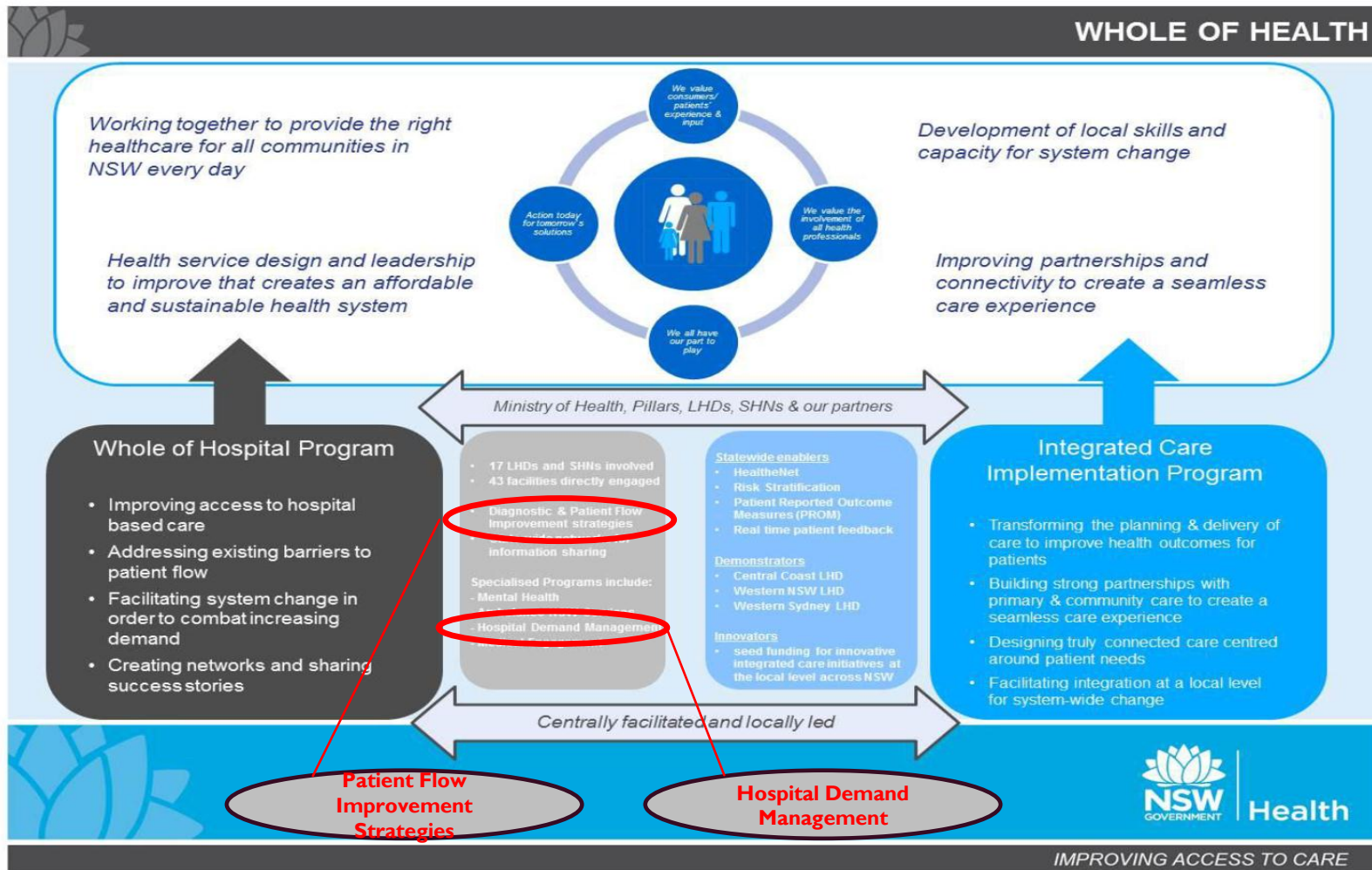

WHOLE OF HEALTH PROGRAM WINTER 2015 PERFORMANCE EVALUATION FORUM

DEMAND ESCALATION FRAMEWORK – OPERATIONAL GUIDE

"The best way to predict the future is to create it" Peter Drucker

WHOLE OF HEALTH PROGRAM



The NSW Health Whole of Health Programs' vision is to improve patient access to care.

