DEMAND MANAGEMENT AND ESCALATION PLAN

POLICY

DOCUMENT SUMMARY/KEY POINTS

- The Demand Management and Escalation Plan strengthens the organisation's capacity to predict, prepare and effectively manage flow, maintaining performance during peak variations in service demand.
- To be effective, *Demand Escalation* is framed within an organisation's core business, with clear processes for escalation, communication, and accountability.
- Documented processes provide staff with a clear understanding of their roles, responsibilities, and accountability for patient flow
- This policy establishes consistent measurements of capacity and demand and the required actions within Short Term Escalation Plans (STEP) to respond to changes in service demands and capacity mismatches.
- Managing changing demand requires effective communication and cooperation among all hospital services.
- The Patient Flow Portal (PFP) is the key tool for communicating capacity and demand and must be updated regularly, including Good to Go (GTG) and Waiting for What (WFW)
- Apart from unforeseeable circumstances (e.g., a disaster situation), management of demand and prediction of capacity mismatch should occur during business hours
- For noting, the Emergency Departments (ED), Intensive Care Units (ICU) and Neonatal Intensive Care Unit (NICU) have department specific STEP plans
- This policy is underpinned by the key principles and governance within the NSW Health Demand Escalation Framework

CHANGE SUMMARY

- Document due for mandatory review
- CHW and SCH capacity measurement matric updated
- STEP plan modified

READ ACKNOWLEDGEMENT

- Network Executive, Patient Flow staff and all managers of clinical areas are to read and acknowledge they understand the contents of this document.
- Senior Medical staff are to read and acknowledge that they understand the contents of this document.
- Staff working in clinical areas should be aware of this document.

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1 Purpose

The purpose of the Demand Escalation Framework is to:

- Strengthen the organisation's capacity to predict, prepare and effectively manage flow, maintaining performance during variations in service demand.
- Provide clear processes for escalation, communication and accountability
- Provide a clear understanding of roles, responsibilities and accountability for patient flow

The Demand Escalation Framework incorporates:

- Demand and Capacity Planning (CAP)
- Demand Escalation (Short Term Escalation Plans – STEPs)

2 Measurement and Response

Step 0 Business as Usual	Step 1 Moderate Compromise	Step 2 Severe Compromise	Step 3 Extreme Compromise
Adequate capacity to sustain core business, patient flow systems functioning and maintaining performance	**Moderate compromise** to core business activities as identified by demand or capacity mismatch triggers; Thresholds breached	**Severe compromise** to core business activities as identified by demand or capacity mismatch triggers; Disruption intensified	**Extreme compromise** to core business activities All contingencies fully operational

The Hospital uses a matrix to measure capacity at regular intervals throughout the day to understand if there is adequate capacity to meet demand. This is described in S.T.E.P. (Short Term Escalation Plan) levels. The matrix utilised to calculate the S.T.E.P. is included in Section 3 Appendices (3.1 - The Children's Hospital at Westmead and 3.2 – Sydney Children's Hospital, Randwick). The Step Level is updated on the Patient Flow Portal (PFP) at least every 4 hours and is communicated at Executive Team Talk and Hospital Team Talk huddles.

It is critical that the PFP contains accurate information, including actual and potential admissions and discharges; it is the key tool for communicating capacity and demand and must be updated regularly, including Good to Go (GTG) and Waiting for What (WFW).

2.1 Escalation S.T.E.P.

STEP escalates up 3 levels based on current demand (ED, booked surgical and medical admissions, Inter Hospital Transfers and other activity) and capacity (inpatient unit beds, ICU, ED and anticipated number of discharges). For each level of STEP there are clear tasks that need to be undertaken by staff to support the hospital to meet the demand. This enables the Hospital to proactively manage demand before it exceeds capacity. The organisational priority is to de-escalate to the lower STEP as timely as possible to return to Step Level 0-1 to ensure the Hospital can meet the needs of the patients requiring care within our services.

