Belmont Emergency Escalation Plan

**BUSINESS AS USUAL**
- 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

**MODERATE COMPROMISE**
- < 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
- Rapid round/review of all patients
  - Re-allocation of staff and rooms in ED to meet demand e.g. FAST TRACK
  - Ensure 2 hour 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

**SEVERE COMPROMISE**
- 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
- 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 (e.g. nursing education team, medical/surgical Registrar and JMOs) to assist with overflow patients
- Hospital HSA’s contacted to facilitate transfers to ward beds
- Whole of hospital response initiated by ADON & DON
- ED Director Notified

**EXTREME COMPROMISE**
- ED – all beds full including Resus bed
- More than one Resuscitation patient requiring 1:1 nursing care
- More than one Resuscitation patient requiring 1:1 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

- 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 minute 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

T/L, I/C DOCTOR
- Document on Daily Shift Report escalation and outcomes
- 60 minute re-evaluate board until return to L0

T/L, I/C DOCTOR, & contact DON & ED Director (p.68109)
- ED NUM & ADON (p.68173)
- 30 minute re-evaluate board until return to L1