

# PATIENT CARE SERVICES REPORT

*Submitted to the Joint Conference Committee, June 2015*

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## Report Contents:

1. Professional Nursing.....	1
2. Emergency Department Data.....	2
3. Psychiatric Emergency Services Data.....	3
4. Request for Inter-Facility Transfer to PES from other Hospitals.....	4

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## 1. Professional Nursing for the Month of May 2015

### Transition Initiatives:

Medical-surgical nursing continues to follow through with goals from the 3P Planning workshops by developing a more detailed plan for the implementation of the Flexible Acuity Staffing model in building 25. A planning meeting was held with medical-surgical leadership on June 5. This meeting identified action steps for flexible acuity staffing on non- model cell units 5A, 5C, and 4D. Critical Care is planning their 3P workshop in August. Both the ED and Perioperative Services continue the implementation of recommendations from their 3Ps.

### Recruitment:

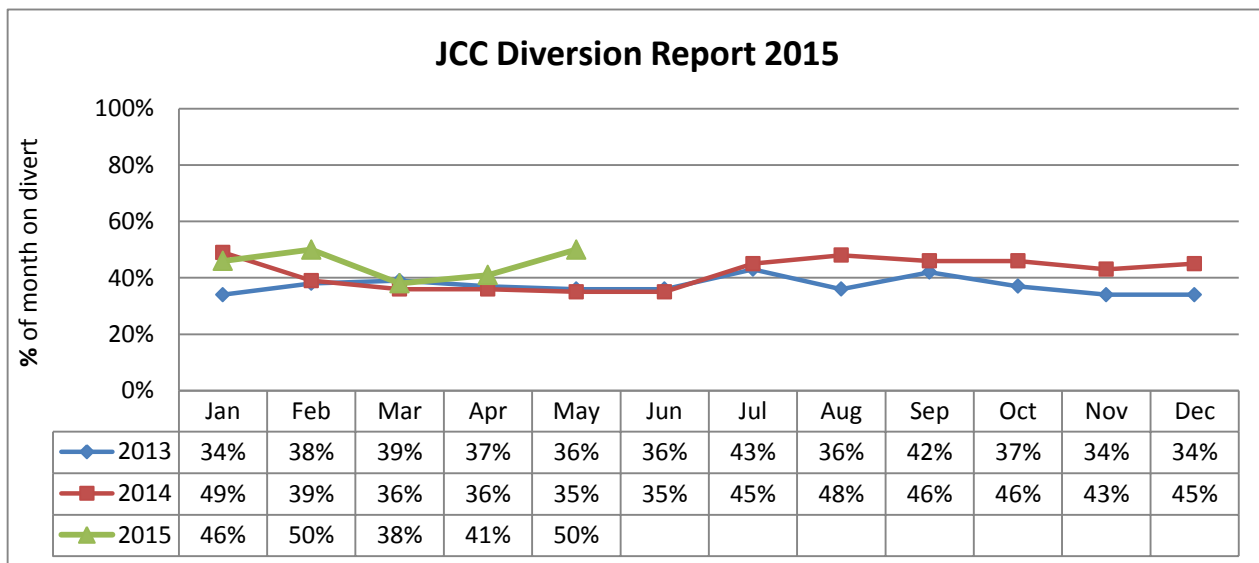
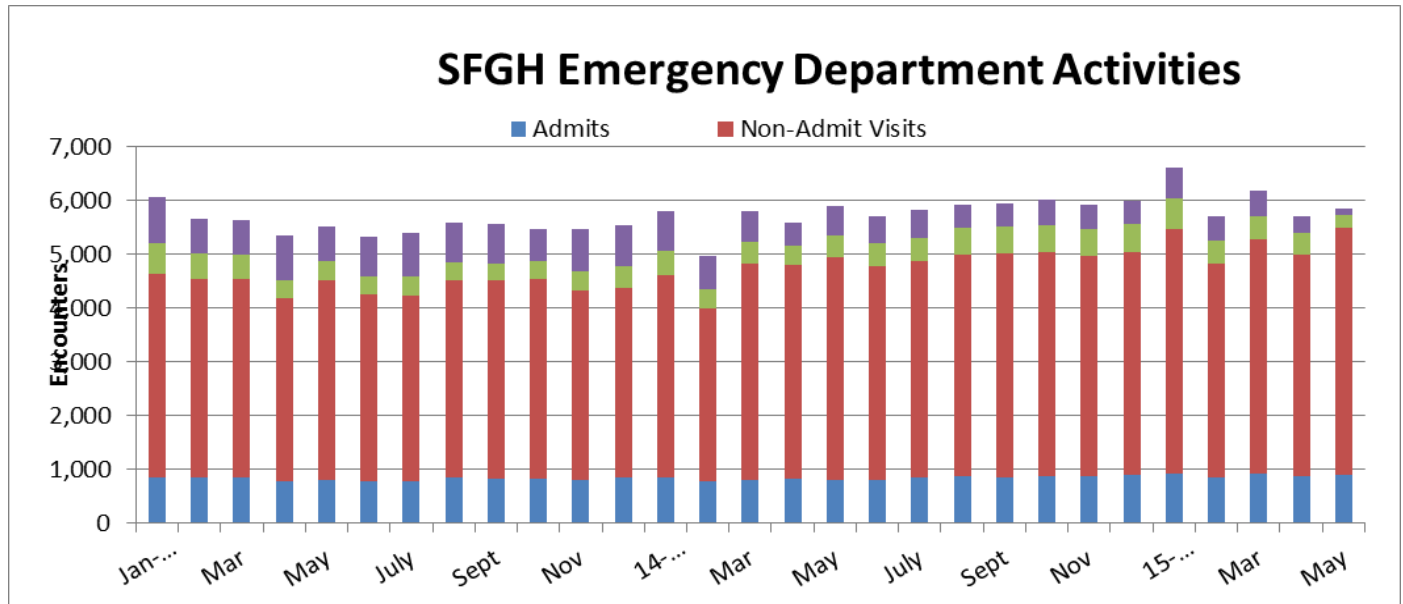
SFGH is moving forward with plans to recruit diversified nursing staff who are reflective of our patient population. Nursing staff will be attending the following recruitment fairs: Richard Santana, RN - the National Association of Hispanic Nurses Conference – Orange County – July 7-10; Karen Napitan, NM - the NBNA – National Black Nurses Association Conference – Atlanta – July 29- August 2; Trevor Lindsey - the American Assembly of Men in Nursing – Minneapolis – September 24 -26.

