

# Demand Escalation

**Act early to preserve capacity**

**Melinda Pascoe**

Senior Systems Support Specialist Patient Flow Portal

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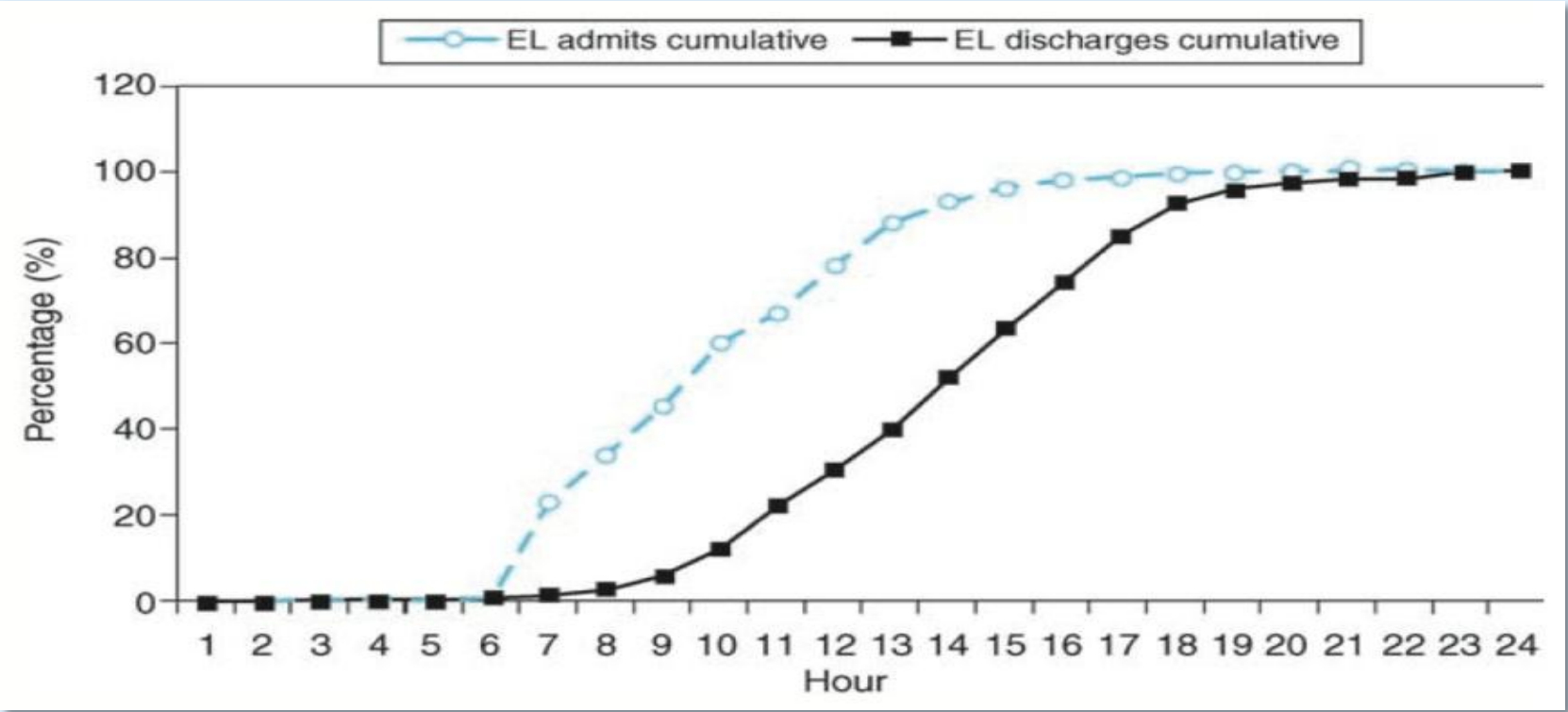


# Demand Escalation in practice

- Create facility escalation plans at two levels:
  - ✓ 1. Capacity Action Plans (CAP) aimed at controlling admissions and discharges to meet expected demands
  - ✓ 2. Short term escalation plans (STEP) to address a short term unforeseen demand/ capacity mismatch
- Develop an executive team that can respond to tipping points and triggers
- Limit impact of mismatch demand with proactive management decisions supported by reliable predictive tools
- Utilise predictive tools & communication strategies for proactive management and action of identified issues early
- Plan a recovery strategy that allows facilities to work within their current capacity or take steps to mitigate demands for a known period

