

# Emergency Department Update

Friday, January 05, 2024

Issue # 158

## GENERAL

### SURVEY READINESS

- We are due for our Joint Commission Survey anytime now
- Last week we featured Surevey Preparedness FAQs at the end of the ED Update
- Good news! We have lots more FAQs and will be including them in the ED Updates, so be sure to check for new FAQs with each Update

### SAFETY

- The case to be shared for the next hospital-wide Work Place Violence Prevention Taskforce meeting was a case in which a non-verbal TBI patient used swinging arms to get staff attention and express any frustration or needs they may be having
- The patient was ordered to receive a CTH and the nurse was concerned enough about the transfer of the patient onto the CT table and everyones safety that the nurse discussed sedation with the team
- Ultimately, it was decided that no sedation would be given, which is ok, but there was no alternative safety plan discussed
- Unfortunately, during the transfer onto the CT table the nurse was struck by the patient, likely unintentionally
- Potentially another safety plan agreed upon by the team may have prevented this from happening

### RESPIRATORY ILLNESS

- Staff COVID cases continue to rise
- Please wear at least an isolation/procedure mask in the hospital, including computer workstations. N-95 are highly encouraged for direct patient care.
- All patients and visitors are required to wear isolation/procedure mask while in the hospital

2024  
Happy New Year

## EAP

- There was recently a difficult pediatric GSW case and the department wants to make sure everyone has access to Employee Assistance Program information. Please take care of yourselves and one another.

# EMPLOYEE ASSISTANCE PROGRAM



**EAP counselors are here for you, offering confidential, voluntary, free services to help support your emotional well-being.**

- Individual Counseling
- Couples Counseling
- Referrals
- Mediation
- Critical Incident | Disruptive Event Response
- Workshops, Brown Bag Seminars, Trainings

**Contact EAP for a consultation or to schedule an appointment**

**415-554-0610 or 800-795-2351**

**Monday – Friday 8:00am – 5:00pm**

**1145 Market Street, Suite 100, easily accessible by public transportation**

## VISITOR POLICY

- We are still under Visitor restrictions of 1 visitor per regular patient, 2 being allowed for pediatrics, and 4 for end-of-life exception



# Visitation Guidelines

Last updated 11/14/23.

The guidelines below apply to City and County of SF, UCSF, and first responder and emergency personnel, volunteers and students.

The guidelines below may change and apply to personnel of the City and County of SF, UCSF, first responders, volunteers and students.

<p><b>Inpatient Visitation</b></p> <p>Visiting hours: Monday-Sunday <b>10:00AM-8:00PM</b></p> <p>No overnight visits.</p> <p><b>General &amp; ICU:</b> Four (4) healthy visitors at a time.</p> <p><b>Psychiatry:</b> Monday-Friday: 4:00PM-5:00PM &amp; 6:00PM-7:00PM</p> <p>Saturday/Sunday &amp; Holidays: 12:00PM-2:00PM, 4:00PM-5:00PM &amp; 6:00PM-7:00PM</p>	<p><b>Outpatient Visitation</b></p> <p>Visitors are not permitted. Compassionate exceptions apply.</p>
	<p><b>Emergency Department Visitation</b></p> <p>Adults may have one (1) healthy visitor Pediatrics may have two (2) healthy visitors</p>
	<p><b>Skilled Nursing Visitation – 4A</b></p> <p>Visitation is permitted <b>7 days a week 10AM-8PM.</b></p> <p>Maximum of two (2) healthy visitors per resident at a time.</p>

## Compassionate Exceptions

Pediatrics	ED: Two (2) parents/guardians Outpatient: One (1) parent/guardian to accompany patient to their appointment.
End of Life	Four (4) visitors at a time.
Labor	Up to four (4) visitors at a time (includes antepartum and postpartum)
Mobility Support	Outpatient only. One (1) visitor to accompany patient to their appointment.
Dependent Patient Support	Patients with psychosocial, intellectual, developmental, or cognitive disabilities who rely on in-person support at home for medically necessary care. ED: One (1) in-person support Outpatient: Two (2) in-person support to accompany patient to their appointment.
Same Day Surgeries	Adults: One (1) visitor; Pediatrics Two (2) visitors.
Communication and Cognitive Assistance	The presence of a support person is to facilitate communication and/ or provide additional information regarding the patient's condition and/or history. The support person may accompany the patient until adequate information and support is obtained. The presence of this support person does not replace a qualified interpreter. ED: One (1) support person is allowed access in the Emergency Department. Outpatient: Two (2) support persons can accompany patient to their appointment.

