

Version:
0.1



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OP01

Protocol for the management of emergency pressures and escalation.

Date to be reviewed:	October 2015	No of pages:	34
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Responsible dept / director:	Chief Operating Officer		
Approved by:	Chief Operating Officer		
Date approved:	13 th November 2014		
Date activated (live):	13 th November 2014		

Date EQIA completed:	July 2014
Documents to be read alongside this policy:	Achieving Excellence: The Quality Delivery Plan for the NHS in Wales (WG 2012 – 2016); Transforming Care and 1000 Lives + initiatives; National Escalation Policy BCUHB Protocol for the safe management of patients during ambulance handover
Purpose of Issue/Description of current changes:	This protocol outlines the local response to emergency pressures and escalation actions required to maintain safe and effective patient flow.

First operational:	13 th November 2014				
Previously reviewed:	date	date	date	date	date
Changes made yes/no:	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no

PROPRIETARY INFORMATION

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1. Introduction

The BCUHB escalation protocol is designed to provide clear operational guidance for escalation within BCUHB and to connect seamlessly with capacity and resource policies in partner organisations. This protocol aims to ensure that patients remain the centre of care by accessing safe clinical services and to assist BCUHB in the management of healthcare capacity and the effective implementation of escalation procedures when the whole system or one constituent part of the system is unable to manage the presented demand being placed on it.

This escalation protocol is separate to the major incident policy which deals with exceptional, immediately presented demand for emergency care. The underlying supposition of this policy is that sufficient capacity has been created to enable the Health Board under planned levels of activity to provide for emergency care services and planned elective activity in accordance with agreed targets.

The escalation protocol is the mechanism for sharing capacity pressures at times of difficulty and has been developed to ensure appropriate care for elective and emergency patients remains paramount. Activity/capacity imbalance, whether through a surfeit of emergency admissions, or planned attrition of the acute base, undermines the Health Board's ability to deliver to its operational standards, and to care safely for individual patients. Acute and community capacity is seen as a continuum, with a constant flow of patients between care settings according to need.

2. Purpose

The establishment of an effective escalation protocol will contribute toward the following:

1. Early identification of capacity problems
2. Proactive rather than reactive response
3. Concise and clear actions
4. Defined responsibilities

The escalation protocol enables the Health Board to deal effectively with fluctuations in demand and capacity so that it can manage associated clinical risk within acceptable limits. The protocol is designed to mitigate the risk of further escalation and ensures an appropriate response from key staff members to contribute to a reduction in escalation status.

The protocol aims to maintain high standards of patient safety, patient experience and performance against key waiting time and quality standards of care.

3. Scope

This protocol is BCU-wide and will apply to all individuals within the Health Board who are involved in providing services to patients and in any aspect of managing emergency pressures or escalation.

4. Key Principles

The Escalation protocol should identify the corporate strategy for operational management when normal patient management is predicted to fall short of adequate capacity. Sets of principles underpin this policy and are set out below.

- Capacity is managed as a co-ordinated system across and within our own and partnership organizations.
- No action will be taken by one part of the system without prior discussion with BCU departments and external partner organizations to ensure full communication and ability to recognise potential impacts on other services.
- The clinical priority of the patient across all care groups is the key determinant of when & where patients are treated and cared for.
- Managing patients at the time of increased escalation will require accepting and managing additional risks across the organization.
- The escalation protocol will support staff to recognise early pressure on the hospital system and where possible prevent pressure by supporting activity in primary and community services.
- The escalation protocol will define the processes by which BCUHB capacity will be managed when patient demand approaches the critical level.
- The escalation protocol will ensure patients requiring assessment/admission are seen in the most appropriate area by the most appropriate clinical resource to treat the patient's presenting condition and within a clinically appropriate timeframe.

5. Levels of Escalation

Table 1 below defines the main four escalation status levels for Health Boards and WAST. These levels and the triggers which support them will be used to determine the appropriate response to escalating emergency pressures, the actions necessary to protect core services in order to supply the best possible level of service with the resources available.

Table 1: Escalation status levels:

Level 1	Steady State	Ensure all standard operating processes are functioning as efficiently as possible in order to maintain flow.
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Level 2 Amber Low	Moderate Pressure	Respond quickly to manage and resolve emerging pressures that have the potential to inhibit flow. Initiate contingencies. De-escalate when applicable.
Level 3 Amber High	Severe Pressure	Prioritise available capacity in order to meet immediate pressures. Put contingencies into action to bring pressures back within organisational control. De-escalate when applicable.
Level 4	Extreme Pressure	Ensure all contingencies are fully operational to recover the situation. Executive command and control of the situation. De-escalate when applicable.

Table 2 below defines the additional two escalation status levels that are relevant only to WAST. They are based on the Resource Escalatory Action Policy (REAP) levels recognised by all UK ambulance services.

Table 2: REAP escalation levels (WAST)

Level 5	Critical (Major Incident or Business Continuity Incident)	Escalate when applicable. Take immediate action to limit risk and prioritise resources. Implement business continuity plans or major incident plan. De-escalate when applicable.
Level 6	Potential Service Failure (Enduring or sustained business continuity incident or pandemic)	Prioritise risk mitigation. Implement business continuity plans or major incident plan. De-escalate when applicable.