The Patient Flow Manager (PFM) is the lead in responding to capacity/demand mismatch and escalating to the site Director Clinical Operations (DCO).

2.2 Required actions according to S.T.E.P.

Level 0 Green (Business as Usual)	
Situation Capacity meets demand	**Key Actions and Accountability** • Update PFP (actual and potential – including GTG and WFW)
Level 1 Amber (Moderate Compromise)	
Situation Specialty areas in high demand	**Key Actions and Accountability** • Early medical officer rounding on patients that can be discharged today • Update PFP (actual and potential – including GTG and WFW)
Level 2 Red (Severe Compromise)	
Situation Demand is impacting the whole Hospital	**Key Actions and Accountability** • Capacity STEP 2 alert sent at discretion of PFM depending on short-term predicted status based on number of G2G • If STEP 2 capacity alert activated, Ward NUMs to coordinate an EPJB Rapid Round within 60 minutes (NUM, TL, Registrar and Allied Health)* • PFP updated after Rapid Round • PF Team to review booked admissions for next 24 – 48 hours • Capacity Huddle activated by PFM if a capacity demand mismatch remains after all ward PFP updated • Site DCO updated on status and plan
Level 3 Black (Extreme Compromise)	
Situation Demand outweighs our capacity	**Key Actions and Accountability** • Capacity STEP 3 alert sent by PFM • Ward NUMs to coordinate an EPJB Rapid Round within 60 minutes (NUM, TL, Registrar, Allied Health)* • Consultant on call is available (either by phone or in person) to review discharges • PFP updated after Rapid Round • PF Team to review booked admissions for next 24 – 72 hours • Capacity Huddle activated by PFM – including Site DCO and CPDs to develop a recovery plan to return to BAU • Site DCO and Hospital Executive continue to be updated on status and plan at regular intervals until de-escalation to Step 2
**Allied Health and Registrars to prioritise most relevant ward for EPJB Rapid Round*	
EPJB is an abbreviation for Electronic Patient Journey Board	

2.2.1 S.T.E.P. EPJB Rapid Round

The EPJB Rapid Round is for Level 2 and 3 of STEP to identify potential patients that can be discharged. The objective of the EPJB Rapid Round is to identify who can go home now and what is preventing other patients from being discharged. Where barriers are identified they should be documented in WFW (Waiting for What) on the Patient Flow Portal (PFP).

2.2.2 Script and outcomes for the EPJB Rapid Round

Level 2 Red (Severe Compromise)		
Situation Demand is impacting the whole hospital	**Attendance** • NUM and TL • Allied Health for ward • Registrar **Lead:** NUM	**Script** • Discuss patients with an EDD of today and tomorrow • Barriers to discharge • Alternative models of care **Action**: update PFP with discharges and WFW
Level 3 Black (Extreme Compromise)		
Situation **Demand outweighs our capacity**	**Attendance** • NUM and TL • Allied Health for ward • Registrar • Consultant on-call (in person or on the phone) **Lead:** NUM	**Script** • Discuss patients with an EDD of today and tomorrow • Discuss booked admissions for tomorrow • Barriers to discharge **Action**: update PFP with discharges and WFW

2.2.3 Capacity Alerts

Activation of a capacity alert for STEP 2 is at the discretion of the PFM. When the facility reaches STEP 2, and it is anticipated the capacity mismatch will be prolonged or increase (based on predicted discharges and admissions), the PFM will action a computer pop-up message and request Switchboard to send the following alert to the Step 2 distribution list:

*"**CHW/SCH** is at STEP 2 capacity (severe compromise)*
Action Rapid Round within 60 mins and update PFP"

When the facility reaches STEP 3, the PFM will action a computer pop-up message and request Switchboard to send the following alert to the Step 3 distribution list:

*"**CHW/SCH** is at STEP 3 capacity (extreme compromise)*
Action Rapid Round within 60 mins and update PFP"

2.2.4 Capacity Huddle

A Capacity Huddle is at the discretion of the PFM for STEP 2 and is required for STEP 3. The PFM will activate the huddle via an alert sent through the 'Capacity Huddle' – Microsoft Teams Channel. The objective of the capacity huddle is to urgently identify a recovery plan and assign actions with the goal of returning the facility to STEP 0-1.