## EQUIPMENT, SUPPLIES, PRODUCTS

### On Back Order

- Spit Masks—No ETA

- 1" tape—ETA 1/22

### **Medication Shortages**

- LET gel and Kit
- Ketamine 50 mg/5 ml syringes
- Viscous lidocaine 2%
- IV Nitroglycerin
- Buffered lidocaine syringes
- Penicillin IM syringes
- Oxycodone 10 mg
- Dextrose 50% syringes
- Diazepam IV
- Phenobarbital IV

## EDUCATIONAL OPPORTUNITIES

### **PEM PEARL**

Dina Wallin, MD, FACEP, FAAP

Some very interesting, potentially practice-changing news out of Children's Colorado. [Investigators studied children](#) presenting to the ED with an **acute asthma exacerbation** and the outcomes **with or without a discharge prescription for a repeat dose of dexamethasone** after a single dose in the ED. Although prescription of a second dose of dexamethasone was understandably associated with higher severity of exacerbation, more nebs, and longer ED LOS, there was **no difference in outcome** between the group who did receive a prescription for dex and the group who didn't.

Now, 18% of those children prescribed dexamethasone did not receive that dose, for a variety of reasons, and they were analyzed by intention-to-treat, so unclear how that impacted the results, but this is also likely a realistic approximation of other patient populations, including ours (although **we do have dexamethasone available via [meds in hand](#)**). It's also well-aligned with other authors' findings, that a second dose of dex is likely not necessary in mild-moderate exacerbations. The present study also included severe exacerbations, which was cool.

So, how does this change my practice? Our [pediatric asthma pathway](#) already lists that **second dose of dex as optional**, and I will continue to practice this way, reserving that second dose for kids who I deem to be higher-risk-- who I was strongly considering admitting, with a history of rebound/prolonged severe symptoms, with a history of intubation or PICU admission, with other significant co-morbidities, etc.

Happy new year! As always, please feel free to send along questions, cases, feedback, and/or ideas for future Pearls! 😊

## CELEBRATIONS/ANNOUNCEMENTS

### CELEBRATIONS

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

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### NRC Patient Survey Comments

"Everyone treats you well and takes care of you in a very respectful way and makes you feel important. "

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"I felt I was treated with the utmost respect and dignity. I really appreciated all of the providers that took excellent and compassionate care."

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"The service is very, very excellent. Thank you General Hospital."

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Kudos to the Night shift resus team on 1/1. Specifically, triage Team Lead Liz Berryhill, RN and MEAs Carmen Urbina, MEA; Tanya Urrutia, MEA; and Wendy Falcon, MEA. They all executed a seamless resuscitation for a 900 walk up trauma of a pediatric pt. TL Berryhill quickly got the pt to Resus 6 and stayed assisting w/ the resus until tapped out. The MEAs aided w/ translating during a highly stressful time. Thank you for your dedication and care of both the pt and her family! ~**Kari Gordan, Charge Nurse**

Thank you to **Kathleen Pelletier, RN; Emma Makela, RN; and Michelle Murry, RN** for your collegiality yesterday at Care Start. When we all work so well together like that it makes work fun again. I also noticed and admired how kind you all were to the patients. ~**Peggy McNeil, NP**

I'd love to give a celebration to **Deb Robinson, MEA** for cleaning out the break room fridge! It absolutely needed it, and definitely not Deb's job, but she did it anyway! We appreciate you Deb! ~**Emma Makela, RN**

I would love to celebrate the triage staff on 12/26/2023. We operated short staffed and after a very challenging night shift. **Rachel MacFarland, RN; Annie Keating, RN; Linda Lee, RN; Ana Lopez, MEA; Christine MEA; Lauren King Friend, MD; Jeannie Hoffman, NP; Sarah Dice-Goldberg, NP; Robert Orynich, MD; Jen Lemelin, NP.** Also I want to acknowledge and thank **Dr. Eric Isaacs** and **Resident MD Solder** for seeing, treating and discharging an abdominal pain CT, IV meds, fluids in 2 hours and 6 minutes from time to bed to discharge. ~**Kim Bagby, RN**



***What is the intent of the Rights & Responsibilities of the Individual (RI) Standard(s) 01.02.01 through 01.03.01 regarding patient consent to medical & surgical procedures?***

The intent of the ***Rights & Responsibilities of the Individual (RI) Standards 01.02.01 thru 01.03.03*** is that hospitals have processes which address the patient's right to participate in decisions about his or her care, treatment and services, including the patient's right to give or withhold informed consent.