Development of a standardised framework for escalation planning and demand management with accompanying templates was identified at the Winter 2015 Maintaining Performance Forum as a priority action.

WINTER 2015 - MAINTAINING PERFORMANCE

Strengthening the Health system's capacity to predict, prepare and effectively manage peak variations in service demand

✓ **Background Paper**

...an informational report, setting the context and summarising local national and international policy, research and opinions on escalation planning and demand management as a theory and practice.

✓ **Stakeholder Consultation**

...from your experience and vantage point, what is working well, what is not and how could demand, capacity planning and escalation practices be improved?

✓ **Co-Design**

... working together to design a simple, pragmatic and operational escalation framework that enables a common language across the system whilst maintaining local relevance and adaptability



BACKGROUND PAPER

- *A targeted appraisal of the literature related to escalation planning and demand management and its application in the context of maintaining performance within a contemporary public health system.*

Context – System Design

Highlights – The demand for, and supply of, health services is a ***dynamic relationship*** which is vulnerable to social, political and economic stimulus.

In operating within a system, it is critical that the ***interdependencies*** between the operating parts are acknowledged, whereby when one part of the system is stressed there are system-wide triggers and consequences.

Policy and service planning are ***mechanisms*** utilised by Government to ensure that the supply of health services meets priority needs and Service Agreements.

Plans must ***align*** with the NSW Health Policy, Performance and Governance Frameworks and be ***embedded*** in local strategic and business planning cycles.



BACKGROUND PAPER

- *A targeted appraisal of the literature related to escalation planning and demand management and its application in the context of maintaining performance within a contemporary public health system.*

Context – System Governance

Highlights –the concept of a **standardised** system wide response, in that the steps and processes are consistent, being scaled appropriately to match the circumstances, is widely recommended.

Centralised control underpinned by **collaborative leadership** between and within affected agencies, supported by explicit and devolved accountabilities that enables local **adaptive leadership**, is a key component.

The first priority of planning is consistently **safety for all**.

Followed by a common **shared goal** of pre-empting and minimising service disruptions whilst preserving service quality. **Reliable data** sources, access to predictive tools, initiating pre-emptive plans, agreed and easily recognisable triggers for escalating and scaling back responses, and established **communication** with feedback mechanisms, were the essential items.



BACKGROUND PAPER

- *A targeted appraisal of the literature related to escalation planning and demand management and its application in the context of maintaining performance within a contemporary public health system.*

Context – System Governance

Highlights – **Business continuity planning** and management is highly represented; positioned as part of an entity's overall approach to effective risk management, and closely aligned to the entity's incident management, emergency response management, disaster recovery plans and workforce planning.

It is recommended that Business planning processes include **internal** review incorporating historical activity data and predictive tools to inform scheduling of activities and resource management and **external** review to ensure alignment with population health, service partner and community priorities.



BACKGROUND PAPER

- *A targeted appraisal of the literature related to escalation planning and demand management and its application in the context of maintaining performance within a contemporary public health system.*

Context – Snapshot of best practice, trends and innovations

Highlights - A common theme was the **absence of consensus** in the definitions or measures related to how health services organised or coordinated their response to rapid or gradual variations in demand.

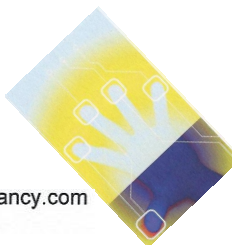
Two features of thriving organisations are **robustness** which represents strength and ability to withstand and recover, and **resilience** which represents adaptive capacities and ability to learn and grow.

Those who plan best are those where planning is **collaborative, iterative and integrated**.

Success in maintaining performance is associated with **agreed formal structures**, such as protocols and frameworks, and **strong informal structures** such as leadership and relationships.

