Capacity Escalation Response Guideline

1. **Purpose**
This Guideline provides recommendations regarding best practice for the management of Emergency Department (ED) capacity escalation responses.

2. **Scope**
This Guideline applies to all Hospital and Health Service (HHS) employees and all Department of Health employees working in or for HHS. This Guideline also applies to all organisations and individuals acting as an agent for HHSs (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

3. **Related documents**

   **Authorising Policy and Standard/s:**
   - *Hospital and Health Boards Act 2011*

   **Procedures, Guidelines and Protocols:**
   - Emergency Department Access Guideline
   - Patient Off Stretcher Time (POST) Guideline
   - Inter Hospital Transfer (IHT) Guideline
   - Clinical Initiative Nurse (CIN) Guideline
   - Inpatient Admission Facilitation (IAF) Guideline

   **Forms and templates:**
   - Nil

4. **Guideline for Capacity Escalation Response**

   **4.1 Requirement for the Department of Health**
   4.1.1 The Department of Health should support HHSs through:
   - Providing a centrally coordinated response to a Level Three Escalation.
   - Coordinating and conducting a formalised audit post Level Three Escalation. The audit will include accountable HHS and Queensland Ambulance Service (QAS) representation. It should include analysis of the circumstances leading to the activation and the effectiveness of the response.

4.2 **Requirements for HHSs**
Department of Health: Capacity Escalation Response Guideline

4.2.1 HHS Chief Executive (CEs) should:

- Provide a single executive point of contact for the QAS 24 hours/day to enable prompt management of access issues.
- Ensure the use of best available prediction tools to manage and balance the demands for emergency and elective admissions.
- Prospectively manage elective bed bookings.
- Provide direct contact details of the nominated ED senior Medical Shift Coordinator to QAS.

4.3 Escalation level

Facilities should escalate as follows:

4.3.1 Level One

Level One defined as:

- The facility has optimised bed management and patient flow processes. The ED is functioning and meeting all performance indicators.
- If POST is more than 30 minutes, communication between the QAS Operations Supervisor and the ED medical shift coordinator or delegate must occur to assess current circumstances and commence planning for escalation to Level Two.

4.3.2 Level Two

Level Two defined as:

- Temporary surge of patients into the ED.
- POST more than 30 minutes and/or clinically inappropriate POST.

Individual facilities should:

- Ensure appropriate communication between the QAS Operations Supervisor and the ED medical shift coordinator around internal ED responses where appropriate.
- Have a clearly defined process to ensure capacity issues within the ED are escalated to the executive level.
- Adhere to predefined locally appropriate facility-wide strategies to maintain service continuity and return to normal ED functioning as indicated by the ability to meet performance targets.

If these conditions are unable to be met, communication between the nominated HHS executive contact and the QAS Manager/Director of Operations (after hours: Patient Safety Distribution Unit) should occur to assess current circumstances and commence preparation for escalation to Level Three.

4.3.3 Level Three

Level Three is defined as:
The inability of ED clinicians and QAS to provide services within the accepted standard of care.

The HHS will have undertaken all measures within its control to maintain emergency access yet severe restrictions to service remain.

Escalation to this level mandates a formalised, bipartisan, post-event audit coordinated by the Department of Health.

Communication between the HHS CE and the General Manager Local Ambulance Service Network (LASN) should occur to enable central coordination of a disaster-like response.

4.3.4 LASN and HHS communication process

5. Review
This Guideline is due for review on: October 2016
Date of Last Review: October 2014
Supersedes: Protocol for Capacity Escalation Response (QH-HSDGDL-025-6-2014)

6. Business Area Contact
Queensland Emergency Department Strategic Advisory Panel.

7. Definitions of terms used in the policy and supporting documents
## Department of Health: Capacity Escalation Response Guideline

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital and Health Services (HHSs)</td>
<td>From July 1 2012, Hospital and Health Services will be statutory bodies with Hospital and Health Boards, accountable to the local community and the Queensland Parliament.</td>
<td>Health Reform Queensland website qheps.health.qld.gov.au/health-reform/html/what-is-reform.htm</td>
</tr>
<tr>
<td>Patient Off Stretcher Time (POST)</td>
<td>Off-stretcher time is defined as the time interval between the ambulance arriving at the ED and the patient transferred off the QAS stretcher.</td>
<td>Metropolitan Emergency Department Access Initiative health.qld.gov.au/publications/medai-report/final_medai_report.pdf</td>
</tr>
</tbody>
</table>

### 8. Approval and Implementation

**Policy Custodian:**
Chair, Queensland Emergency Department Strategic Advisory Panel.

**Responsible Departmental Management Team Member:**
Dr Michael Cleary, Chief Operations Officer, Department of Health and Deputy Director-General, Health Service and Clinical Innovation Division.

**Approving Officer:**
Dr Michael Cleary, Chief Operations Officer, Department of Health and Deputy Director-General, Health Service and Clinical Innovation Division.

**Approval date:** 22 December 2014  
**Effective from:** 23 December 2014

### Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>October 2014</td>
<td>CARU</td>
<td>Guideline developed</td>
</tr>
</tbody>
</table>