

NSW Ministry of Health Demand Escalation Framework

Executive Summary

The Ministry of Health is committed to supporting the system in all areas of patient flow.

The Patient Flow Systems (PFS) provides detailed advice to health leaders and managers. The NSW Patient Flow Systems program provides staff with the knowledge and tools to minimise delays in patients moving through care. By using a defined governance approach, Patient Flow Systems (PFS) helps ensure that the capacity for patient care is maximised and resources effectively allocated.

Organisations require a Demand Escalation Framework that outlines the core business with clear processes for escalation, communication and accountability during peak periods of increased activity and demand.

Documented processes provide staff with clear understanding of roles and responsibilities in their accountability for patient flow.

Strengthening the NSW Health system's capacity to predict, prepare and effectively manage flow, including peak variations in service demand. A patient centred approach to patient flow enables improved safety and quality patient outcomes and efficient processes.

This document outlines a basic framework to structure a Demand Escalation Framework from a facility to an LHD level. The templates provide a starting point to ensure consistency of messaging and communication, with the intent to allow the templates to be tailored by each facility to include the identified tipping points within the organisation. Clear framework escalation pathways provide assistance from executive leadership, engaging of local knowledge and clinical leadership, integration of business planning, governance and effective communication within and external to the organisation to ensure a collaborative approach.

This document suggests a framework where each facility has a Short Term Escalation Plan (STEP), to ensure appropriate support, response and action. Similarly the LHD should also have a STEP to ensure engagement with their facility's demand and capacity issues, along with ensuring support from NSW Ambulance, Non-Emergency Patient Transport, Pillar Agencies and , the Ministry of Health.

