

Emergency Department Update

Friday, March 17, 2023

Issue # 139

GENERAL

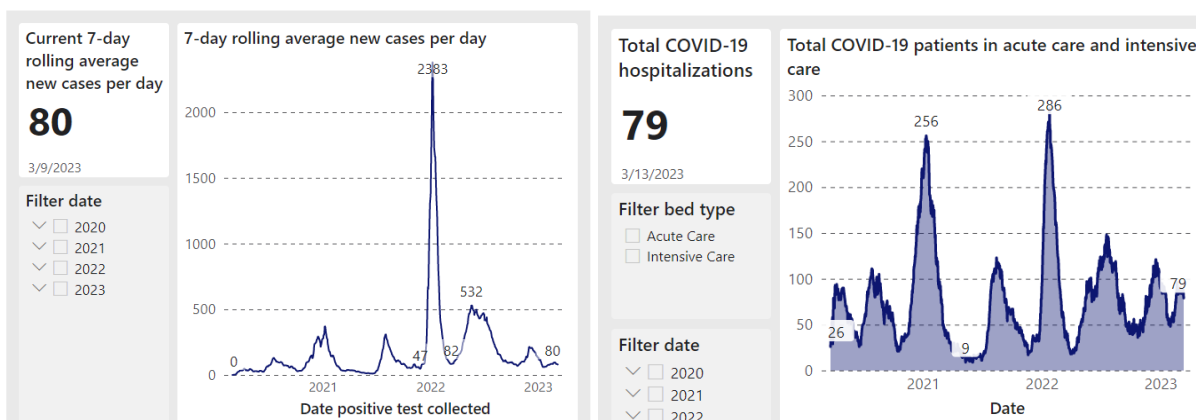
WPV PREVENTION

- If de-escalation is not working, step back and maintain a safe distance from the patient. If the decision is to medicate and restrain, use a team approach, establish a plan before making contact with the patient, assign tasks to individual team members, include the Deputies in developing the plan.
- Use extra caution when applying or securing restraints or assessing a resting patient's responsiveness. This is a vulnerable time for staff and we have seen several assaults that have occurred during these moments.
- When it is safe to do so remove objects that could be thrown by an agitated patient
- Reminder that Versed has a mean duration of effect of 2 hours. It may be even shorter for patients that uses benzo's

HOSPITAL COVID SURGE LEVEL

- As of Friday, March 17, 2023 we have **8** COVID positive hospitalized patients at ZSFG putting us at a Hospital Surge Level of **GREEN**

COVID-19 CITY WIDE DATA



Last week's number: 88

Last week's number: 85

PEM PEARL

Dina Wallin, MD, FACEP, FAAP

This week, we're highlighting a study recently published by our own crew-- SFGH Drs. Carol Chen, Aaron Kornblith, and Jackie Grupp-Phelan, Children's Oakland Dr. Ashkon Shaahinfar, Pediatrics Dr. Gabe Devlin, and Department of EM statistician Newton Addo.

Ever wonder if unintentional poisonings and toxic exposures increased during shelter-in-place, while many kids were bored and stuck at home? A [brand new study](#) explored this exact question. First thing the researchers observed was that, in the three Bay Area EDs they studied, **pediatric volumes decreased by 55% during shelter-in-place**. This is definitely consistent with our lived experience at SFGH! This decrease in volume caused the *percentage* of ED visits related to toxic exposures to double, but the **absolute value of pedi ED visits for poisonings remained stable**, with **no change in rates of admission, severe complications, OR visits, or LOS**. However, shelter-in-place was associated with an **increase in cannabis exposures**.

This is a cool study (congrats, team!), and also a great opportunity to remind ourselves that **kids get into toxins!** Reminder to **consider toxic exposures** any time a younger child presents with **altered mental status, new drooling, isolated vomiting, sudden respiratory distress**, or other vague yet *acute* symptoms.