6. Escalation Triggers and Actions

LEVEL 1 – STEADY STATE	
Triggers	Actions
<ul style="list-style-type: none"> • Emergency admissions are within predicted levels and match available capacity • Emergency Access performance 95% being maintained • > 3 available resuscitation and trolleys in ED • Ambulance patients – transfer of care within 15 minutes • > 3 beds available in Medical and Surgical assessment units • Predicted and known capacity to accommodate emergency and elective admissions (including community beds) • Available CCU & ITU capacity >2 • No additional beds opened • Elective lists proceeding as scheduled • No assistance being provided to other sites/health boards • No known external factors to impact upon capacity • Consider 24 and 48 hour weather forecasts (hot and cold) 	<ul style="list-style-type: none"> • Clinical Site Manager to ensure admission for patients on elective waiting list as scheduled. • Operational Site Manager to ensure Bed meetings must be held three times a day with clear actions and outcomes • Identification of potential suitable outliers • Matrons, Ward Sisters and Discharge Nurses to expedite discharges through links with pharmacy, social services, WAST and community teams. When booking ambulance transport ensure mobility requested is accurate in order to prevent delays • Daily review of Patients by Matrons • Daily Ward rounds by a Consultant or Senior Clinician • Ward Sisters to ensure daily board rounds on all wards. • Consultants to ensure Predicted Date of Discharge allocated to all patients within 24 hours of admission. • Intermediate Care/Enhanced Care teams working alongside ward teams to transfer patients through to their services in a timely manner • Matrons to ensure outliers are identified by 12 noon each day. • Ward Sisters to prioritise Patients for transfer to the Discharge Lounge prior to discharge. • Ward Sisters and Clinical Site Managers to ensure patients in ED or in any assessment unit who are allocated a bed must move within 30 minutes. • Ward Sisters and Clinical Site Managers to ensure timely transfer of patients to Community Hospitals • Daily Nurse staffing review by Matrons • Daily Medical staffing review by Area Operational Managers • Ward Sisters and Discharge Nurses to highlight any delays for packages of care/LA funding • Surgical Area Operational Manager to identify elective admissions for next 24 hrs

LEVEL 2 – AMBER LOW: MODERATE PRESSURE

Triggers	Actions
<ul style="list-style-type: none">• Emergency admissions are likely to exceed predicted levels and available capacity• >4 hour breaches have occurred (excluding clinical exceptions)• Ambulance patients – transfer of care >15 minutes but less than 30 minutes• Patients waiting more than 1hour for first contact with assessing clinician (majors & minors)• Ability to provide resuscitation capacity only in ED• No acute beds available within the next 30 minutes• CCU & ITU delayed transfers of care identified• Patients being admitted or transferred to an outlying speciality• Unplanned bed closures i.e. infection outbreak• Routine electives under review	<ul style="list-style-type: none">• Site Operational Manager to confirm all actions have been completed at level 1• Clinical Site Manager to ensure bed capacity has been accurately reviewed• Site Operational Manager to have an early discussion of issues and agree a plan with WAST including the provision of additional transport to be provided for discharges if available.• Surgical Area Operational Manager Review elective admissions and prioritise potential cancellations• Pre-emptive transfers to wards where there are confirmed discharges.• ED Consultant, AMU On Take Physician/On call Physician and General Surgeon and Orthopaedic Surgeons in hours and out of hours to be advised <u>verbally</u> of the hospital status• Verbal contact to be made with each medical and surgical team to undertake additional reviews of ward patients to facilitate discharge or transfer to community hospital and specialities staff to assist in ED• Verbal contact to be made with GPOOHs and Contact with Primary care and core support departments to support rapid decision making and discharge/transfer of patients: Radiology, Pathology, Pharmacy, Therapies AND• Verbal contact to be made with Social Workers and DLN to provide additional support for discharge/transfer of patients• Review list of patients listed for community hospital transfer of care against availability of community hospital beds – transfer patients to ensure full use of all community hospital beds.• Review potential to admit patients to beds out of specialty across Medicine and Surgery.• The Matron working with the senior sister of the ED when the Department is at level 2 will be taking action to mitigate clinical risks with active discussions about

	<p>providing support and capacity to meet care needs. Actions taken to mitigate risks to patient care will be evidenced on an adapted proforma and provide evidence for the Department.</p>
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LEVEL 3 – AMBER HIGH: SEVERE PRESSURE	
Triggers	Actions
<ul style="list-style-type: none"> • Emergency admissions are exceeding predicted levels and available capacity • >8hour breaches have occurred • Unable to provide resuscitation facility in ED • Ambulance patients – transfers of care > 30 minutes but less than 60 minutes • Patients waiting more than 2 hours for first contact with assessing clinician (majors & minors) • Limited ability to create additional CCU and ITU capacity (refer to Critical Care Escalation protocol) • Discharges and transfers less than predicted and will impact significantly on capacity • All available staffed adult bed capacity in use, including ring fenced beds • All planned commissioned additional capacity in use • Routine electives cancelled • Divert within health board in place 	<ul style="list-style-type: none"> • Site Operational Manager to confirm all actions have been completed at level 1& 2 • Executive Lead to be informed of situation • Communications Team to be kept informed by Site Operational Manager • CEO briefed by COO • COO to contact LA Executives to seek support for expediting discharges/transfers/packages of care • Communications to primary care and GPs through locality management team • Matrons to ensure there is an ongoing staffing plan in place • Site Operational Manager to request WAST officer to mobilise to hospital site • Site Operational Manager to review use of all 'ring fenced' beds. • Clinical Site Manager to identify suitable patients for these beds, agreeing exit plan within 12 hour period (includes Cardiology, Surgery, Stroke and Orthopaedics) • Area Operational Manager for Surgery to review all planned routine elective activity cancel routine work • Site Operational Nurse to increase bed availability on wards where this is physically possible, this including acute and community wards. Safe staffing must be maintained. • Following the operational flowchart for temporarily increasing capacity to improve patient flow and allow ambulances to offload to ED (Appendix 2) the Site Operational Manager will increase the Holding Area to full capacity for ED and non

