

# Escalation Plan and Winter Demand Management Strategy

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# The Process...

- Requested system share two products:
  1. Escalation Plans
  2. Winter Demand Management Strategies
- Reviewed to identify knowledge sharing opportunities by a team of representatives from:
  - Whole of Health
  - Patient Flow Team
  - ACI
  - CEC
  - NSW Ambulance
- Significant variation in style and content was identified within each product

# Demand Escalation

- Escalation plans vary both Facility, LHD and state wide
- Traditionally reactive, and short term fixes to address a short term unforeseen demand capacity mismatch.
- Cancel surgery and open surge beds
- Used frequently (↓effect)
- Used late
- What are the regular tipping points? Is it ED? Is it LOS < 7 days?
- Is it staff shortages? Is it patients waiting rehab / transfer?
- Is it tracked? Do executive know?
- What do you do?

# Capacity Action Plan

## Aims

- Proactive response to Capacity imbalances in the forthcoming 10 days
- Escalation before the problem occurs
- Responsiveness to demand

## Tools

- Predictive tool

## Indications

- Capacity imbalance in the next 10 days
- Public holidays
- Anything that could cause discharge delays
- Integrate local escalation plans that are used during special events or seasonal variation in demand

# Capacity Action Plan (CAP) dependencies

- An executive group to decide on actions to best meet capacity shortfall

***Do you have an existing group that can fill this role?***

- Communication plan to ensure actions are carried out

***Are key positions clear on their patient flow roles and responsibilities?***

- Evaluation and the ability to replicate actions to get the desired outcomes

# Short Term Escalation Plan

## Aims

- Establish a clear short term escalation plan that is well understood by all relevant staff in the organisation and is a whole of hospital approach.
- Proactive response
- Escalation before the problem occurs
- Responsiveness to demand

## Tools

- Ambulance arrivals board
- Predictive tool
- EPJB

## Indications

- Predicted capacity deficit at the end of the day
- ED escalation triggered and no inpatient beds available
- Discharge delays / lower than predicted discharges



# Escalation Principles

- **Only target the stakeholders that will deliver the outcome that you require.** Thereby preserving the time and effort of those staff not involved at the time
- Balance the maximum utilisation of resources and capacity to meet demand against the impact this has on the staff, patient and carers
- Repeated activation of an escalation plan reduces it's effectiveness – **what is the core issue? Don't waste resources on the workaround**

# Considerations...

- Based on previous experience (SWS LHD and SVHN)
- Detailed resource requirements and costings (SWS LHD and M LHD)
- Well-articulated roles and responsibilities (NBM LHD and SWS LHD )
- Detailed, action-oriented strategies (NS LHD, SES LHD, NBM LHD)
- Points based escalation matrix (NBM LHD)
- Outlines After Hours actions and responsibilities (NBM LHD and NS LHD)
- Use of Ward Discharge Targets as a Trigger (SESLHD)



# Considerations (cont)...

- Draws on all available resources (SWSLHD)
- Localised strategies, matching resources to demand (MLHD)
- Optimise and enhance BAU strategies (MLHD and ISLHD)
- Workforce planning strategies (NSLHD, ISLHD and MLHD)
- Ensure plans are disseminated with 'education' and are socialised (S LHD and SVHN)
- Use of Predictive Modelling

# Whole of Health Focus

- Configures Ambulance arrivals into proactively managing demand (NS LHD and IS LHD)
- Awareness and Consideration of Ambulance Escalation levels
- Engaged stakeholders in the planning process (S LHD)
- Recognises overall winter demand both within the LHD and the state
- Plan highlights expected outcomes (SWS LHD)
- Clearly articulates de-escalation process and return to BAU
- Strategies are referenced in terms of risk (SES LHD)

# Discussion

- Is there anything we missed?
- Does this information provide opportunities for you?
- Do you need anything from us? Training, opportunities to sit down with stakeholders such as Ambulance?
- Do we need a formalised framework around escalation planning and demand management?

## Where to from here?