PEM PEARL #2

A [study published this month](#) looked at characteristics of **adolescents receiving head CT in a general ED**, just like ours. In the study period, 285 kids got CTs, and 80 (**28%**) were positive. Kids with **positive head CTs** were statistically more likely to have **GCS < 15, external evidence of head trauma**, and/or **LOC**. Interestingly, **15% of kids getting a CT were deemed low-risk by PECARN**, and ***none*** of those CTs were positive.

This is very similar to our experience at SFGH-- we're definitely more likely to order imaging in a kid with abnormal GCS, abnormal head exam, and/or LOC. We *also* may be CT-ing a fair amount of low-risk kids. So, let's review the PECARN clinical decision instrument via [my favorite infographics](#), on Dr. Michelle Lin's website [Academic Life in EM](#).

We see that for **kids < 2**, head CT is recommended for **GCS < 15, AMS, or palpable skull fracture**. Similarly, for **kids ≥ 2**, head CT is recommended for **GCS < 15, AMS, or evidence of basilar skull fracture**. If kids don't have any of these criteria, they enter the intermediate zone, where **head CT vs 4-6h ED observation** is recommended. If kids screen negative by the decision instrument, **they do not need a head CT**. This is validated on thousands of children in multiple settings.

So, bust out this infographic the next time you're caring for a kid with head injury. If we had similar rates of unnecessary CTs as the study, we have the opportunity to dramatically improve the care we give by following the guideline, simultaneously streamlining care/decreasing length of stay and avoiding irradiating developing brains.

ENPC COURSES 2023

- May 11-12 To register go to <https://May2023ENPC.eventbrite.com>
- September 14-15 To register go to <https://Sept2023ENPC.eventbrite.com>
- November 2-3 To register go to <https://Nov2023ENPC.eventbrite.com>

CELEBRATIONS/ANNOUNCEMENTS

CELEBRATIONS

Send me your celebrations (david.staconis@sfdph.org) that you would like included in the ED Updates and I will share them here.

I wanted to give a shout out to **Shana Christy, RN** who in the midst of a critical patient evaluation maintained her calm demeanor through some issues that needed some thoughtful troubleshooting. Thank-you Shana! ~**Malini Singh, MD**

Frank Pinell, RN completed his Pod A TL training tonight with RN Cain precepting him. Checklist completed and handed in. His next shift is on 3/7. I put him down as Pod A TL and his resource RN will be RN Amjad. Separate email sent to CN group and & educators. ~**Pat Lavin, Charge Nurse**

We discharged a patient after seeing him for dizziness. **Kim Bagby, RN** noticed he had a colonoscopy appointment the next day with biopsy that he didn't know about. Kim worked for over an hour talking to the GI lab to make sure he had the prep medication and instructions to get it tomorrow. The lab said they had been trying to schedule him for a year. If it weren't for Kim going above and beyond, he would've missed this important appointment. ~**Jeremy Lacocque, MD**

BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT):

Emergency Department

FEBRUARY 2023 REPORT

The Behavioral Emergency Response Team (BERT) are psychiatrically trained health care professionals that respond to any perceived or impending behavioral emergencies in various locations within Zuckerberg San Francisco General Hospital. BERT provides a trauma-informed approach and utilizes principles of Crisis Prevention Institute (CPI) to de-escalate behavioral emergencies. The BERT ED Team are BERT staff reporting to the Department of Psychiatry and are stationed in the Emergency Department for immediate support.