	<p>ED patients (medical and surgical admissions waiting for access to a ward bed) and use CDU/RAU/other appropriate area to accommodate patients from ED.</p> <ul style="list-style-type: none"> • Site Operational Nurse to flex wards by using non clinical space to accommodate one additional patient. • The Site Operational Nurse will have been notified and will require the outcome of the Quality assurance undertaken at the level 2 escalation point and agreed actions proposed and taken. They will review care provision alongside the Matron and Sister/Lead clinician and record the clinical risks resulting from untimely care, omissions in observations etc. In agreement with Department managers additional actions must be agreed at this stage to manage the clinical risks being presented, which will include bringing in additional medical capacity to undertake medical reviews and prioritise care management. • The Site Operational Nurse will notify the Assistant Nurse Director and Assistant Medical Director of the outcome of that review and provide positive or negative assurance alongside recommendations for action. Assistant Nurse Directors and Assistant Medical Directors will then be deployed on each site at this level 3 if required to support care and will escalate staffing and other actions to mitigate risk. • Out of hours, on call Consultants will be asked to attend site • Instigate North Wales teleconference to discuss options for Divert following the Divert Procedure (Appendix 3)
LEVEL 4 – RED: EXTREME PRESSURE	
Triggers	Actions
<ul style="list-style-type: none"> • Emergency admissions have significantly exceeded predicted levels and • available capacity • >12hour breaches have occurred • A&E capacity unable to meet further demand • Ambulance patients – transfer of care > 60 minutes 	<ul style="list-style-type: none"> • Site Operational Manager to confirm all actions have been completed at level, 2 & 3. • Chief Operating Officer has been informed of level 4 status and is managing the situation. • Welsh Government advised of level 4 status • Medical Director to engage with

<ul style="list-style-type: none"> • Patients waiting more than 4 hours for first contact with assessing clinician • (majors & minors) • No transfers or discharges taking place • No CCU or ITU capacity available • All planned admissions have been cancelled • Unplanned and uncommissioned additional capacity in use 	<p>Clinicians to ensure Discharges maximized.</p> <ul style="list-style-type: none"> • Any admitted elective patients awaiting surgery to be discharged home. • Cancel elective activity for the next 24 hours. • The Assistant Nurse Director and Assistant Medical Director will then provide a brief to the Nurse and Medical Director who will directly review care at level 4 where no assurances are adequately provided about the safety of the Department as well as providing a physical support to the teams and assuring themselves directly about the standard of care being provided. • Set up an onsite situation control group to take tactical control.
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Out of hours and weekends

During out of hours and weekend periods the same actions must be completed with the on call management team leading the response to escalation:

Clinical Site Manager leading the response at level 1

Bronze on call manager leading the response at level 2

Silver on call leading the response at level 3

Gold on call leading the response at level 4.

Check list questions

- Have all actions been completed at each stage prior to escalation to the next stage?
- Has there been appropriate communication regarding change in status level and necessary actions to key staff?
- Does the change in the status level meet the criteria?

7. Betsi Cadwaladr University Health Board Principles for the safe management of patients delayed in Ambulances

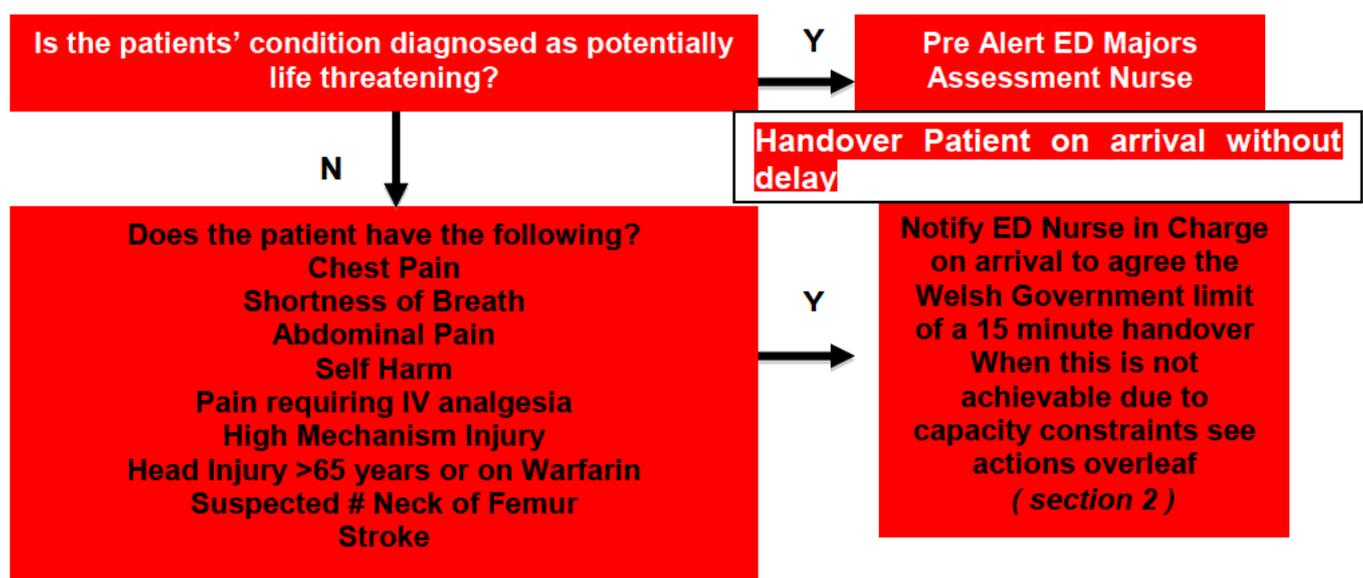
- Patients will not be held outside in Ambulances unless there is no safe space to offload inside the Emergency Department.