### Professional Development:

The Lean Management System module on leader standard work was completed on June 10 with participants from the Operating Room, PACU and the 5D medical-surgical model cell.

The day long workshop provided time for reflection on the progress to date on the status sheet reports, the unit leadership teams and the unit scorecards. The focus of the workshop was the standardization of leadership's presence at the point of care in order to develop staff through coaching and problem solving.

## 2. Emergency Department (ED) Data for the Month of May 2015



May | 2015

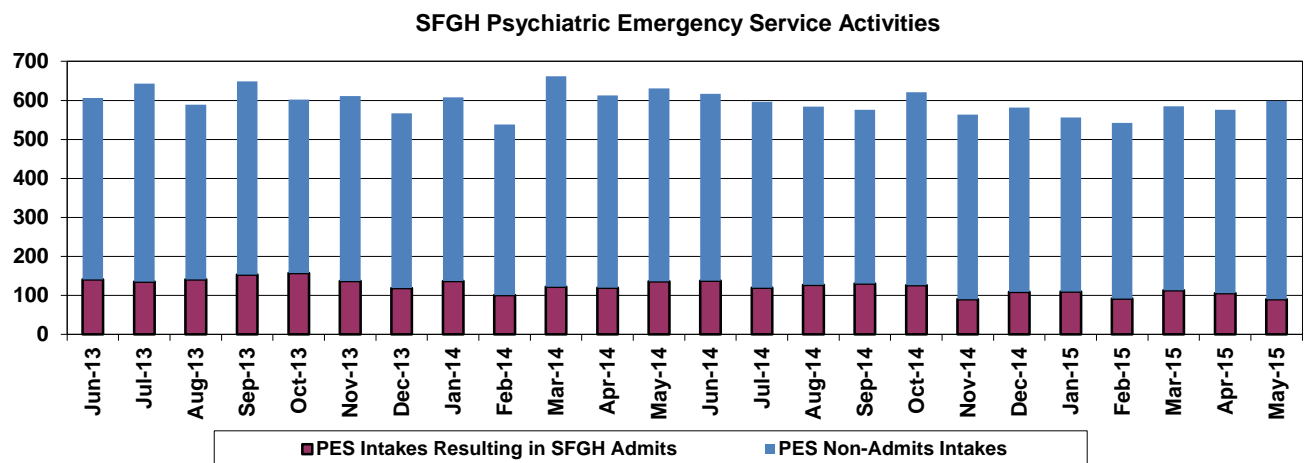
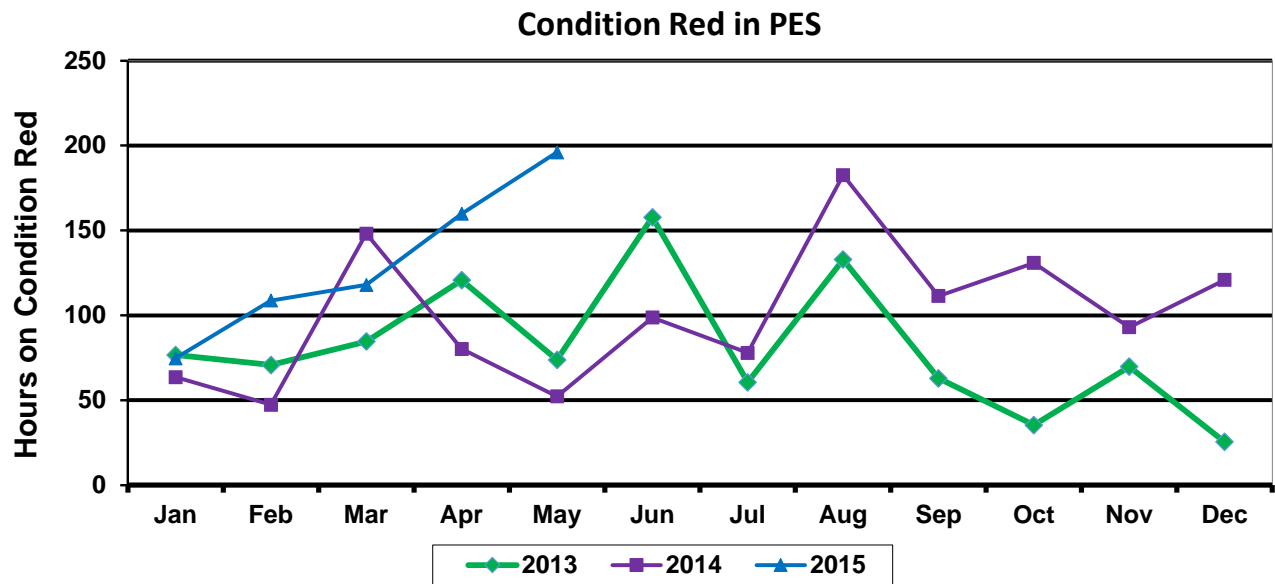
**Diversion Rate: 50%**

*ED diversion – 242 hours (32%) + Trauma override -134 hours 18%)*

**ED Encounters:** 5617  
**ED Admissions:** 893  
**ED Admission Rate:** 15.8%

*Note: Working with software developer to validate new diversion reports*

### 3. Psychiatric Emergency Service (PES) Data for the May 2015



PES had 576 patient encounters in April 2015 and 599 in May 2015. PES admitted a total of 90 patients to SFGH inpatient psychiatric units in May, an decrease from 106 inpatient admissions in April. In May a total of 509 patients were discharged from PES: 37 to ADUs, 14 to other psychiatric hospitals, and 458 to community/home.

