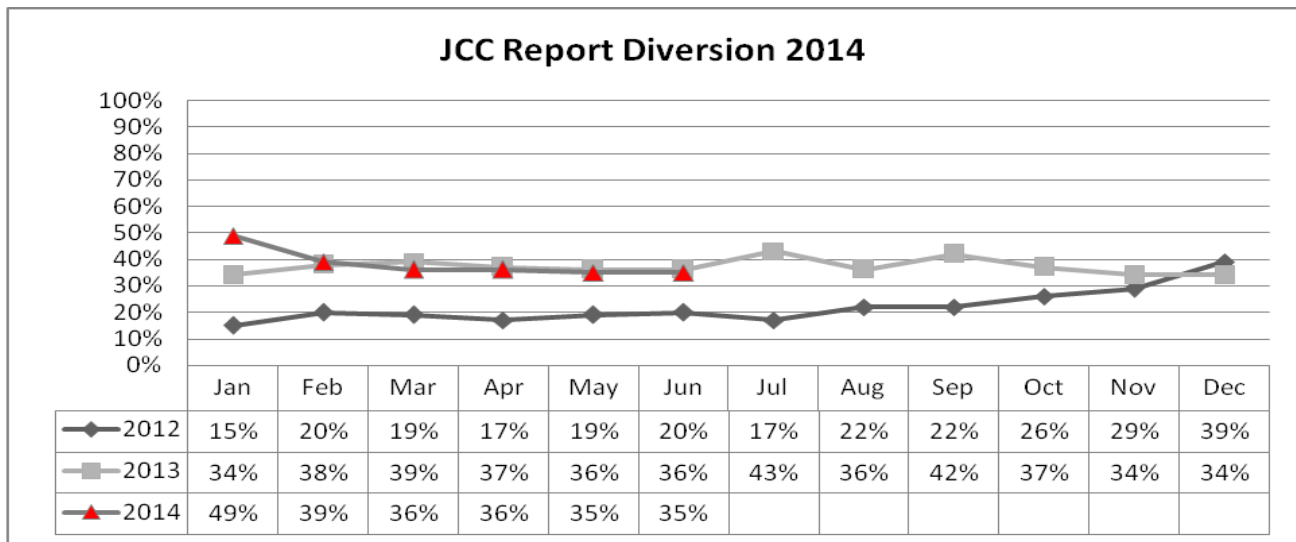
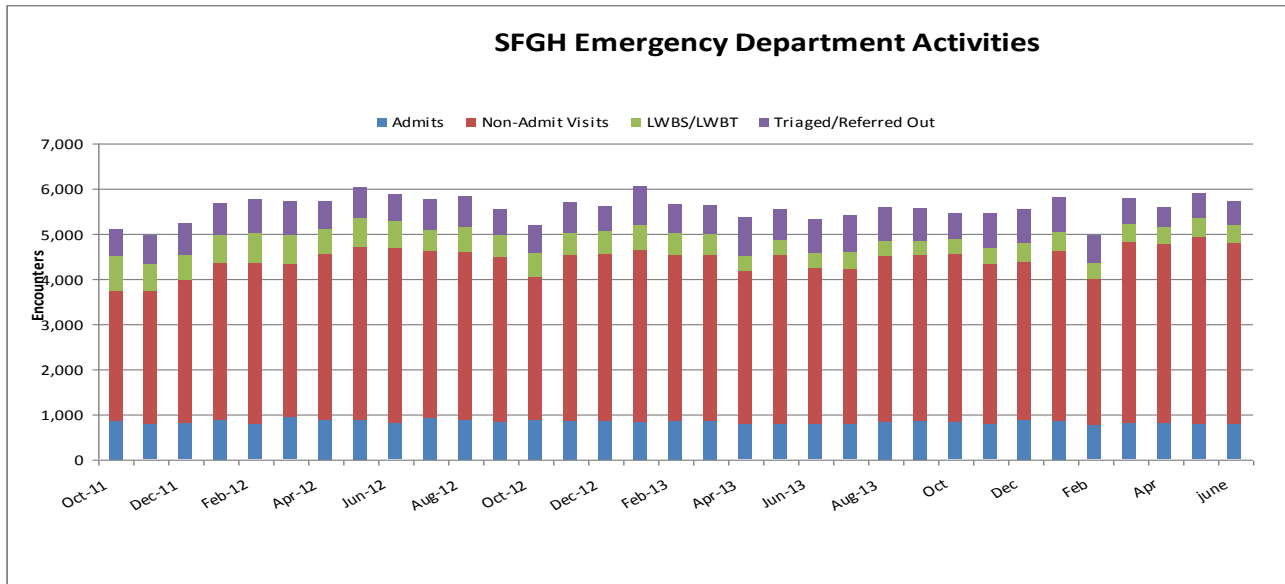
Retention/Professional Development:

As recommended by the Interdisciplinary Team 3P workshop held in May, work continues on 5D on interdisciplinary team rounding. 5D Nursing staff and medical staff from the Family Medicine Inpatient Service are piloting the process for daily rounds at the patient's bedside. The focus of the rounds is to exchange four pieces of information: the plan of care for the day, the anticipated date of discharge, where the patient will go at discharge and any barriers to discharge. Secondly, when the provider and RN talk with the patient the focus of the communication will be insuring the patient has an understanding of why they are in the hospital, when they will be discharged, what the discharge plan is and what the team can do for the patient at that time. Nurses and the providers have been adjusting the daily rounding process for 3 weeks.