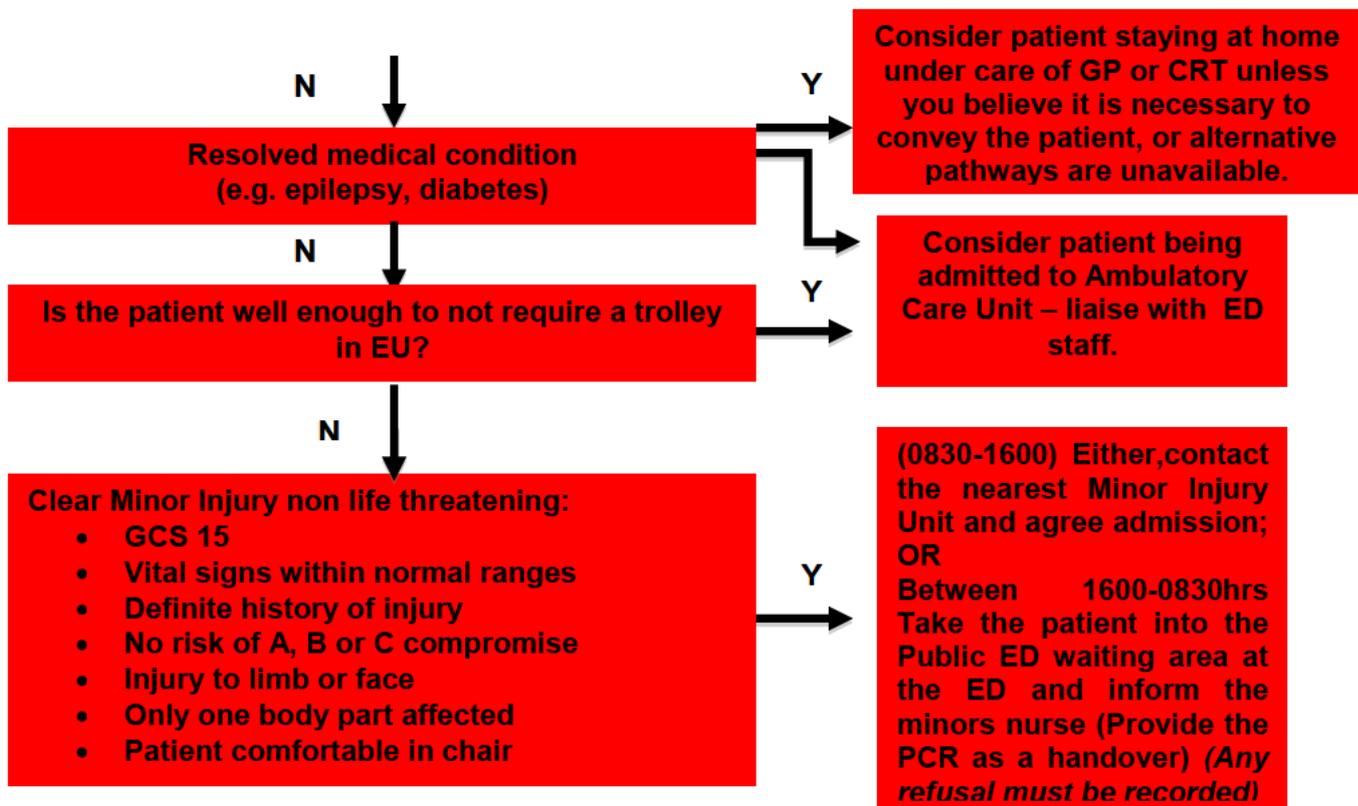
- Ambulance crews will report patient observations and NEWS Score to Nurse in Charge on notification of arrival.
- Observations chart will be commenced by Nurse in Charge and 15 min Observations and NEWS Score requested by Nurse in Charge as appropriate.
- Ambulance Crew report continuous observations and NEWS Score as above and Observations chart is updated by Nurse in Charge.
- Specialty Drs will be advised if GP admission is held outside to consider assessing patient in Ambulance in line with other patients.
- If Ambulance Crew/ Nurse in Charge /Senior Dr has evidence that the patient is deteriorating, consideration must be given to bringing the patient into the resuscitation room within ED.
- A Senior clinician will continuously monitor patients to assess priority to release Ambulances and create capacity. If the Senior Clinician feels appropriate in the light of the whole dept safety they may need to go out to assess patients in Ambulances.

