

Demand Escalation Process

Speciality Medicine 1

Escalation status & strategy

Responsibility

Escalate & liaise

Level 0

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| <ul style="list-style-type: none"> - Actual & potential discharges identified at the daily meeting - Ward rounds undertaken with NUM & delays from ward round are actioned & documented - Outlier patients identified by NUM & patient flow coordinator & repatriated back to home wards - Routine rounds take place by medical specialty teams with early clearance of patients for discharge by 1000 - Movement of discharging patients to dialysis early & readmit under 126 (day procedure) - NUMS to review inpatient LOS profile - Identify & refer patient suitable for hospital avoidance programs - Referral & transfer to private facilities/ rehab etc - Identify & plan for the next day activity - Patients temporarily moved to waiting area prior to discharge | <ul style="list-style-type: none"> - NUMS/ ward staff - Medical teams - Patient Flow Coordinators - 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"> - Phase 0 strategies actioned - Identify all subspecialties with high volumes of inpatients - Request medical review +/- discharge with services or through community-based programs - Escalate for review patient discharges & discuss management options with nurse unit manager - Review of planned discharges for the following day to initiate - 24- hour capacity planning - Deploy complex care nurse consultant to ED to review admitted ED patients under 026 - Deploy nurse practitioner for PD & HD to identify strategies for supported discharge - Use of overflow room on 7FD to facilitate timely movement of patients from ED | <ul style="list-style-type: none"> - Inpatient NUMS - Medical teams - Allied Health teams - Patient Flow Coordinator | <ul style="list-style-type: none"> - Patient Flow Demand Manager - Program Delivery Manager - Nurse Leads - Medical Leads - Allied Health leads |
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PLEASE TURN OVER FOR LEVEL 2 & 3 ACTIONS

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Level 2

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| <ul style="list-style-type: none"> - Phase 1 strategies actioned - Round attended by Nurse Lead of all inpatient ward's areas - Liaises with NUM re identified possible discharges - Escalation & action meeting - Consider use of renal day centre for discharging patients | <ul style="list-style-type: none"> - Inpatient NUMS - Medical Teams - Nurse Leads - Program Delivery Manager | <ul style="list-style-type: none"> - NOC team - Program Delivery Manager - Nurse Leads - Medical Leads - Medical teams - Allied Health leads |
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Level 3

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