

Planning and stakeholder engagement in the demand escalation process LHD/SITE perspective:

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Demand escalation plans-
blowing off the dust and
expecting magic to happen



Planning demand escalation:

- Planning strengthens an organisation capacity to predict, prepare for increases in demand and for recovery
- the purpose of a demand escalation plans are to articulate a frame work that outlines core that has clear processes for escalation and a clear understanding of roles and responsibilities
- The guiding principles of demand escalation are
 - Communication and accountability
 - Visibility, action and governance
 - Consistency in responsiveness
 - Consistency in messaging
 - Consistency in action
 - Consistency in measuring- demand levels

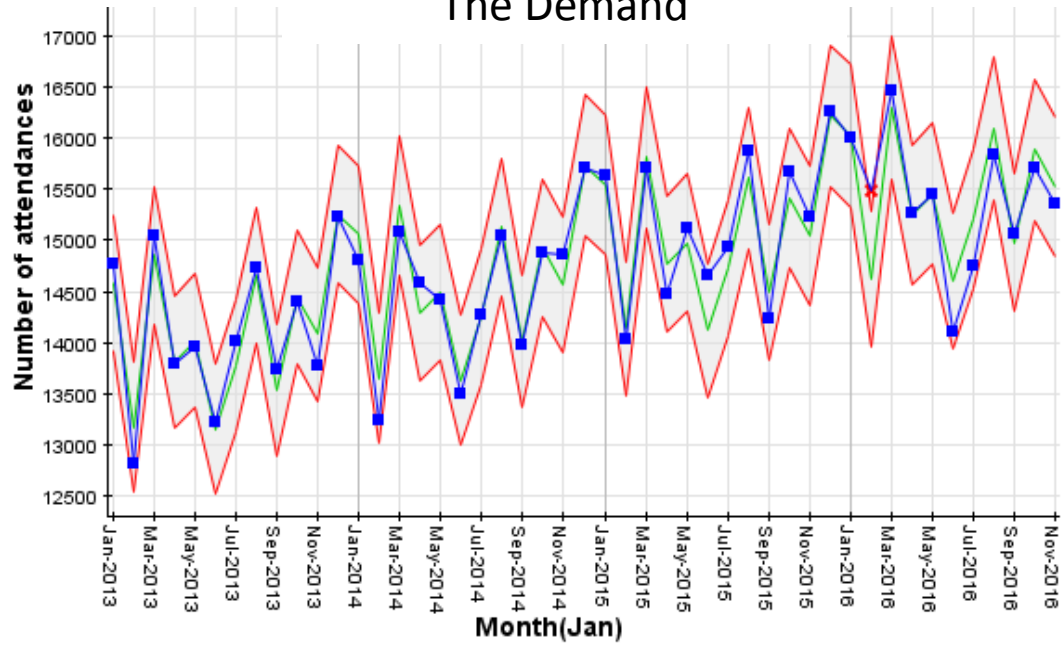
Planning Demand escalation:

- Making escalation core business rather than an action to manage the unusual --- none of this is a surprise
- Effective Clinical and Operational leadership creates a robust, dynamic and resilient approach to the management of demand
- The identification and use of tipping points and triggers for each of the facilities will ensure that there is a rigor around demand levels and are used as a guide to initiate action for recovery
- Builds capacity through the use of predicted data and historical trends – the week that was and the week ahead.
- Is focused on recovery