8. Ambulance Arrival at ED

Upon arrival at the Emergency Department across BCUHB, ambulance staff MUST 'Notify' their arrival on the Hospital Arrival Screen (HAS) and hand the completed PCR into the reception without delay, in order to book the patient in, and to provide a clear clinical audit trail.

The ambulance crew will then transfer the care of their patient to the ED by following this flowchart.





- If there is any concern about the delay, or the condition of the patient worsens WAST crews must alert the ED Nurse in Charge. Any decision not to admit a patient after 15 minutes rests with BCUHB.
- Where a patient is felt by the ambulance crew to be suitable for treatment in the ambulatory care unit this should be highlighted to the ED Nurse in Charge after booking the patient in.

9. Safe Management of Ambulance Delays

- BCUHB has a duty of care for ambulance patients as soon as they arrive outside an ED.
- All patients should be seen by ED staff in order of clinical priority, even if they are still on board an ambulance.
- BCUHB will ensure that a senior ED Nurse is responsible for the co-ordination of safe and appropriate care of patients delayed in an ambulance following an initial assessment using the Manchester Triage tool.
- One resuscitation bay will be kept free at all times. In extreme circumstances this could be used for a stable Majors patient who could be moved should it be necessary.

Ambulances are delayed at an ED.

Actions by
ED staff

Actions by
WAST

1. ED triage nurse to assess patients who cannot be offloaded from ambulance, and allocate Manchester Triage category.
2. ED ("cas") card to be generated as normal and placed in the main "waiting to be seen" tray in order of clinical priority, as usual. Marker card to be used if card is removed for any reason.

Triage nurse,
ED nurse in
charge or ED
senior doctor
to action.

1. WAST crew must notify their arrival at ED using the Hospital Arrivals Screen (HAS).
2. WAST crew must alert the ED Nurse in Charge of arrival at ED.
3. WAST will assign an ambulance officer to attend (or designate a paramedic to liaise with ED nurse in charge) if 1 or more ambulances are queueing.
4. Crews waiting to offload should perform patients' observations and the NEWS score every 15 minutes and inform ED nurse in charge if any deterioration post-triage. Observations should be documented on both the WAST patient care record and the BCUHB ED Card.

1. Can any patients waiting on ambulances reasonably be **offloaded into the waiting room**?

2. Can any patients waiting on ambulances or already in the ED be **diverted to another unit** eg. Minor Injuries Unit, Paediatrics, GP OOH, or Emergency Gynae Unit?

3. Can any **immediate treatment** be started whilst patient is still in care of WAST crew?

4. Are there any patients who will obviously be referred to a specialty team, for example, medics, surgeons or the stroke team?

5. **Only after discussion with ED Consultant:** are there any patients who may meet the criteria for admission to EDOU/CDU and could bypass ED to be assessed/managed on EDOU/CDU from the outset? Eg. Paracetamol OD requiring Parvolex, post-ictal, resolved anaphylaxis.

Examples: The Sepsis Six, STEMi thrombolysis and ACS treatment can be delivered on ambulances.

- NB: Paramedics are not allowed to administer drugs not in their formulary: ED staff will need to set up infusions etc.

10. Procedure for the immediate release of at least one emergency ambulance from any ED in BCUHB to respond to a life threatening 999 call in the community

- **RED 1** (Life threatening calls requiring a defibrillator)
- **RED 2** (Immediate Life threatening calls)

At peak times the level of emergency pressures across the region can mean that North Wales Ambulance resources are either engaged on calls or waiting to offload at an ED in BCUHB . This may limit WAST from providing a response to life threatening 999 Red calls within the community.

This protocol will seek to ensure that where no ambulances are available in the Betsi Cadwaladr University Health Board area, an escalation process is implemented without delay to support the immediate release of one of the queuing ambulances. This will be secured in order that public safety is not compromised thereby avoiding, lives being put at risk.

As such, if there are no ambulance available on stand-by to attend a Red emergency call within North Wales, the WAST Duty Control Manager / Clinical Team Leader will immediately contact the Senior Controller or Site Operational Manager (Clinical Site Manager out of hours) to implement the appropriate escalation. **The risk of not complying with this request must be recognised as HIGH.**

The ED will have two patients identified at all times who are appropriate to transfer to wards (in and out of hours), and an identified destination ward. Should this situation occur – this will happen with immediate effect under the direction of the Senior Controller or Site Operational Manager (Clinical Site Manager out of hours). It should be noted that the identification of patients to transfer should have already taken place within BCUHB as part of the Escalation protocol. Patients waiting with crews, either on the ambulances outside the ED, or inside any ED will be immediately assessed following a discussion with WAST Senior Controller or ED Nurse in Charge and the most suitable patient will be immediately handed over to the hospital, thereby releasing one ambulance crew. This offload /release will occur 'within 5 minutes' of the request from the Duty Control Manager or Clinical Team Leader.

