Patient Centred Emergency Access Health Service Directive

Protocol for Capacity Escalation Response

1. Purpose

This Protocol describes the mandatory steps for the management of Emergency Department (ED) and hospital capacity and patient flow.

2. Scope

This Protocol applies to all Hospital and Health Service (HHS) employees and all Queensland Health employees working in or for HHSs. This Protocol 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. Process for Capacity Escalation Response

3.1 Department of Health

3.1.1 Queensland Health shall support HHSs through:

- Providing a centrally coordinated review of trends in Level Three Escalations on request from HHS or Queensland Ambulance Service (QAS) executive or the Department of Health.

3.2 Hospital and Health Services

3.2.1 HHSs Chief Executive (CEs) shall:

- Provide a single executive point of contact and mobile/phone number (as per the matrix item 3.3.5) 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 and prospectively manage elective bed bookings.

- Have a clearly defined process to ensure capacity issues within the ED are escalated to the executive level.

- Establish and maintain an escalation review sub group consisting of HHS Executive, HHS operational staff, and QAS LASN. Roles of this committee
shall include (but not exclusive to): identifying data trends; trend analysis; case review; and solution design.

3.3 Escalation Level

3.3.1 Level Zero

Level Zero is defined as:

- The ED is functioning and meeting all performance indicators.
- The facility has optimal bed management and patient flow processes.

Measure of ED Crowding

- Nil patients on stretcher
- ED occupancy of less than 100%
- Less than 10% of total ED occupancy are patients waiting to be admitted (SSU and/or inpatient)

Individual facilities shall:

- Monitor predicted activity and enact locally appropriate facility-wide patient flow strategies proactively.

Facilities and QAS shall escalate as follows:

3.3.2 Level One – ED response

Level One is defined as:

- POST is approaching 30 minutes.
- Temporary surge in ED activity

Measure of ED Crowding

- At least one patient with a POST approaching 30 minutes
- ED occupancy of greater than 100%
- 10% of total ED occupancy are patients waiting to be admitted (SSU and/or inpatient)

Individual facilities shall:

- Monitor for predicted surges in activity and enact locally appropriate facility-wide patient flow strategies proactively.

Communication:

- Communication between the QAS Operations Supervisor and the ED medical shift co-ordinator or ED patient flow delegate must occur to assess current circumstances and commence planning for escalation to Level Two.
3.3.3  Level Two – Hospital response

Level Two is defined as:

- POST greater than 30 minutes and/or clinically inappropriate POST.
- Sustained surge of patients into the ED.
- Facility determined ED measures exceed local limits (e.g. percentage of ED treatment spaces utilised / ED occupancy / ED clinician review timeframes).

Measure of ED Crowding

- At least one patient with a POST greater than 30 minutes or clinically inappropriate POST
- ED occupancy of greater than 100%
- Greater than 10% of total ED occupancy are patients waiting to be admitted (SSU and/or inpatient)

Individual facilities shall:

- Convene a meeting at the Director level to enact a whole of hospital response to maximise capacity.
- 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.

Communication:

- Ensure appropriate communication between the QAS Senior Operations Supervisor and hospital patient flow executive responsible officer around internal ED responses where appropriate.
- If these conditions are unable to be met, communication between the nominated HHS executive contact and the QAS Senior Operations Supervisor (SOS) shall occur to assess current circumstances and commence preparation for escalation to Level Three.

3.3.4  Level Three – HHS response

Level Three is defined as:

- POST remains greater than 30 minutes and hospital will have undertaken all measures within its control to maintain emergency access yet severe restrictions to service remain.
- The inability of ED clinicians and QAS to provide services within the accepted standard of care.

If a Level 2 escalation is not resolved and QAS service delivery is compromised even-though the hospital have undertaken all measures within its control to maintain emergency access yet severe restrictions to service remain.
Individual facilities shall:

- Enact disaster like response coordinated by pre-determined HHS actions.
- Convene a meeting of executive level to enact a whole of HHS response to maximise capacity.

Communication:

- Ensure appropriate communication between the HHS Chief Executive and the General Manager Local Ambulance Service Network (LSAN) around a HHS response.

3.3.5 LASN and HHS communication process

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
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</thead>
<tbody>
<tr>
<td>ED medical shift co-ordinator or ED patient flow delegate</td>
<td>Senior Operations Supervisor LASN</td>
<td>Executive Manager Operations / Director Operations LASN</td>
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<td>HHS CE</td>
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<td>Assistant Commissioner / General Manager LASN</td>
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4. Supporting and related documents

- *Hospital and Health Boards Act 2011*

Authorising Health Service Directive

- Patient Centred Emergency Access Health Service Directive

Procedures, Guidelines, Protocols

- Protocol for Patient Off Stretcher Time
- Protocol for Inter Hospital Transfers of the non-time critical patient
5. Definition of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<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>
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<tr>
<td>Patient Off Stretcher Time (POST)</td>
<td>Off-stretcher time is defined as the time interval between when the ambulance is parked at the hospital emergency department and the time the patients has been transferred off stretcher to the care of the Hospital and Health Service clinical staff after handover.</td>
<td>Metropolitan Emergency Department Access Initiative health.qld.gov.au/publications/medai-report/final_medai_report.pdf</td>
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6. Approval and Implementation

Protocol Custodian
Healthcare Improvement Unit, Healthcare Innovation and Research Division, Clinical Excellence Division

Approving Officer:
Deputy Director-General, Clinical Excellence Division

Approval date: 22 September 2016
Effective from: 22 September 2016
### Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1.0</td>
<td>18/12/2012</td>
<td>Clinical Access and Redesign Unit</td>
<td>Protocol for Capacity Escalation Response developed</td>
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<tr>
<td>2.0</td>
<td>06/08/2015</td>
<td>Healthcare Improvement Unit</td>
<td>Protocol for Capacity Escalation Response updated</td>
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<tr>
<td>3.0</td>
<td>22/09/2016</td>
<td>Healthcare Improvement Unit</td>
<td>Amended by the Emergency Services Management Committee and Operational Advisory Management Group, and minor modifications made following HHS feedback</td>
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