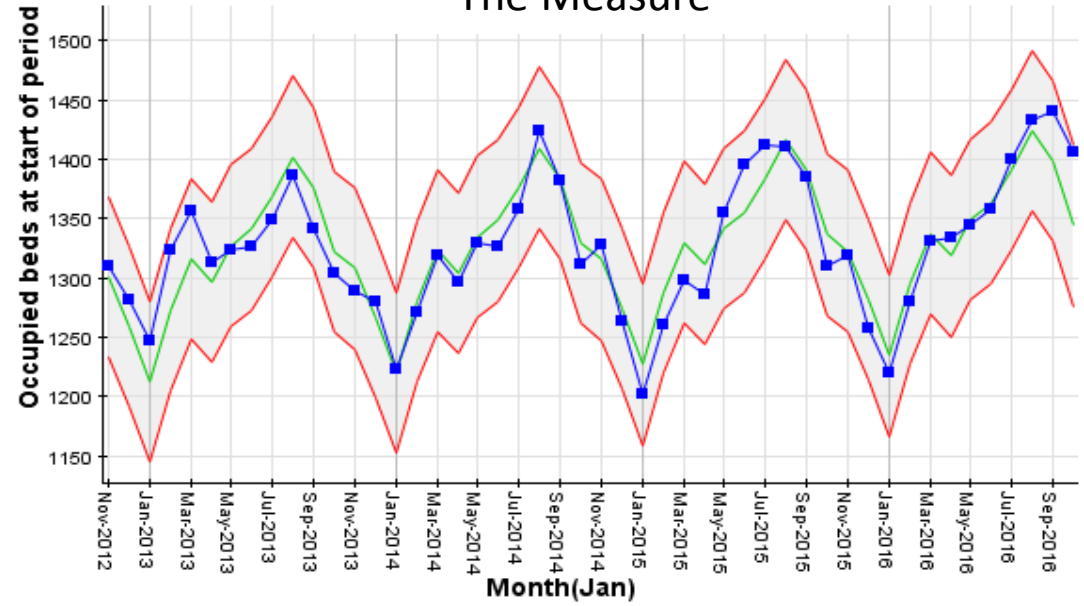
Planning demand escalation

- Effective planning includes dispelling myths
 - Average daily presentations and admissions are predictable – none on this is a surprise
 - ED attendances are at their lowest in however occupancy is highly variable and highest in the winter months
 - Its not about front end/ED volume- it's the back end
 - ED activity is not the main deterrent of good or poor ETP – Hospital occupancy is
 - It's a small number issue and is amenable to a coordinated approach