11. Monitoring arrangements

To provide assurance that patients are risk assessed, managed safely and that the quality of care provided to them is not compromised an audit of a representative sample of patients who are delayed in ambulances during the period of handover will be conducted monthly. The audit will be reported to the local unscheduled care delivery group for the area, to the Medical Director, Quality Assurance Executive and to the Hospital Management Team.

A copy of the audit can be found in appendix 1.

12. Local Action Cards

Consultant on Call/ Medical POW Escalation Actions	Lead Nurse Escalation Actions
<p>1 Normal working.</p>	<p>1 Normal working.</p>
<p>AS ABOVE PLUS: Ward rounds to identify discharges/review patients. Escalate blockages/delays to CPG management. Attend Emergency Department to review admissions. Ensure all patients have a management plan in place.</p> <p>2</p> <p>Amber</p>	<p>AS ABOVE PLUS: Plan for staffing of additional capacity if required. Identify blockages/delays and support patient flow.</p> <p>2</p> <p>Amber</p>
<p>AS ABOVE PLUS: Identify patients who may be admitted direct to wards other than admission wards from the Emergency Department.</p> <p>3</p> <p>Red</p>	<p>AS ABOVE PLUS: Open additional capacity. Redeploy staff where necessary. Attend ED following red escalation call and liaise with Matron/ nurse in charge</p> <p>3</p> <p>Red</p>
<p>AS ABOVE PLUS: Cancel all non-clinical activities and report to wards to facilitate patient discharge.</p> <p>4</p> <p>Major</p>	<p>AS ABOVE PLUS: Utilise all additional capacity. Consider Major Incident.</p> <p>4</p> <p>Major</p>

Junior Doctor Escalation Actions

1

Normal working.

AS ABOVE PLUS:

2

Ensure medically fit patients identified for discharge/transfer.
Escalate any delays to Nurse in Charge of ward/department and Consultant

Amber

AS ABOVE PLUS:

3

Review management plan for all ward patients and those waiting in the Emergency Department. Support senior clinical review of patients.
Assist in the identification of patients waiting in the Emergency Department who may be discharged or admitted to wards other than admissions wards.

Red

AS ABOVE PLUS:

4

Cancel all non clinical activities and report to ward/Consultant.

Major

Matron Escalation Actions

1

Normal working.

AS ABOVE PLUS:

2

Ensure board rounds complete.
Ensure patients have been reviewed on Consultant ward rounds and that management/discharge plans are in place.
Escalate any blockages/delays to CPG management.

Amber

AS ABOVE PLUS:

3

Facilitate the opening of additional capacity.
Consider redeployment of staff.
Attend additional bed meetings.

Red

AS ABOVE PLUS:

4

Ensure that all specialist nurses report to wards.
Cancel all training/non clinical activities.

Major

Ward Sister/Charge Nurse Escalation Actions

1

Normal working.

AS ABOVE PLUS:

2

Escalate any delays or absence of ward round to Matron.
Assist with board rounds.
Identify blockages and report to Matron.
Review patient handover/transfer delays.

Amber

AS ABOVE PLUS:

3

Expedite transfers/discharges to prepare for admissions.
Consider utilising temporary additional capacity.

Red

AS ABOVE PLUS:

4

Cancel any non clinical activities for staff; instruct them to report to ward.

Major

Senior Clinical Site Manager Escalation Actions

1

Normal working

AS ABOVE PLUS: Liaise with medical teams if appropriate.

2

Liaise with GP/community.
Liaise with Matrons re: board rounds.
Liaise with discharge teams.
Escalate flow delays to Matrons.

Amber

AS ABOVE PLUS:

3

Call additional bed meetings as appropriate.
Escalate flow delays to Lead Nurse.
Consider cancelling non urgent electives.

Red

AS ABOVE PLUS:

4

Inform CEO of situation.
Consider declaring a Major Incident.

Major

Area Operational Manager Escalation Actions

1

Normal working

Inform appropriate non bleep holders of escalation.

AS ABOVE PLUS: Attend Emergency Department and liaise with nurse in charge, ED matron and CSM. Attend bed meetings. Assist with action planning to avoid red escalation. Assist with identification of blockages and help resolve delays/patient flow issues.

2

Amber

AS ABOVE PLUS:

Support ED nurse in charge/matron. Liaise with Senior CSM, Lead Nurses and Matrons to create capacity and ease patient flow.

3

Red

AS ABOVE PLUS:

4

Consider Major Incident.

Major

Bronze On Call Manager Escalation Actions

1

Normal working

AS ABOVE PLUS: Bronze on call manager to review action plans and support CSM to resolve escalation issues. Liaise with Ambulance control and GP out of hours service. Bronze should report to Silver manager on call if amber escalation unresolved

2

Amber

AS ABOVE PLUS: Bronze on call manager to attend the Emergency department if appropriate to support the nurse in charge and CSM. Inform Ambulance control and Silver on call manager of red escalation. Plan conference call with other BCUHB sites. If red escalation unresolved, discuss divert with Silver manager on call.

3

Red

AS ABOVE PLUS:

4

Discuss with both Silver and Gold manager on call. Discuss declaring Major Incident.

