DEMAND MANAGEMENT AND ESCALATION PLAN

POLICY©

DOCUMENT SUMMARY/KEY POINTS

- The aim of this policy is to establish consistent measurement of demand for services and outline appropriate responses to changing service demands. Managing changing demand requires effective communication and cooperation among all hospital services.
- This policy is a guide, as individual triggers may put one department or the whole of hospital into escalation.
- The Bed Manager, Nurse Manager Patient Flow and the After Hours Nurse Manager (AHNM) are responsible for coordinating patient transfers and bed management decisions to meet patient care demand.
- Patient demand is managed according to the three level plan described below that uses traffic light system of **Green**, **Amber** and **Red**.

READ ACKNOWLEDGEMENT

- Patient Flow staff and all managers of clinical areas are to read and acknowledge they understand the contents of this document.
- Other senior clinical staff working in clinical areas should be aware of this document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1st March 2014	**Review Period:** 3 years
Team Leader:	Nurse Managers SCH and CHW	**Area/Dept:** Patient Flow

CHANGE SUMMARY

- This policy has been revised to reflect capacity throughout the Sydney Children's Hospital Network (SCHN)
- The document has been revised to remove any duplication in process and replaces the CHW "Demand Management and Escalation" policy and SCH "Overcrowding Escalation Plan".

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Definitions

Beds numbers for determining occupancy: The number of inpatient overnight beds that are available for patient use, excludes day areas and ward areas as listed:C2North, C1South West day area, Medical Day Unit, Renal Treatment Centre, Oncology Treatment Centre, imaging suites, Care By Parent, Community Acute Post Acute Care, Telemetry, Intensive Care Units, Grace Centre Newborn Care, Emergency Medical Unit and Emergency Department beds.

	Mon – Fri opened bed numbers	Sat – Sun opened bed numbers
SCH	104	92
CHW	201	188

Over census bed: a bed that is used that is over the opened number of beds on that ward. An over census bed is only available if there is a physical bed space available for use. An over census bed does not require additional staff.

Surge beds: are additional hospital capacity beds that are not staffed or operational. The Director of Clinical Operations (DCO) or Executive on call approval is required to open these beds.

Hospital Triggers

- Key trigger areas for demand changes are the Emergency Department (ED), Paediatric Intensive Care Unit (ICU), Neonatal Intensive Care (GCNC), the Mental Health Unit (MHU), planned booked admissions, unexpected urgent admissions (clinics, other hospitals), the availability of beds for specialty admissions and isolation beds.
- Key triggers for capacity are bed availability, predicted discharges, transfers back to local hospitals, acuity of patients and available staff.
- The intensive care units (CICU, PICU and NICU) bed-state is reported as a state wide service;
  - **GREEN** (beds available – Level 1 equivalent),
  - **AMBER** (Limited beds available – Level 2 equivalent) or
  - **RED** (No beds available – Level 3 / Level 4 equivalent).

Refer to the respective policies:

- Admission to the Grace Centre for Newborn Care (CHW)
- Paediatric Intensive Care: What to do if a bed is hard to find (CHW)
- Admission to PICU: Guidelines for Intensive Care and High Dependency Patients (CHW)
- Procedure for ICU Consultations (SCH)

Escalation Table

GREEN

SCH			CHW			Network
Avail. Wd. Beds	**Admit. Pts in ED**	**Avail. ICU Beds**	**Avail. Wd. Beds**	**Admit. Pts in ED**	**Avail. ICU Beds**	**Avail. ICU**
5 or more	2 or less	3 or more	9 or more	4 or less	3 or more	5 or more
Overall hospital is at <95% bed occupancy Not all conditions have to be met to be in or out of escalation ICU capacity should be considered across the network Consider length of stay (LOS) and patient care needs This is a guide only						