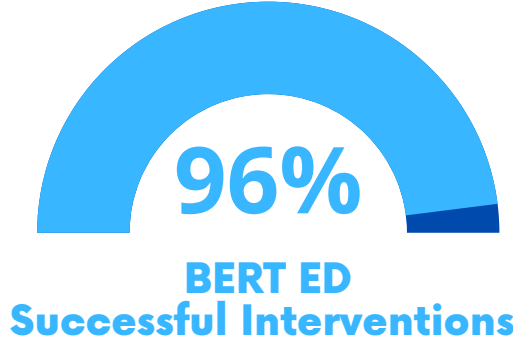
KEY PERFORMANCE INDICATORS



BERT ED INTERVENTIONS

February **562** Cumulative* **1,266**

*Cumulative counts are data since January 2023



Three Criteria for a Successful Intervention:

1. Patient/visitor remained safe of injury
2. Staff remained safe of injury
3. BERT performed an intervention that:
 - a. de-escalated the challenging behavior/behavioral emergency OR
 - b. did not escalate a challenging behavior

Verbal Redirection

Assist Behaviorally Challenging Patient with Orientation and/or ADLs

Escort patient to PES

EXAMPLE OF SUCCESSFUL BERT ED INTERVENTIONS

VERBAL REDIRECTION AND VERBAL DE-ESCALATION

BERT observed that the triage RN appeared to need additional staff support. BERT checked-in with the triage RN. Per report, the patient received multiple encouragement to take a COVID-19 test and required multiple redirection from staff for disruptive behaviors. BERT staff remained with the patient for 75 minutes to redirect the patient while in the waiting room to prevent further disruption.

ASSIST BEHAVIORALLY CHALLENGING PATIENT WITH ORIENTATION AND/OR ADLs

A patient was agitated as evidenced by yelling at ED staff. BERT had frequently checked-in with this patient during patient rounds. The patient responded well to BERT staff and BERT assisted with helping the patient changed into a gown while engaging with the patient.

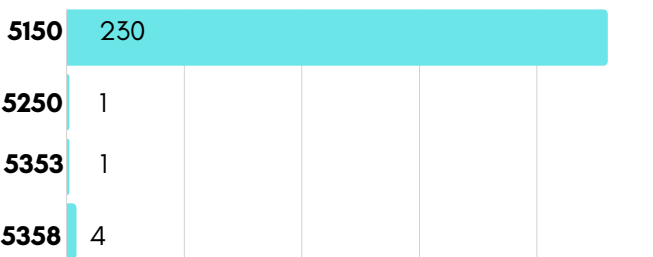
ESCORT PATIENT TO PES

A patient was escorted to PES by BERT with deputy support. In route to PES, the patient became agitated and did not want to go to PES. When the patient arrived at PES, she began to take off her restraints and became physically violent towards staff. BERT assisted with safely containing the patient. The patient and staff were not injured.

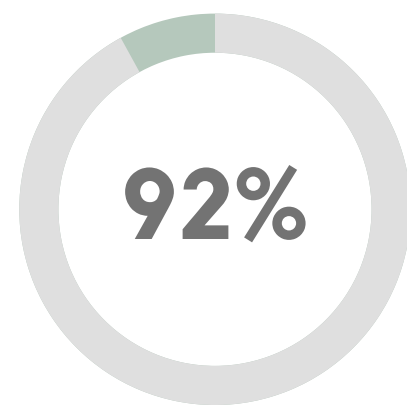
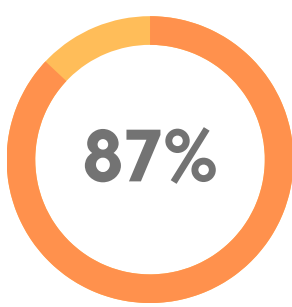
EXAMPLE OF AN UNSUCCESSFUL BERT ED INTERVENTION

A patient was constantly yelling and screaming towards staff. BERT attempted to verbally de-escalate the patient and determine the cause of the patient's current behavior. Patient continued to be verbally aggressive towards staff. The presence of any staff, including BERT, further escalated the patient's challenging behaviors. BERT was unsuccessful in verbally de-escalating the patient. The patient remained in restraints for posing an imminent danger to others. The patient and staff remained safe from injury.

