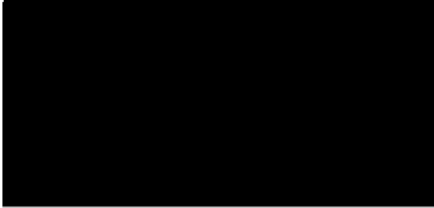




ACT
Government

**Canberra Health
Services**

FOI19-57



Dear 

Freedom of Information Request: FOI19/57

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act) received by Canberra Health Services on 22 August and rescoped on 26 August 2019, in which you sought access to:

“Documents related to hospital bypass arrangements from 1 April 2019 to date. Particularly regarding hospital bypass arrangements on 20 May, 1 July and 14 August 2019.

- 1. Briefs prepared for the current Minister for Health and the former Minister for Health and Wellbeing hospital bypass arrangements, particularly regarding the above dates. Including question time briefs prepared for the sitting weeks beginning 4 June 2019, 15 August 2019 and 20 August 2019.*
- 2. Communications strategies related to the Canberra Hospital bypass decisions on 20 May, 1 July and 14 August*
- 3. The decisions taken on 20 May 2019, 1 July 2019 and 14 August and the documents that informed those decisions.*
- 4. The documents taken to end hospital bypass and the documents that informed that decision.*
- 5. Correspondence between Canberra Health Services and private hospitals related to the transfer of patients on the relevant dates. This does not include material related to individual patients.*
- 6. Correspondence between managers in the Canberra Hospital related to the discharge of patients on those dates. This does not include material related to individual patients.*
- 7. Correspondence between the ACT Ambulance Service and Canberra Health Services regarding ambulance bypass arrangements in place on those dates.*
- 8. Communications with the Minister for Health and the former Minister for Health and Wellbeing regarding the hospital bypass arrangements on 20 May 2019, 1 July 2019 and 14 August 2019.”*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services under section 18 of the Act to deal with access applications made under Part 5 of the Act. Canberra Health Services was required to provide a decision on your access application by **15 October 2019**.

Decision on access

Searches were completed for relevant documents and 15 documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision letter the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The Human Rights Act 2004.

I have decided to grant access in full to 8 documents relevant to your request. These documents are at folios 1, 7, 10 and 12-15.

I have decided to grant partial access to 7 documents. These documents are at folios 2-6, 8-9 and 11 containing deletions to information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act, as the information contained in these folios is personal information.

Public Interest Factors Favouring Disclosure

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*.

The information that has been redacted from these documents contain personal information of both government and non-government employees. On balance, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au.

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

If you have any queries concerning Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on (02) 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'E. Chatham', with a long horizontal flourish extending to the right.

Elizabeth Chatham
Chief Operating Officer
Canberra Health Services

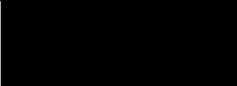
10 October 2019

FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
	<p><i>Documents related to hospital bypass arrangements from 1 April 2019 to date. Particularly regarding hospital bypass arrangements on 20 May, 1 July and 14 August 2019.</i></p> <ul style="list-style-type: none"> • <i>Briefs prepared for the current Minister for Health and the former Minister for Health and Wellbeing hospital bypass arrangements, particularly regarding the above dates. Including question time briefs prepared for the sitting weeks beginning 4 June 2019, 15 August 2019 and 20 August 2019.</i> • <i>Communications strategies related to the Canberra Hospital bypass decisions on 20 May, 1 July and 14 August</i> • <i>The decisions taken on 20 May 2019, 1 July 2019 and 14 August and the documents that informed those decisions.</i> • <i>The documents taken to end hospital bypass and the documents that informed that decision.</i> • <i>Correspondence between Canberra Health Services and private hospitals related to the transfer of patients on the relevant dates. This does not include material related to individual patients.</i> • <i>Correspondence between managers in the Canberra Hospital related to the discharge of patients on those dates. This does not include material related to individual patients.</i> • <i>Correspondence between the ACT Ambulance Service and Canberra Health Services regarding ambulance bypass arrangements in place on those dates.</i> • <i>Communications with the Minister for Health and the former Minister for Health and Wellbeing regarding the hospital bypass arrangements on 20 May 2019, 1 July 2019 and 14 August 2019.</i> 	<p>FOI19/57</p>

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1 - 2	Brief - Canberra Hospital at capacity	August 2019	Full release		YES
2.	3 - 4	Email - FW: SITREP #1/ Code Yellow Canberra Hospital over capacity	26/08/2019	Partial release	Schedule 2.2 (a)(ii)	YES
3.	5 - 6	Email - FW: SITREP #2 Code Yellow Hospital over capacity	26/08/2019	Partial release	Schedule 2.2 (a)(ii)	YES
4.	7 - 8	Email - FW: SITREP #3 Code Yellow Hospital over capacity – stood down	26/08/2019	Partial release	Schedule 2.2 (a)(ii)	YES
5.	9 - 10	Email - SITREP #1/ Code Yellow Canberra Hospital over capacity	15/08/2019	Partial release	Schedule 2.2 (a)(ii)	YES
6.	11 - 12	Email - FW: SITREP #2 Code Yellow Hospital over capacity	15/08/2019	Partial release	Schedule 2.2 (a)(ii)	YES
7.	13 - 14	Email – Awesome patient-focus and crisis management	15/08/2019	Full release		YES
8.	15 - 16	Email – RE: bypass	15/08/2019	Partial release	Schedule 2.2 (a)(ii)	YES
9.	17 - 21	Email – RE: bypass	21/08/2019	Partial release	Schedule 2.2 (a)(ii)	YES
10.	22 - 28	Email – FW: HPE Content Manager CHS: CHS19/664: patient Services Administration (with attachments)	21/05/2019	Full release		Yes

