

# **PATIENT CARE REPORT**

**Joint Conference Committee**

**September 12, 2000**

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## **Bed Utilization Committee**

In response to the continued high volume experienced by the Medical Center since mid-June, a Bed Utilization Committee consisting of Physicians and Registered Nurses convened to focus on developing strategies to maximize patient flow and utilization of acute care beds. This committee meets on a bimonthly basis. Examples of strategies identified by the committee include: a) detailed review of patients admitted to the various levels of care and particularly those patients admitted to 4B Step Down, b) early identification and facilitation of patients to be discharged to the community or to skilled nursing systems, c) closer communication between discharge planners, utilization review, and the direct care providers, and d) piloting an Admission/Discharge Nurse to facilitate patient movement during peak movement hours of 1500-2100.

In addition to this Committee, the continued practice of meeting at 0730 with nursing representatives from the Emergency Department, Perioperative, Critical Care, Step Down, and Medical Surgical with Nursing Operations/AODs to mutually develop detailed operational plans prioritizing and coordinating admission, transfers, and discharges occur. This proves to be an efficient mode of communicating the various needs of individual patients and respective units.

## **Voluntary Staff Reassignment**

On July 24<sup>th</sup>, 2000 a letter was sent to the Inpatient Nursing Staff of SFGHMC advising them of the need to reduce staffing that was connected to the 20 medical surgical bed decrease proposed in the DPH's FY 00/01 budget. Attached to the letter were specific areas with targeted reduction as well as units with available positions. The letter encouraged staff to seek voluntary reassignment to areas of interest including those within their service line. The Nursing Staff received this letter from administration in a very open and receptive manner. Within the time frame identified; staff voluntarily solicited opportunities in areas such as Health At Home, Jail Health Services, as well as specialties within the Inpatient areas, thereby, eliminating the need for mandatory involuntary assignments.

## **DIVERSION STATISTICS FOR JULY & AUGUST 2000**

### *July 2000 Statistics*

For July 2000, San Francisco General Hospital experienced 13 episodes of critical care diversion for a total of 212 hours and 20 minutes. This represents a total percentage of 28 % for July 2000. This represents a 13 % increase from June. As of 8/1/00, critical care diversion is permanently suspended in San Francisco.

The Emergency Department recorded 47 episodes of total diversion for 231 hours and 20 minutes. This represents 31 % for July. This is an increase of 9.5 % from June. The ED was impacted to capacity during the episodes of total diversion.

The Emergency department recorded 4 episodes of trauma override for a total of 18 hours and 10 minutes or 2.4% for June 2000. This shows a 0.6 % decrease in trauma override in July.

### *August 2000 Statistics*