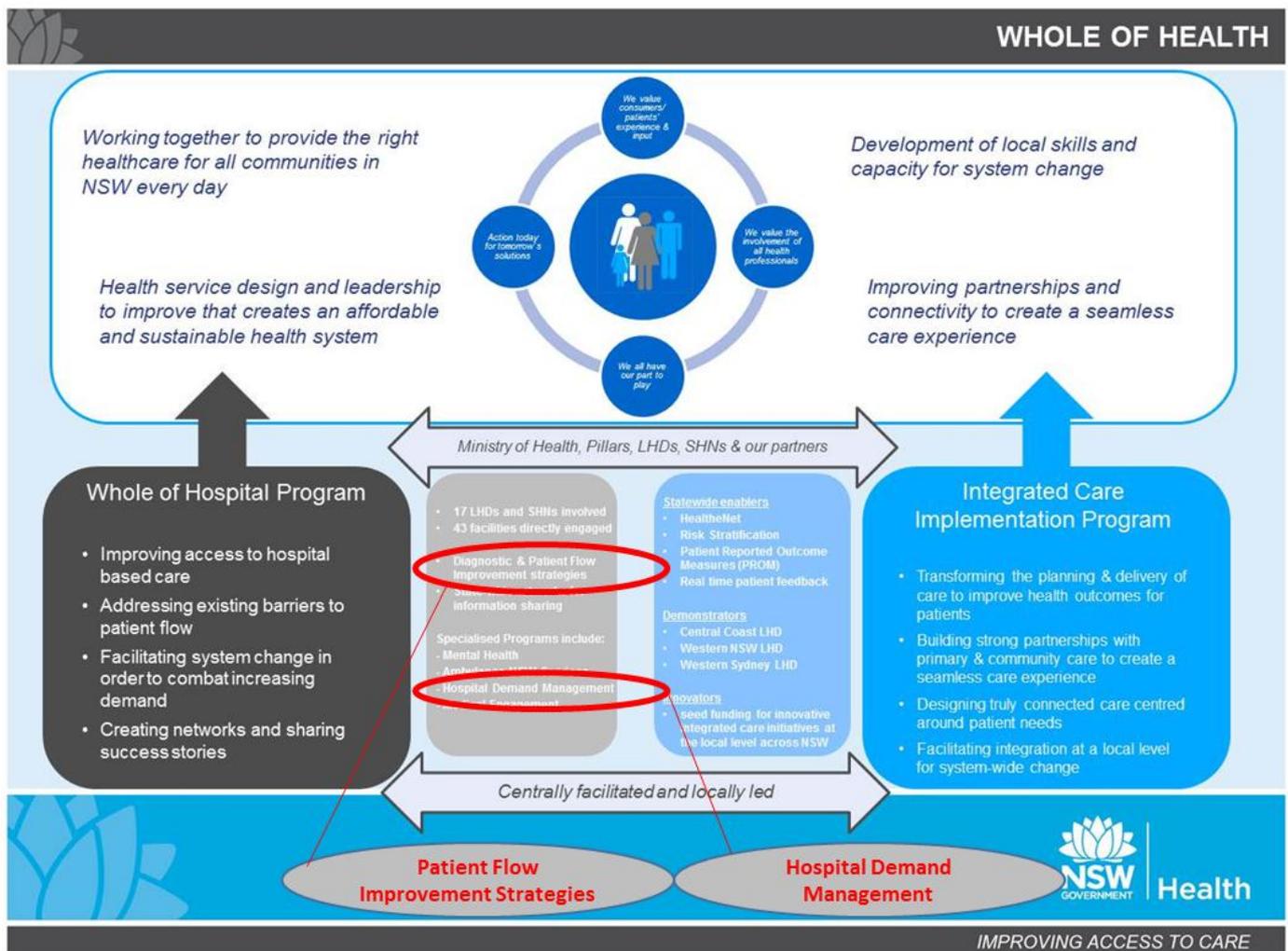
Susan Pearce

Deputy Secretary System Performance and Purchasing Division

Whole of Health Program

The NSW Health Whole of Health Program (WOHP) vision is to improve patient outcomes through improving patient flow and access to care.

The WOHP held a Winter Maintaining Performance Forum in 2015, the objective of which was to highlight potential strategies that may support the NSW Health system to better cope with high levels of activity and future demand. Delegates attending the Forum indicated that the development of a standardised framework to support escalation planning and demand management would be of benefit to Local Health Districts and Speciality Health Networks. In order to embed the framework operationally it was also suggested that the framework should be accompanied by a suite of templates that would aid implementation. This demand escalation framework has been designed and developed in response to that identified need.



Introduction

A Demand Escalation Framework strengthens an organisations capacity to predict, prepare and effectively manage flow, maintaining performance during peak variations in service demand.

To be effective, Demand Escalation is framed within an organisations core business, with clear processes for escalation, communication and accountability. Documented processes, provide staff with clear understanding of their roles, responsibilities and accountability for patient flow.

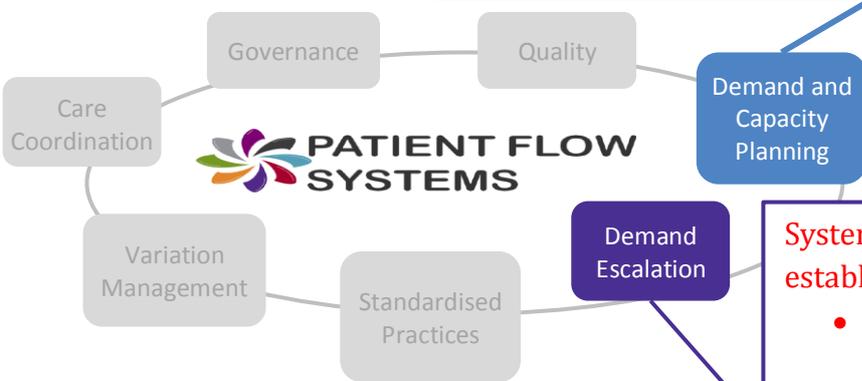
The Patient Flow Systems (PFS) provides detailed advice to health leaders and managers. The NSW Patient Flow Systems Programs provides staff with the knowledge and tools to minimise delays in patients moving through the healthcare system. By using a defined governance approach, Patient Flow Systems (PFS) helps ensure that the capacity for patient care is maximised and resources effectively allocated. A patient centred approach to patient flow enables improved safety, quality patient outcomes and efficient processes.