11.	29 - 42	Reports	1/07/2019, 20/05/2019, 14/08/2019	Partial release	Schedule 2.2 (a)(ii)	Yes
12.	43 - 62	CHS Operational Procedure- Capacity Escalation Procedure	Undated	Full release		Yes
13.	63 - 87	The Canberra hospital Emergency Coe Plans Reference Guide	February 2018	Full release		Yes
14.	88 - 107	Emergency Management Plan	December 2018	Full release		Yes
15.	108 - 112	Canberra Hospital and Health Services Procedure- Emergency Response Plans – Code Yellow Internal Disaster	February 2018	Full release		Yes
Total No of Docs						
15						

GBCHS19/115

Portfolio: Health

ISSUE: CANBERRA HOSPITAL AT CAPACITY

Talking points:

- Last night, Wednesday 14 August 2019, Canberra Hospital exceeded capacity.
- To ease pressure across the hospital we created internal capacity, discharged appropriate patients and transferred patients to private hospitals.
- CHS has strong existing relationships with private hospitals to ensure patients receive safe and clinically appropriate care in cases of increased demand.
- CHS worked closely with ACT Ambulance Service to manage transfers of patients across the health system.
- There was no obvious cause for the surge in admissions other than usual seasonal fluctuations.
- This situation is likely to take a few days to resolve.
- Canberra Health Services had a period of bypass from 10pm Wednesday 14 August 2019 to 2am Thursday 15 August 2019.
- A bypass provides a period of reduced inflow into the emergency department to ensure the emergency department stays safe.
- During a bypass, where possible, ambulances are diverted to an alternative hospital to manage the period of peak demand.
- Only stable patients that meet clinically appropriate criteria are diverted. ACTAS would never bypass a hospital during a life-threatening emergency.
- Paediatrics patients, those with life threatening emergencies and trauma patients would always be taken directly to Canberra Hospital.
- I want to remind the community to only attend emergency departments in a genuine emergency. There are several options if you require non-urgent medical attention. These include the three Walk-In Centres located in Tuggeranong, Belconnen and Gungahlin. You can also speak to your GP or other primary care provider.

Cleared as complete and accurate:	15/08/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Liz Chatham	Ext: 42728
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Liz Chatham	
TRIM Ref:	GBCHS19/115	

CHOOSE BRIEF TYPE

- Canberra Health Services continues to work on its timely care strategy to improve systems and processes, improve patient flow to manage surges in demand and maximise capacity within Canberra Hospital.
- A number of initiatives have already been implemented, including daily multidisciplinary staff ward huddles, hospital-wide flow management meetings, strategies to reduce barriers to discharge and identifying and discharging appropriate patients early.
- Canberra Health Services has also implemented a winter strategy, opening additional winter beds and the all-care discharge unit at Canberra Hospital, both of which commenced on 11 July 2019.
- The ACT Government has also invested in emergency staffing numbers, including an increase in doctors.

Cleared as complete and accurate:	15/08/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Liz Chatham	Ext: 42728
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Liz Chatham	
TRIM Ref:	GBCHS19/115	

Ramsay, Michelle (Health)

From: Flaherty, Hannah (Health) on behalf of Chatham, Elizabeth (Health)
Sent: Monday, 9 September 2019 3:57 PM
To: Ramsay, Michelle (Health)
Subject: FW: SITREP #1 /Code Yellow Canberra Hospital over capacity [SEC=UNCLASSIFIED]

UNCLASSIFIED

**Hannah Flaherty | Ag Executive Assistant to
Linda Kohlhagen, Ag Chief Operating Officer**
Phone: 02 5124 2728 | Email: hannah.flaherty@act.gov.au
Canberra Health Services | ACT Government
Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: McKerlie, Donna (Health) <Donna.McKerlie@act.gov.au>
Sent: Monday, 26 August 2019 3:48 PM
To: #Canberra Health Services Situation Report <#CanberraHealthServicesSituationReport@act.gov.au>
Subject: SITREP #1 /Code Yellow Canberra Hospital over capacity [SEC=UNCLASSIFIED]

UNCLASSIFIED



**Canberra Health
Services**

SITUATION REPORT

SENSITIVE - NOT FOR FURTHER DISTRIBUTION

Incident:	Code Yellow Hospital Over Capacity
Location:	CHS and ACTHD
Update	#1
Key issues:	Status as of 1.50am <ul style="list-style-type: none">• Canberra Hospital exceed capacity on Monday 26/08/2019.• There was no obvious cause in the influx in admissions other than usual seasonal fluctuations.• To ease pressure across the hospital internal capacity is being created, appropriate patients discharged and some patients transferred to private hospitals.• This situation is likely to take a few days to resolve.
	Linda Kohlhagen (Hospital Commander)
Lead contact	Donna McKerlie - [REDACTED]

Ramsay, Michelle (Health)

From: Flaherty, Hannah (Health) on behalf of Chatham, Elizabeth (Health)
Sent: Monday, 9 September 2019 3:57 PM
To: Ramsay, Michelle (Health)
Subject: FW: SitRep #2 Code Yellow Hospital Over Capacity [SEC=UNCLASSIFIED]

UNCLASSIFIED

**Hannah Flaherty | Ag Executive Assistant to
Linda Kohlhagen, Ag Chief Operating Officer**
Phone: 02 5124 2728 | Email: hannah.flaherty@act.gov.au
Canberra Health Services | ACT Government
Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: McKerlie, Donna (Health) <Donna.McKerlie@act.gov.au>
Sent: Monday, 26 August 2019 7:11 PM
To: #Canberra Health Services Situation Report <#CanberraHealthServicesSituationReport@act.gov.au>
Subject: SitRep #2 Code Yellow Hospital Over Capacity [SEC=UNCLASSIFIED]


