Belmont Emergency Escalation Plan

0 | 1 | 2 | 3

0 – BUSINESS AS USUAL

TRIGGERS

TOC – All ambulances able to off load < 20 minutes

ED beds available including one Resuscitation bed

ED Triage waiting times seen within Triage waiting time and ETP benchmarks

All ED patients management plans reviewed at 2 hours in department

Timely access to investigations

Number of admitted patients in the ED waiting for a bed < 3

GPAAH (operational hours) one appointment per hour weekdays & 2 per hour weekends

FOCUS

Expedite discharges in a timely manner

Expedite early referral to specialities

Expedite transfer of ED patients to appropriate inpatient beds

Monitor ED length of stay – ETP (2:1:1) identify actual & potential delays

2nd hourly evaluation of capacity through whiteboard meeting

Identification patients suitable for ASET, GPAAH and Physio 12-4pm weekends

Identification pharmacy review (weekdays) for those who are referred to the medical registrar for admission

T/L & I/C DOCTOR

Document on Daily Shift Report escalation and outcomes

1 – MODERATE COMPROMISE

TRIGGERS

< 2 beds (other than Resus bed) available

OR

>1 ambulance waiting > 30 minutes for off-loading

Resuscitation patient requiring; 1: 1 nursing care AND/OR 1:1 one senior doctor care

AND ONE OF THE FOLLOWING

Any ‘no bed’ admitted patient

Quality of patient care in ED has the potential to be compromised due to sudden overwhelming increase in ED workload or acuity

FOCUS

Rapid round/review of all patients

Reallocation of staff and rooms in ED to meet demand e.g. FAST TRACK

Ensure 2hour assessment and management plans. Assess patients that may be admitted to other hospitals and/or private sector

ED Senior CMO’s to contact AVMOs directly about admissions who are stable to expedite processing of patients

Any patients awaiting results with test pending expected discharge are assessed as to whether suitable to ‘sit out’ in chairs near resus in waiting room

Any patients awaiting discharge transport in hours to be assessed re suitability for “sit out” near desk or to be placed in waiting room. Consider transferred by hire car

Ensure hourly appointments utilized AND negotiate extra GPAAH appointments

T/L & I/C DOCTOR

60 minute re-evaluate board until return to L0

2 – SEVERE COMPROMISE

TRIGGERS

Only one Resus bed available – all other beds full

Patient in resus requiring 1:1 nursing & senior doctor care
- trauma, paediatric or obstetric resuscitation

AND ONE OF THE FOLLOWING

Any ‘no bed’ admitted patient
1 ambulance patients waiting > 60 minutes for off-loading

Quality of patient care in ED has the potential to be compromised due to sudden overwhelming increase in ED workload and acuity

FOCUS

Accelerate level 1 procedures

ADON
- Notify NUM/DON and ED Director (Weekdays)
- Notification to Medical Registrars (> 3 awaiting review) to aid admission process (Weekdays 0800-1630)
- Use of pager system ‘ ED Internal Disaster …e.g. trauma, TOC, etc.’
- Activate non-direct staff (eg nursing education team, medical/surgical Registrar and JMOs) to assist with overflow patients
- Hospital HSA triage priorities

If demand not abating, evaluate need for additional nursing and medical staff.

T/L, I/C DOCTOR, & contact ED NUM & ADON (p.68173)

30 minute re-evaluate board until return to L1

3 – EXTREME COMPROMISE

TRIGGERS

ED – all beds full including Resus bed

More than one Resuscitation patient requiring 1:1 nursing care

More than one Resuscitation patient requiring 1:! senior doctor care

AND ALSO

Inpatient Access Block:
No in-patient beds available for admissions

Or

2 ambulance patients waiting > 60 minutes for off-loading

FOCUS

All Contingency measures activated

ED NUM T/L & Consultant/Registrar Escalate all Level 1 & 2 strategies

Evaluate need to call-in extra nursing/medical staff to assist

Re-evaluate 30 minutely until demand level decreases or earlier if there is a change in the expected bed load

Hospital HSA’s contacted to facilitate transfers to ward beds

Whole of hospital response initiated by ADON & DON

ED Director Notified

DON & ED Director (p.68109)

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