UHW – EU - ESCALATION PLAN – LEVEL 1 – STEADY STATE (Risk score 1-4)

Note: This is Generally Business as Usual or Ongoing Best Practice

TRIGGERS

- EU Resus capacity available
- Ambulance patients – Handover of care < 15 minutes
- Trolley capacity available in the Emergency and Assessment Units
- Predicted capacity is in line with predicted demand
- Paediatric & Minors performance > 99%
- No patients waiting > 15 minutes for Triage
- No risk of 12 hour waits in EU
- Patients reviewed by EU Clinician / ENP in line with triage category
- Patients referred to a Speciality Team within 120 minutes of arrival
- Patients waiting less than 30 minutes to be seen following referral to a Speciality Team
- Request for beds in balance with inpatient capacity
- ED Clinician to determine management plan within 2 hours
- 95% of urgent biochemistry and haematology tests reported within 60 minutes of receipt. Support given by biochemistry teams to expedite.
- Plain X-rays completed within 20 minutes
- CDU capacity available - LOS < 24 hrs

ACTIONS REQUIRED

Business as usual

- Liaise closely with MAU/SAU NIC regarding any patients referred to General Medicine/Surgery
- Patients referred to specialties having investigations early and work up complete by junior doctors
- Patient flow manager attends EU Safety Huddles (Mon-Fri) throughout the day to inform of ED position
- Patients seen within an hour by a senior EU clinical decision maker
- Patients have a plan at 2 hours
- Patients that present with sepsis have received antibiotics within 1 hour
- Re-direct patients as appropriate to primary care OOHs, GP practices or MIUs
- Follow internal escalation protocol – inform Clinical Lead and update on all patients at 2.5 hours
- EU Controller to attend OPAT meetings at 9.00/13:00/16:00
- EU Controller/EU Consultant/Site Manager to undertake EU safety huddles at 0900; 1100; 1300; 1500; 1700; 1900 and OOH 2300; 0100; 0300; 0500
- Undertake conference call with UHW & UHL CB team, E&AMD representative, Patient Flow & Hub Manager at 08:40 & 11.10 to agree plan to maintain flow.
- Escalation by EU Controller of constraints relating to flow to Site Manager

Staffing Actions at Level 1 Business as Usual

- Business as usual management of staff – sending shifts out, managing sickness and highlighting issues.
- Escalate through EU Lead Nurse if not filling with Bank and request to go to Agency
- Medical staffing: ensure both EU and AU juniors are seeing patients effectively. EPIC to ensure decision making across Majors and Minors
- Escalate through staffing meetings and consider alternative agencies
- EPIC ensures maximal Dr staffing levels: identify any potential staff shortages in next 24 hours and ensure requests for locums are put out by Directorate Management Team or alternative solutions sought
-

AMBER LOW – early escalation
Level 2

TRIGGERS

At least 3 of the following apply:-

- Ability to provide Resuscitation capacity
- Ambulance patients – Handover of care >15 minutes but < 30 minutes
- No capacity available in the Emergency and Assessment Units
- No access to inpatient capacity within the next 30 minutes
- Patients waiting > 60 minutes for first contact with assessing clinician
- Patients waiting up to 15-30 minutes for Triage
- Patients waiting to be seen > 60 minutes but < 90 minutes by EU Clinician / ENP of arrival
- EU Clinician management plan not agreed at 120 minutes but < 150 minutes
- Low risk of 12 hour breach – 1 or more patients with no transfer plans at 6 hours post EU arrival
- Patients waiting > 30 minutes to be seen following referral to a Speciality Team
- 95% of urgent biochemistry and haematology tests reported within 60 minutes of receipt
- Plain X-rays completed within 20 minutes
- Limited (<2) CDU capacity available - LOS < 24 hrs
- ED is experiencing a peak of demand of 30-35 patients per hour (or more) for 2 consecutive hours
- More than 40 patients in total in ED (Majors/Majors Waiting/Resus)
- More than 8-10 major arrivals within the previous hour

ACTIONS REQUIRED

- Ability to provide Resuscitation capacity
- Senior Floor Cover to share information with all relevant oncall teams and clinical leads
- EU Controller to advise EU Clinicians / ACPS to prioritise patients potentially for discharge
- EPIC to ensure RATZ is maintained to maximise discharging opportunities
- Ensure patients transferred to the ward within 15-20 minutes as soon as a bed is identified
- Identify intended disposition of all specialist services patients in the emergency stream and proactively transfer to available beds
- Agree that plans are in place to prevent risk of 12 hour breaches as per Escalation Policy
- Alert and engage with WAST (as per WAST escalation)
- Escalate any patients with delays in first assessment over 15 mins to the EU Controller and EPIC
- Early identification of patients suitable for ambulatory or other pathways
- Referred patients are escalated at 10AM Clinical Huddle

Staffing Actions at Level 3 (All Level 1 and 2 actions +)