UNCLASSIFIED

**ACT**
Government**Canberra Health
Services**

SITUATION REPORT

SENSITIVE - NOT FOR FURTHER DISTRIBUTION

Incident:	Code Yellow Hospital Over Capacity
Location:	CHS and ACTHD
Update	#2
Key issues:	<p>Status as of 1900</p> <ul style="list-style-type: none">• Canberra Hospital exceed capacity on Monday 26/08/2019.• There was no obvious cause in the influx in admissions other than usual seasonal fluctuations.• Media notifications have been issued asking people not to attend hospital unless an emergency.• ED presentations have slowed and people with minor illnesses/injuries have been asked to attend Walk In Centres.• To ease pressure across the hospital internal capacity is being created, appropriate patients discharged and some patients transferred to private hospitals.• This situation is likely to take a few days to resolve.
	<hr/> <p>Linda Kohlhagen (Hospital Commander)</p>
Lead contact	Donna McKerlie – [REDACTED]



Ramsay, Michelle (Health)

From: Flaherty, Hannah (Health) on behalf of Chatham, Elizabeth (Health)
Sent: Monday, 9 September 2019 3:57 PM
To: Ramsay, Michelle (Health)
Subject: FW: SitRep #3/FINAL - Code Yellow Hospital Over Capacity - Stood Down [SEC=UNCLASSIFIED]

UNCLASSIFIED

**Hannah Flaherty | Ag Executive Assistant to
Linda Kohlhagen, Ag Chief Operating Officer**
Phone: 02 5124 2728 | Email: hannah.flaherty@act.gov.au
Canberra Health Services | ACT Government
Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Bower, Linda (Health) <Linda.Bower@act.gov.au>
Sent: Monday, 26 August 2019 11:41 PM
To: #Canberra Health Services Situation Report <#CanberraHealthServicesSituationReport@act.gov.au>
Subject: FW: SitRep #3/FINAL - Code Yellow Hospital Over Capacity - Stood Down [SEC=UNCLASSIFIED]

UNCLASSIFIED

**ACT**
Government**Canberra Health
Services**

SITUATION REPORT

SENSITIVE - NOT FOR FURTHER DISTRIBUTION

Incident:	Code Yellow Hospital Over Capacity
Location:	CHS and ACTHD
Update	#3/FINAL –Code Stood Down and IMT (HEOC) Stood Down
Key issues	<p>Status as of 23:40</p> <ul style="list-style-type: none"> • The influx of admissions to the Emergency Department has returned to normal levels. • People with minor illnesses/injuries have been asked to attend Walk-In Centres. • Media notifications have been issued asking people not to attend hospital unless an emergency. • Internal capacity has been is created, appropriate patients discharged and some patients transferred to private hospitals. • Code Yellow – Hospital over capacity is now stood down. • The Hospital Emergency Operations Centre is being stood down also.
	Katrina Bracher (Hospital Commander)
Lead contact	Linda Bower - [REDACTED]

Ramsay, Michelle (Health)

From: Samara, Rohan (Health)
Sent: Thursday, 15 August 2019 1:52 AM
Subject: SITREP #1 /Code Yellow Canberra Hospital over capacity [SEC=UNCLASSIFIED]

UNCLASSIFIED



ACT
Government

**Canberra Health
Services**

SITUATION REPORT

SENSITIVE - NOT FOR FURTHER DISTRIBUTION

Incident:	Code Yellow Canberra Hospital over capacity
Location:	Canberra Hospital
Update	#1
Key issues:	<p>Status as of 1.50am</p> <ul style="list-style-type: none"> • Canberra Hospital exceed capacity late on Wednesday 14 August 2019. • There was no obvious cause in the influx in admissions other than usual seasonal fluctuations. • To ease pressure across the hospital internal capacity was created, appropriate patients discharged and some patients transferred to private hospitals. • This situation is likely to take a few days to resolve.
Lead contact	Liz Chatham (Hospital Commander) – Ph: 5124 2728

Rohan Samara

Assistant Director Security Operations

Operational Support Services

Infrastructure and Health Support Services | Canberra Health Services | ACT Government

T: [\(02\) 5124 8704](tel:(02)51248704) | [REDACTED] | E: rohan.samara@act.gov.au

Security Operations Centre, Building 3, Level 1, Canberra Hospital, Yamba Drive Garran ACT 2605

**ACT**
Government**Canberra Health
Services**

Ramsay, Michelle (Health)

From: Samara, Rohan (Health)
Sent: Thursday, 15 August 2019 2:29 AM
Subject: FW: SITREP #2/final Code Yellow Canberra Hospital over capacity
 [SEC=UNCLASSIFIED]

UNCLASSIFIED



**Canberra Health
 Services**

SITUATION REPORT

SENSITIVE - NOT FOR FURTHER DISTRIBUTION

Incident:	Code Yellow Canberra Hospital over capacity
Location:	Canberra Hospital
Update	#2 final
Key issues:	<p>Status as of 2.25am</p> <ul style="list-style-type: none"> • Canberra Hospital exceeded capacity late on Wednesday 14 August 2019. • Some pressure has been eased across the hospital by creating internal capacity, discharging appropriate patients and transferring some patients to private hospitals. • Although some pressure has been eased, the situation is likely to take a few days to resolve. • Code yellow stood down at 2.21am
Lead contact	Liz Chatham (Hospital Commander) – Ph: 5124 2728