The Peak Activity Team (PAT) was formed in August 2015 by the Minister for Health. Lead by Susan Pearce, Deputy Secretary System Purchasing and Performance Division, the PAT works in partnership with, NSW Ambulance, LHDs/SHNs and NEPT to build on the significant work already undertaken in NSW to improve patient flow and access to our facilities and services. One of the identified areas requiring improvements was demonstrated in the system's ability to escalate and communicate proactively within and between stakeholders. The PAT actively supports the development of a consistent approach to demand escalation processes.

The Demand Escalation Framework operationalises two core elements of the NSW Health Patient Flow Systems

Planned coordinated responses to be initiated early in order to preserve capacity by:

- building capacity through regular use of predictive data and historical trends
- executive sponsorship and shared understanding of the services demand and capacity thresholds



System wide approach to preserving capacity by establishing:

- Capacity Action Plans (to meet predicted demands eg: Long weekend and seasonal variation)
- Short Term Escalation Plans (to address unforeseen peaks in demand eg: everyday variation in demand)
- To enable the clear communication of proactive management decisions designed to mitigate demands and

Key Principles

The Demand Escalation Framework aims to avoid or minimise the impact of demand or capacity mismatches in patient flow, contributing to maintaining business continuity and health system performance.

Principle	The demand escalation framework should...
Patient centred	...place the patient at the centre, considering their whole journey and learn from their experiences
Safety	...responding to increases in activity and demand maintaining service provision and ensuring safety of patients and staff at all times
We all have a part to play	...include all stakeholders
Act early	...focus on preventing , predicting and initiating a proactive, planned response to managing demand or capacity mismatches
Quality assured	... use agreed and standardised processes to reduce inappropriate variation and collect, analyse and feedback data for continuous improvement
Listening to the system	...be enabled by centralised communication pathways that allow for the timely sharing of information within and across the system
Engage and empower	... ensure all staff know their roles and are capable of fulfilling their responsibilities in both the escalation and the recovery to business as usual

Governance and Critical Success Factors

1. **Executive leadership** brings a comprehensive understanding of the wider context (including stakeholders, drivers, risks and opportunities) which the Framework must operate within; providing clear definitions of the capacity threshold limits, demand escalation triggers and endorsing actions.
2. **Local knowledge and clinical leadership** are engaged in identifying and actioning contingencies and ensuring implementation is responsive to local conditions and is patient centred.
3. **Integration** within standard patient flow procedures, business continuity management planning and continuous improvement initiatives.
4. **Strong governance** through a clear consistent process, identifying accountability matched to the defined framework.
5. **Effective communication** with messaging tailored at all levels, matching stakeholder motivation and engagement.

Communication Framework

Ensuring a system works together to provide patient centred care

		Key components	Support Resources
Strategic	Communication is required at all levels of the organisation to ensure that the Escalation Plan and the responsibility and accountability of roles are clearly defined.	<ul style="list-style-type: none"> • Ministry of Health • Local Health Districts • Speciality Health Networks • NSW Ambulance • Non-Emergency Patient Transport • MOH Branches • Pillar Agencies 	<ul style="list-style-type: none"> • NSW Performance Framework • Service Agreement • Peak Activity Team • LHD Strategic Plan • LHD Operational Plan • LHD Clinical Service Plan
Operational		<ul style="list-style-type: none"> • Governance & Leadership • Stakeholder Engagement • Organisational Culture • Facilities • PAT Escalation Criteria • Direct patient care • Engagement of All hospital staff • Patient Flow initiatives (PFP & EPJB) 	<ul style="list-style-type: none"> • Local governance structure for Patient Flow Steering Committees • Short Term Escalation Plan • Capacity Action Plan • Facility Demand Escalation Matrix • Intranet/Internet • Unit/Department/Clinical Stream meetings • Clinical Council meeting • Grand rounds • Posters • Staff email

Steps for developing a cohesive, collaborative facility and LHD/SHN Demand Escalation Plan