BERT ED INTERVENTIONS



Patients on Legal Hold
(236/562 BERT Interventions)

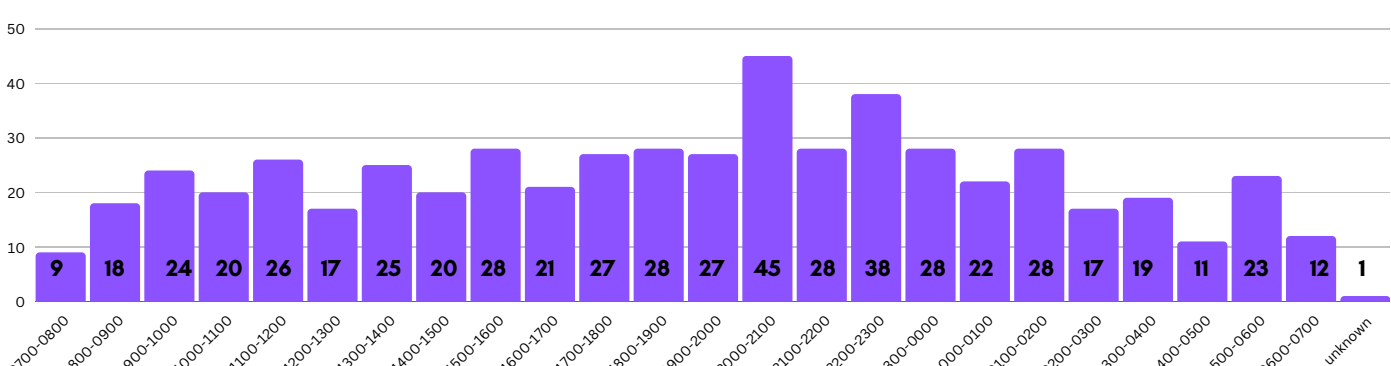


Counts Does Not Include Escorts for Patients on Legal Holds

*2% of interventions did not include documentation indicating if law enforcement were present.

