

# Demand Escalation Process

## Heart and Lung

### Escalation status & strategy

### Responsibility

### Escalate & liaise

#### Level 0

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| <ul style="list-style-type: none"> <li>- Actual &amp; potential discharges identified at the daily meeting</li> <li>- Ward rounds undertaken with NUM &amp; delays from ward round are actioned &amp; documented</li> <li>- Daily multidisciplinary huddles to identify PDD &amp; discharge plans</li> <li>- Outlier patients identified by NUM &amp; patient flow coordinator &amp; repatriated back to home wards</li> <li>- Routine rounds by medical specialty teams with early clearance of patients for discharge by 1000</li> <li>- NUMS to review inpatient LOS profile</li> <li>- Identify &amp; refer patient suitable for admission avoidance programs,</li> <li>- Referral &amp; transfer to private facilities/rehab etc</li> <li>- Identify &amp; plan for the next day activity</li> <li>- Documentation of PDD &amp; discharge plan in EMR</li> </ul> | <ul style="list-style-type: none"> <li>- NUMs/NC ward staff</li> <li>- Medical Teams</li> <li>- Patient Flow Coordinators</li> <li>- Allied health teams</li> </ul> | <ul style="list-style-type: none"> <li>- Nil</li> </ul> |
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#### Level 1

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| <ul style="list-style-type: none"> <li>- Phase 0 strategies actioned</li> <li>- Identify all subspecialties with high volumes of inpatients</li> <li>- Request medical review +/- discharge with services or through community-based programs</li> <li>- Escalate for review &amp; management options to clinical nurse consultant</li> <li>- 24-hour capacity planning initiated with review of planned discharges for the following day</li> <li>- Escalate discharge delays via program leads</li> <li>- Review of procedural activity that requires admission</li> </ul> | <ul style="list-style-type: none"> <li>- Inpatient NUMs</li> <li>- Medical Teams</li> <li>- Program Delivery manager</li> <li>- Nurse Leads</li> <li>- Allied health teams</li> </ul> | <ul style="list-style-type: none"> <li>- Patient Flow Demand Manager</li> <li>- Program Delivery manager</li> <li>- Nurse Leads</li> <li>- Medical Leads</li> <li>- Allied Health leads</li> </ul> |
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#### Level 2

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| <ul style="list-style-type: none"> <li>- Phase 1 strategies actioned</li> <li>- Huddle attended by NUM of all inpatient ward's areas</li> <li>- Early ward rounds with multi team representation</li> <li>- Review of PDD &amp; escalation of discharge delays for same day &amp; next day discharges</li> <li>- Review of direct ward admissions &amp; diversion to HITH/MHH/ MRU as able</li> <li>- Review of country transfer &amp; delay if able</li> <li>- Escalation &amp; action meeting held with Nurse Leads &amp; Operations Manager to identify areas of deficits &amp; priorities for action</li> </ul> | <ul style="list-style-type: none"> <li>- Inpatient NUMs</li> <li>- Medical Teams</li> <li>- Allied health teams</li> <li>- Nurse Leads</li> <li>- Program Delivery Managers</li> </ul> | <ul style="list-style-type: none"> <li>- NOC team</li> <li>- Program Delivery managers</li> <li>- Nurse Leads</li> <li>- Medical Leads</li> <li>- Medical teams</li> <li>- Allied Health leads</li> </ul> |
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**PLEASE TURN OVER FOR LEVEL 3 ACTIONS**

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#### Level 3

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|--|---|---|
| <ul style="list-style-type: none"><li>- Review all current business practices &amp; where possible suspend noncritical/clinical activities for 2 hours redeploying those resources of area of need including ED, &amp; wards for review &amp; discharge management</li></ul> | <ul style="list-style-type: none"><li>- Inpatient NUMS</li><li>- Medical Teams</li><li>- Nurse Leads</li><li>- Program Delivery Manager</li><li>- Allied Health teams</li></ul> | <ul style="list-style-type: none"><li>- NOC team</li><li>- Program Delivery Manager</li><li>- Nurse Leads</li><li>- Medical Leads</li><li>- Medical teams</li><li>- Allied Health leads</li></ul> |
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