Major

Clinical Site Manager Escalation Actions

1 Normal working.

AS ABOVE PLUS:

2 Escalate absence board/ward round and any other delays to Senior CSM, Matrons, Lead Nurse and Area Operational Manager.
Out of hours inform Ambulance control, GP OOH service and Bronze manager on call.
Amber

AS ABOVE PLUS:

3 Escalate need to open additional capacity to Senior CSM, Lead Nurse and Bronze manager on call if out of hours.
Discuss calling Silver on call manager with Bronze.
Participate in conference calls.
Follow divert protocol if agreed.
Red

AS ABOVE PLUS:

4 Discuss contacting Gold manager on call with Bronze and Silver.
Facilitate cancellation of non urgent electives.
Consider Major Incident.
Major

Switchboard Operator Escalation Actions

1 Normal working.

AS ABOVE PLUS:

2 Bleep hospital escalation status at 10am, 2pm and when advised by CSM. Place 'Amber Escalation' bleeps via the 2222 system when requested by the Emergency Department.
Amber

AS ABOVE PLUS:

3 Bleep hospital escalation status following additional bed meetings. Place 'Red Escalation' bleeps via the 2222 system when requested by the Emergency Department.
Red

AS ABOVE PLUS:

4 Follow Major Incident protocol if instructed.
Major

X-Ray Department Escalation Actions

1 Normal working.

AS ABOVE PLUS:

2 Emergency Department under pressure. If able prioritise ED patients and escalate requests from wards to support discharges.

Amber

AS ABOVE PLUS:

3 Emergency Department capacity reached. Prioritise ED patients until further notice and, if able, collect patients to avoid delays. Mobilise CT porters.

Red

AS ABOVE PLUS:

4 Follow Major Incident protocol if notified.

Major

Speciality Registrar Escalation Actions

1 Normal working.

AS ABOVE PLUS:

2 Identify patients for transfer/discharge and discuss with consultant. Attend ED to review admissions. Ensure all patients have a management plan.

Amber

AS ABOVE PLUS:

3 Assist with identification of patients suitable for admission direct to wards other than admissions wards. Create action plan with consultant re: capacity.

Red

AS ABOVE PLUS:

4 Cancel all non clinical activities and report to wards to facilitate patient discharge.

Major

Emergency Department Escalation Cards

Other employees within the Emergency Department will have escalation action cards issued in addition to the ED Matron. These will include:

- Nurse in charge
- Band 6/7 minor injuries.
- Ward clerk.
- ED Practice Development Nurse

These will be used during ED Amber/Red escalation.

The escalation actions will aim to identify blockages, ease flow and keep patients safe.

Generic ED Amber Escalation Action Card

Generic cards will be issued to those on escalation calls who may be able to help the Emergency Department during periods of escalation.

Amber escalation cards will be issued to:

- Senior Porter
- Discharge Support Nurse

**Emergency Department
Amber Escalation Actions**

2

The Emergency Department is in 'Amber Escalation' and has reached 80% capacity.

Risk assess your own workload to establish if help may be given.

If help can be given contact the Nurse in Charge of the Emergency Department for further instructions on extension 5909.

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Generic ED Red Escalation Action Card

To be issued to:

- Senior Porter
- Paediatric bleep holder
- Discharge support nurse
- ECG technicians
- Medical assistants
- Transfer assistant
- Chest pain assessment nurse
- Theatre bleep holder
- Acute intervention team

Critical Patients in the ED

When the Emergency Department has more critical patients than nursing allocation can safely allow a call will be made to switchboard.

Critical patient action cards will be issued to:

- Resuscitation Services Manager
- Paediatric bleep holder
- Theatre bleep holder
- Chest Pain Assessment Nurse
- PDN Critical Care
- Acute Intervention Team

13. Flipbooks for wards

- Displays escalation status of hospital to staff.
- To be displayed in all clinical areas.
- Updated by ward clerks/receptionists three times per day.
- Global emails to be sent out to all mailboxes seven days a week. Also to GP surgeries.
- Escalation information in emails will allow flip books to be updated.



**LOW
RISK**

- **Normal working.**



MODERATE RISK

- **Escalate any delays or absence of ward rounds to Matron.**
- **Assist with board rounds.**
- **Identify blockages and report to Matron.**
- **Review patient handover/transfer delays.**



HIGH RISK

- **Expedite transfers/discharges to prepare for admissions.**
- **Consider using temporary additional capacity.**



**MAJOR
RISK**

- **Cancel all non clinical activity and instruct staff to return to the ward.**

14. Working group and consultation arrangements

Members of the Working Group:

Name	Title
Heather Piggott	[REDACTED]
Craig Barton	[REDACTED]
Daniel Menzies,	[REDACTED]
Judith Rees	[REDACTED]

Engagement has taken place with:

