

Demand Escalation Process Intensive Care Unit

Escalation status & strategy

Responsibility

Escalate & liaise

Level 0

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| <ul style="list-style-type: none"> - ICU bed base below 38 - Identified ICU discharges allocated a bed - No bed blocks - State-wide capacity | <ul style="list-style-type: none"> - Duty NUM - ICU Co-ordinator - Patient Flow coordinator - Allied Health teams | <ul style="list-style-type: none"> - Nil |
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Level 1

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| <ul style="list-style-type: none"> - ICU bed base 38 at RAH & 8 at TQEH - Unallocated ICU discharges - Bed block - ICU admissions/discharges will take bed base above 38 - State-wide capacity | <ul style="list-style-type: none"> - Duty NUM - ICU Co-ordinators - Patient Flow coordinator - Allied Health teams | <ul style="list-style-type: none"> - ICU NUMs - Duty Intensivist - Patient Flow Demand Manager - NOC team |
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Level 2

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| <ul style="list-style-type: none"> - ICU bed base above 38 with admissions & discharges - FTE mismatch with ICU bed base - Unexpected admissions creating bed pressure - State-wide ICU position of concern - Escalation of bed block to the NOC - Medstar divert - Review elective admissions for the next day | <ul style="list-style-type: none"> - Duty NUM - Duty Intensivist - NUMs - Patient Flow coordinator - Allied Health teams | <ul style="list-style-type: none"> - Nursing Director Ops/Nurse Lead - Duty Intensivist - Program delivery manager - Allied Health leads - NOC team |
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Level 3

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| <ul style="list-style-type: none"> - ICU predicted to be above 40 with admissions & discharges - Escalate bed block to NOC - Medstar divert - Source additional staff - Hold theatre for elective cases - Review elective cases for the following day | <ul style="list-style-type: none"> - ICU TL - Duty Intensivist - Duty Anaesthetist - NUMs - Patient Flow coordinator - Allied Health teams | <ul style="list-style-type: none"> - ND Ops - Nurse Leads - Duty Intensivist - Medical Lead - Program delivery manager - Allied Health leads - NOC team |
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