Assistant Director Security Operations

Operational Support Services

Infrastructure and Health Support Services | Canberra Health Services | ACT Government

T: [\(02\) 5124 8704](tel:(02)51248704) [REDACTED] E: rohan.samara@act.gov.au

Security Operations Centre, Building 3, Level 1, Canberra Hospital, Yamba Drive Garran ACT 2605



ACT
Government

**Canberra Health
Services**

Lowes, Shannon (Health)

From: Whittall, Christine (Health) on behalf of McDonald, Bernadette (Health)
Sent: Thursday, 19 September 2019 12:36 PM
To: DDGClinical
Subject: FW: Awesome patient-focus and crisis management

UNCLASSIFIED

From: McDonald, Bernadette (Health)
Sent: Thursday, 15 August 2019 1:44 AM
To: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>; Hollis, Gregory (Health) <Gregory.Hollis@act.gov.au>
Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; O'Connell, Lynette (Health) <Lynette.O'Connell@act.gov.au>
Subject: Re: Awesome patient-focus and crisis management

Greg, I think it is us who should be saying a very big thank you to all the ED staff who have managed so well.
 Thanks
 Bernadette

Get [Outlook for iOS](#)

From: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Sent: Thursday, August 15, 2019 1:39:06 AM
To: Hollis, Gregory (Health) <Gregory.Hollis@act.gov.au>
Cc: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; O'Connell, Lynette (Health) <Lynette.O'Connell@act.gov.au>
Subject: RE: Awesome patient-focus and crisis management

UNCLASSIFIED

Many thanks Greg

Thanks too for your support...what a wardsman !

Kind Regards

Lisa Gilmore | Executive Director
 Phone: 02 5124 7135 | Email: Lisa.Gilmore@act.gov.au
 Division of Critical Care | Canberra Health Services | ACT Government
 Building 24, Level 2, Canberra Hospital | PO Box 11, Woden ACT 2606



From: Hollis, Gregory (Health) <Gregory.Hollis@act.gov.au>
Sent: Thursday, 15 August 2019 1:23 AM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>; Taylor, Jacqui (Health)

<Jacqui.H.Taylor@act.gov.au>; O'Connell, Lynette (Health) <Lynette.O'Connell@act.gov.au>

Subject: Awesome patient-focus and crisis management

Just in case no-one else says thank you

The work and coordination in creating/negotiating solutions over the course of the past few hours has been absolutely fantastic.

I know all of you will be very tired, and perhaps struggle to fight the good fight again tomorrow (later today), but.

. . . .you've made tonight/tomorrow much better for a large number of patients who are right now in much better places for their care than the corridor, the waiting room, or the noise, lights & relative chaos of the ED.

. and you've made it so much better for their relatives and loved ones who are right now sharing a better patient experience.

. the expressions of appreciation and obvious relief by all those who were able to access better places for their care as a result of your actions this evening were plentiful.

Anyway respectful, reliable, definitely progressive and kind all on display tonight.

Please share with whoever you feel appropriate.

Greg

Ramsay, Michelle (Health)

From: Canberra Health Services Media
Sent: Thursday, 15 August 2019 5:02 PM
To: [REDACTED]
Subject: RE: bypass

UNCLASSIFIED

Hi [REDACTED]

Please see below responses, which if quoted can be attributed to a CHS Spokesperson.

Kind regards

Scott

Scott Howard | Assistant Director, Media
Communications and Government Relations Unit | Canberra Health Services | ACT Government
 Phone: (02) 512 49993 [REDACTED] Email: scott.e.howard@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

Canberra Health Services media on-call phone: 0466 948 935

Reliable | Progressive | Respectful | Kind
Creating exceptional healthcare together

From: [REDACTED]
Sent: Thursday, 15 August 2019 2:51 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: bypass

Hi all,

I've got a story going live v.soon regarding bypass at Canberra Hospital between 10pm and 2am last night which minister was asked about in QT. Further from that have the following questions:

Has the hospital been on bypass since then?

- No. [Please note, "bypass" refers to Ambulance Bypass. Refer below for more specifics regarding this.]

Are all nurses being sent SMSs to work extra shifts?

- No. SMSs are sent only to nursing staff in the relief pool and the casual pool when there are significant staffing shortfalls (for example, due to staff sick leave).

Has the ED ever gone on bypass before? if so when and how common is it?

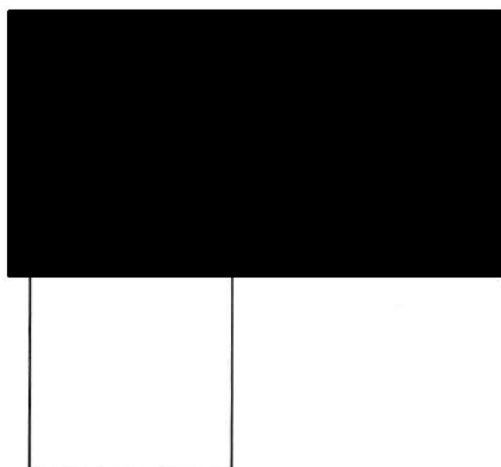
- There have been three occasions in 2019 of ambulance bypass of the Canberra Hospital Emergency Department. These dates were 20 May 2019 (2 hours only); 1 July 2019 (30 minutes only); and 14-15 August 2019 (4 hours only).
- It is important to note that only stable patients that meet clinically appropriate criteria are diverted. Paediatrics patients, those with life threatening emergencies, and trauma patients are always taken directly to Canberra Hospital. ACTAS never bypass a hospital during a life-threatening emergency.

