

Emergency Department Update



Friday, January 14, 2022

Issue # 97

GENERAL

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. Additional, 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
- Still no pot-locks of shared food, sorry. We will get there again some day soon hopefully.
- Consider alternative break spaces for meal breaks. Outside or the Cafeteria are a couple of alternatives to break rooms

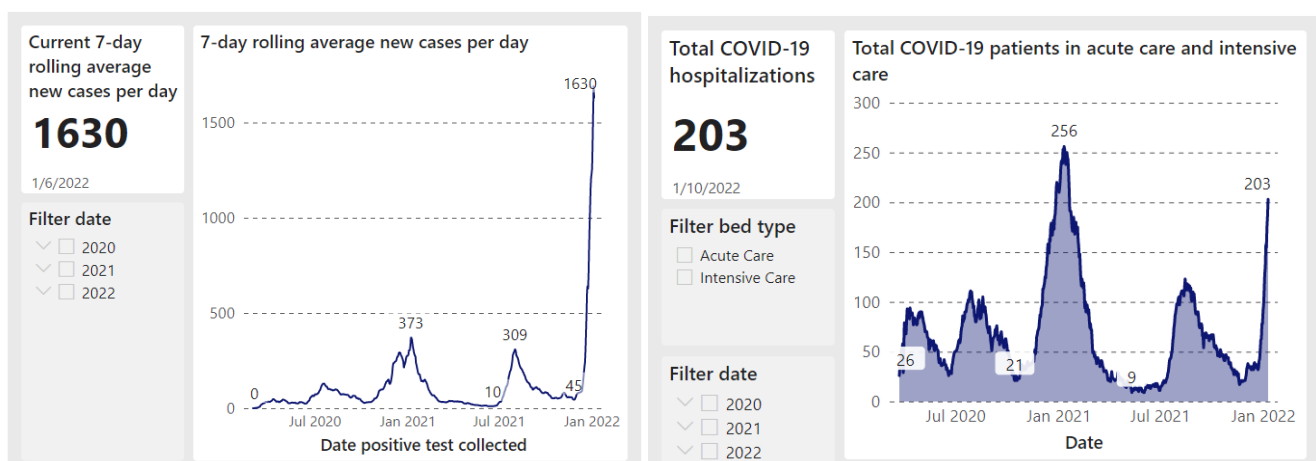
SELF-SCREENING

- Please continue to self-monitor for signs and symptoms of COVID. If you are experiencing any symptoms or have had an known exposure, please contact OHS 628-206-4100
- There are new return to work guidelines that have been rolled out. OHS will advise when you can return to work safely

HOSPITAL SURGE LEVEL GREEN

- As of, Friday, January 14th, 2022 we have **45** COVID positive hospitalized patients at ZSFG placing us in the **ORANGE** Hospital Surge Level

COVID-19 CITY WIDE DATA



OMICRON SURGE

- Cases are at a new high in the City, but there is light at the end of the tunnel. At least one of the models suggest the City will see peak cases on Monday January 17, 2022. If that holds true, then next week we should be seeing declining cases, which can only mean better days ahead and eventually a declining hospital COVID census

- Borrowing from the CEO's Note this week appropriately titled "Omnicon is Tough and ZSFG is Tougher" and passing along some of the things that are being done to help support the work you all do
 - New back-to-work guidelines from OHS that get staff back safely and sooner
 - [We are implementing our well-practiced surge plans to ensure that we are caring for the highest priority patients and that staff are available most flexibly](#)
 - We are working with community partners to make available as many discharge avenues as possible for our patients who no longer require acute or critical care
 - [We are limiting visitors to comply with health orders and to ensure a safe workplace](#)
 - We are providing unprecedented numbers of tests for our patients every day
 - We are monitoring workforce and patient areas continuously to ensure we are distributing resources as best we can
 - We are listening to you about how we can do better to improve service during this time

EQUIPMENT, SUPPLIES, PRODUCTS

PPE

- All PPE stable, except MOLDEX and ETA unknown

Items that are Backordered or Delayed

- 18g IV catheters ETA Sunday
- Hot packs ETA 1/17
- Adult cannula ETA 1/17
- Med Speculum ETA 1/26
- Wristbands ETA sometime next week
- Discharge sweats on order

EDUCATIONAL OPPORTUNITIES

PEM PEARL

Dina Wallin, MD, FACEP, FAAP

A [recent study](#) demonstrated that at one institution, only **56% of adolescents had a sexual history documented**, and **40% were tested for sexually transmitted infections (STIs)** (of note, **25%** of those tests were positive!). The authors also found disparities in care-- patients were significantly **more likely to be tested** if they identified as **non-Hispanic Black** race, were **older than 15** years old, and/or had **nonprivate insurance**. This disparity is a good example of the [adultification of black children](#) discussed in a previous PEM Pearl.

This presents a good moment to review the [2021 CDC guidelines](#) for treatment of two of the most common STIs for adolescents and adults:

- Non-gonococcal urethritis and Chlamydia: **Doxycycline** 100mg PO BID x 7 days
 - *Less-preferred alternative: Azithromycin 1g PO x 1*
- Gonorrhea: **Ceftriaxone** IM x 1 (< 150 kg: 500mg; ≥ 150 kg: 1000 mg)

We'll discuss California laws regarding consent and confidentiality for minors and STI testing / treatment when we return in January. Happy holidays and happy new year to everyone!