Steps	Actions
1	Local Executive and the peak patient flow steering committee take the lead in reviewing the NSW Health Demand Escalation Framework and standardised templates.
2	Review your organisations Business Rules/ Standard Operational Procedures for the core service functions that maintain patient flow in Business As Usual Mode. Patient Flow Systems, including the Patient Flow Portal forms the foundation of your Demand Escalation Framework.
3	Review your Service Agreement, LHD Clinical Service Plan, LHD Strategic plans, and your service partners (e.g. NSW Ambulance) to ensure that the priorities, partners and resources are aligned. Additional responsible person(s) or tools may need to be identified in your plan.
4	<p>The first part to developing your plan is to prepare your local Short Term Escalation Plan (STEP)-APPENDIX 1</p> <p>Engage local managers and clinical staff in identifying the demand and capacity triggers that indicate an escalating mismatch is occurring. These triggers will make up the score to apply to the Facility Demand Escalation Matrix. APPENDIX 2</p> <p>The Matrix provides uniformed criteria that support consistent communication and timely targeted action in response to local escalation.</p>
5	Engage local managers and clinical staff in identifying the STEP local actions to be initiated in response to the triggers. This will include responsibilities and set timeframes for reviewing and notifying response to actions and for commencing de-escalation. The Facilities STEP will inform the LHD plan. Each STEP plays an important governance role, enabling monitoring, evaluation and sharing of lessons learnt.
6	Best practice in Demand Escalation includes the initiation of pre-emptive contingencies in response to predicted periods of demand. To support local leadership and governance, the Capacity Action Plan (CAP) provides a template for tracking the initiation of Escalation actions in order to avoid or minimise predicted demand or capacity mismatches. APPENDIX 3

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Regular review of the local triggers that initiated the STEP, and the effectiveness of the escalation actions should be undertaken at all levels of the organisation, reinforcing everyone's responsibilities in maintaining patient flow and seeking feedback from staff, service partners, and consumers to guide continuous improvement.

STEP1. Local Executive and the peak patient flow steering committee take the lead in reviewing the NSW Health System Demand

Escalation Framework and standardised templates. The framework is organised into four levels, to clearly show the consequences of escalating demand or capacity mismatches on core business activities, from business as usual through to extreme compromise. **Consistency of language across the system is imperative to ensuring appropriate response between all parties.** NOTE* The colour is used as a visual reference only. Communication on demand escalation level is to be referred to by the number. eg: "We are at demand escalation level 2"

Demand Escalation Level	Definition	Responsible	Tools and Templates
<p>0</p> <p>Business as usual</p>	<p>Adequate capacity to sustain core business; patient flow systems functioning and maintaining performance</p>	<p>Executive Lead(s)</p>	<p>Patient Flow Systems & Patient Flow Portal (including monitoring & predictive tools, policies & communication pathways)</p>
<p>1</p> <p>Moderate compromise</p>	<p>Moderate compromise to core business activities as identified by Demand or Capacity mismatch triggers; Thresholds breached.</p>	<p>Patient Flow /Demand Managers/AHNM</p>	<p>Business Continuity Management Plan</p>
<p>2</p> <p>Severe Compromise</p>	<p>Severe compromise to core business activities as identified by Demand or Capacity mismatch triggers; Disruption intensified.</p>	<p>All Managers</p> <p>Health Relationship Manager (Ambulance Liaison)</p>	<p>Relevant Emergency & Incident Escalation Plans (MOH Policies)</p> <p>Patient Allocation Matrix (Ambulance)</p> <p>Short Term Escalation Plan</p>
<p>3</p> <p>Extreme compromise</p>	<p>Extreme compromise to core business activities</p> <p>All contingencies fully operational</p>		<p>Facility Demand Escalation Matrix (criteria and scores)</p> <p>Capacity Action Plan</p>

STEP2. Review your organisations Business Rules/ Standard Operational Procedures for the core service functions that maintain patient flow in Business As Usual Mode. Patient Flow Systems, including the Patient Flow Portal forms the foundation of your Escalation Framework.

