

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, August 2016

By: Terry Dentoni, MSN, RN, CNL, SFGH Chief Nursing Officer

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1. Professional Nursing for the Month of July 2016

Transition Initiatives:

Nursing department Optimization staff are continuing to collaborate within Nursing and with other departments, working on the new clinical applications and technologies in Building 25. The Optimizers are providing assistance and support fine tuning workflows and helping with the educators on evaluating staff on the new Building 25 competencies.

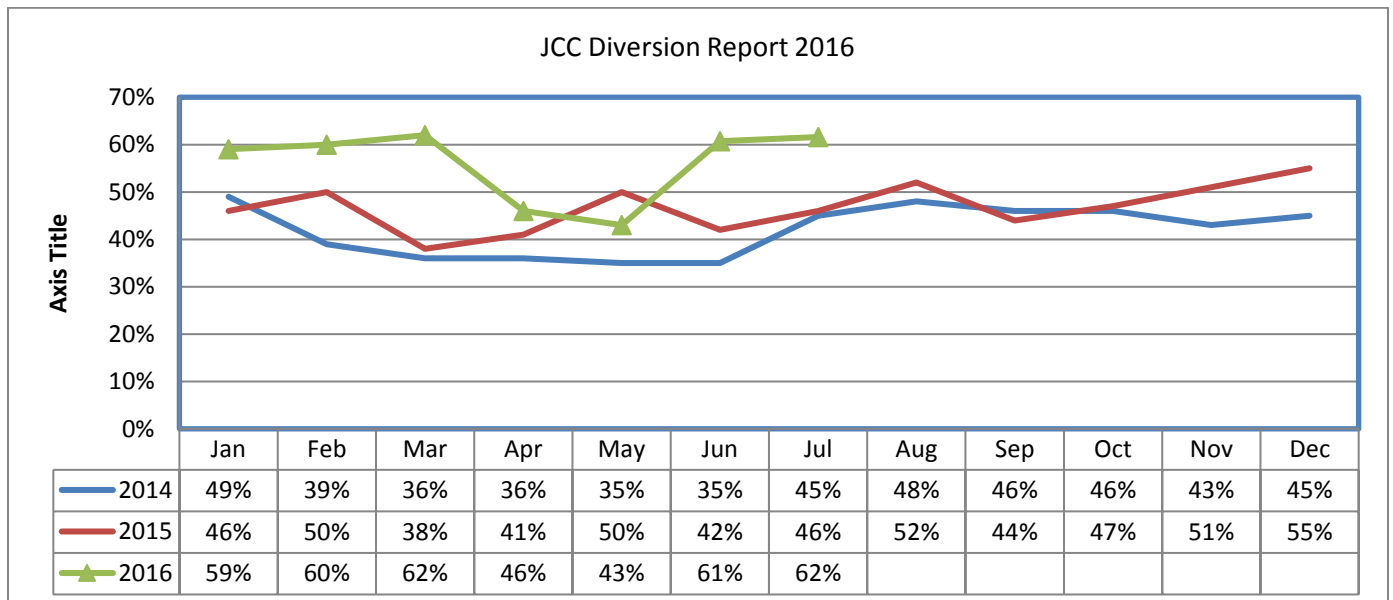
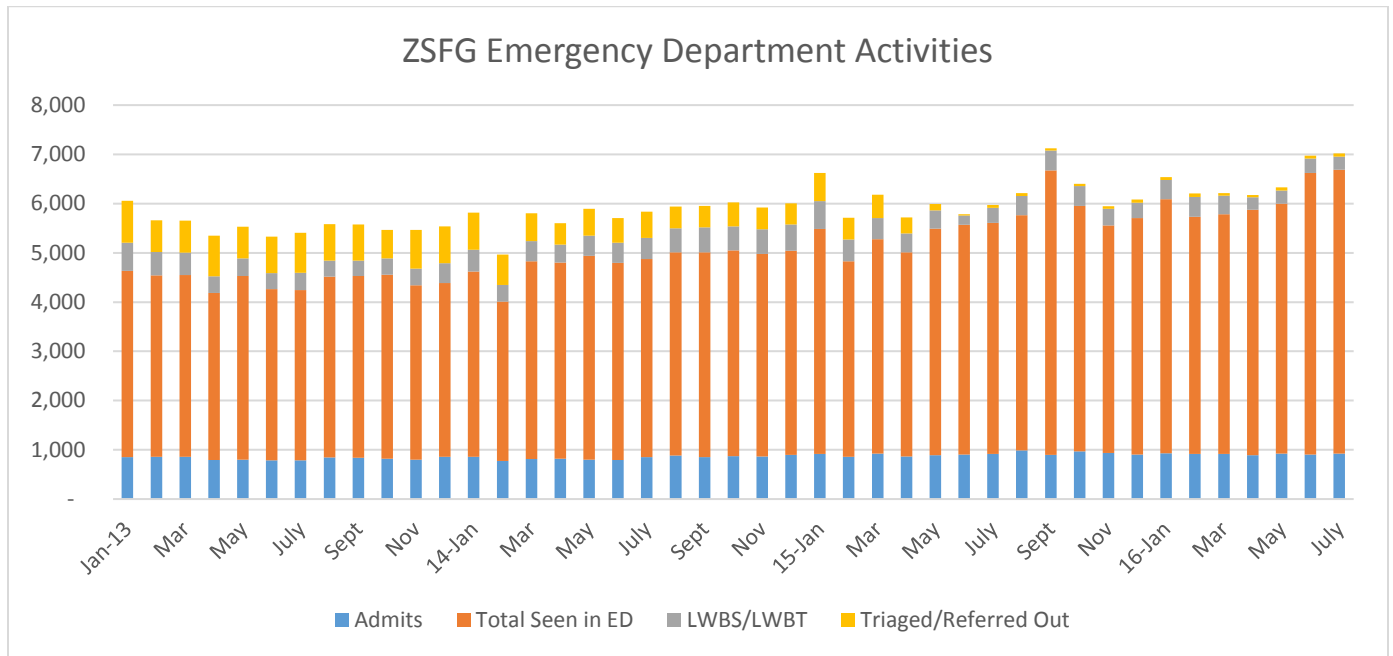
The Emergency Department conducted their second Kaizen workshop focusing on improving the ED flow by removing flow barriers August 1 – 5th.