***What will Joint Commission, CMS, and CDPH surveyors observe staff for during a survey?***

That staff follow the processes as described in hospital policy regarding obtaining patient consent(s).

**During tracers and hospital tours, the surveyor(s) will observe/interview staff about how they use ZSFG's process for obtaining patient consent(s) to medical and surgical procedures. Surveyor(s) can also incorporate patient consent(s) as part of their medical record review.**

***What are the critical components of ZSFG's processes for obtaining patient consent for staff to know?***

➤ **Know patient rights regarding consents:**

- The hospitalized patient has the right to make an informed decision about their care.
- The patient may either accept or refuse treatment.
- The physician has a legal and an ethical duty to obtain the patient's consent/refusal, or the consent/refusal of the patient's legal representative, to medical treatment.

➤ **Know what informed consent means:**

At a minimum, educate patients about:

- The nature of the recommended intervention
- Risks and benefits, including the likelihood of success, of recommended intervention.
- Alternatives to the recommended intervention along with their risks and benefits.
- Consent must be given voluntarily by a patient with capacity to understand the information included in the consent, or by their authorized surrogate decision maker.

➤ **Know the physician's role in the consent process:**

- The duty to provide information and obtain informed consent is the **exclusive duty of the treating physician**.
- The California Civil Jury Instructions (CACI) regarding consent state that the physician:
  - ❖ Must explain the likelihood of success and risks of agreeing to a medical procedure in a language that the patient can understand.
  - ❖ Must give the patient as much information as they need to make an informed decision, including any risk that a reasonable person would consider important in deciding to have the proposed treatment or procedure, and any other information skilled practitioners would disclose to the patient under the same or similar circumstances.
  - ❖ The patient must be told about any risk of death or serious injury or significant potential complications that may occur if the procedure is performed. The provider is not required to explain minor risks that are not likely to occur.

➤ **Know the RN's role in the consent process:**

- Verify appropriate consent prior to the procedure.
- Witness that the person signing the form is the person consenting to the procedure.
- To notify the doctor if the patient indicates that they have unanswered questions.
- To intervene if there is any concern regarding the consent or procedure to be performed.

➤ **Know the procedures/treatments requiring informed consent:**

- **Informed consent is required for complex procedures and treatments that may entail significant risks.**
- These procedures include, but are not limited to the following:
  - All procedures performed in the Operating Room.
  - All surgical procedures performed in the ambulatory care areas.
  - Fiber optic endoscopic procedures where biopsy may be done.
  - Tissue biopsies, including fine needle aspiration
  - Interventional radiologic procedures
  - Elective cardioversion

**NOTE:** For a list of the procedures which **require informed consent** outside of the operating room at ZSFG, refer to **Appendix A: Protocol and Medication Guidelines for Providers Performing Invasive Procedures Outside the Operating Room** (from Administrative Policy Number 21.07: Universal Protocol for Verification of Surgical and/or Invasive Procedures).

➤ **Know the procedures that have a consent process and/or documentation that are specific to the procedure:**

- Anesthesia, including procedural sedation
- Blood Transfusion
- Electroconvulsive Therapy (ECT)
- Tubal Ligation

➤ **Know the required documentation of the informed consent process:**

- Ensure the **CONSENT FOR TREATMENT/PROCEDURE** is accurate, complete, and visible in the medical record.
- Document details of the informed consent discussion in the progress notes.

***How does ZSFG currently meet the expectations of the standard(s)?***

**Administrative Policy 3.09 Consent to Medical and Surgical Procedures** and **Administrative Policy 16.04: Patient Rights & Responsibilities** are the hospital policies which govern staff practice. Education of staff and licensed independent practitioners about ZSFG's processes for obtaining patient consent(s) to medical and surgical procedures is done through department-based orientation.

**DIRECT ANY QUESTIONS OR CONCERNS REGARDING THE CONSENT PROCESS TO THE RISK MANAGEMENT DEPARTMENT AT (415) 206-6600.**

***Managers: Please print, distribute, post, and discuss with your staff during staff huddles, change of shift, patient rounds, downtime, at staff meetings –whenever an opportunity arises!***



***What is the intent of the Rights of the Individual (RI) Standard 01.01.03 regarding the patient's right to receive information in a manner he or she understands?***

The intent of the **Rights of the Individual (RI) Standard 01.01.03** is that hospitals respect the right of patients to receive information about their care, treatment and services in a manner he or she understands by providing resources to assist in communicating that information.

***What will the Joint Commission, CMS, or CDPH surveyors observe staff for during a survey?***

That staff follow the processes described in hospital policy to ensure that patients/family/surrogate decision-makers receive information about the patient's care, treatment, and services in a manner the patient/family/surrogate can understand.