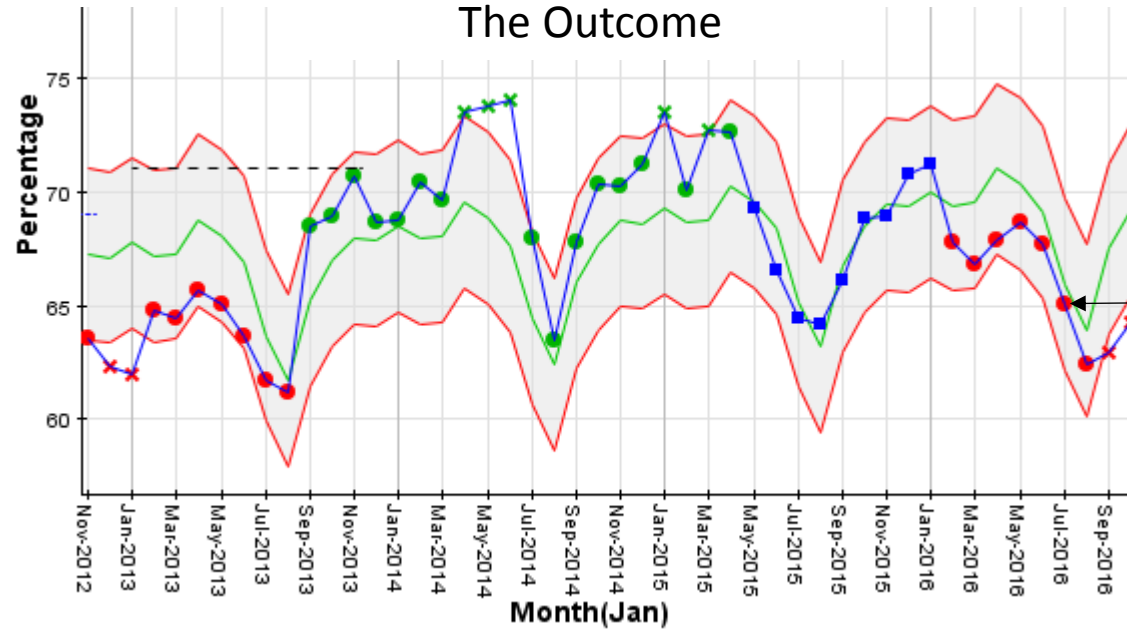
The Demand



The Measure



The Outcome

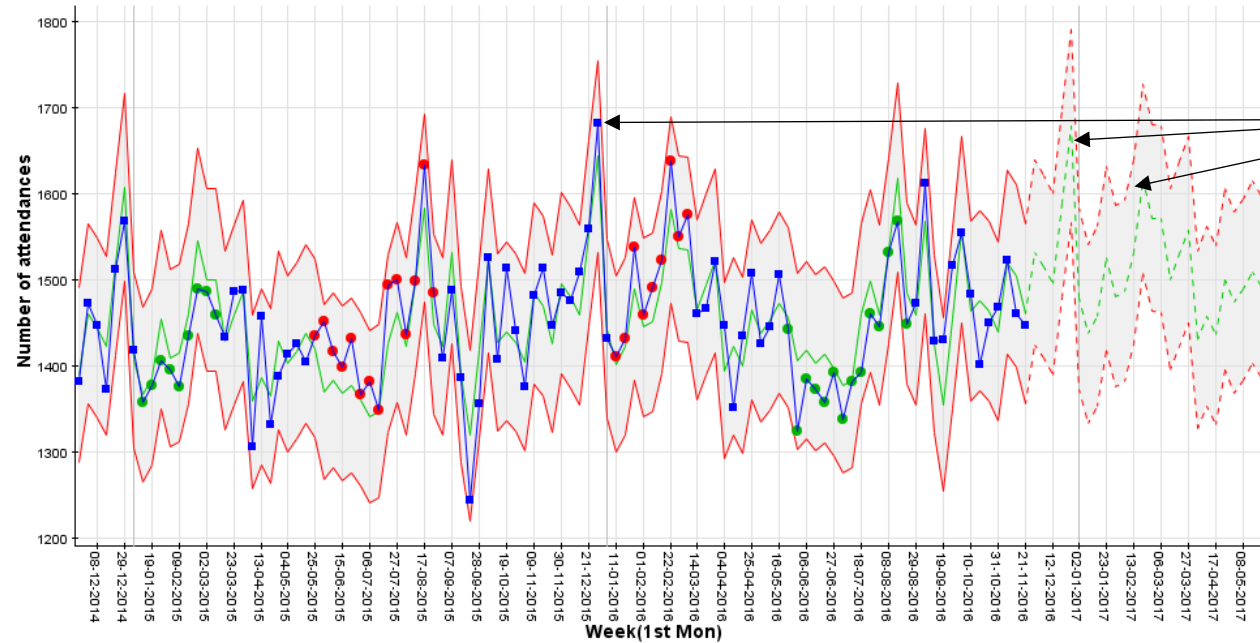


Demand escalation: SESLHD

- The use of 1 source of truth for reporting
- Consistent use of demand levels
- The use simple tools that provide a consistency in response that are focused on not making busier people even busier
- Set the expectation of escalation with the focus on the plan for recovery not the reason for the escalation .
- Introduction of predictive data to plan for proactive planning future events.
- Solutions can always be found.
- District level support and action

Facility Demand Management Report		Actions as per Demand Escalation
Date:	Reported by:	
Demand Level		Note: Escalation to the LHD must occur at demand level 3
Ward Beds available		
ICU /HDU		
Staffing Issues		
Hotspots		
Emergency Department		
Patients in ED		
WTBS		
Admissions		
Unplaced		
Ambulances Delays		
Transfer of Care (previous day)		
ETP for previous day		
Predicted Net Capacity 8am:		NEPT Demand/Issues
Details of Internal escalations undertaken when: There is negative capacity predicted. Facilities are at demand level 2 or 3.		
Issues to be escalated to the Exec on call		Site Specific Issues: RHW and mental health

ED presentations over the last 105 weeks and projected over the next 26 weeks



If ED activity is projected to increase by 15% what can be done? Front or backend solutions?

Demand escalation: Stakeholder Engagement

- Stakeholder engagement is a cornerstone for effective demand escalation
- Adds a lived experience and shared understanding of service demand and capacity threshold and gets by in.
- Assists in setting the expectation for what is needed.
- Helps in the development of actions that are based on local knowledge and add context
- Understanding of service demand and capacity thresholds
- Creates trust and clinical engagement
- Identifies who can help – NEPT ASNSW, 3rd schedule facilities, private facilities