

# Demand Escalation Process

## Outpatients

Escalation status & strategy	Responsibility	Escalate & liaise
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### Level 0

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| <ul style="list-style-type: none"> <li>– Monitor wait list</li> <li>– Review weekly appointment slots for vacancies</li> <li>– Continue with telehealth appointments</li> <li>– Re-triage NALHN and SALHN referrals via the patients GP</li> <li>– Discuss the need to re-appoint patients that Fail To Attend</li> <li>– Continue hospital and ED avoidance pathways</li> <li>– Consider alternate treatment options if appropriate</li> <li>– Continue to engage with GPs about referrals and treatment options</li> </ul> | <ul style="list-style-type: none"> <li>– NUMS / ANUMS</li> <li>– Medical staff</li> <li>– Admin staff</li> </ul> | <ul style="list-style-type: none"> <li>– HOU's</li> <li>– ND</li> </ul> |
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### Level 1

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| <ul style="list-style-type: none"> <li>– Continue to monitor appointment lists</li> <li>– Continue to monitor wait lists</li> <li>– Review weekly appointment list and offer any vacant slots to patients on wait list or for rapid access clinics for early DC / hospital avoidance</li> <li>– Consider other discharge / treatment pathways i.e. HITH / RITH / MRU / RDNS etc</li> </ul> | <ul style="list-style-type: none"> <li>– NUMS / ANUMS</li> <li>– Medical staff</li> <li>– Admin staff</li> </ul> | <ul style="list-style-type: none"> <li>– HOU's</li> <li>– NDs</li> </ul> |
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### Level 2

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|---|---|---|
| <ul style="list-style-type: none"> <li>– Reappoint non urgent if directed to free up urgent / Rapid access slots</li> <li>– Continue wait list review and management</li> <li>– Look at alternate staffing models to support OPD and other units as required</li> <li>– Continue telehealth appointments</li> <li>– NM to liaise with NUM about staffing contingency plan</li> <li>– Look at skill mix to support clinic functionality</li> <li>– Create additional appointment spots for early DC patients – in Rapid Access / Med Day Unit or other clinical sites</li> </ul> | <ul style="list-style-type: none"> <li>– NUMs</li> <li>– Medical staff</li> <li>– Admin staff</li> <li>– Nurse Manager</li> </ul> | <ul style="list-style-type: none"> <li>– NUMs</li> <li>– Medical staff</li> <li>– Admin staff</li> <li>– Nurse Manager</li> </ul> |
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### Level 3

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|---|---|---|
| <ul style="list-style-type: none"> <li>– Review nursing and admin staff rostered for consideration to send to ward / services for additional assistance.</li> </ul> | <ul style="list-style-type: none"> <li>– NUMs</li> <li>– Medical staff</li> <li>– Admin staff</li> <li>– Nurse Manager</li> </ul> | <ul style="list-style-type: none"> <li>– NUMs</li> <li>– Medical staff</li> <li>– Admin staff</li> <li>– Nurse Manager</li> </ul> |
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# Demand Escalation Process

## Outpatients

- If requested by Clinical teams for Urgent OPD appointment to facilitate early discharge create additional appointment spots (or reschedule non-urgent patients) – in Rapid Access / Med Day Unit or other clinical sites
  - Cancel all non-urgent meetings
  - Review non-urgent appointments so as staff can be released to assist elsewhere
  - Consider moving more patients to telehealth
  - Discuss with Incident Management Team space availability in OPD to assist with Discharge Planning
- Escalate to Nurse Director to facilitate
  - NOC
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