**During tracers and hospital tours, the surveyor(s) will observe/interview staff about how to access & use available ZSFG medical interpreter services in order provide information to patients/family/surrogate decision-makers about the patient's care, treatment & services in a manner the patient/family/surrogate can understand.**

***How does ZSFG currently meet the expectation of the standard?***

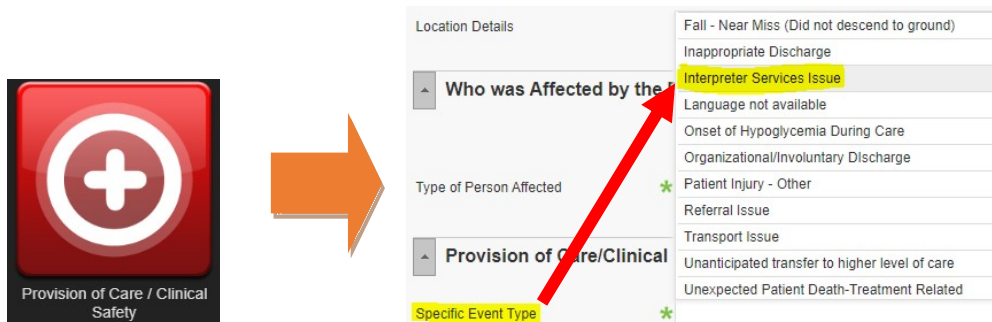
**Administrative Policy 9.05: SFDPH Interpreter Services** and **Administrative Policy 16.04: Patient Rights & Responsibilities** are the hospital policies which govern staff practice. Education of staff and licensed independent practitioners about ZSFG's medical interpreter service processes for communicating with patients/family/surrogate decision makers about the patient's care, treatment, and services in a manner the patient/family/surrogate can understand is done through hospital and department-based orientation.

***What are the critical components of ZSFG's medical interpreter services processes for staff to know?***

- **Know** that access to interpreter services is a **patient right**.
- **Assess** a patient's need for interpreter services, e.g., patients who are non-English speaking, limited-English proficient (LEP), have limited literacy in any language, have visual or hearing impairments, have cognitive impairments, are on ventilators, or are children.
- **Know what medical interpreter services are available at ZSFG:** Medical interpreter services at ZSFG is available 24/7 and are provided through various methods – in person, via video and via telephone. All Limited English Proficient (LEP) and hearing impaired/deaf patients are provided (free of charge) a trained medical interpreter. Staff interpreters provide services in key threshold languages: Spanish, Cantonese, Mandarin, Vietnamese and Russian. Additional services in over 100 other languages and dialects are provided through a vendor service (specializing in medical interpretation). The average response time for an interpreter is under five minutes. Services are also provided to all deaf and hearing-impaired patients.
- **Know who can request ZSFG medical interpreter services:**
  1. Providers and nursing can request interpreter assistance for any (and all) interactions with LEP and hearing impaired/deaf patients.
  2. LEP and hearing impaired/deaf patients themselves (and their family members) can directly request interpreter assistance via nursing staff.
- **Know how to access ZSFG medical interpreter services:** All inpatient units, clinics and emergency services have dedicated interpreter service video units and speaker phones. In addition, any phone in the hospital can be used to reach Interpreter Services at ext. 6-5133.
- **Know** that family members, visitors, or staff **CANNOT** be used to interpret for patients regarding:
  1. Information & instructions about consents/authorization to treatment
  2. In situations of child or elder abuse,
  3. In situations involving domestic violence, assault, or other sensitive situations.