- Business rules for local processes provide staff with the support for understanding local process flow;
- Business rules form part of the Patient Flow Systems Governance and should follow the generic PFS business rule template currently in use;
- To be effective, the business rules should cross reference existing governance structures such as bed management meetings, the patient flow steering committee, and links to MOH Policy documents that support patient flow;
- The policies identified reflect the key documents that support standardised patient flow processes

Examples of Patient Flow Business Rules	NSW Ministry of Health Policy linkages
<ul style="list-style-type: none"> • Medical Term Changeover • ICU/HDU Exit to Wards • Bed Allocation of Emergency Department Patients • Bed Allocation Direct Ward Admissions • Bed Allocation to the Medical Assessment Unit & Out to an Inpatient ward at 48 hours • Bed Allocation of Planned Admissions to Hospital Beds • Inter-hospital Transfer Communication • Capacity and Demand Communication • Mental Health Referrals • Discharge Case Conference with General Practitioner • Surge bed use • Transferring Patients to the Patient Transit Lounge • NSW Ambulance Bookings • Non-Emergency Patient Transport 	<ul style="list-style-type: none"> • Inter-facility Transfer Process for Adults Requiring Specialist Care PD2011_031 • Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals PD2011_015 • Emergency Department – Direct Admission to Inpatient Wards PD2009_055 • Medical Assessment Unit Guidelines • Surgical Activity During Christmas/New Year Policy PD2012_038 <p>Other relevant policies</p> <ul style="list-style-type: none"> • Risk Management - Enterprise-Wide Policy and Framework – NSW Health PD2009_039 • Workforce Plans e.g. Public Health Workforce Surge Guidelines GL2014_003 • Influenza - NSW Health Influenza Pandemic Plan PD2010_052

STEP 3: Review your Service Agreement, LHD Clinical Service Plan or LHD Strategic plans, and your service partners (e.g. NSW Ambulance) to ensure that the priorities, partners and resources are aligned.

Additional responsible person(s) or tools may need to be identified in your Plan.

Review Service Agreements and Plans to ensure your Demand Escalation Plan takes into consideration, and is aligned with, the organisations critical business functions, scheduling of activities, resource allocation and any contingency procedures for managing or preventing enterprise wide risks. These documents are generally available on the LHD intranet.

In the development of your Demand Escalation Plans consider engaging all service partners capable of influencing your core business and who contribute to maintaining performance; such as NSW Ambulance, your LHD neighbours, Local Primary Health Network, and private or not-for-profit health service providers.

This process will assist in determining your demand and capacity baseline. Due to the diversity of services and contexts across NSW Health, each organisations threshold capacity and triggers are likely to vary.

STEP 4: The first part to developing your Demand Escalation Plan is to prepare your local Short Term Escalation Plans (STEP) APPENDIX 1 (page 19)

Engage local managers and clinical leaders in identifying the demand and capacity triggers that indicate an escalating mismatch is occurring.

The core principle of Demand Escalation within the NSW Health Patient Flow Systems is to **'act early to preserve capacity'**.

A STEP will be required for your Facility.

A STEP will be required for your LHD/SHN.

To ensure consistency across all your STEPs gather a group of your interdisciplinary peers and remember to include internal and external stakeholders.

Collaborate widely and ensure the documents are reviewed by a broad selection of peers at each level of its development.

Post completion; consider your model for education, implementation and evaluation

Short Term Escalation Plan (STEP)	
What is the purpose?	The STEP aims to actively manage actual short term demand-capacity mismatches , where unforeseen limited capacity is compromising core business (Level 1), in order to contain and return to Level 0 as soon as possible.
What triggers its use?	<p>Triggers are based on the Patient Flow Systems data and Patient Flow Portal reports that Level 0 thresholds have been breached; meaning that capacity to place all elective and emergency admissions and internal transfers has been compromised.</p> <p>Consider the patient journey when identifying triggers</p> <p>Triggers may include</p> <ul style="list-style-type: none"> • TOC delays in ED, • Delays in clearing of critical care beds, • Discharge targets not being met, • Workforce factors – medical rotations; sick leave; skill mix, • External dependencies <p>This risk may be contained to a service or a Facility wide risk</p>
Who is responsible?	<p>Patient Flow Manager Relevant NUM/Team Leader/ Medical Leads Relevant Departmental Head Patient Flow Steering Committee Chair Executive Lead Service Partners (NSW Ambulance, NEPT)</p>
Resources	<p>Patient Flow Systems and Patient Flow Portal Patient Flow Systems Business Rules Clinical Operations policies and procedures Workforce Plan NSW Ambulance Plan / Matrix Facility Demand Escalation Matrix (criteria & score) APPENDIX 1: Short Term Escalation Plan template</p>

APPENDIX 1 -TEMPLATE: Short Term Escalation Plan (STEP)

