

# Demand Escalation Process

## Speciality Medicine 2

### 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 bed meeting [NUM/ TL]</li> <li>- Routine rounds take place by medical specialty teams with early clearance of patients for discharge by 1000 or as soon as clinically ready thereafter</li> <li>- Ward rounds undertaken with NUM &amp; delays from ward round are actioned &amp; documented with active follow up across the day</li> <li>- Outlier patients identified by NUM &amp; patient flow coordinator &amp; repatriated back to home wards when possible [engagement of specialty nursing by unit to ensure patient progress on track/ PDD]</li> <li>- NUMs to review/ monitor inpatient LOS profile</li> <li>- Identify &amp; refer patient suitable for admission avoidance programs including HITH / MyHH [Team]</li> <li>- Referral &amp; transfer to private facilities/ rehab / CAP [NUM]</li> <li>- Identify &amp; plan for the next day activity [Team]</li> </ul> | <ul style="list-style-type: none"> <li>- NUMS/ 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>- Ensure Specialty Consults are responded to within 24-hours by program teams to other inpatient services</li> <li>- Identify all program inpatients waiting for subspecialty input by Consult order &amp; escalate to consultant for response/ action</li> <li>- Request medical review +/- discharge with services or through community-based programs &amp; support from Specialty Nurses</li> <li>- 24-hour capacity planning initiated with review of planned discharges for the following day</li> </ul> | <ul style="list-style-type: none"> <li>- Inpatient NUMs</li> <li>- Medical Teams</li> <li>- Allied Health teams</li> </ul> | <ul style="list-style-type: none"> <li>- Patient Flow Demand Manager</li> <li>- Patient Flow coordinator</li> <li>- Program Delivery Manager</li> <li>- Nurse Lead</li> <li>- Medical Lead</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>- Round attended by Nurse Lead of all inpatient ward's areas</li> <li>- Escalation &amp; action meeting held with Nurse Lead &amp; NUM to identify areas of deficits &amp; priorities for action</li> </ul> | <ul style="list-style-type: none"> <li>- Inpatient NUMs</li> <li>- Medical Team</li> <li>- Nurse Lead</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 Lead</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

# Demand Escalation Process

## Speciality Medicine 2

### Escalation status & strategy

### Responsibility

### Escalate & liaise

#### Level 3

- Review all current business practices & where possible suspend non-critical activities for 2 hours redeploying those resources of area of need including ED, & wards for review & discharge management

- Inpatient NUMs
- Medical Team
- Nurse Lead
- Program delivery manager
- Allied Health teams

- NOC team
- Program Delivery manager
- Nurse Lead
- Medical Lead
- Medical teams
- Allied Health Leads