- Escalate through staffing meetings and consider alternative agencies
- NIC/Unit Manager ensures nursing gaps are filled for next 24 hours and plans are sought to ensure adequate staffing of extra areas i.e. MEACU
- Deploy additional staff from within alternative areas in the department/directorate
- Triage patients directly to in-hospital teams for assessment and admission by in-hospital teams to support EU staff
- Re-direct patients to primary care OOHs, GP practices or MIUs

AMBER HIGH– safety concerns
Level 3

TRIGGERS

Contributing to risk score of 12:

- Ambulance patients – Handover of care > 30 minutes but < 45 minutes
- Access to inpatient capacity within the next 60 minutes limited
- Patients waiting > 60 minutes to be seen following referral to a Speciality Team
- There are potential 12 hour waits
- Prolonged pressure resulting in a peak of demand of 35-40 patients per hour (or more) for 2 consecutive hours
- More than 5 patients with a DTA and if medical post taked in EU
- More than 40 patients in total in EU
- Medically referred patients > 6 or > 2 hours to be seen
- 3 or more patients breaching 4 hrs whilst waiting an inpatient bed

Contributing to risk score of 16:

- One resuscitation space only
- 1 - 2 ambulances waiting to offload
- No Trolley capacity available in the Emergency and Assessment Units
- Patients waiting up to 60 minutes for Triage
- Patients waiting to be seen > 90 minutes but < 120 minutes by EU Clinician / ENP of arrival
- Patients with extended waits in an inappropriate setting – resulting in assessment and treatment delays (patient care and performance has been compromised)
- >10 major arrivals in the previous hour
- EU occupancy is exceeding capacity
- More than 30 patients waiting initial assessment > 1 hour

ACTIONS REQUIRED (AS PER LEVEL 1 AND 2) PLUS

- Clinical Directors to cascade to all Consultants
- Liaise with PC Leads to support clinical teams to identify patients to discharge at risk
- Liaise with AU consultant to ensure delegation of juniors and effective decision making
- EPIC to ensure RATZ is maintained to maximise discharging opportunities
- EPIC/RATZ and ACP to maximise flagging of patients suitable for virtual ward
- Out of hours EPIC to escalate patients with DTA direct to admitting teams
- EPIC to call physician on call to support post take process - attendance request
- EPIC to ensure that expected patients are seen by specialty teams WITHIN 30 MINUTES OF ARRIV. and direct discussions with consultants on call to ensure maximal input from specialty teams
- Ensure 2 hourly safety huddles and with attendance at 1100 and 1500 with all specialties for

Ask of OPAT for Level 3

- Identify capacity across Health Board and divert appropriate 999 Medical intake accordingly
- Stagger GP admissions to SAU/MAU were advised by GP clinically safe to do so
- Ensure sufficient discharge vehicles available to expedite discharges
- Escalate repatriations via Medical Director
- Liaise with WAST

RED – sustained safety concerns

Level 4

TRIGGERS

Contributing to risk score of 16:

- Unable to provide Resuscitation capacity and but none arriving
- 1 - 2 ambulances waiting to offload
- No Trolley capacity available in the Emergency and Assessment Units
- Patients waiting up to 60 minutes for Triage
- Patients waiting to be seen > 90 minutes but < 120 minutes by EU Clinician / ENP of arrival
- Patients with extended waits in an inappropriate setting – resulting in assessment and treatment delays (patient care and performance has been compromised)
- >10 major arrivals in the previous hour
- EU occupancy is exceeding capacity
- More than 30 patients waiting initial assessment > 1 hour
- 6 patients breaching whilst awaiting an inpatient bed
- More than 10 patients with a DTA and if medical post taked in EU

Contributing to risk score of 20:

- Unable to provide Resuscitation capacity and no one able to move out with more arriving
- Ambulance patients – Handover of care > 60 minutes
- Patients waiting > 60 minutes for Triage
- EU capacity unable to meet further demand
- Emergency admissions have significantly exceeded predicted levels
- Inability to de-escalate from High Risk (Amber)
- The department is deemed clinically unsafe and previous actions triggered to mitigate this are not effective
- Risk to patient safety and harm is significant
- EU is experiencing a peak of demand of >35 patients per hour (or more) for 2 consecutive hours
- More than 80 patients in total in EU
- More than 3 Ambulances en route with no capacity to admit
- Staffing levels are a risk to the department and patient safety; 4 or more registered and/or medical staff (combined) short on a shift