Short Term Escalation Plan (STEP)									Escalation facility – LHD/SHN – MOH
Escalation level	Triggers *Criteria & Score	Actions	Position Responsible	Timeframe	*Communicati on Plan:	*Resources (people; tools; supplies)	*Evaluation Criteria for: Escalation De-escalation	Feedback Recommended adjustments to thresholds	Ensure that your local business rules document clear guidance for escalation through your facility, your LHD/SHN and up to the Ministry of Health; when appropriate
0 Business as Usual	<i>What is "business as usual" for this unit/department/clinical stream & facility. Baseline measure</i>	What does your unit do to manage capacity and predicted demand every day? Preventative Actions – Standard patient flow activities and operational procedures;	NUM Patient Flow After Hours NM Executive						
1 Moderate compromise	<i>What are the local triggers for this for this unit/ department/ clinical stream & facility that if breached require escalation to level 1</i>	What actions need to occur at level 1 for each trigger Escalating patient flow activities Identify available beds and transfer as per Patient Flow Unit	NUM Patient Flow After Hours NM Executive Medical Leads Manager support services	Review all action every hour					
2 Severe compromise	<i>What are the local triggers for this unit/ department/ clinical stream & facility to escalate to level 2</i>	What actions need to occur at level 2 for each trigger Prioritising services & discharges Consider utilising surge beds & networking options	Nurse Manager/ Clinical Stream NM & Medical Lead Executive Lead Manager support services	Review all actions every 30mins					
3 Extreme compromise	<i>What are the local triggers for this unit/ department/ clinical stream & facility to escalate to level 3</i>	What actions need to occur at level 3 for each trigger All Contingency measures activated	Nurse Manager/ Clinical Stream NM & Medical Lead Executive Lead						

Step5. Facility Demand Escalation Matrix (APPENDIX 2) identifies the demand and capacity triggers that indicate an escalating mismatch is occurring.

The triggers identified will make up the score to apply to the Facility Demand Escalation Matrix.

The Matrix provides uniformed criteria that support consistent communication and timely targeted action in response to local escalation.

To operationalise the Demand Escalation Framework, it is recommended that a Demand Escalation Matrix is developed and governed at the facility level and supported by local Short Term Escalation Plan (STEP). Each facility needs to determine local criteria that are a best fit for the organisations context and services. This allows for a unified approach to levels of escalation across the facilities and LHD.

It is recommended that the Matrix is governed by locally developed business rules detailing uniformed criteria for initiating the Demand Escalation Framework; this will include quantitative criteria for communicating the consequences of increasing demand and the trigger points for the initiation of planning escalation to the next level of response, or commencing de-escalation.

	The Matrix
What is the purpose?	The Matrix aims to actively determine local criteria that are a best fit for the organisations context and services, this allows for a unified approach to levels of escalation across the facilities and LHD.
Who is responsible?	The Matrix is governed by locally developed business rules detailing uniformed criteria for initiating the Demand Escalation Framework
Resources	Facility Demand Escalation Matrix (criteria & score) APPENDIX 2: MATRIX template

APPENDIX 2 –TEMPLATE Facility Demand Escalation Matrix

Score	1 point for each criteria	2 points for each criteria	3 points for each criteria	4 points for each criteria
Ambulance	> 30min			
Emergency Department	Unplaced admitted pts (> XX number) Pts >24hours(> XX number)			
ED accessible bed (PFP)				
Discharge targets not being met				
Workforce factors – medical rotations; sick leave; skill mix,				
External Dependencies				
No. STEPs Triggered	Nil	1 Department	>2 Departments	>3 Departments
Total				

Facility Level Escalation	Score
0	5-11
1	12-14
2	15-19
3	➤ 19

STEP6. Engage local managers and clinical leaders in identifying the local actions to be initiated in response to the agreed triggers.

This will include responsibilities and set timeframes for reviewing and notifying response to actions and for commencing de-escalation.

The Facility STEP will inform the LHD plan. Each STEP plays an important governance role, enabling monitoring, evaluation and sharing of lessons learnt.

