



*Emergency  
Care Institute*  
NEW SOUTH WALES

# ESCALATION PATHWAY FOR PATIENT WITH POTENTIAL TO DETERIORATE

ECI Symposium November 2015

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NSW Policy Directive 2011\_031

# Inter-facility Transfer Process for Adults Requiring Specialist Care

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This is about an Escalation Pathway for a patient requiring urgent specialist care within 24-72 hours when safe and timely care at a higher level service cannot be arranged through the usual transfer processes

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Subsequent RCAs and Clinical Incidents reviewed by the Clinical Risk Action Group identified that transfers were still being delayed on basis of “no bed available” – mostly accepted by specialist team but declined by Bed Manager of referral hospital

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Subsequent survey identified that difficulties arose when clinical priority competed with bed availability and subsequent failure to appropriately escalate issue for resolution

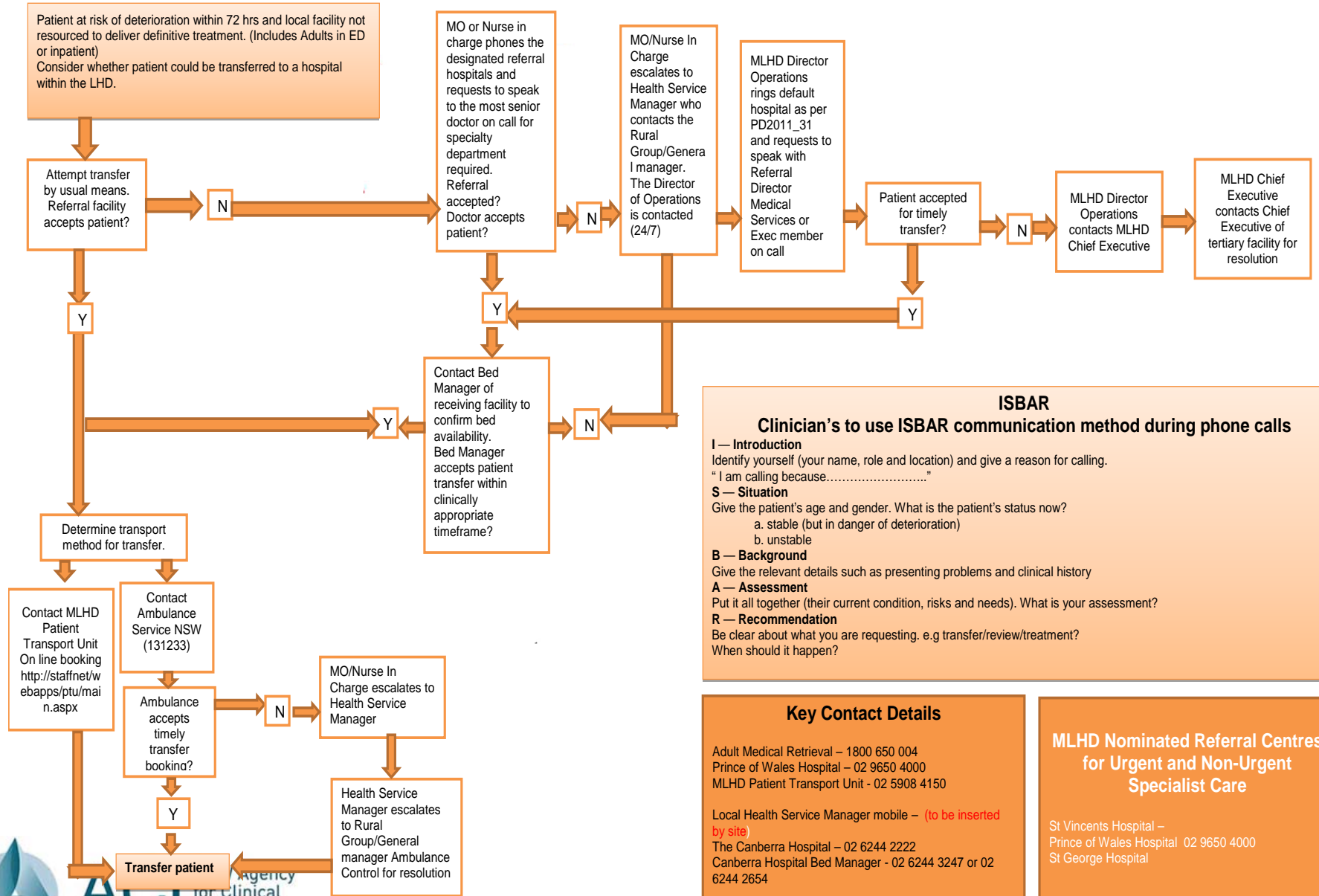
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- Request for EDMS to engage with each other in linked LHDs to jointly develop a “no refusal policy”
  - “Time-critical patients cannot be refused on basis of ‘no bed’
  - *“if an alternative provider cannot be found within an appropriate timeframe, the nominated tertiary hospital **must accept the patient**”*

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Each LHD must also refine processes in place for returning transfers of patients back to sending hospitals, once specialist treatment is complete.

Patient repatriation is important for freeing up beds

# MLHD ESCALATION PATHWAY for Transfer of Patients at Risk of Deterioration (Adults)



### ISBAR

**Clinician's to use ISBAR communication method during phone calls**

- I — Introduction**  
Identify yourself (your name, role and location) and give a reason for calling.  
" I am calling because....."
- S — Situation**  
Give the patient's age and gender. What is the patient's status now?  
a. stable (but in danger of deterioration)  
b. unstable
- B — Background**  
Give the relevant details such as presenting problems and clinical history
- A — Assessment**  
Put it all together (their current condition, risks and needs). What is your assessment?
- R — Recommendation**  
Be clear about what you are requesting. e.g transfer/review/treatment?  
When should it happen?

