



**Draft
Escalation Policy
Toolkit**

**March
2011**

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Management of In-Patient Capacity Checklist

Has the RAG status been updated on the dashboard?

- This **must** be updated daily by **11am**
- Hospital Management Admin or the Service Manager's Personal Assistants can do this if you inform them of the status.

Determining the RAG Status of the BGH

The RAG status of the BGH is determined by the following definitions, and by the Hospital Site Manager/Bleep Holder's discretion

The BGH is GREEN if:

- There is less than 4% staff sickness
- There are more than 15 beds available
- There are more than 8 MAU beds available
- The staffing and skill mix across the hospital is correct

The BGH is AMBER if:

- ITU transfers are delayed
- Staff sickness is above 4% but less than 15%
- Elective patients are waiting for prolonged periods in the Discharge Lounge
- Medical patients are being assessed in A&E

The BGH is RED if:

- Staff sickness is greater than 15%
- There are less than 5 available beds
- Electives are needing to be cancelled/ have been cancelled
- There are no ITU beds available and there is spill over into Recovery

Actions to Take Depending on the RAG Status

If the Status is Amber

- Has the time of the next bed meeting been agreed and disseminated?
- Has the General Services Supervisor been contacted about supporting patient flow?
- Have the nursing unit bleep holders been contacted?
- Do additional clinical staff need to be deployed?
- Is there an action plan in place to manage patient flow today?

If the Status is Red

- Do non clinical staff need to be deployed to support patient flow?
- Have AHPs, Pharmacy, and other Support Services been contacted?
- Has the General Manager been reported to?
- Have the Duty Consultants been contacted to encourage discharge?
- Have the Heads of Service been contacted to encourage teams to prioritise early discharge for patients that are medically fit?

Escalation Tools for AMBER Status

In addition to the actions found on individual action cards, the following tools can be used when the hospital is amber in order to support patient flow.

Additional Bed Meetings

Additional bed meetings may need to be called in order to closely monitor patient flow and for the hospital bleep holder and site manager to stay apprised of discharges and admissions.

PFAT E-mail

The Patient Flow Action Team e-mail account can be used to send e-mails to groups of staff in order to progress specific actions, examples of e-mails that may help include:

- An e-mail to all staff within the BGH to alert them of the RAG status and ask that they implement their action cards where appropriate.
- An e-mail sent from the Medical or Associate Medical Director to all GPs asking them to prevent admission, where possible, due to increasing bed pressures

The e-mail account holds draft e-mails that have been developed for the above uses, and can be tailored to fit the specific situation.

General Services Support

The General Services Manager can be contacted to ask that patient transfer and discharge are prioritised. This will help support patient flow—particularly from the Emergency Department to the Medical Assessment Unit.

Escalation Tools for RED Status

In addition to the actions found on individual action cards, the following tools can be used when the hospital is red in order to support patient flow. These, and all possible actions, must be taken before calling a Patient Flow Action Team meeting.

Individual Patient Information

The hospital site manager of bleep holder can ask the operational managers of the hospital to complete the Patient Flow sheet, which details why each in-patient is being treated at the BGH and what the next stage in their journey is. This may enable the identification patients that can be moved on with additional managerial support, or patients that are inappropriately placed. The Patient Flow sheet can be found in Appendix 1 and can be completed by contacting all operational managers and asking them to complete the sheet for their area.

Integrated Patient Flow Meeting

The Integrated Patient Flow Meeting can be called, which includes members from AHPs, PACS, SW, and hospital management. The purpose, format and relevant information on how to call this meeting is included in Appendix 2. This meeting can enable services to work together to progress individual discharges. To ensure this meeting is effective it is helpful to have individual patient details with EDDs of today/tomorrow that need support for discharge.

PFAT E-mail

The Patient Flow Action Team e-mail account can be used to send e-mails to groups of staff in order to progress specific actions, examples of e-mails that may help include:

- An e-mail to all consultants asking them to review their patients and identify those that can be treated as outpatients, in another setting, or be discharged
- An e-mail to all consultants asking that if they have a patient that is delayed in their journey to contact a manager to gain support
- An e-mail to Pharmacy to inform them of the status and ask that they prioritise discharge work
- An e-mail to AHP leads asking them to prioritise discharge work and review patients that have the potential for discharge

SAS Support

SAS can be contacted to ask that they prioritize NHS Borders discharges and to inform them of the status of the hospital.

General Managers Meetings

Prior to calling a PFAT meeting, the option of calling a meeting of all General Managers should be explored. The General Managers from BGH, PACs, and MH can meet to discuss patient flow and where there are particular pressures. This meeting can be called by escalation to the General Manager of the BGH who can then ask the General Managers from the other Clinical Boards to meet.

Redeployment of Staff

The redeployment of non-clinical staff, in order to progress patient flow, may be necessary when the hospital's status is red. Staff such as operational managers can be asked to support patient flow and they may delegate tasks to others as appropriate. Some of the tasks that they may assist with include:

- Gathering information for the hospital bleep holder/ site manager
- Facilitating communications between the BGH and the rest of the organisation
- Supporting nursing staff in organising patient transport

Patient Flow Action Team – Terms of Reference

1.1 Purpose

- To maintain patient flow in times of severe pressures
- To make decisions regarding the priorities of patient flow
- Ensure NHS Borders resources are allocated appropriately
- Facilitate a collaborative approach between the Clinical Boards and partner agencies

1.2 Composition

Membership of the Patient Flow Action Team will be:-

- Chief Operating Officer or Executive Director on Call
- General Manager of BGH
- General Manager of P&CS
- General Manager of MH
- Nominated Associate Medical Director
- Nominated Associate Nursing Director
- Social Work Lead
- Site Manager from BGH

1.3 Meetings

Meetings of the Patient Flow Action Team will be when NHS Border's RAG status is RED and after discussion with the Chief Operating Officer or Executive Director on call.