Facility STEP Triggers, examples may include:

- ED Unplaced patients
- ED accessible beds - number/occupancy
- Ward level discharge targets
- Planned admissions or procedures
- Staffing shortfalls
- EDD – identifying the number of discharges less than predicted
- Waiting for What delays
- Long Stay pts eg. >9 days
- Long stay pts eg. >28 days

The Facility STEP is determined by your local governance. It is recommend an Inter-disciplinary group of staff that have a comprehensive understanding of the facility business processes and operational flow work in partnership to develop the facility STEP

This plan is action focussed, based on the Facility Matrix.

The use of agreed and standardised processes will reduce inappropriate variation, enhance the collection, analysis and feeding back of data for continuous improvement and support strategies focused on the education and engagement of staff

Examples of Actions, which may include:

- Patient Flow Unit / Executive Unit responsibilities
- Senior Clinical team communication
- Inter- facility transfers -In & Out
- Elective Surgery review
- Surge bed capacity/ Over-census beds
- Extended operating hour for Day Only Models
- Extended hours for Ambulatory Care model

- Implementation of Transfer of Care Nurse in ED
- Implementation of Care Navigators to support flow
- Review and cohort MRO patient
- Additional Resource to support patient flow eg: extended hours
- Workforce surge
- Communicate and negotiate patient flow with NEPT
- Escalate issues to LHD and communicate regularly
- ComPacks and HITH utilisation

Short Term Escalation Plan – LHD/SHN

The LHD/SHN level action plan is determined by your local governance

Examples of Actions:

- Patient Flow Unit / Executive Unit responsibilities
- Monitor facilities across LHD/SHN
- Ensure ongoing and adequate communication across LHD/SHN between facilities
- Ensure standard governance structures between facilities & LHD/SHN
- Ensure adequate support and resourcing for facilities
- Communicate with bordering LHD/SHN and NSW Ambulance
- Negotiate Patient flow at an Inter- LHD/SHN level & NSW Ambulance
- Communicate and negotiate patient flow with NEPT
- Promptly resolve inter-facility issues as required

STEP 7: Best practice in Demand Escalation includes the initiation of pre-emptive contingencies in response to predicted periods of demand.

To support local leadership and governance, the Capacity Action Plan (CAP) APPENDIX 3 provides a template for tracking the initiation of Escalation actions in order to avoid or minimise predicted demand or capacity mismatches.

	Capacity Action Plan (CAP)
What is the purpose?	The CAP aims to identify actions prior to the capacity mismatch occurring. It is the planned response to the predicted capacity and demand mismatch. The information captured in your hospital's CAP will be the actions your hospital will commence, independent of your STEP.
What triggers its use?	Triggers are based on predicted demand and capacity mismatches using the local thresholds set in the Patient Flow Portal Predictive Tool. Historical activity may indicate capacity imbalances. For example: public holidays; Easter long weekend; Seasonal variation or winter peaks; Surgery planned or unplanned; mass gathering events (i.e. Mardi Gras, Music Festival); Service Modification; Staffing shortfalls; or anything that could increase presentations, increase LOS or cause discharge delays.
Who is responsible?	Patient Flow Manager / Demand Manager/AHNM Patient Flow Steering Committee Chair Facility Executive
Resources	Patient Flow Systems Predictive Tool Patient Flow Systems Business Rules Facility Demand Escalation Matrix (criteria and score) Clinical Operations policies and procedures NSW Ambulance Plan / Matrix APPENDIX 3 – TEMPLATE Capacity Action Plan

APPENDIX 3 - TEMPLATE: Capacity Action Plan

To support local leadership and governance, the Capacity Action Plan (CAP) provides a template for tracking the initiation of **planned actions** in order to avoid or minimise predicted demand or capacity mismatches.

The use of standardised processes will reduce inappropriate variation; enhance the collection, analysis and feeding back of data for continuous improvement and support strategies focused on the education and engagement of staff.

Capacity Action Plan Response to Predicted Capacity and Demand mismatches

Name (e.g. *Easter Long Weekend, Service Modification, Winter 2017 etc.*)

Date from ___/___/___ to ___/___/___.