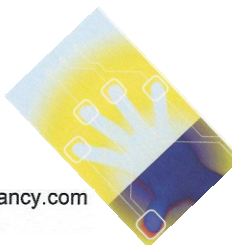
A pragmatic understanding of the whole system, including the **past, real-time and future**, is critical.

Feedback loops, at multiple levels and inclusive of multiple voices, are mandatory

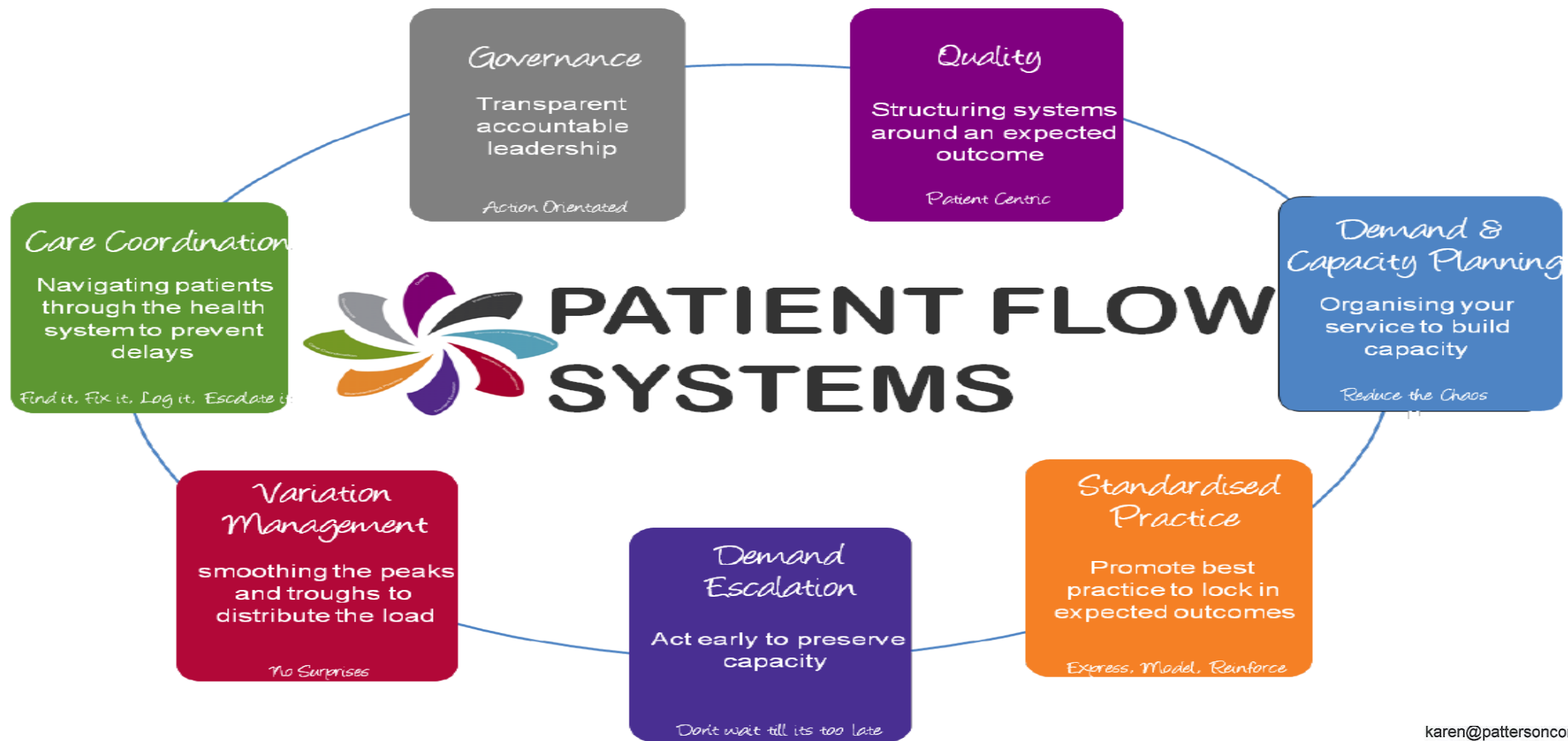


BACKGROUND PAPER

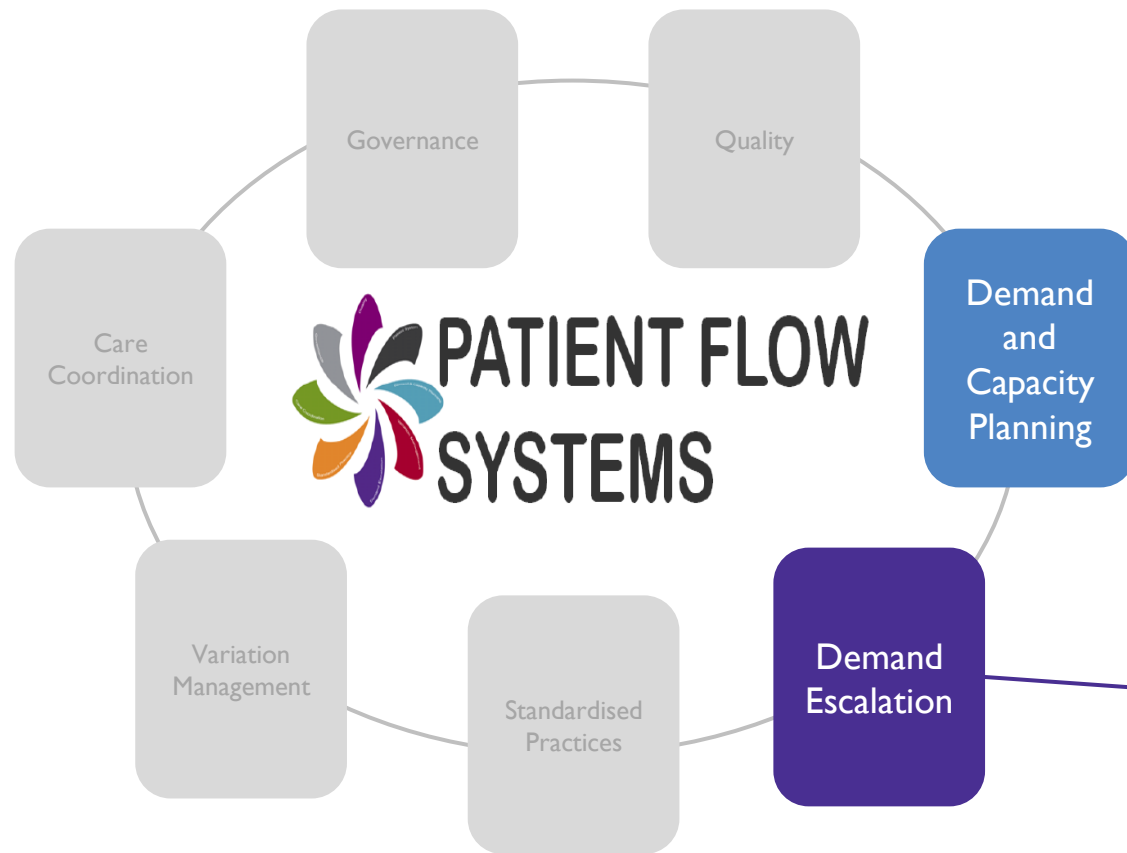
- ✓ Respect and engage all those who contribute to and/or hold a stake in the health service system;
- ✓ Accountabilities are agreed and communication pathways established;
- ✓ Focus is to prevent and/or predict and initiate proactive planned response;
- ✓ Response is coordinated utilising a common language and quantitative criteria for communicating the system consequences of increasing demand and the trigger points for timely escalation to the next level of response;
- ✓ Takes into consideration consequences (intended and unintended) for the whole patient journey
- ✓ Systems for information exchange that enables timely access to reliable data and feedback loops –capacity to transform data into intelligence
- ✓ De-escalation and recovery to business as usual is a critical phase of the plan
- ✓ Evaluation – allowing for benchmarking and continuously improving on the process through testing, evaluating plans and sharing lessons learnt