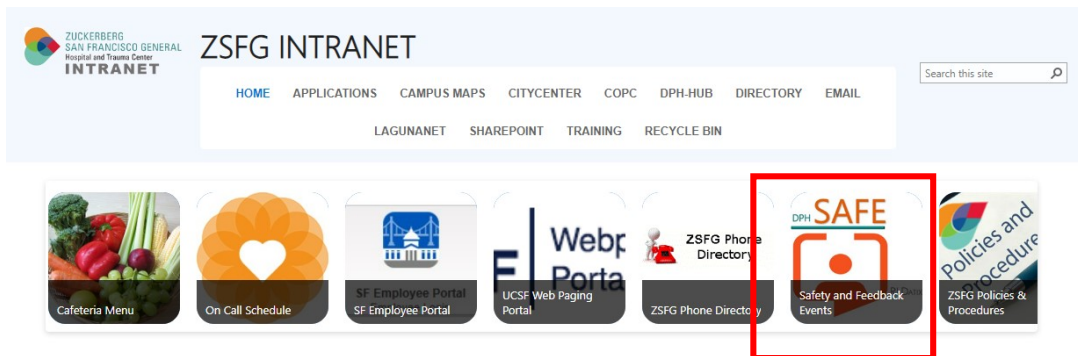


- **Know** that should patients/patient representatives insist upon the use of a friend or family member to provide them with interpreting service, hospital policy states that ZSFG healthcare personnel may request that a healthcare interpreter participate in the exchange to ensure that the family/friend's interpretation represents an accurate portrayal of the information to hospital staff and patients.
- **Update** the patient's plan of care to include the need for interpreter assistance & type of interpreter assistance needed.
- **Know how concerns and grievances regarding interpreter services are handled:**
  1. Concerns regarding interpreter services can be reported via the DPH SAFE system by selecting the Provision of Care / Clinical Safety icon and selecting "Interpreter services issue" as the specific event type for the file.
    - a. Section of the correct event type ensures that the file is routed to the appropriate manager for the interpreter services team for investigation and follow-up.
  2. As a reminder, the DPH SAFE system can be accessed from the icon within the Epic ribbon bar, via the desktop icon on tap-n-go computers, or from the link on the ZSFG Intranet.



## How to access DPH SAFE:

### ZSFG Intranet:



### Epic:



### Tap-N-Go Desktop Icon:



**Managers: Please print, distribute, post, and discuss with your staff during staff huddles, change of shift, patient rounds, downtime, at staff meetings - whenever an opportunity arises!**



***What is the intent of Leadership Standard 03.01.01 regarding creating a culture of safety though out the hospital?***

The intent of **LD Standard 03.01.01** is that hospitals keep patients safe by creating an environment in which allow providers and staff to openly speak up about concerns about safety and quality, to act when a patient safety risk is identified to protect the safety of the patient, and to be supported administratively when reporting safety and quality issues.

***What will the Joint Commission, CMS and CDPH surveyors observe staff for during a survey?***

That staff follow the processes described in hospital policy to intervene when they believe there is an immediate risk to a patient's safety.

**During tracers and hospital tours, the surveyors will observe/interview providers and staff about how they use ZSFG's "Stop the Line" processes to intervene in situations in which they believe there is an immediate risk to patient's safety during care, treatment, or services.**

***How does ZSFG currently meet the expectation of the standard?***

**Administrative Policy 19.04: Responsibility and Authority to Intervene to Protect Patient Safety: Stop the Line** and **Administrative Policy 3.13: Code of Professional Conduct** are the hospital policies which govern staff practice. Education of staff and licensed independent practitioners about ZSFG's "**Stop the Line**" process is done through hospital and department-based orientation. "Stop the line" was developed by ZSFG, in partnership with the University of California San Francisco (UCSF), to support a fair and just culture in which physicians and staff can communicated freely in support of patient safety, and to act, if necessary, when patient safety may be at risk.

***What are the critical components of ZSFG's "Stop The Line" process for staff to know?***

➤ **Know what "Stop the Line" means:**

- ◆ All team members and providers, regardless of their role, are responsible for speaking up and "stopping the line" when a patient safety event is perceived.
- ◆ Speaking up can save lives and reduce errors.
- ◆ All team members and providers will be supported by administration when using "Stop the Line" in good faith.

➤ **Know what to do if you see an impending threat to patient safety:**

- ◆ Ask team members to stop because you have a concern and want to ensure patient safety.
- ◆ If they continue, repeat your request and state you are uncomfortable continuing.
- ◆ If they continue, state "this is a safety issue" and **immediately invoke the chain of command** by contacting the appropriate immediate supervisor or AOD
- ◆ File a SAFE report so that the event can be investigated by the Patient Safety Officer or designee

➤ **Know examples when staff might use "Stop The Line":**

- ◆ The patient verbalizes that they think they are in the wrong place or are waiting for the wrong procedure
- ◆ Inconsistent information about a procedure to be performed when the H&P, OR schedule, and informed consent are compared
- ◆ A break in sterile technique
- ◆ Caregiver is entering an isolation patient room without all proper PPE
- ◆ A patient is found to have a wrong ID band
- ◆ Potential contaminants detected during patient meal tray line assembly
- ◆ Imminent violation of patient's rights (for instance, failure to obtain obtained consent for surgery)

***Managers: Please print, distribute, post, and discuss with your staff during staff huddles, change of shift, patient rounds, downtime, at staff meetings – whenever an opportunity arises!***