Planned Actions to remediate predicted capacity issues	When	Positions Responsible	Communication Plan	Resources (people; tools; supplies)	Evaluation Criteria for Escalation or De-escalation
Increase Medical Discharge rounds	Saturday & Sunday	GM	LHD Patient Flow Meeting	VMO's Staff Specialists Registrars	Available Bed capacity (+/-)
Weekend Allied Health Cover for Physiotherapy and Pharmacy	Saturday & Sunday	DMS & Allied Health Dep Heads	Memo to Dept. Heads	Allied Health w/e roster cover	Available Bed capacity (+/-)
Open surge capacity on Medical ward North x 6 beds	ED Accessible available beds < 4 or ED admissions > 5	DON / AHMN	CAP Distributed to AHNM / Exec on call	Pool Nurses availability	Available Bed capacity (+/-)

Increase opening hours of the Transit Unit over weekends	Sat 0800-1700 Sun 0800-1700	DON / AHMN	CAP Distributed to AHNM / Exec on call	Roster cover / Pool Nurses availability	Available Bed capacity (+/-)
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STEP8. Regular review of the local triggers that initiate the CAP or STEP,

To ensure quality improvement the effectiveness of the actions should be undertaken in partnership with all levels of the organisation, hence reinforcing everyone's responsibilities in maintaining patient flow and seeking feedback from staff, service partners, and consumers to guide continuous improvement.

Effectiveness of escalation planning and implementation within the complexity of the NSW Health system is dependent on:

- **Leadership** (formal, collective and distributive),
- **Collaboration** (reflecting the coupled nature and interdependencies), identifying and involving stakeholders at the earliest opportunity and often;
- **Engagement** (engendering commitment and facilitates ownership) establishing mechanisms for sharing information so as to enhance coordination of effort; and
- **Sustainability** (embedded into functional management team processes rather than one-off event) continuously improving on the process through testing and evaluating plans.

Governance – The following local governance structures have been associated with effective demand management systems:

- Steering / Leadership Group – Terms of Reference – Executive sponsor
- Roles and responsibilities - inclusive of service partners who contribute to the System
- Business Rules, Protocol and Guidelines
- Risk management processes work across disciplines, are robust, transparent and aligned
- Coordinated Response
 - Cycles & Triggers – Natural and artificial variations
 - Accountability clear – Command & Control (authority to activate)
 - Communication planned - delegated authority; feedback system
 - Staged actions – escalation, disinvestment, de-escalation and recovery points
- Testing, Evaluation & Improvement – people, process & system development, monitoring and improvement
- Sharing lessons, celebrating successes, building systems
 - Encourage measurement, benchmarking and regular reporting

- Support transforming data into intelligence
- Facilitate team building and use of a positive and enquiring language
- Co-design initiatives, interventions and metrics – foster ownership

No table of contents entries found.

Project Sponsor	Brad Astill, Executive Director SRB & WOHP, NSW Health
Project Manager	Shireen Martin, Manager Whole of Health Program, NSW Health
Literature Review, Design and Develop the Demand Escalation Framework and Templates	Karen Patterson, Patterson Consultancy PTY LTD
NSW Health System Consultation Survey - Patient Flow Systems and local Demand and Escalation processes Teleconference – feedback on survey and escalation framework design	Sydney Children's Hospital Randwick Children's Hospital Westmead Hunter New England SESLHD Mental Health Service POWH Patient Flow Unit St George Hospital Sydney/Sydney Eye Hospital Sutherland Hospital Western Sydney Local Health District MLHD Griffith Base Hospital & Community Health Services Calvary Mater Newcastle SVHLHD patient flow MNCLHD RNSH- NSLHD NNSWLHD - TBHSG SSWLHD Bankstown SSWLHD Liverpool Hospital SSWLHD Campbelltown RPA Executive

<p>NSW Health System Consultation</p> <p>Feedback on Draft Demand Escalation Framework document – circulated widely internally</p>	<p>CCLHD</p> <ul style="list-style-type: none"> • Surgical Division – including ICU • Medical Division – including ED • Patient Flow <p>SSWAHS</p> <p>St George Hospital</p> <p>SESLHD Mental Health Services</p> <p>SCHN</p> <p>Nepean Blue Mountains LHD</p> <p>NSW Ambulance A/Manager Sustainable Access and Patient Flow</p>
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