TIME

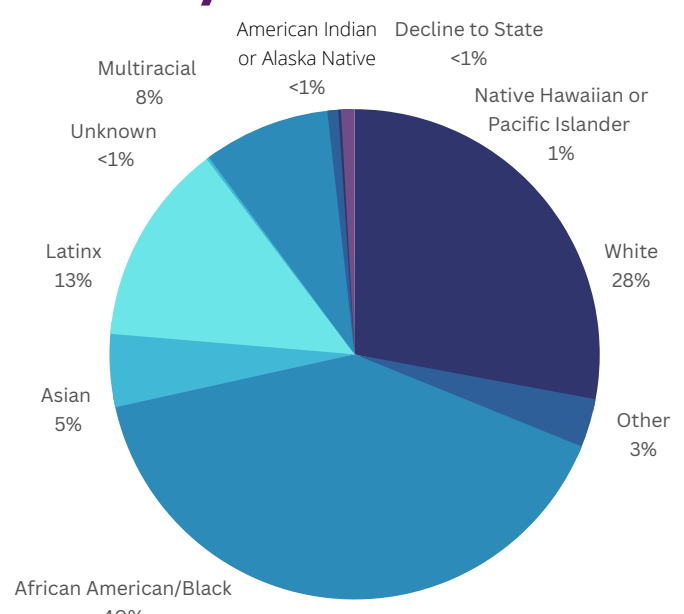
BERT ED INTERVENTIONS



PATIENT DEMOGRAPHICS

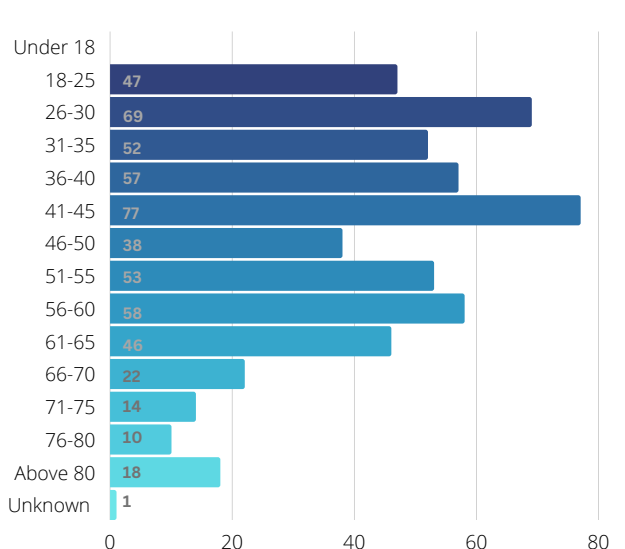
BERT ED INTERVENTIONS

RACE/ETHNICITY



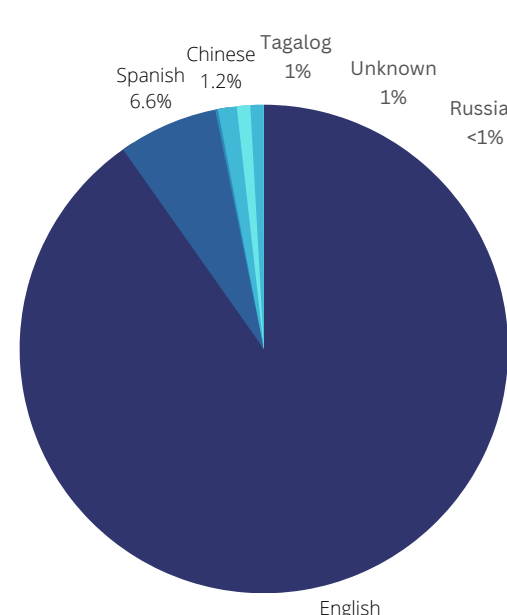
*EPIC options for race: American Indian or Alaska Native, Asian, Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, and White. EPIC options for ethnicity: Not Hispanic, Latino/a, or Spanish origin OR Hispanic, Latino/a, or Spanish origin. Latinx: Latino/a, or Spanish origin. Unknown refers to BERT interventions involving visitors.

AGE



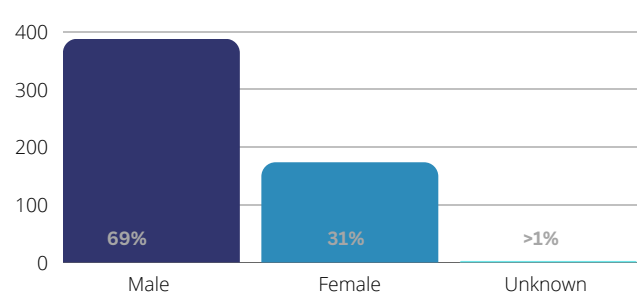
*Unknown refers to BERT interventions involving visitors

PREFERRED LANGUAGE

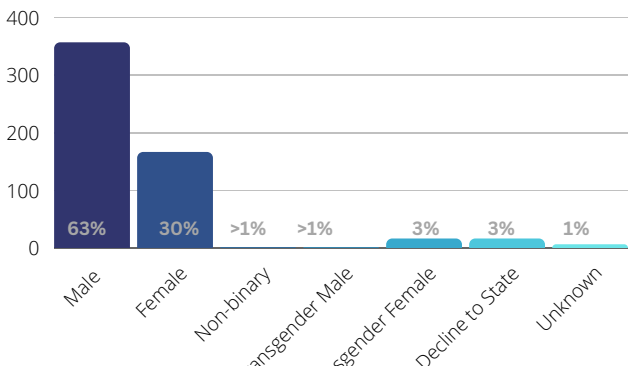


*BERT currently has staff certified as proficient in Cantonese, Vietnamese, and Burmese and has members that can communicate in Spanish, and Tagalog