ACTION	RESPONSIBILITY		Time Frame	Outcomes
May include some or all of the following or other strategies not listed.	**IN HOURS**	**OUT OF HOURS**		
Usual patient flow processes for example • Continue to identify and discharge patients (D/C) patients • Escalation of issues and delays. • Admit operating theatre (O/T) and booked cases as normal. • Admissions screened for out of local area and not requiring tertiary level care. • ED patients to be allocated ward bed, when bed requested. • Suitable ICU patients to be transferred to wards. • Know the ICU paed. beds across NSW • Monitor ED activity • Monitor and review isolation capacity. • Regular communication between bed management team, wards, units, departments. • Regular communication between Patient Flow Units at both sites. • Issues escalated and actioned **NB this list does not list all patient flow actions**	• Bed Manager (BM) • Nurse Manager Patient Flow (NMPF) • ICU Medical Consultant • ICU Nursing Team Leader (TL) • ED Nursing TL • NUMs • Clinical Program Directors (CPD) •	• AHNM: • CRMO • ICU Senior Doctor • ICU Nursing TL • ED TL • Senior Registrars • Ward TL	**ONGOING**	• All patients are allocated to beds within appropriate time frames. • Issues are identified and actioned. • Expected date of discharge (EDD) identified for all patients in patient management system. • Delay reasons identified in Patient Flow Portal. • Staffing availability meets patient requirements.

AMBER

SCH			CHW			Network
Avail. Wd. Beds	**Admit. Pts in ED**	**Avail. ICU Beds**	**Avail. Wd. Beds**	**Admit. Pts in ED**	**Avail. ICU Beds**	**Avail. ICU**
4 or less	3 or more	2 or less	8 or less	5 or more	2 or less	4 or less
Overall hospital is at >95% bed occupancy Not all conditions have to be met to be in or out of escalation ICU capacity should be considered across the network Consider length of stay (LOS) and patient care needs This is a guide only						
ACTION			**RESPONSIBILITY**		**Time Frame**	**Outcomes**
May include some or all of the following or other strategies not listed.			**IN HOURS**	**OUT OF HOURS**		
As per GREEN • NMPF to brief DCO and CPDs • Inform Chief Resident Medical Officer (CRMO) initiating group page to all JMOs • Review elective load planned for today and next few days • Contact relevant teams and senior medical staff • Ward round by Patient Flow Team and/or CPD • **ICU:** Review caseload, current and planned. Monitor status of other ICUs • **ED:** Need to inform bed manager of likely patients to be admitted, and ability to meet current workload. Continue to accept patients unless decision has been made by Patient Flow Unit to divert patients. • **Patient Flow Units:** Discuss bed availability, ICU capacity, ED workload and general hospital activity • Escalation meeting convened by NMPF/AHNM with bed manager, MMPF, CRMO, ED, ICU, CPDs, inpatient ward NUMs (if appropriate). • Consider opening surge beds (executive approval) If identified that a hospital needs to divert pts that are not local or require tertiary level care, the PFNMs or their delegates will discuss with DCO and notify relevant parties			• Bed Manager • NMPF • Medical Manager Patient Flow (MMPF) • Wait List Nurse Manager (WLNM) • CRMO • ICU Medical Consultant • ICU NM/TL • ED Medical Consultant • ED NM/TL • NUMs • CPDs • The Patient Flow Unit is responsible for activation of these measures	• AHNM: • CRMO • ICU Senior Doctor • ICU Nursing TL • ED Senior Doctor • ED Nursing TL • Senior Registrar • Ward TL • The AHNM and SCHN executive on call are responsible for activation of these measures	**IMMEDIATE**	• Capacity page actioned by JMOs • Planned medical patients deferred after discussion with teams. • Delays from ward round auctioned by CPDs/PF. • List of potential DOSA that could be deferred. • Surge beds may be opened, dependent on staff. • Surge beds opened. • CPDs, ICU, ED and relevant medical teams notified of diversion