On Friday June 6 a workshop for SFGH nurse leaders was facilitated by Wanda Borges RN, PhD, USF Associate Dean of the School of Nursing. The workshop focused on Patient Centered Care Delivery and the future of Nursing Shared Governance. Recommendations from the workshop include: define the attributes of patient centered care at SFGH and integrate all disciplines into this model of care delivery, discuss the restructuring of Shared Governance with the Coordinating Council, integrate the Nursing Professional Practice Model into the Patient/Family Centered Model of Care at SFGH.

In order to address the need for new preceptors due to hiring new RNs, Preceptor Training classes will be offered in August for RNs in the medical-surgical and critical care areas. Additionally, Clinical Educators and leadership staff involved in preceptor development are engaged in a process to standardize preceptor selection and performance criteria throughout Nursing.

3. Emergency Department (ED) Data for the Month of June 2014



June | 2014

Diversion Rate: 35%

ED diversion – 227 hours (32%) + Trauma override -24 hours (3%)

ED Encounters

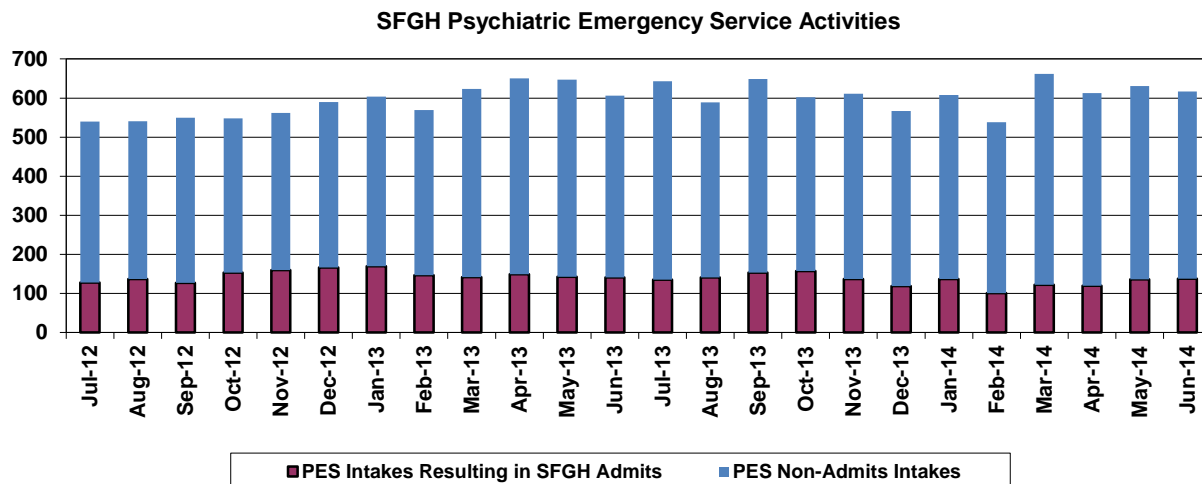
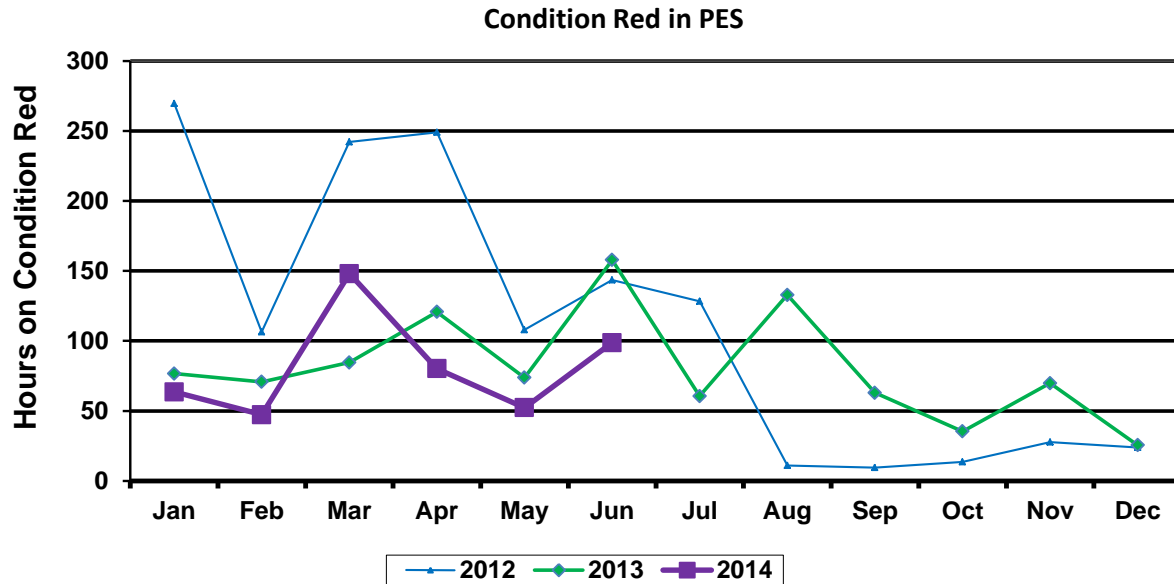
Total Patients: 5296