Another Double Episode PEM Pearl

Last PEM Pearl, we discussed new CDC guidelines for STI treatment, as well as provider variability and bias in STI testing. This episode, let's review California laws for **consent and confidentiality** for **pregnancy and STI testing and treatment**.

This is a murky topic, and it can be difficult to keep track of all the laws. I find [this document](#) to be helpful, and, to the best of my knowledge, I think it's up-to-date. A summary:

- Prevention or treatment of **pregnancy**:
 - Minor of **any age** may consent to pregnancy testing, contraception (other than sterilization), abortion, and prenatal care
 - Providers **cannot disclose** information about this care to parents or guardians without written consent of the minor
- Prevention or treatment of **STIs**
 - Minors of **12 years or older** may consent to preventive care, diagnosis, or treatment of STIs, including HIV
 - Providers **cannot disclose** information about this care to parents or guardians without written consent of the minor

Complicating factors include reporting consensual sex between a minor and older adolescent or young adult (and keeping track of those laws), overlap between prevention of pregnancy (all ages) and prevention of STIs (only minors 12 and older), parents/guardians who demand to know information we are not permitted to disclose... lots of grey zones. I *love* talking about this stuff-- come find me next time we're working together if you want to chat more!



ACLS-BLS-PALS SKILLS TESTING

ACLS/BLS will start at 8am and PALS will start at 10:30. 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.



American
Heart
Association®



Eventbrite ACLS-BLS-PALS
Sign-up

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.

Jeanne Hoffman, NP would like to celebrate the team she worked with in Triage last week **Audrey Smith, RN; Amber Quelvlog, RN; and Rai Ting, RN**. They made a great team on an extremely busy day. Jeanne appreciated everyone's positive disposition and flexibility in getting things done for the patients.

Jeanne went on to say, "Shout out to **Rachel Chin, MD** for seeing patients in POD B...Shout out to **Andi Tenner, MD** for stepping into triage like a pro and helping out. And shout out to **Debbie Madhok, MD** for taking over entirely at triage at 7:30 and doing anything and everything to see patients and [make dispositions]."

"Each day RNs are choosing to stay over to help. Dooling stayed late today and helped with anything (rooming, discharging, anything). Sabrina stayed late the other night and ran her own zone, old school-style, at triage."

"Please acknowledge these RN and MD colleagues for their HARD WORK, helpful attitudes, putting up with me and my directing and "air traffic controlling," and having good senses of humor! We accomplished a lot today."

"Finally, importantly, this teamwork at triage, in my experience, is representative of almost every day I'm there. It was our team today, but it's our colleagues tomorrow. Please express my gratitude and thanks for these colleagues doing the job with grace, honor, fortitude, incredible skill, and compassion for patients and each other." ~**Jeanne Hoffman, NP**

Thanks for that **Jeanne**! That was one of the most descriptive and thorough celebrations we have seen in the Update. ~**Dave Staconis, Nursing Director**

Big Thank You to **Dr. Klein** for taking care of pediatric patients all over the department on a busy pediatric night. Thank You **Judith!!**~**Juan Castaneda, Charge Nurse**

Thank you **Gretchen Arcia, RN** and **Matt Claveria, RN** for staying over to help night shift! ~**Rob Alvernaz, Charge Nurse**

I want to celebrate all staff on Sunday 01/10/22 for working so hard with difficult staffing. Special thanks to Triage RNs **Kristina Gusman, RN** and **Jayme Ng, RN** for holding the front, Resus TL **Bailey Blee, RN** for helping with EMS triage all night and A TL **Stacey Hoffmayer, RN** for being so flexible! ~**Juan Castaneda, Charge Nurse**

WELLNESS MINUTE

Excerpted from "How to Love the World: Poems of Gratitude and Hope" (foreword, Ross Gay) -

"I have been spending a lot of time lately thinking about witness, about how witness itself is a kind of poetics, or poesis, which means *making*. By which I mean to have been wondering about how we make the world in our witnessing of it. Or maybe I have come to understand, to believe, *how* we witness makes our world. This is why attending to what we love, what we are astonished by, what flummoxes us

with beauty, is such crucial work. Such rigorous work. Likewise, studying how we care, and are cared for, how we tend and are tended to, how we give and are given, is such necessary work. It makes the world. Witnessing how we are loved and how we love makes the world. Witness and study, I should say. Witness as study, I think I mean.

Truth is, we are mostly too acquainted with the opposite, with the wreckage. It commands our attention, and for good reason. We have to survive it. But even if we need to understand the wreckage to survive it, it needn't be the primary object of our study. The survival need be. The reaching and the holding need be. The *here, have this* need be. The *come in, you can stay here* need be. The *let's share it all* need be. The love need be."

We are all awash in wave upon wave, each day, of *the wreckage*, whether it be the suffering people who just keep flowing through the ED's wide open doors, the thoughts we have about the day-to-day of the world in these challenging times, or the more intimate gyrations of our survival, circles upon circles in our lives and minds. It does feel true that the *how of our witnessing* makes our world, that *witnessing how we are loved and how we love* makes the world.

The intention you bring to be *here* is the *how* of a stressed human world in which we all strain together, for survival, through the press of this crisis.

Love is what you make here, through every big and small action you take, via your skill, your attention, your clarity of heart. And, love "need be."

Exhaustion is the norm; we are tired.

Take time to take care of yourself -
it's never been more essential.

Chaplain Mary-Cecile (MC)