RED

SCH			CHW			Network
Avail. Wd. Beds	**Admit. Pts in ED**	**Avail. ICU Beds**	**Avail. Wd. Beds**	**Admit. Pts in ED**	**Avail. ICU Beds**	**Avail. ICU**
2 or less	5 or more	1	4 or less	8 or more	1	1
Hospital is at 100% occupancy This is a guide only						
ACTION			**RESPONSIBILITY**		**Time Frame**	**Outcomes**
May include some or all of the following or other strategies not listed.			**IN HOURS**	**OUT OF HOURS**		
As per GREEN and AMBER • Escalation meeting convened by NMPF/AHNM with bed manager, MMPF, CRMO, ED, ICU, CPDs, inpatient ward NUMs (if appropriate). • Over census beds to be opened throughout the hospital • Consider additional medical and nursing staff on the wards to assist with workload. • Consider cancelling admissions for OT and any elective patients • Delay all elective admissions for medical/multidisciplinary reviews • Network with other NSW ICUs with paediatric beds regarding availability to clear beds • NMPF/delegate to inform DCO/SCHN executive on call • Inform NETS of status (by Pt Flow)			• Bed Manager • NMPF • MMPF • CRMO • CPDs • WLNM • ICU Medical Consultant • ICU NM/TL • ED Medical Consultant • ED NM/TL • NUMs • CPDs	• AHNM: • CRMO • ICU Senior Doctor • ICU Nursing TL • ED Senior Doctor • ED Nursing TL • Senior Registrar • Ward TL • SCHN executive on call	**IMMEDIATE**	**As per GREEN and AMBER** • **Appropriate patients deferred** • **Over census beds used.**

Abbreviations

AHNM After Hour Nurse Manager
CPD Clinical Program Director
CRMO Chief Resident Medical Officer
DCO Director of Clinical Operations
D/C Discharge
DOSA Day Only Surgical Admission
ED Emergency Department
EDD Expected Day of Discharge
ICU Intensive Care Unit
JMO Junior Medical Officer
LOS Length of stay
NETS Neonatal & paediatric Emergency Transport Service
NMPF Nurse Manager Patient Flow
NUM Nurse Unit Manager
O/T Operating Theatre
TL Team Leader

Surge Beds Guidelines

Surge Beds are additional hospital capacity beds that are not staffed or operational. Surge beds are a way of responding to peaks in demand and can be activated at short notice, with additional staff. The Director of Clinical Operations (DCO) or Executive on call approval is required to open these beds.

Activation of surge beds

Surge beds maybe activated to assist with demand management for short periods or for longer periods when the demand for inpatient beds is expected to continue i.e. during winter.

Short term activation can occur when the hospital is at AMBER in the escalation plan. As soon as the hospital returns to Green the surge beds should be deactivated. The decision to open surge beds is usually recommended by the Patient Flow Manager or delegate. Approval for the short term opening of the surge beds is by the DCO/Executive on call.

Longer term activation can occur during periods of known or predicted increase in activity. This allows longer term planning for staffing of the beds. Approval for the opening of surge beds for a longer term is required from the DCO.

Opening of surge beds will be done in consultation with the ward NUM or TL. Staffing for these beds will be through the usual strategies.

Opening of surge beds will be documented in the usual process and be reported to Ministry of Health as opened beds and will also be tabled at the Strategic Patient Flow meeting.

Over Census Beds Guidelines

A over census bed is a bed that is used that is over the opened number of beds on that ward. An over census bed is only available if there is a physical bed space available for use. An over census bed does not require additional staff.

Activation of Over Census Beds

Over census beds are activated when the hospital is at RED in the escalation plan. The use of the over census beds are to relieve overcrowding in the Emergency Department, create ICU capacity, or place an unexpected urgent admission that would otherwise go to the ED.

Use of an over census bed will be with the following conditions:

- The ward should be staffed for that and the next shift (if possible).
- The acuity on the ward allows for an additional patient to be accepted.
- Skill mix should be appropriate.
- The patient being transferred to the ward should not be high acuity.

The following points should also be considered:

- Are there patients on overnight leave?
- The ward going over census can identify patients that will be discharged in the next 24 hours (if possible).
- Are there patients that could be suitable for CBP if there was a bed available in CBP?

The decision to activate the over census bed policy will be made by the Patient Flow Manager during normal operating hours, with the NUM/team leader and Clinical Program Directors.

After hours the decision will lie with the After Hours Nurse Manager in consultation with the ward team leader, after liaison with the Executive on call.

The use of over census bed will be documented in the usual process and be reported to Ministry of Health as opened beds and will also be tabled at the Strategic Patient Flow meeting.