Name	Title	Date Consulted
Morag Olsen	[REDACTED]	October 2014
Tim Lynch	[REDACTED]	October 2014
Matt Makin	[REDACTED]	4 th - 25 th September 2014 and October 2014
Olwen Williams	[REDACTED]	4 th - 25 th September 2014 and October 2014
Daniel Menzies	[REDACTED]	4 th - 25 th September 2014 and October 2014
Lynda Dykes	[REDACTED]	4 th - 25 th September 2014
Mark Anderton	[REDACTED]	4 th - 25 th September 2014
Hywel Hughes	[REDACTED]	4 th - 25 th September 2014
Jon Falcus	[REDACTED]	4 th - 25 th September 2014 and October 2014
Craig Barton	[REDACTED]	4 th - 25 th September 2014 and October 2014
Stephen Stanaway	[REDACTED]	4 th - 25 th September 2014
Mick Kumwenda	[REDACTED]	4 th - 25 th September 2014
Salah Elgenzai	[REDACTED]	4 th - 25 th September 2014
Eleri Roberts	[REDACTED]	4 th - 25 th September 2014
Mark Andrews	[REDACTED]	4 th - 25 th September 2014
Judith Rees	[REDACTED]	4 th - 25 th September 2014
John Jones	[REDACTED]	4 th - 25 th September 2014
Marie Bowler	[REDACTED]	4 th - 25 th September 2014
Keith Jones	[REDACTED]	4 th - 25 th September 2014
Sonia Thompson	[REDACTED]	4 th - 25 th September 2014 and October 2014

Appendix 1- Audit tool



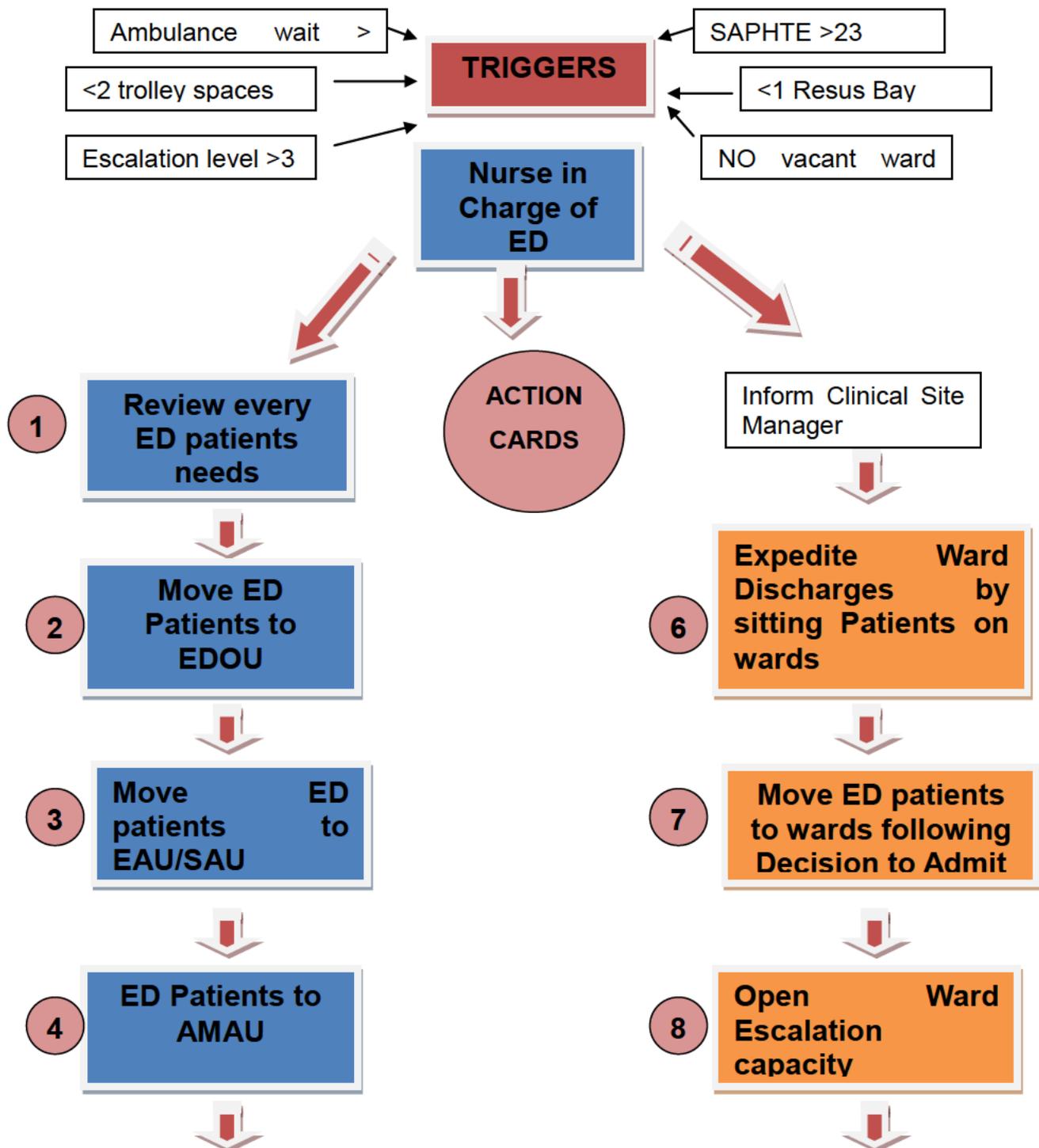
Proj



Proj

Appendix 2 – Operational Flowchart for temporarily increasing Capacity to improve Patient Flow

Operational flowchart for temporarily increasing capacity to improve patient flow and allow Ambulances to offload to ED.



Appendix 3 – Protocol for Instigate Ambulance Diverts between Emergency Departments in North Wales