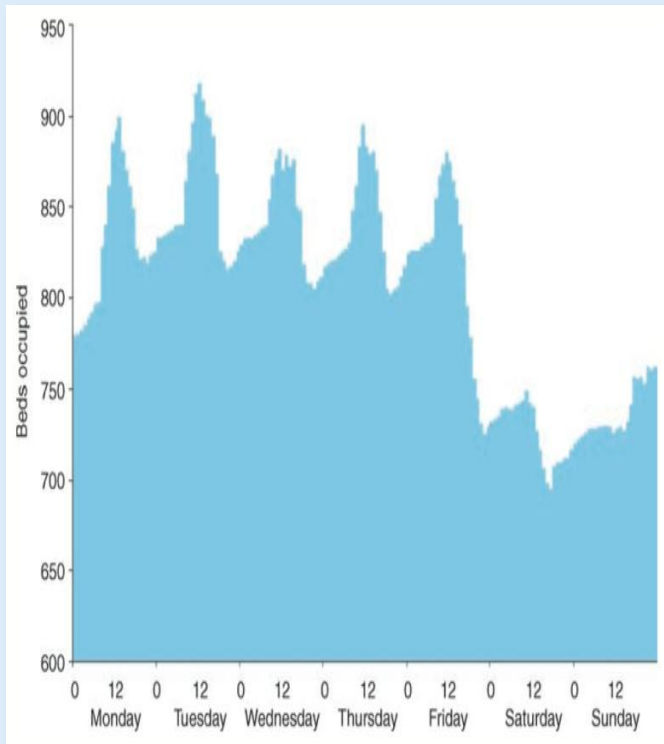


“Most bed management systems devote a lot of time and attention to the daily problem of bed availability. Perceived bed shortages that are apparent in the morning of a typical working day are resolved by the bed management team during 24 hours.”



Cumulative daily elective (EL) admission and discharges (Allder, Sylvester and Walley, 2010, p. 442)

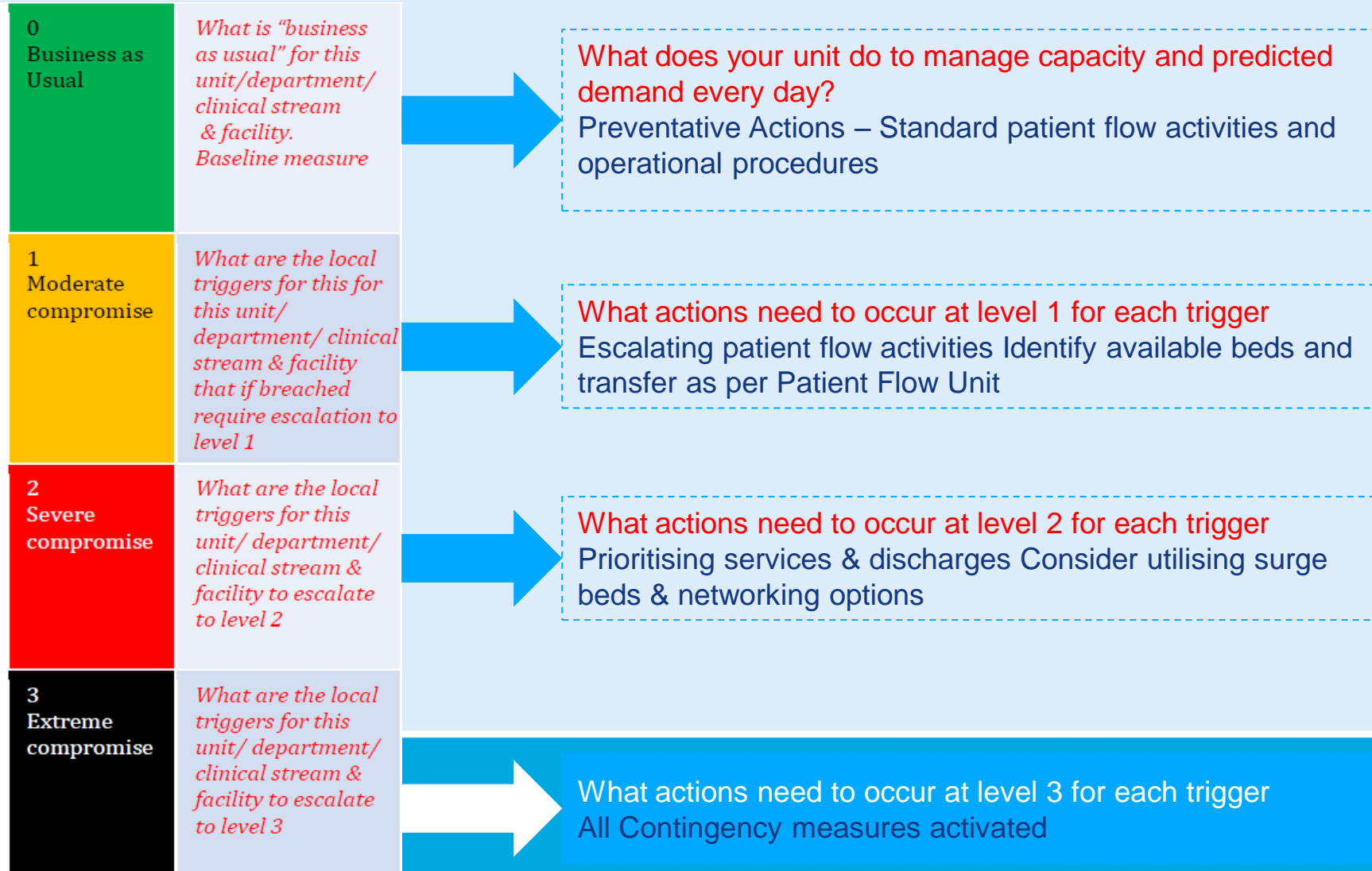
Data about bed utilisation across the course of a week also showed a repeatable pattern...