Are patients currently being sent to other hospitals?

- No. Patients are not currently being sent to other hospitals.

Why was bypass policy activated?

- Canberra Hospital exceeded capacity late last night.
- There was no obvious cause for the surge in admissions other than usual seasonal fluctuations.
- It is not uncommon for health systems across the nation to face periods of increased demand, which is why Canberra Health Services (CHS) has clear processes in place to ensure the best possible ongoing care for all consumers.
- To address the period of increased demand last night, the team at CHS eased pressure across the hospital by creating internal capacity, discharging appropriate patients, and transferring suitable patients to private hospitals.
- Last night, there was a period of ambulance bypass to the emergency department from 10pm on Wednesday 14 August to 2am on Thursday 15 August 2019.
- A bypass provides a period of reduced inflow into the emergency department to ensure the emergency department stays safe.
- During a bypass, where possible, ambulances are diverted to an alternative hospital to manage the period of peak demand.
- Only stable patients that meet clinically appropriate criteria are diverted.
- ACTAS never bypass a hospital during a life-threatening emergency.
- Paediatrics patients, those with life threatening emergencies, and trauma patients are always taken directly to Canberra Hospital.
- We would also like to remind the community to only attend emergency departments in a genuine emergency.
- There are several options if you require non-urgent medical attention. These include the three Walk-In Centres located in Tuggeranong, Belconnen and Gungahlin. Additionally, you can also speak to your GP or other primary care provider.



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Ramsay, Michelle (Health)

From: Pearson, Karen (Health) on behalf of Canberra Health Services Ministerial
Sent: Wednesday, 21 August 2019 11:32 AM
To: DDGclinical
Cc: Rea, Katrina (Health)
Subject: FW: Bypass [SEC=UNCLASSIFIED]
Attachments: RE: bypass

Hi Courtney

Please see below and attached for information as discussed.

Thanks
 KP

Karen Pearson
 Assistant Director
 Assembly and Ministerial Liaison
 Communications and Government Relations Unit
 Canberra Health Services
 Phone: 02 5124 9524 | Email: CHS.Ministerial@act.gov.au

Care ▲ Excellence ▲ Collaboration ▲ Integrity

From: Canberra Health Services Media
Sent: Thursday, 15 August 2019 5:04 PM
To: [REDACTED]
Cc: [REDACTED] Canberra Health Services
 Media <CHSmedia@act.gov.au>
Subject: RE: Bypass

UNCLASSIFIED

Evening team

Please see below statement, which if quoted can be attributed to a CHS Spokesperson.

- *Canberra Hospital exceeded capacity late last night.*
- *There was no obvious cause for the surge in admissions other than usual seasonal fluctuations.*
- *It is not uncommon for health systems across the nation to face periods of increased demand, which is why Canberra Health Services (CHS) has clear processes in place to ensure the best possible ongoing care for all consumers.*
- *To address the period of increased demand last night, the team at CHS eased pressure across the hospital by creating internal capacity, discharging appropriate patients, and transferring suitable patients to private hospitals.*
- *Last night, there was a period of ambulance bypass to the emergency department from 10pm on Wednesday 14 August to 2am on Thursday 15 August 2019.*
- *A bypass provides a period of reduced inflow into the emergency department to ensure the emergency department stays safe.*
- *During a bypass, where possible, ambulances are diverted to an alternative hospital to manage the period of peak demand.*
- *Only stable patients that meet clinically appropriate criteria are diverted.*
- *ACTAS never bypass a hospital during a life-threatening emergency.*

- Paediatrics patients, those with life threatening emergencies, and trauma patients are always taken directly to Canberra Hospital.
- We would also like to remind the community to only attend emergency departments in a genuine emergency.
- There are several options if you require non-urgent medical attention. These include the three Walk-In Centres located in Tuggeranong, Belconnen and Gungahlin. Additionally, you can also speak to your GP or other primary care provider.

Kind regards

Scott

Scott Howard | Assistant Director, Media

Communications and Government Relations Unit | Canberra Health Services | ACT Government

Phone: (02) 512 49993 | [REDACTED] Email: scott.e.howard@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

Canberra Health Services media on-call phone: **0466 948 935**

Reliable | Progressive | Respectful | Kind

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From: [REDACTED]
Sent: Thursday, 15 August 2019 3:30 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Re: Bypass

Thank you.

Please reply all.

Get [Outlook for Android](#)

From: Canberra Health Services Media <CHSmedia@act.gov.au>
Sent: Thursday, August 15, 2019 3:12:50 PM
To: [REDACTED]
Subject: RE: Bypass

UNCLASSIFIED

Sure thing. I'll get back to you asap.

Kind regards

Scott

Scott Howard | Assistant Director, Media

Communications and Government Relations Unit | Canberra Health Services | ACT Government

Phone: (02) 512 49993 | [REDACTED] Email: scott.e.howard@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

Canberra Health Services media on-call phone: **0466 948 935**

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From: [REDACTED]
Sent: Thursday, 15 August 2019 2:57 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: RE: Bypass

Scott, can you provide a statement on this?

Tom

From: Canberra Health Services Media <CHSmedia@act.gov.au>
Sent: Thursday, 15 August 2019 2:34 PM
To: [REDACTED]
Subject: RE: Bypass

UNCLASSIFIED

For awareness, the Minister also just responded to a question in the Assembly regarding the hospital being on ambulance bypass overnight.

Kind regards

Scott

Scott Howard | Assistant Director, Media
Communications and Government Relations Unit | Canberra Health Services | ACT Government
 Phone: (02) 512 49993 | [REDACTED] Email: scott.e.howard@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

Canberra Health Services media on-call phone: 0466 948 935

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From: [REDACTED]
Sent: Thursday, 15 August 2019 2:31 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: Re: Bypass

Thanks Scott.