Any actions assigned as part of the recovery plan during the Capacity Huddle will be communicated in the *Capacity Huddle Teams Chat.*

3 Appendices

3.1 CHW Demand Escalation Matrix

CHW DEMAND ESCALATION MATRIX					
TRIGGERS	**I POINT PER CRITERIA**	**2 POINTS PER CRITERIA**	**3 POINTS PER CRITERIA**	**4 POINTS PER CRITERIA**	**TOTAL**
Number of available ED accessible beds (excluding GCNC/PICU, Hall, HITH)	Less than 85%	86% - 90% occupancy	91% - 95% occupancy	≥ 95% occupancy	
Number of patients in ED awaiting a bed	0 - 5	6 - 8	9 - 10	≥ 11	
Number of additional beds in use (over census and surge*)	0	1 - 2	3 - 4	≥ 5	
Number of patients requiring an ED accessible bed (excluding ED patients): IHT/DOSA/Medical booked/etc.	≤ 15	16- 22	23 - 29	≥ 30	
Number of predicted discharges	≥ 50	30 - 49	15 - 29	< 15	
Number of beds blocked e.g., isolation etc.	0	1 - 2	3 - 4	≥ 5	
Number of single rooms available (excluding CSSU/PICU/GCNC/Hall)	≥ 10	6- 9	≤ 5	0	
Number of available PICU beds	≥ 5	≤ 3	≤ 2	0 (internal collapse only)	

- Surge bed = additional staffed bed/s opened
- Over census bed = additional unstaffed bed/s opened
- ED accessible bed: all inpatient beds other than those in PICU/GCNC, HITH and Hall

Step 0	Business as usual	8 - 12
Step 1	Moderate compromise	13 - 20
Step 2	Severe compromise	21 - 28
Step 3	Extreme compromise	29 - 32

Lowest possible score: 8
Highest possible score: 32

3.2 SCH Demand Escalation Matrix

SCH DEMAND ESCALATION MATRIX					
TRIGGERS	**I POINT PER CRITERIA**	**2 POINTS PER CRITERIA**	**3 POINTS PER CRITERIA**	**4 POINTS PER CRITERIA**	**TOTAL**
Number of available ED accessible beds (excluding CICU, HITH and C3SW)	Less than 85%	86% - 90% occupancy	91% - 95% occupancy	≥ 95% occupancy	
Number of patients in ED awaiting a bed	0 - 1	2	3	≥ 4	
Number of additional beds in use (over census and surge*)	0	1 - 2	3 - 4	≥ 5	
Number of patients requiring an ED accessible bed (excluding ED patients): IHT/DOSA/Medical booked/etc.	≤ 8	9- 11	12 - 14	≥ 15	
Number of predicted discharges	≥ 25	20 - 24	15 - 19	< 14	
Number of beds blocked e.g. isolation etc.	0	1	2	≥ 3	
Number of single rooms available (excluding /CICU/C3SW)	≥ 3	2	1	0	
Number of available CICU beds	≥ 3	2	1	0 (internal collapse only)	

- Surge bed = additional staffed bed/s opened
- Over census bed = additional unstaffed bed/s opened
- ED accessible bed: all inpatient beds other than those in PICU/GCNC, HITH and C3SW

Step 0	Business as usual	8 - 12
Step 1	Moderate compromise	13 - 20
Step 2	Severe compromise	21 - 28
Step 3	Extreme compromise	29 - 32

Lowest possible score: 8
Highest possible score: 32