1.4 Remit

- To ensure patient flow across the Borders
- To take decisions on postponing Electives and how in-patient capacity is utilised across NHS Borders
- To ensure patient safety during times of severe pressures
- To take decisions on the reallocation of resources
- To determine NHS Borders priorities during severe pressure on in-patient capacity

1.5 Reporting Arrangements

The Patient Flow Action Team will report to the Chief Executive of NHS Borders, who will be responsible for reporting to the Scottish Government when required.

Patient Flow Action Team



Patient Flow Action Team

Meeting Agenda

1. Current Bed State and Projected Admissions/ Discharges BGH
2. Current Bed State and Projected Admissions/ Discharges PACS
3. Current Bed State and Projected Admissions/Discharges MH
4. Actions Already Taken
5. Planned Actions
6. Proposed Actions
7. Next Steps
8. Communication Plan
9. Time of Next Meeting/ Report

Patient Flow Action Team



Patient Flow Action Team Roles and Responsibilities

Role	Responsibilities
Patient Flow Action Team Lead/ Chief Operating Officer or Executive Director on Call	<ul style="list-style-type: none"> • Chair the Patient Flow Action Team • Ensure that the group is quorate and supports effective decision making • Communicates with the Chief Executive.
General Managers from each Clinical Board / Manager on call Out of Hours	<ul style="list-style-type: none"> • Provides up to date information regarding capacity and predicted demand for their Clinical Board • Defines areas where support is required to manage in-patient capacity. • To act as primary link for their Clinical Board and PFAT and disseminate information. • To be the link to all relevant support services • To manage and report on the actions taken by their Clinical Board.
Nominated Associate Medical Director	<ul style="list-style-type: none"> • To provide up to date information regarding medical staffing and any issues relating to this • To provide advice and guidance on clinical risk of PFAT action plan.
Nominated Associate Nurse Director	<ul style="list-style-type: none"> • To provide up to date information regarding nurse staffing and any issues relating to this • To provide advice and guidance regarding the overview of clinical risk of PFAT action plan.
Social Work Lead	<ul style="list-style-type: none"> • To provide up to date information regarding capacity for supporting early discharge • To provide a communication link between social work and SBC to NHS Borders • To report on the actions taken by Social Work.
Scottish Ambulance Service (as required)	<ul style="list-style-type: none"> • To provide up to date information regarding capacity to support patient transfers/discharges • To provide up to date information regarding unscheduled demand.

Key Contacts

Name	Position	Phone Number	Bleep Number
Site Manager		26050	
Hospital Bleep Holder		21412	
Bed Manager		21212	
Nurse in Charge		26981	
Executive on Call			
Diane Durham	BGH Social Work Team	26273	
Shona Cavers	Joint Rapid Response	27634	
Jane McIver	Discharge Liaison Team Leader	26076	
Jane Douglas	Group Manager, Social Care and Health	01835 825080	
Rachel Bacon	GM BGH	26052	
Graham Allison	GM MH	01896 827151	
Alasdair Pattinson	Acting GM PACS	01896 825508	
May Sharp	Head of Physiotherapy	26545	
Kathleen Henderson	Lead Occupational Therapist	01896 824527	
Catherine Scott	Senior Pharmacist	26614	
Jeanette Jeffreys	SAS Contact		

Appendix 1

Patient Flow

Ward: _____ Number of Patients in Ward: _____

EDD Today: _____ EDD Tomorrow: _____

Patient Name	Consultant	Diagnosis	Management Plan in Place	Next Stage in Journey	How long waiting for this stage?	Can this be done as an out-patient?

Appendix 2

Integrated Patient Flow Meetings

Purpose

Daily Integrated Patient Flow meetings can be implemented when the status of the hospital is Amber or Red, or at the discretion of senior management. This meeting's purpose is to allow for the removal of any delays in a patient's pathway by services working interdependently to quickly discharge medically fit patients.

Membership

Membership at the Integrated Patient Flow meeting should include a representative from: primary and community services, hospital management (this may be the hospital bleep holder or site manager), occupational therapy, social work and physical therapy.

Implementation

The meeting should be held at 10 am each day and will allow for individual patients requiring input from a particular service to be discussed, and for action to be taken to ensure that the patient experiencing the delay receives the necessary input quickly. This meeting is intended for short-term use and should be discontinued when bed pressures improve.

Meeting Format

The Integrated Patient Flow meeting can be called by sending an e-mail from the PFAT account or by contacting the services with membership to the group and asking them to send a representative. It is the responsibility of each area to ensure that a representative attends this meeting.

The Hospital Bleep Holder or Site Manager is responsible for collecting the relevant information to present at the meeting. The Patient's Requiring Input sheet (find attached) must be distributed to all SCNs to complete and return prior to the meeting.

The Senior Charge Nurse will detail any and all patients experiencing a delay in their pathway, as well as what input that patient requires, and when they expect the patient to be discharged on the Patient's Requiring Input sheet. The senior manager attending the Integrated Patient Flow meeting will collect the sheets from the SCNs before 10am and disseminate the information at the meeting.

Outcome

The meeting is complete once each patient requiring input has been discussed, and the next action for that patient agreed. The hospital bleep holder or site manager will keep a record of all patients that are to be followed up on by an AHP or Social Worker and support that work.