SEX ASSIGNED AT BIRTH



GENDER IDENTITY



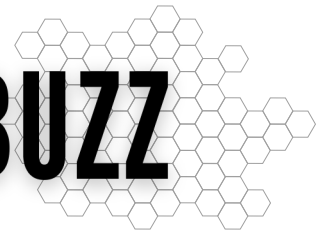
*Unknown refers to visitors and/or declined to state on EPIC



February Monthly Safety Tip Topic:
Empathic Listening



BEE SAFE MONTHLY BUZZ



FROM SFDPH OCCUPATIONAL SAFETY AND HEALTH

MARCH 2023 • ISSUE 15 • VOLUME 2

[CLICK HERE FOR OUR ENTIRE BUZZ LIBRARY](#)

Body mechanics-related injuries and *blood and body fluid exposures* are the highest occurring OSHA-recordable injuries among SFDPH staff. The 'Bee Safe Monthly Buzz' offers education and prevention tips each month to help keep our workers safe from these hazards.

NEVER LEAVE SHARPS BEEHIND

"Be accountable for sharps you use. You should dispose of any sharp object that you personally use." CDC, 2015

ALWAYS:

- Activate safety mechanism immediately after using sharp device (when applicable)
- Dispose of your sharps in a designated sharps container
- When prompt disposal isn't possible, store used sharps in a **needle nest**
- Educate patients on safe sharps disposal, place a sharps container within reach during their stay, and ensure they have a sharps bin for home use
- Use caution when handling patient belongings; use tongs when reaching into bags and pockets or have the patient do the reaching instead
- When handling and emptying regular trash bins:
 - Avoid using your hands to push down waste; use a picker tool to relocate excess trash into another bag
 - Inspect trash bags for potential sharp protrusions
 - Hold bags of trash by their empty necks in case of sharp objects

NEVER:

- **Leave the sharps you use behind for someone else to clean up**
- Depend on gloves to protect you from a sharp
- Throw sharps in the trash

WHAT'S A NEEDLE NEST?

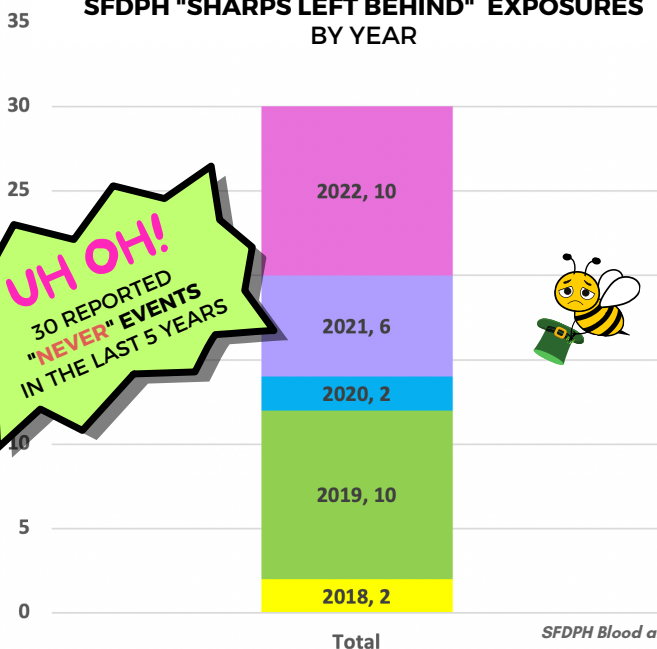
A protected cushion that provides a safe spot to park sharp instruments before and between uses.



MM# (ZSFG only): R1050606



SFDPH "SHARPS LEFT BEHIND" EXPOSURES BY YEAR



UH OH!
30 REPORTED "NEVER" EVENTS IN THE LAST 5 YEARS



DON'T LET THIS BEE YOU:

"When cleaning up from a procedure, I was stuck by a used needle that was not put away appropriately in the sharps container and was in the patient's bed."

"My patient checked his blood sugar and left the lancet on the table. I didn't see the needle and I got stuck when I was cleaning up the table."