Get [Outlook for Android](#)

From: Canberra Health Services Media <CHSmedia@act.gov.au>
Sent: Thursday, August 15, 2019 2:25:18 PM
To: [REDACTED]
Subject: RE: Bypass

UNCLASSIFIED

H [REDACTED]
 The Canberra Hospital Emergency Department is not currently on ambulance bypass.

Kind regards

Scott

Scott Howard | Assistant Director, Media
Communications and Government Relations Unit | Canberra Health Services | ACT Government
 Phone: (02) 512 49993 | [REDACTED] | mail: scott.e.howard@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

Canberra Health Services media on-call phone: 0466 948 935

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From: [REDACTED]
Sent: Thursday, 15 August 2019 1:29 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: Bypass

Hi there,

Is the ED at Canberra Hospital in bypass?

Many thanks,
 [REDACTED]

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-

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Ramsay, Michelle (Health)

From: Rea, Katrina (Health)
Sent: Tuesday, 21 May 2019 4:17 PM
To: O'Connell, Lynette (Health); Collins, Sarajane (Health); Gilmore, Lisa (Health); Taylor, Jacqui (Health); Kohlhagen, Linda (Health); Grace, Karen (Health); Wood, Daniel (Health); Bracher, Katrina (Health); O'Neill, Cathie (Health)
Cc: Chatham, Elizabeth (Health)
Subject: FW: HPE Content Manager Canberra Health Services : CHS19/664 : PATIENT SERVICES ADMINISTRATION - Service Delivery - CEO Brief - Patient Flow management strategy - ambulance bypass - 20 May 2019 - Chief Operating Officer - CEO [SEC=UNCLASSIFIED]
Attachments: PATIENT SERVICES ADMINISTRATION - Service Delivery - CEO Brief - Patient Flow management strategy - ambulance bypass - 20 May ~ CEO.pdf; PATIENT SERVICES ADMINISTRATION - Service Delivery - CEO Brief - Patient Flow management strategy - ambulance bypass - 20 May ~ CEO.tr5

Dear all,

On behalf of the COO, I would like to take the opportunity to thank you all for your efforts yesterday in supporting patient flow, patient experience and our staff in what was a challenging day.

Please see attached additional thanks from Bernadette for both your and your team's efforts.

Can you please pass on our many thanks to your teams.

Kind Regards,

Katrina Rea
 Business Manager to the Chief Operating Officer

Phone: 02 5124 2169 | Email: Katrina.M.Rea@act.gov.au Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605

Care | Excellence | Collaboration | Integrity

-----Original Message-----

From: Whittall, Christine (Health)
Sent: Tuesday, 21 May 2019 8:57 AM
To: DDGclinical <DDGclinical@act.gov.au>; Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>
Subject: HPE Content Manager Canberra Health Services : CHS19/664 : PATIENT SERVICES ADMINISTRATION - Service Delivery - CEO Brief - Patient Flow management strategy - ambulance bypass - 20 May 2019 - Chief Operating Officer - CEO [SEC=UNCLASSIFIED]

Good morning

Please find attached CHS19/664 which has been cleared by the CEO CHS with comment: "Liz, thanks for the brief, please pass on my thanks to everyone for working together to manage this surge".

For your appropriate action/progression.

Thank you
 Christine

-----< HPE Content Manager record Information >-----

Record Number:CHS19/664

Title:PATIENT SERVICES ADMINISTRATION - Service Delivery - CEO Brief - Patient Flow management strategy - ambulance bypass - 20 May 2019 - Chief Operating Officer - CEO

CORRESPONDENCE COVER SHEET

Correspondent: Chatham, Elizabeth

Record Number: **COR19/12255**

CHS19/664.

Date Due:

Topic: Patient Flow management strategy - ambulance bi pass - 20 May 2019 - COO - CEO

Action Required:	No	Reply Directly	No	Draft Response
	No	Brief to D-G	No	Brief to Minister
	No	Action by Group	Yes	Info Only
	No	Action as Necessary	No	For Discussion
	No	Advice	No	Comments to D-G
	No	Coordinate Response	No	Full Speech
	No	Media	No	Ministerial Response

Assignee: Rea, Katrina since 20/05/2019 at 3:08 PM

Comments for Cover Sheet:

21 May 2019 - Complete - returned to COO.



SUBJECT: Patient Flow Management Plan – Escalation as at 2pm 20.5.2019

To: Bernadette McDonald, Chief Executive Officer

Through: Liz Chatham, A/g Chief Operating Officer

From: Lyn O'Connell, ADON Patient Flow

Date: 20 May 2019

Purpose

To provide an update of the current Canberra Hospital (CH) Patient Flow Management plan to address immediate excessive demand for 20 May 2019.

Background

There are a number of factors impacting patient flow through CH inclusive of:

- Increased presentations to the CH Emergency Department
- Increased admissions to Emergency Department Accessible Beds
- Limited bed availability throughout the hospital
- Insufficient discharges compared to admissions for CH
- Higher level acuity within the hospital
- Unplanned staff leave across the hospital but particularly in ED.

Issues

A number of strategies have been deployed to support immediate demand and the above identified issues inclusive of:

- Emergency Department Ambulance Bi-pass
 - This has been enacted effective 1:30 – 3:30pm
 - ACTAS have been informed and are enacting the bypass plan; redirecting appropriate patients to Calvary Bruce
 - CEO Calvary Bruce has been advised and is supportive of the plan
 - This will provide temporary relief to the ED and will support demand on ED accessible beds
 - Capital Regional Retrieval Services (CRRS) have been notified
- Private Patient transfers 5 Beds at National Capital Private Hospital
 - National Capital have 5 beds available to support CH immediate demand requirements
 - 5 medically appropriate private patients have been identified
 - Patients will be admitted under an appropriate cross-credentialed clinician.