Nursing Professional Development

Emergency Department nursing staff are becoming certified in the Emergency Nurse Pediatric Course (ENPC) and Pediatric Advanced Life Support (PALS) over the next fiscal year. These certifications signify staff are trained to provide expert emergency care for patients from birth to adolescence. Currently 65% of ED staff hold their ENPC certification and 46% are PALS certified.

Psychiatry inpatient units 7B and 7C will be the first nursing division to participate in the Foresight Staff Activity Study that is being conducted at ZSFG August 8-11. Medical Surgical, Intensive Care, Labor and Delivery and the Emergency Departments units will follow over the next four months. The study will focus on clinical activities of nursing staff and the results will illustrate clinical practice patterns and actual care provided to patients and families. Study findings will be used to enhance care delivery, improve staffing precision and contribute to performance improvement initiatives. The interval sampling observations utilized by the trained Nursing student observers (from the University of San Francisco) are analogous to a CT scan taking numerous image slices to see the whole.

2. Emergency Department (ED) Data for the Month of July 2016



July | 2016

Diversion Rate: 61.6%

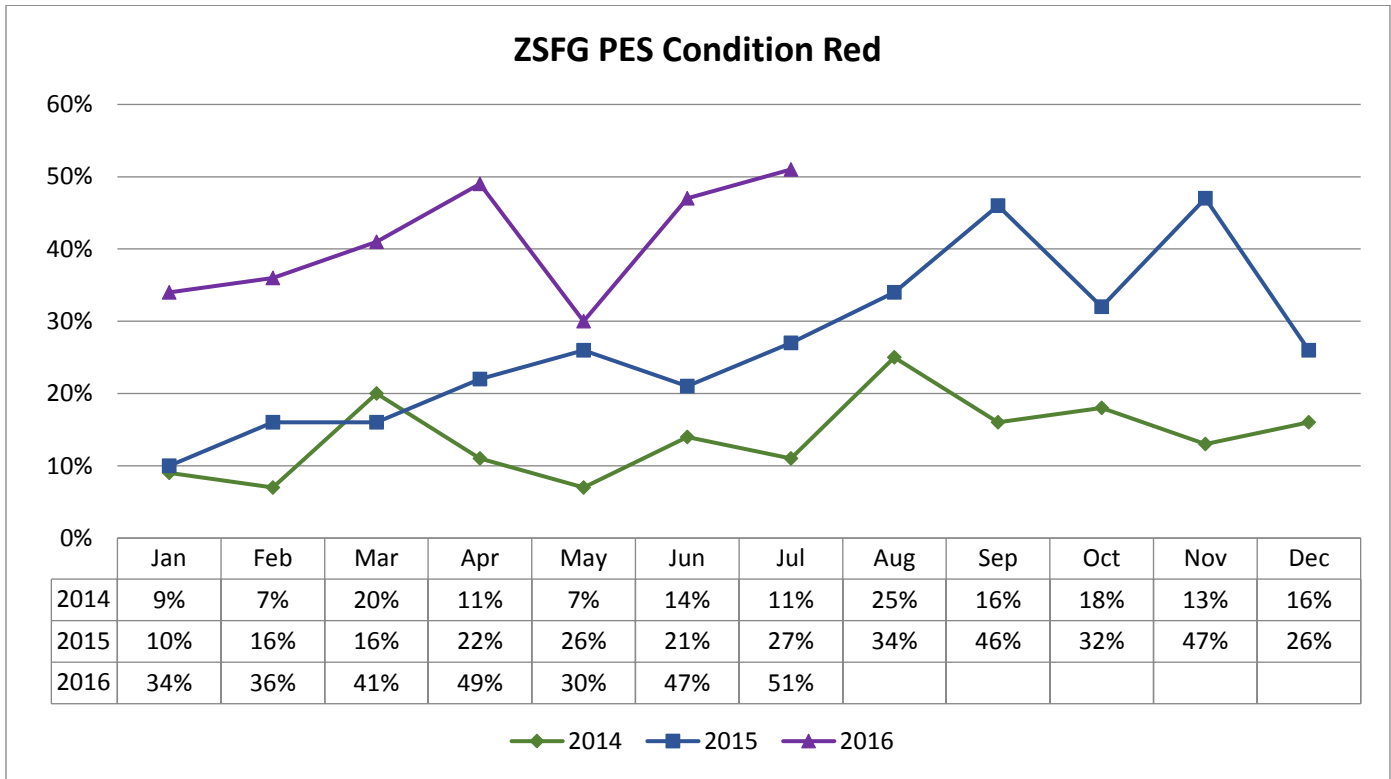
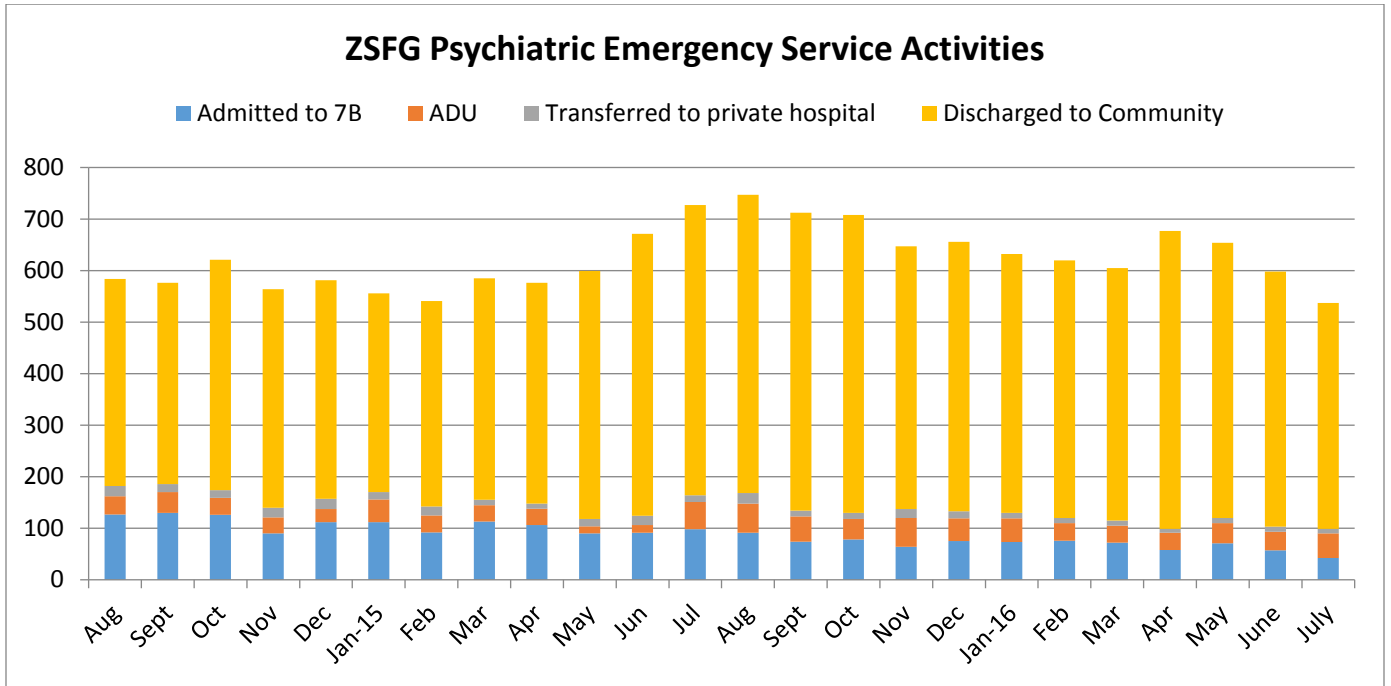
Total Diversion: 322 Hours, 48 Minutes (43.3%) + **Trauma Override:** 136 Hours, 12 Minutes (18.3%)