There was an increase in Condition Red hours from April to May. PES was on Condition Red for 195.98 hours during 26 episodes in May. The average length of Condition Red was 7.56 hours. In April, PES was on Condition Red for 159.8 hours, during 19 episodes, averaging 8.92 hours.

The average length of stay in PES was 20.41 hours in the month of May. This was an increase from the March LOS of 19.73 hours.

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

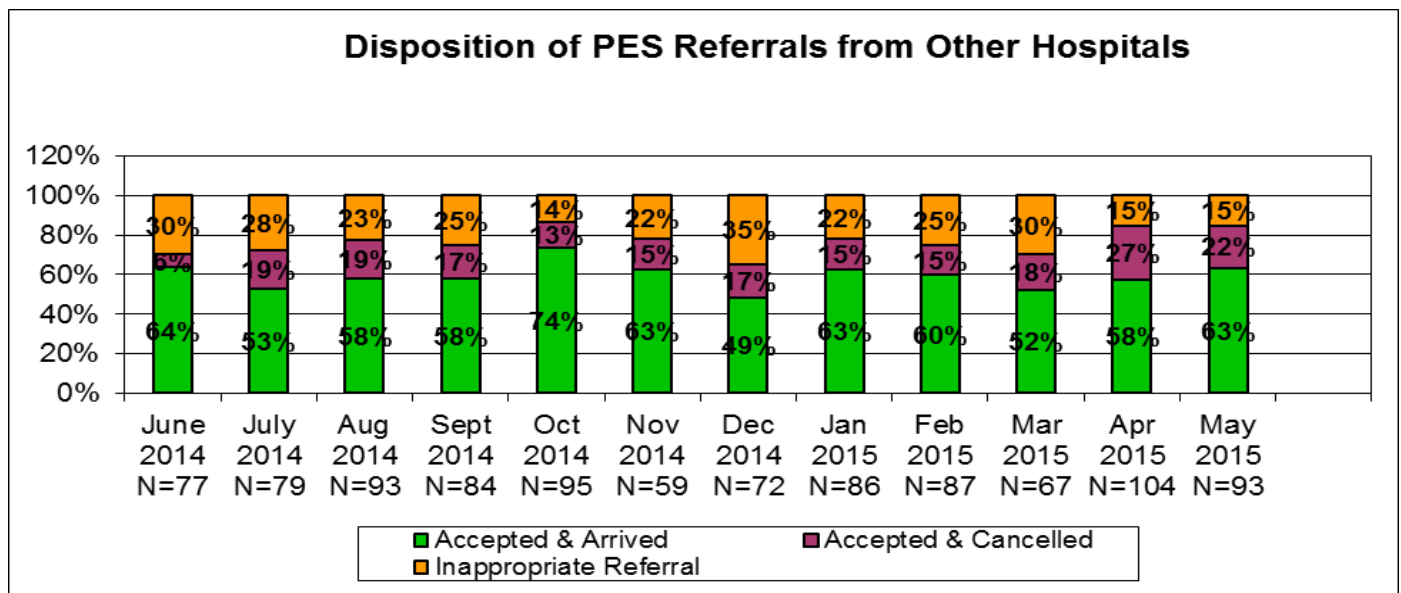
A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

*Accepted and Arrived Referrals* refer to patients that have been approved by PES for admission and are 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 April and May 2015, the percentage of which the patient was accepted and was admitted to PES increased from 58% to 63%. The percentage of which the referral was accepted but cancelled decreased from 27% in April to 22% in May. This month 15% 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 104 in April to 93 in May.