- UCH will surge by an additional 2 beds within existing staffing
 - Appropriate patients have been identified
 - Awaiting clinical acceptance
 - Additional staffing was explored to potentially utilize an additional 4 beds at UCH however appropriate staffing was not available
 - A private patient has also been identified for transfer to a private rehabilitation facility
- Elective surgery has been reviewed for tomorrow (21.5.19) for potentially clinically appropriate cancellations
 - It was agreed that first on list DOSAs will continue as planned. All other patients will be reviewed tomorrow (8am, Tuesday 21.5.19)
 - Predicted discharges for tomorrow will support surgical flow
 - ICU capacity is sufficient for the demand
 - Where clinically appropriate, currently admitted surgical patients will be prioritized for elective/emergency surgery to support length of stay optimization
 - No elective surgeries were cancelled today (20.5.19)
- Reviewing private list of other private patients. This strategy is a contingency to proactively identify a strategy for tomorrow the 21.5.19 if demand is still excessive
- Additional Surgical, Medical and Paediatrics afternoon/evening discharge rounding will occur
- Increased Patient Transport resources have been allocated to support discharges and inter-hospital transfers
- Patient Flow DON:DON conversation have been held with surrounding Local Health Districts with the aim to facilitate home LHD transfers.
- Substitution of a more senior representative for Executive on call has occurred
 - Updating of Rosters and communication of this change to switch and across the organization is occurring.
 - Clinical Executive on call is Narelle Boyd
 - Mental Health Executive on call for 20 May is Jeff Cubis, 21 May is Phil Hoyle
- Additional Nursing staffing has been identified via nursing overtime and agency support

Recommendations

That you:

- Note the information contained in this minute.

Liz, thanks for the brief, please pass on my thanks to everyone for working together to manage this surge.

NOTED/PLEASE DISCUSS



Bernadette McDonald
Chief Executive Officer

20 May 2019

Name Lyn O'Connell
Title ADON
Branch Patient Flow
Division Chief Operating Officer

Date 20 May 2019

Action Officer: Katrina Rea
Unit: COO
Extension:



FLOW DELAYS	
ON TRACK	
MODERATE	
MAJOR	
EXTREME	

DISTRIBUTION

CEO/ COO/ Executive Directors CH
DON/ ADON/ Clinical Directors/ AH
Whole of CHS Patient Flow # CPHB

CURRENT:

CH Occupancy **96%**
UCH Occupancy **97%**

COMMENTS OR SPECIAL INSTRUCTIONS:

This is a snapshot based on what is in ED at 0730am
All BB patients > 4hrs require an action plan, with progress to be reported at 0930 Bed Meeting.

PREVIOUS DAY:

	Actual	Goal
ED presentations	268/243/272	
NEAT	No report %	(75%)
Surge beds in use	28 + 12 Paeds	
Admissions	130/85/70	
Discharges	144/81/64	(120/day)
Discharges before 0900	19/3/5	(30)

DIVISON	WARD	SITUATION REPORT	ACTIONS
			Exec & Clinical Directors to commence
Critical Care	ED	48 patients with 14 bed booked ----- 1 RAC 2 Surgery 3 CACH 3 Medicine 5 MH	All BB patients to be ready for transfer
	EMU	0 > 24hrs 1 BB waiting for EMU	Prioritise patients flagged for discharge
	ICU	13 ICU / 11 HDU 4 BBs (4 surgery) 0 electives 6 potential ward transfers	24pt – 4 BB = 20 With 6 potential ward transfers
Medicine	CCU/CPEU	1 beds available in CPEU/CCU CPEU with Medicine patients 2 electives 3 ward transfer out (2 medicine & 1 RACC)	Prioritise patients flagged for discharge
	Wards	3 BB from 11-15hrs.	Admission plans required for all BB pts
Surgery	Wards	2 BB from 3-7hrs.	Admission plans required for all BB pts
Mental Health	AMHU/MHSSS	5BB from 8-32hrs	Admission plans required for all BB pts
WY&C	Paediatric	12 surge beds opened 3 beds available	Prioritise patients flagged for discharge
	Neonatal		Prioritise patients flagged for discharge
	Maternity		
RACS	UCH	AMHRU 3 beds available	ID patients for transfer
	Wards	1 BB at 15hrs	Admission plans required for all BB pts
CAS	Wards	3 BB at 12-17hrs	Admission plans required for all BB pts

Medical Services	Path/Imaging/ Pharmacy	Prioritise and support discharges to RED wards	Allied Health to prioritise patients flagged for D/C
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Nursing & MW Executive	Transport ISS	Prioritise and support discharges to RED wards	Prioritise patients flagged for transfer
Allied Health	Other allied health AAHS	Prioritise and support discharges to RED wards	Allied Health to prioritise patients flagged for D/C