ED Encounters: 5,763

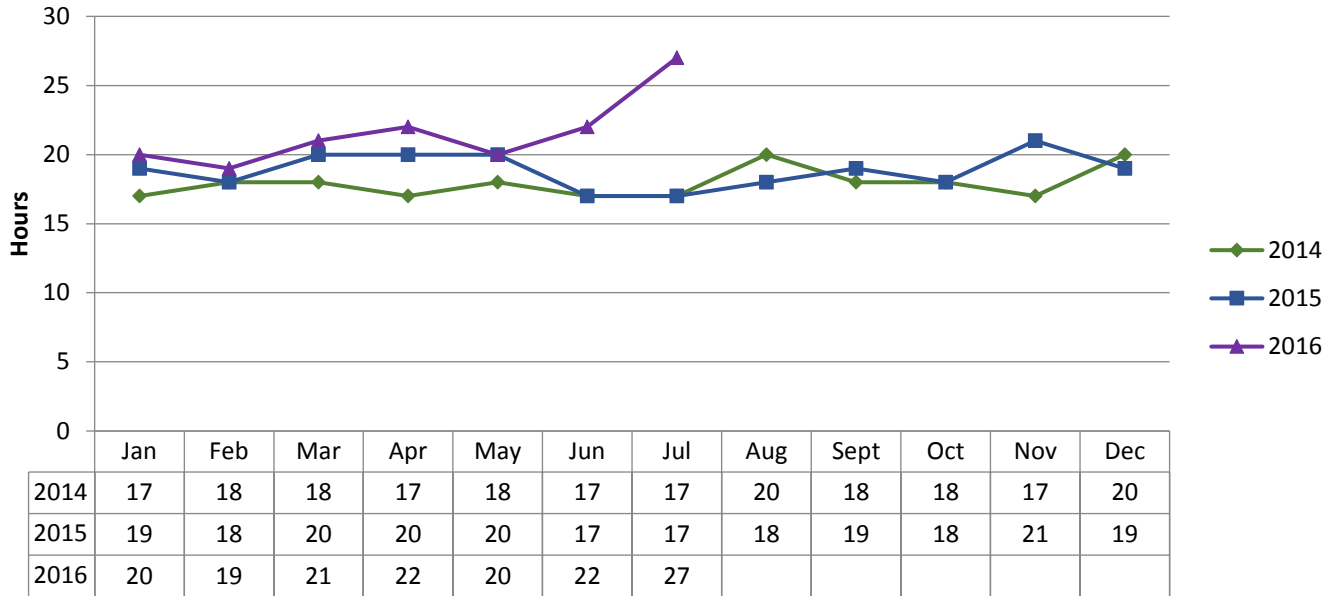
ED Admissions: 925

Admission Rate: 16%

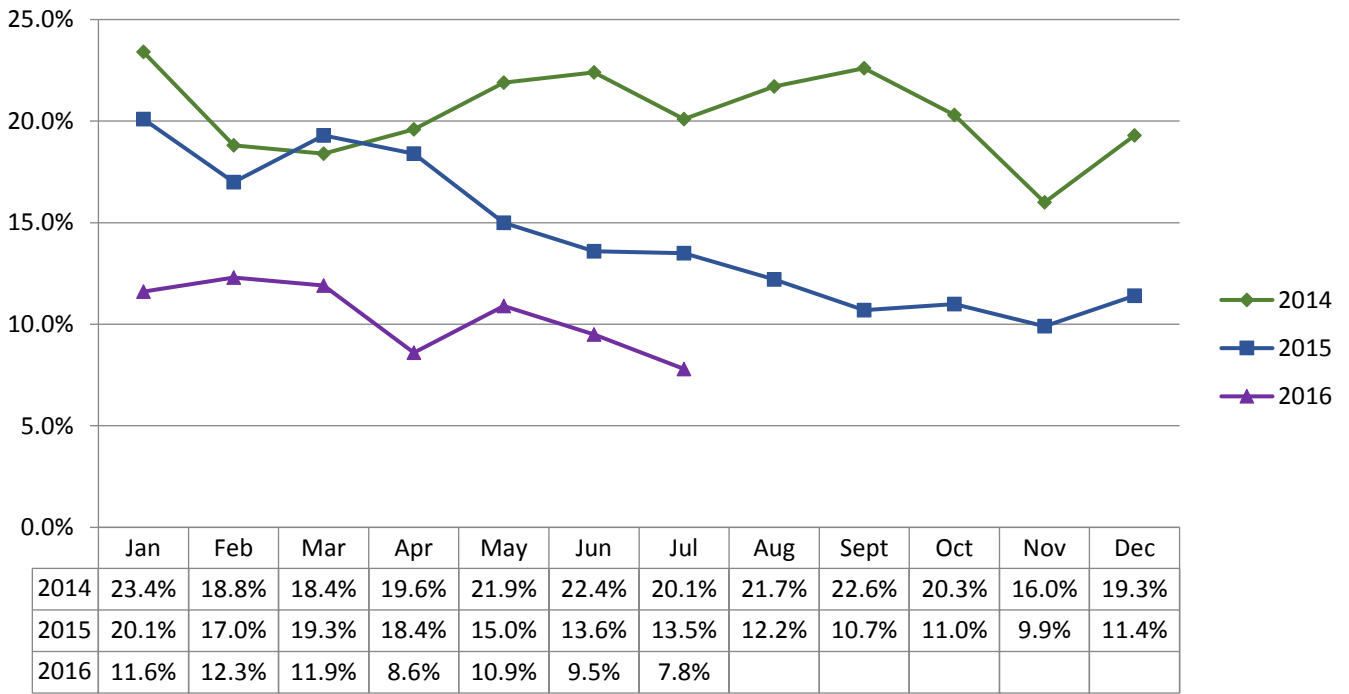
3. Psychiatric Emergency Service (PES) Data for the Month of July 2016