"I was searching in a patient's bag. I was double gloved but a needle punctured through both of gloves and punctured my finger."

"I was throwing away a trash bag and my hands got cut by something, causing them to bleed, and I had to go to the ER to receive treatment."

SFDPH Blood and Body Fluid Exposure Log, 2022

Contact Us at Monthly.Buzz@sfdph.org



San Francisco
Department of Public Health

2023 DPH Employee Engagement Survey

Tell us about your workplace experiences,
including:

- Racial Equity
- Management
- Burnout
- Safety
- Organizational support
- And more

Access the
Survey here:



March 1 - March 22, 2023

Complete the survey for a chance to win
\$25 gift cards or DPH water bottles

Your unit could win a **breakroom appliance too!**

Questions? Reach us at eesurvey@sfdph.org

Survey responses are confidential, and data will be grouped to inform organizational priorities.





2023 Employee Engagement Survey Frequently Asked Questions (FAQs)

Q

Who can participate in the survey?

A

All employees who joined DPH before January 2, 2023, are invited to participate in the survey.

Q

How long will it take me to complete the survey?

A

Survey completion should take no more than 10 minutes of your time. It includes 9 demographic, 8 patient care, 23 core engagement, 8 racial equity and 2 open-ended questions.

Q

Who can access my survey responses?

A

Your individual responses are strictly confidential. Individual-level data will not be accessible to anyone at DPH. DPH has partnered with a third party vendor, NRC Health, to administer and analyze the survey results. Your deidentified responses will only be shown as part of a group of five or more.

Q

When will I see the survey results?

A

On April 14, 2023, DPH leadership will conduct a DPH-wide townhall to share survey results. In May 2023, division leaders will communicate through division-level townhalls and staff meetings.

Q

How can I take the survey?

A

You can click on the survey link through email or via text messages. Additionally, you can scan QR codes on posters and flyers posted in your division. For those with no computer access, all divisions at DPH have arranged for laptop kiosks to be available for the duration of the survey (Mar 1 - 22).

Q

When will the raffle winners be announced? Who will receive unit-level incentives?

A

All employees who participate in the survey will be entered into a raffle, with the winners for the gift cards and water bottles announced in April 2023. Units with highest levels of participation will win a breakroom appliance as well.

Q

What will DPH do with the survey results?

A

Your survey response will help shape a DPH workforce development action plan, thus enabling a better workplace experience for you and a higher standard of care for our community.

Q

Who do I reach out to if I have other questions about the survey?

A

Please contact us at EESurvey@sfdph.org. Alternatively, you can reach out to your division's survey champions for assistance.



2023 Employee Engagement Survey Champions

DIVISION	SURVEY CHAMPION
Zuckerberg San Francisco General (ZSFG)	Khadijah.Grant@sfdph.org Shannon.Smith@sfdph.org
Laguna Honda Hospital (LHH)	Amie.Fishman@sfdph.org
Behavioral Health Services (BHS)	Michelle.Meier@sfdph.org Ryan.Fuimaono@sfdph.org
Jail Health	Martin.Soto@sfdph.org Nicole.Novales@sfdph.org
Maternal Child, Adolescent Health (MCAH)	Melissa.Brown@sfdph.org Melissa.Murphy-Pucil@sfdph.org Ameerah.Thomas@sfdph.org
Whole Person Integrated Care (WPIC)	Jessie.Escobar@sfdph.org
Primary Care	Robin.George@sfdph.org
Population Health Division (PHD)	Priscilla.Chu@sfdph.org Erika.Campos@sfdph.org
Office of Health Equity (OHE)	Gavin.Morrow-Hall@sfdph.org
Finance	Emily.Gibbs@sfdph.org
IT	Jennifer.Tran@sfdph.org
Business Office	Michelle.Ruggels@sfdph.org
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Human Resources	Menaka.Gangwani@sfdph.org Nicholas.Gonsalves@sfdph.org