Hourly bed occupancy over a week (Allder et al., 2010, p. 443)

- Bed occupancy at midnight was significantly less than the peak demand during the daily bed cycle
- Peak bed demand, which occurred in the middle of the day, required an additional 100 beds (11% of the trust's bed capacity)
- The trust operated at peak capacity five days a week, but at reduced capacity during the weekend, with around 20% of capacity unused
- Additional empty beds are required at midnight on Sunday to cope with admissions on Monday and Tuesday

# Short Term Escalation Plan (STEP)



*Opportunities to consider based on  
facility plans*

# Decrease demand

- Review elective surgical bookings:
  - ✓ Before cancelling cases consider CPC and any previous cancellations
  - ✓ Consider reclassification of Overnight to Day Only procedure
- Review and negotiate to delay or cancel all booked incoming Inter Hospital transfers unless time critical
- Review all booked/direct admissions and cancel unless time critical
- Contact RACF to advise of the limited capacity and liaise re: any admitted patients who are ready to be returned
- Maximise use of admission avoidance strategies e.g. ASET Team in ED

# Increase capacity

*Opportunities to consider based on facility plans*

- Review and change bed configurations / open Surge beds
- Extend hours of DSU to overnight to manage surgical post operative patients
- Utilise Over Census ward capacity:
  - ✓ Identify and allocate one appropriate patient per ward
  - ✓ For confirmed discharges accept patients from ED
- Review outgoing Inter Hospital transfers and negotiate timeframes with other sites/LHD's
- Contact Community Teams to assist with discharges and maximise their capacity.eg ComPacks
- Transfer appropriate female patients into Maternity Units



*Opportunities to consider based on  
facility plans*

# Emergency Department

- Activate PD2009\_055 Emergency Department Direct Admission to Inpatient Wards.
- Transfer admitted patients into ? EDSSU? Fast Track
- Increase staffing (Clinical, Clerical and Other support) to facilitate processing
- Identify Private insured patients for possible transfer to Private Facilities
- Discharge patients into the Waiting Room who require Letters/scripts
- DMS to direct VMO/SS to attend ED to review patients to facilitate rapid access to Senior decision making
- Surge capacity e.g. Recliners for appropriate patients

# Ward Areas

*Opportunities to consider based on facility plans*

- Review all EDD/EDT's
- Identify and review patients with an EDD of tomorrow for possible early discharge
- W4W – escalate and negotiate to resolve
- Identify patients not reviewed by VMO/SS in previous 24 hours and with no current plan - escalate to DMS to contact relevant VMO/SS
- Discharge patients waiting for Diagnostics and either readmit for diagnostic or refer as Outpatient
- Identify patients for possible transfer to other facilities
  - Private patients to private hospitals
  - Patients who are appropriate or for return to peripheral facilities

*Opportunities to consider based on facility plans*

# Recovery Room/PACU

- Extend hours of operation
- Hold post operative patients for extended periods ( > 8 hours) or overnight
- Change in focus from post operative patients only to accept other admitted patients:
  - ED Patients who require monitoring e.g. patients with a negative first Troponin waiting repeat Troponin results
  - Signed out Critical Care patients waiting for Ward beds
- Increase staffing (Clinical and Other support) to facilitate transfers and increase capacity

*Opportunities to consider based on  
facility plans*

# Discharge/Transit Lounge

- Extend hours of operation
- TL staff to contact all NUM's/Wards to "pull" patients from wards
- Increase staffing (Clinical, Clerical and Other support) to facilitate transfers and increase capacity
- Review Inclusion/Exclusion criteria to increase number of suitable patients (e.g. MRO patients)
- Change in focus from discharge only patients to accept admitted patients from the ED or Direct Admissions

*Opportunities to consider based on facility plans*

# Staffing

- Redirect Medical teams with lower activity to assist other busier teams (DMS)
- Non Clinical Nursing: CNE's /CNC's to be assigned clinical duties.
- Overtime: seek approval and negotiate with staff early to facilitate staff ability to accept
- Call staff in to work early to facilitate opening additional beds or extending hours of operation
- Review and renegotiate planned leave e.g. study leave

*Opportunities to consider based on  
facility plans*

# Allied Health

- Prioritise review and treatment of patients who are identified for discharge
- Social Workers (or delegates) to contact RACF to negotiate acceptance of patients on the waiting list
- Pharmacy - Extend hours of operation to facilitate increased activity and late in the day processing of discharge scripts