NSW HEALTH PATIENT FLOW SYSTEMS

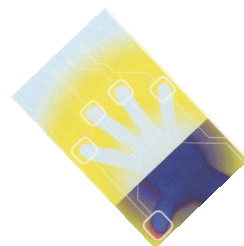


NSW HEALTH PATIENT FLOW SYSTEMS



Recommends that health services organise themselves to build capacity through regular use of predictive data and historical trends. Executive sponsorship and shared understanding of the services demand and capacity thresholds by all, enables planned coordinated responses to be initiated early in order to preserve capacity.

Demand escalation is described as a system wide approach to preserving capacity. It is recommended that Capacity Action Plans (to meet predicted demands) and Short Term Escalation Plans (to address unforeseen peaks in demand) be established to enable the clear communication of proactive management decisions designed to mitigate demands and recover operational control.



STAKEHOLDER CONSULTATION

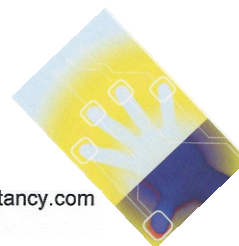
1. Sydney Children's Hospital Randwick
2. Children's Hospital Westmead
3. Hunter New England
4. SESLHD Mental Health Service
5. POWH Patient Flow Unit
6. St George Hospital
7. Sydney/Sydney Eye Hospital
8. Sutherland Hospital
9. Western Sydney Local Health District
10. MLHD Griffith Base Hospital & Community Health Services
11. Calvary Mater Newcastle
12. SVHLHD patient flow
13. MNCLHD
14. RNSH- NSLHD
15. NNSWLHD - TBHSG
16. SSWLHD Bankstown
17. SSWLHD Liverpool Hospital
18. SSWLHD Campbelltown
19. RPA Executive

- *That while the Patient Flow Systems (PFS) provides high level direction to health leaders and managers, stakeholder survey has highlighted that (with specific focus on the elements of demand and capacity planning and demand escalation) the PFS effectiveness is compromised by a lack of clarity and hence shared understanding about what is expected, when and from whom when initiating escalation plans. This absence of clarity is identified by stakeholders as a significant barrier for building share ownership of Patient Flow.*



CO-DESIGN

Principle	The Demand Escalation Framework should...
Patient centred	...place the patient at the centre, considering their whole journey and learn from their experiences
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



CO-DESIGN

Communication Framework:

Ensuring a system works together to provide patient focused care

		Key Components	Support Resources
Strategic	Communication is required at all of the organisation to ensure that the Escalation Plan and the responsibility of roles and Accountability is clearly defined	Ministry of Health Local Health Districts Speciality Health Networks NSW Ambulance Non-Emergency Patient Transport MOH Branches Pillar Agencies	Performance Framework Service Agreement Peak Activity Team LHD Strategic Plan LHD Operational Plan LHD Clinical Service Plan
Operational		Governance & Leadership Stakeholder Engagement Organisational Culture Facilities Unit/Department/Clinical Streams PAT Escalation Criteria Direct patient care Engagement of All hospital staff Patient Flow initiatives (PFP & EPJB) Organisational Culture	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

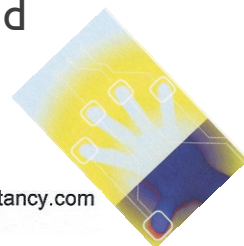


CO-DESIGN

NSW Health System Consultation

- **State-wide Teleconference – feedback on survey and escalation framework design**
- **Feedback on Draft Demand Escalation Framework document – circulated widely internally**
 - Does the Framework meet your needs?
 - Does the Framework flow in an organised and logical way?
 - What more would be required to support you to locally further develop the Framework?