### Key Contact Details

Adult Medical Retrieval – 1800 650 004  
 Prince of Wales Hospital – 02 9650 4000  
 MLHD Patient Transport Unit - 02 5908 4150

Local Health Service Manager mobile – (to be inserted by site)  
 The Canberra Hospital – 02 6244 2222  
 Canberra Hospital Bed Manager - 02 6244 3247 or 02 6244 2654

### MLHD Nominated Referral Centres for Urgent and Non-Urgent Specialist Care

St Vincents Hospital –  
 Prince of Wales Hospital 02 9650 4000  
 St George Hospital

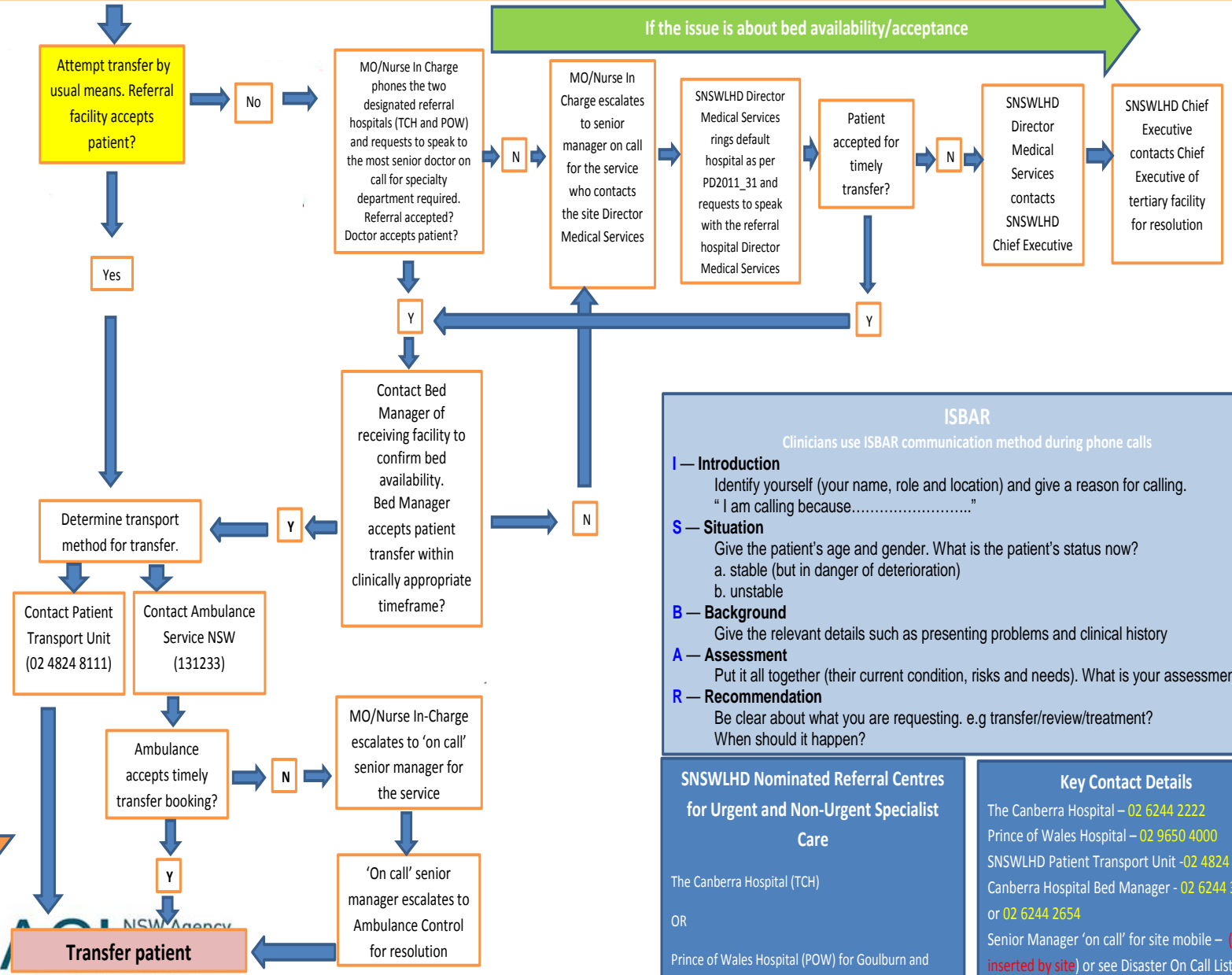




Patient at risk of deterioration within 72 hrs and local facility is not resourced to deliver definitive treatment. (Includes Adults and Maternity patients in ED or inpatients)  
 (Consider whether patient could be transferred to a hospital within the LHD).

If the issue is about bed availability/acceptance

If the issue is about transport



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**SNSWLHD Nominated Referral Centres for Urgent and Non-Urgent Specialist Care**

The Canberra Hospital (TCH)

OR

Prince of Wales Hospital (POW) for Goulburn and Crookwell Hospitals

**Key Contact Details**

The Canberra Hospital – 02 6244 2222  
 Prince of Wales Hospital – 02 9650 4000  
 SNSWLHD Patient Transport Unit -02 4824 8111  
 Canberra Hospital Bed Manager - 02 6244 3247  
 or 02 6244 2654  
 Senior Manager ‘on call’ for site mobile – (to be inserted by site) or see Disaster On Call List.

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Does not apply to Critically Ill patients who  
require immediate transfer (Adult, Paediatric  
OR Neonatal)