ED Admissions: 796

Patients Discharged: 3998

ED Admission Rate: 15%

4. Psychiatric Emergency Service (PES) Data for the Month of June 2014



PES had 631 patient encounters during May 2014 and 617 in June 2014. PES admitted a total of 138 patients to SFGH inpatient psychiatric units in June, an increase from 136 inpatient admissions in May. In May a total of 479 patients were discharged from PES: 23 to ADUs, 17 to other psychiatric hospitals, and 439 to community/home.

There was an increase in Condition Red hours from May to June. PES was on Condition Red for 98.78 hours during 13 episodes in June. The average length of Condition Red was 7.75 hours. In May, PES was on Condition Red for 52.4 hours, during 14 episodes, averaging 4.54 hours.

The average length of stay in PES was 17.12 hours in the month of June. This was a small decrease from the May LOS of 17.6 hours.

5. Request for Inter-Facility Transfer to PES from other Hospitals

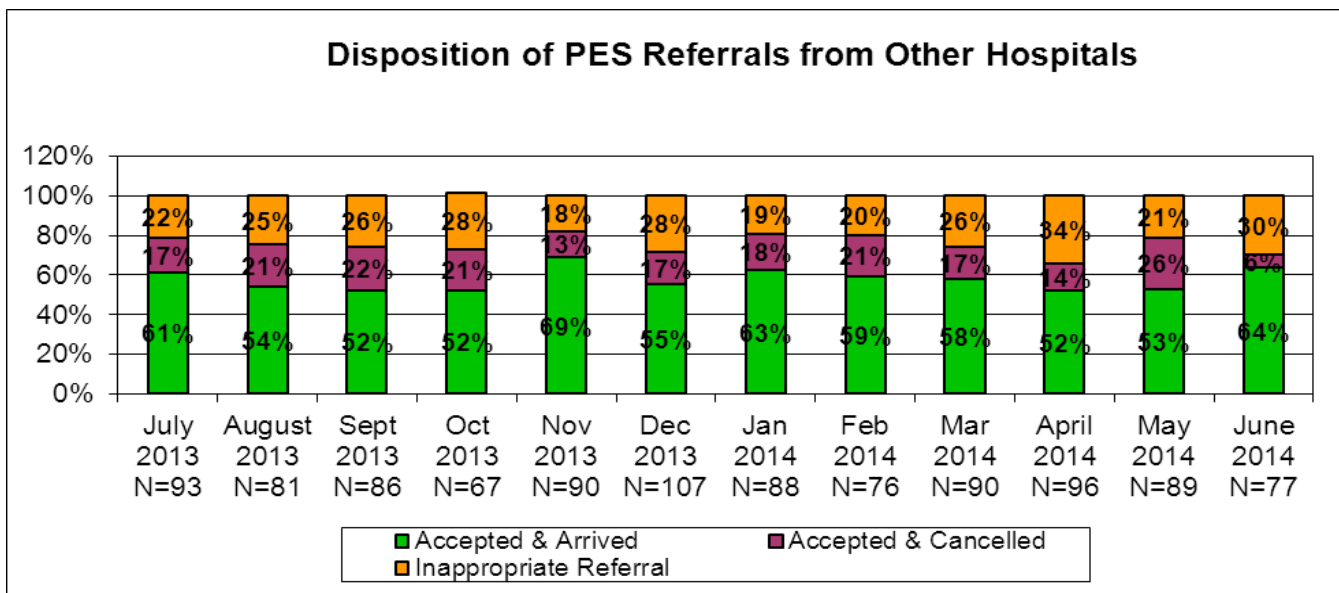
A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This 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 further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).



PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between May and June the percentage of which the patient was accepted and was admitted to PES increased from 53% to 64%. The percentage of which the referral was accepted but cancelled decreased from 26% to 6%. This month, 30% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests decreased from 89 in May to 77 in June.