- CCLHD
 - Surgical Division – including ICU
 - Medical Division – including ED
 - Patient Flow
- SSWAHS
- St George Hospital
- SESLHD Mental Health Services
- SCHN
- Nepean Blue Mountains LHD
- NSW Ambulance A/Manager Sustainable Access and Patient Flow



DEVELOPING A DEMAND ESCALATION FRAMEWORK – STEP I

Steps for developing a cohesive, collaborative LHD/Facility /Unit Demand Escalation Plan

■ STEP I.

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 so as 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.

For consistency the colours and levels reflect the threshold indicators utilised in the NSW Health Patient Flow Portal.



DEVELOPING A DEMAND ESCALATION FRAMEWORK – STEP I

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

DEVELOPING A DEMAND ESCALATION FRAMEWORK – STEP 2 & 3

■ **STEP 2.**

Review your organisations Business Rules/ Standard Operational Procedures for the core service functions that maintain patient flow in Business As Usual Mode.

Your integrated Patient Flow Systems, including the Patient Flow Portal forms the foundation of your Escalation Framework.

■ **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.



DEVELOPING A DEMAND ESCALATION FRAMEWORK – STEP 4

■ STEP 4.

The first part to developing your Demand Escalation Plan is to prepare your local Short Term Escalation Plans (STEP).

Engage local managers and clinical leaders 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.

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

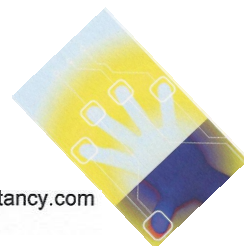


DEVELOPING A DEMAND ESCALATION FRAMEWORK – STEP 4

■ STEP 4. Example 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)			
Vacant 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



DEVELOPING A DEMAND ESCALATION FRAMEWORK – STEP 5

■ STEP 5.

Engage local managers and clinical leaders in identifying the STEP 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 Unit/ Department / Clinical Stream STEPs will inform the Facility STEP and then the LHD plan. Each STEP plays an important governance role, enabling monitoring, evaluation and sharing of lessons learnt.



DEVELOPING A DEMAND ESCALATION FRAMEWORK – STEP 5

Short Term Escalation Plan (STEP)

Escalation level	Triggers *Criteria & Score	Actions	Position Responsible	Timeframe	Communication Plan:	Resources (people; tools; supplies)	Evaluation Criteria for: Escalation De-escalation	Feedback Recommended adjustments to thresholds
0 Business as Usual	<i>What is "business as usual" for this unit/department/clinical stream & facility. Baseline measure</i>	<i>What does your unit do to manage capacity and predicted demand every day?</i> 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>	<i>What actions need to occur at level 1 for each trigger</i> Escalating patient flow activities Identify available beds and transfer as per Patient Flow Unit	NUM Patient Flow After Hours NM Executive	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>	<i>What actions need to occur at level 2 for each trigger</i> Prioritising services & discharges Consider utilising surge beds & networking options	Nurse Manager/ Clinical Stream NM & Medical Lead Executive Lead	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>	<i>What actions need to occur at level 3 for each trigger</i> All Contingency measures activated	Nurse Manager/ Clinical Stream NM & Medical Lead Executive Lead					

DEVELOPING A DEMAND ESCALATION FRAMEWORK – STEP 6

■ STEP 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 (identified and endorsed via the STEP) in order to avoid or minimise predicted demand or capacity mismatches.

The CAP Template format mirrors the STEP Template.

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.

It is recommended that the CAP template is accessed electronically from within the Patient Flow Systems.



DEVELOPING A DEMAND ESCALATION FRAMEWORK – STEP 6

■ STEP 6:

Capacity Action Plan – Name of Unit / Department/ Clinical Stream						
Triggers - Describe Predicted Threshold Breach	Actions	Position Responsible	Communication Plan	Resources (people; tools; supplies)	Evaluation Criteria for Escalation or De-escalation	Feedback Recommended adjustments to thresholds



DEVELOPING A DEMAND ESCALATION FRAMEWORK – STEP 6

■ **STEP 7.**

Regular review of the local triggers that initiated the CAP or 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.



INPUT AND FEEDBACK APPRECIATED