ACTIONS (AS PER LEVELS 1,2 & 3) PLUS

- Directorate teams to work with Clinical teams and Patient Access Team to create immediate capacity in the Emergency Unit
- Secure immediate additional clinical support
- All Consultants to consider threshold for discharge, where patients can receive treatment / diagnostics as an outpatient
- Seek authority for direct transfer to wards with confirmed discharges – Contact Directorate Senior Management team who will liaise with MCB Director of Nursing (or Deputy) to undertake a dynamic risk assessment and advise whether there are opportunities for safe transfer
- Assess and advise of timeframe for recovery / de-escalation
- Any EU Clinicians on SPA days to attend unit to see patients if required
- EPIC to ensure RATZ is maintained to maximise discharging opportunitie
- EPIC/RATZ and ACP to maximise flagging of patients suitable for virtual ward
- Any Nursing Staff on management days to attend unit if required by Nurse in Charge
- EU Consultant in charge to determine if extra duty/staff needed
- Consider internal Major Incident response
- Ensure EU Safety Huddles attended by on call teams from around the hospital and all expected and referred patients have plans
- Consider direct admission to receiving wards for expected patients subject to bed capacity

Staffing Actions at Level 3 (All Level 1, 2 and 3 actions +)

- Escalate through staffing meetings and consider alternative agencies
- Ensure additional staff are sought by identifying additional locums and identify additional capacity to maintain cover overnight via locums or additional sessions by substantive staff
- Re-direct patients to primary care OOHs, GP practices or MIUs
- Look to swap shifts for medics e.g send individuals home to return for night shift
- Clinical staff on managerial/study sessions to be identified and deployed to clinical provision. These staff provide additional support until initial assessment delays for patients with high NEWS or acuity are reduced to < 1 hour
- Nursing staff on managerial duties to support nursing staff in roles identified by NIC
- Call all staff not on duty for availability; consider swapping from other shifts later in the week.

Ask of OPAT for Level 4

- All actions from Level 3
- Advise Chief Executive / Director of Operational Planning of the situation
- Medical Director to engage with clinicians to ensure discharge activity maximised
- Activate agreed divert options to neighbouring health boards
- All admitted electives who have not undergone surgery to be cancelled and sent home
- Cancel elective activity for the next 24 hours
- Consider onboarding at 3 hours
- Consider Activation of Full Capacity Protocol

Emergency Unit Social Distancing Escalation Plan

GREEN – business as usual
Level 1

Amber ACU/AUL	≤16
Amber MINORS	≤8
Purple ACU	≤10
Screening	≤1
Amber Reception	≤1
Purple Reception	≤1

Who do I escalate to?

- Senior EU Doctor
- Senior Floor Cover (in hours)
- Site Manager
- Medicine Clinical Board Hub(in hours)
- Local Command Centre(in hours)

Actions Required

- Compliance with Internal Professional Standards.
- Facilitate re-direction to CAV 24/7
- 2 Hourly Safety Huddles
- Ensure all patients compliant with wearing surgical face masks
- Ensure adequate ventilation in area e.g opening windows
- Ensure regular cleaning of surfaces
- Ensure all patients receive a Covid Point of Care Test in a timely manner.

AMBER LOW – early escalation
Level 2

Amber ACU/AUL	22
Amber MINORS	14
Purple ACU	18
Screening	2
Amber Reception	2
Purple Reception	2

Who do I escalate to?

As per GREEN

- Nurse in Charge MEAU UHL

Actions Required

As per GREEN

- Redeploy staff from other areas.
- Review patients pending decisions/discharge.
- Contact On-call teams to review referred patients.
- Consider transfer of medical intake to UHL – Senior Floor cover contact NIC of MEAU to assess position.
- Ensure beds booked for all patients with DTA.
- Issue all patients in waiting areas with surgical masks.
- Consider RATZ with senior doctor to redirect patients.

AMBER HIGH – safety concerns
Level 3

Amber ACU/AUL	32
Amber MINORS	20
Purple ACU	22
Screening	3
Amber Reception	2
Purple Reception	3

Who do I escalate to?

As per AMBER

- Senior Directorate Management Team (in hours)
- Senior E&A Med Cover on Call (OOH)
- S.M.O.C. (OOH via Site Manager)
- On Call EU Consultant (OOH)

Actions Required

As per AMBER

- Immediate additional clinical support.
- Advise of potential Ambulance delays.
- Prioritization of ambulatory patients blocking examination trolleys into EU/AU trolley areas.
- Inform EU Senior cover on Call (OOH)
- Site Manager to Inform S.M.O.C (OOH)
- Consider transfer of medical intake to UHL – Senior Floor cover contact NIC of MEAU
- Senior Floor Cover & NIC to review ED footprint opportunities.
- EU Consultants to consider threshold for discharge where patients can receive treatment in an OPD.

BLACK – sustained safety concerns
Level 4

Social distancing compromised

Amber ACU/AUL	>32
Amber MINORS	>20
Purple ACU	>22
Screening	>3
Amber Reception	>2
Purple Reception	>3

Who do I escalate to?

As per RED

Actions Required

As per RED

- Additional Urgent Huddles
- Senior Directorate Management Team/SMOC in E.U.
- No Ambulance offload into ambulatory areas.
- Consider transfer of medical intake to UHL
- On-call teams to attend EU huddles and have plans for all expected and referred patients.
- Seek authorisation from SMT who will liaise with MCB to admit to wards with confirmed discharges pending as per Level 4 escalation.