ZSFG PES Average Length of Stay



ZSFG PES Admission Rates



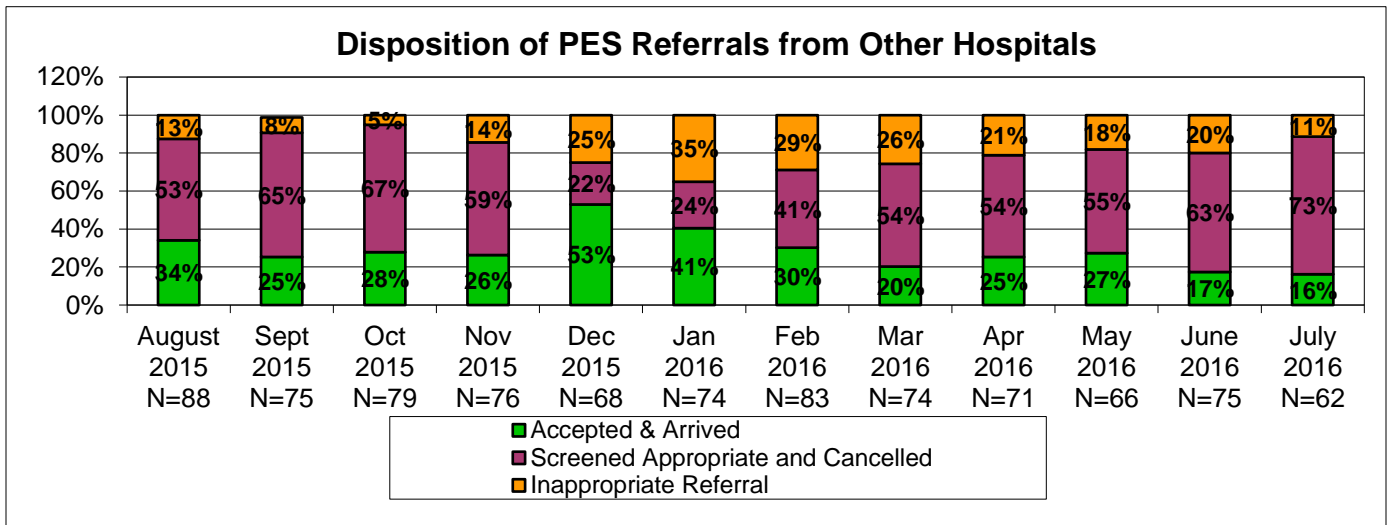
4. Request for Inter-Facility Transfer to PES from other Hospitals

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).



Analysis

- No significant change over the past 12 months in the number of requests for transfer from other hospitals to PES.
- July showed an increase in patients who were “Screened Appropriate but Cancelled” (formerly Accepted but Cancelled), up to 73%. This is due primarily to the increase in Condition Red this month.
- There was a significant decrease in admits to unit 7B, due to a dramatic decrease in discharges from 7B and 7C. This led to patient flow issues in PES, with longer average length of stay for patients, a large increase in Condition Red hours, and fewer patients accepted from other hospitals.