Emergency Department Update

Friday, March 11, 2022 Issue # 105

GENERAL

BERT TEAM

- The beginnings of the structure and staff to support the ED BERT team have started orientation across the hospital and in the ED
- Please introduce yourself and welcome them when you see them
- Initially, BERT RN's are being oriented and will eventually be on-boarding and orienting LPTs and LVN's who will be making up a dedicated BERT Team resource for the ED 24/7
- Darryl Toppin, RN is the Lead ED BERT Team Nurse—he will be instrumental in onboarding additional BERT staff. The other new BERT RN's are Yin Theint, RN; Aaron Felker, RN; Darrin Wilson, RN; Nga Nguyen, RN; Courtnee Luis, RN
- We are very excited to see this work start and look forward to working with our new colleagues

PCA STAFF

- We have two new contract PCA staff starting in the department
- Please welcome Cameron Whitfield (Day Shift) and John Amyamele (Night Shift)

MASKING

- Be sure that your patients are wearing their isolation masks when staff are in the room with them
- While N95 and eye protection continue to be the minimum PPE for patients contact, because we all work so closely together for extended periods of time it is highly recommended to always wear an N95 while in the department
- Consider alternative break spaces for meal breaks. Outside or the Cafeteria are a couple
 of alternatives to break rooms

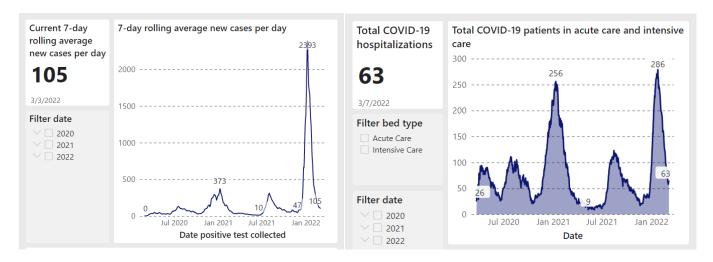
SELF-SCREENING

 Please continue to self-monitor for signs and symptoms of COVID. If you are experiencing any symptoms or have had a known exposure, please contact OHS 628-206-4100

HOSPITAL SURGE LEVEL

As of, Friday, March 11, 2022 we have 10 COVID positive hospitalized patients at ZSFG placing us in the YELLOW Hospital Surge Level

COVID-19 CITY WIDE DATA



EQUIPMENT, SUPPLIES, PRODUCTS

PPE

- Most PPE stable—Moldex medium and large are on back order
 - If you use Moldex and are not already fitted for another brand of N95, please get fit tested for alternative N95

Items that are Backordered or Delayed

- Light Green Top Vacutainer blood collection tubes—please only draw if troponin is ordered. DO NOT USE LIGHT GREEN TUBES ON THE BLOOD GAS MACHINES, please use an ABG syringe.
- 500 ml Normal Saline and Sterile Water-NO ETA
- Lumbar Trays-NO ETA
- 12-lead EKG Stickers-NO ETA
- Arterial Line 20g Sets-No ETA, but we still have some in the department
- 14F PIGTAIL-ETA two weeks

EDUCATIONAL OPPORTUNITIES

PEM PEARL

Dina Wallin, MD, FACEP, FAAP

As our system, and other systems across the country, find ourselves strained, with inadequate resources to care for our patients, value-based care becomes even more important. In pediatrics specifically, several examples of **low value care** are common:

- Chest radiography in asthma or bronchiolitis
- o Beta agonist or corticosteroid use in bronchiolitis
- Lab testing or neuroimaging in febrile seizure
- Head imaging in afebrile seizure, head injury, or headache
- Any imaging in sinusitis, constipation, or facial trauma

The data and professional society recommendations (and <u>UCSF Clinical Pathways</u>) support us well in avoiding these low value services. Stop for a moment and think about *your* last several pediatric patients with these conditions-- **how might our care be improved for these kids?**

Also think-- how might our care be biased? A really cool recent study showed that non-Hispanic white children were significantly more likely to receive low value imaging (in asthma, bronchiolitis, head injury, headache, and constipation), and non-Hispanic Black children were significantly more likely to receive low value medications for bronchiolitis. There are a myriad of potential explanations for these associations (I have my ideas-- including the increased prevalence of asthma in redlined Black and Brown neighborhoods, leading to an automatic brain link between Black patients and asthma), and I encourage you to take a few moments to brainstorm your ideas. If we don't think about bias, we can't mitigate it.

ACLS-BLS CERTIFICATION

Please use the QR Code below to sign up on Eventbrite in advance to complete your online exam prior to coming to the skills session.





CELEBRATIONS/ANNOUNCEMENTS

CELEBRATIONS

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

I would like to celebrate POD C TL **Kat Ngo, RN** for her willingness to see pediatric patients as TL with no acuity after 0300. It was a night w/ several pediatric patients and she helped us with the department's flow. **~Juan Castaneda, Charge Nurse**

Many thanks to the interdisciplinary team: Wes Chu, RN; Hector Zamudeo, RN; Pat Lavin, RN; Joyce Go, ED PharmD; Raquel Moore, ED Social Worker; Rob Alvernaz, Charge Nurse, Kat Ngo, RN, and Jayme Ng, Triage RN as well as Dr. Ritzenberg, and many others in the ED who helped to care for a critically ill pediatric patient AND their family members during a very difficult situation this week. The family, the trauma service, and I are grateful for our team's quick and focused work, great communication, and compassionate care. "Mary Mercer, ED Attending Physician"

I wanted to celebrate **Selin Senel, RN** who did a fantastic job as acuity in Pod A on Thursday. Super hard worker. **~Kate Matthew, RN**