CAPACITY ALERT LEVELS AND EXPECTED ACTIONS

FLOW ON TRACK	CH \leq 90% occupancy <ul style="list-style-type: none"> No BB pts in ED ICU \leq 24 BEDS Divisions BB pts < 4hrs in ED 	RESPONSE	<ul style="list-style-type: none"> 1 discharge (D/C) before 0900 per ward. 1 x D/C before 1200 per ward.
FLOW DELAYED MODERATE	CH 90-94% occupancy <ul style="list-style-type: none"> \leq 5 BB patients in the ED EMU pts > 24hrs and/or pts waiting for admission ICU 26 beds NICU at ... beds Divisions BB pts > 4 - 8hrs in ED 	As above PLUS	<ul style="list-style-type: none"> Exec. Directors to notify Clinical Directors (CD) of capacity issues. CD to notify treating teams to prioritise discharges, so wards able to discharge 1 patient within 2 hours. All BB patients ready for transfer to destination <i>Divisions to provide plan for BB pts to PFU 0930 meeting</i>
FLOW DELAYED MAJOR	CH 95-99% occupancy <ul style="list-style-type: none"> ED 6 to 10 BB pts. ED Resus beds full Ambulance offloads in ED corridor ICU at 28 beds. NICU at ... beds Divisions BB pts > 8 -12hrs in ED Considering cancellation of surgery No Isolation beds 	As above PLUS	<ul style="list-style-type: none"> Wards to discharge 2 patients within 1.5 hours. Delayed external transfers escalated Immediate review of EDDs for next 24 hours & risk stratification for early discharge by treating teams. Allied Health to prioritise patients flagged for D/C. Decision to review the continuation of surgery Divisions to provide plan for BB pts to PFU 0930 meeting Inability to determine plan for BB by 0930 to be escalated to Divisional Exec Directors for 10:30 Escalation Meeting
FLOW DELAYED EXTREME	CH \geq 100% occupancy <ul style="list-style-type: none"> ED \geq 11 BB pts Unable to decant ED Resus beds. ICU at 30 beds NICU at ... beds Division BB pts > 12hrs Unable to admit pts from other hospitals Considering cancellation of surgery 	As above PLUS	<ul style="list-style-type: none"> Increase PTV availability to facilitate outbound transfers COO Escalation Meeting with Executive staff to develop short term strategies to reach identified target within 4 hrs.

The above levels are aligned with the current Escalation Guidelines.

Admit_Disch_Summary

Start Date: 01/07/2019 Specialty: (All)
 End Date: 01/07/2019 Site: TCH and UCH
 Excluded Ward: :AN;:BRI;:BRS;:DMHU;:ECU;:HMB;:HOC;:HOM;:NCP;:RHT;:SAT;:TRS;:WES:



Directorate: (All)
 Output: Exclude Specific Day Cases

Campus	Disch ward name	Count
TCH	10A	3
	11B	2
	14B	2
	2SA	4
	4A	3
	4BRN	4
	7SU	1
	8BGM	1
	ACE	3
	Adult Mental Health	3
	BS	4
	CCU	2
	CPE	2
	DIA	1
	EDS	7
	EMU	27
	L5A	2
	L5B	6
	L6A	4
	L6B	3
	L7AB	3
	L9A	3
	L9B	2
	Namadgi	1
	NIC	1
	PHD	1
	PLD	1
	PN	10
	PWA	2
	PWH	3
	PWM	8
	PWS	6
SCN	1	
Stromlo	1	
WDU	3	

Admit_Disch_Summary

Start Date: 01/07/2019 Specialty: (All)
End Date: 01/07/2019 Site: TCH and UCH
Excluded Ward: :AN;:BRI;:BRS;:DMHU;:ECU;:HMB;:HOC;:HOM;:NCP;:RHT;:SAT;:TRS;:WES:



Directorate: (All)
Output: Exclude Specific Day Cases

Total	130
-------	-----

DISTRIBUTION

CEO/ COO/ Executive Directors CH
DON/ ADON/ Clinical Directors/ AH
Whole of CHS Patient Flow # CPHB

CURRENT:

CH Occupancy	96%
UCH Occupancy	96%

COMMENTS OR SPECIAL INSTRUCTIONS:

This is a snapshot based on what is in ED at 0730am
All BB patients > 4hrs require an action plan, with progress to be reported at 0930 Bed Meeting.
Could we prioritise early rounding and discharges please.

PREVIOUS DAY:

	Actual	Goal
ED presentations Fri/Sat/SUN	248/278/290	
NEAT	51.1	(75%)
Surge beds in use	24	
Admissions	140/77/85	
Discharges	127/76/59	(120/day)
Discharges before 0900	13/6/5	(30)

DIVISON	WARD	SITUATION REPORT	ACTIONS
			Exec & Clinical Directors to commence
Critical Care	ED	54 patients with 28 bed booked 8 MH 9 Medicine 2 Paeds 1 RACS 1 WY&C (AN) 7 Surgery	All BB patients to be ready for transfer
	EMU	0 > 24hrs	Expedite discharges to facilitate admissions
	ICU	15 ICU / 9 HDU 0 electives 4 ward transfers (3 medicine & 1 Surgery)	24 pts – 4 ward transfers + 0 admissions = 20 pts
Medicine	CCU/CPEU	0 electives & 1 medicine ward transfers out	
	Wards	9 BBs from 4-22hrs	Admission plans required for all BB pts
Surgery	Wards	7 BBs from 15-18hrs	Admission plans required for all BB pts
Mental Health	AMHU/MHSSS	8 MH at 10-46hrs	Admission plans required for all BB pts
WY&C	Paediatric	2 BB from 9-14 (Patients allocated)	Expedite discharges to facilitate admissions
	Neonatal		
	Maternity		
RACS	UCH		ID patients for transfer
	ACE/ 11B	1 BB at 13hrs 20 outliers	Admission plans required for all BB pts
CAS	Wards		

Medical Services	Path/Imaging/ Pharmacy	Prioritise and support discharges to RED wards	Allied Health to prioritise patients flagged for D/C
Nursing & MW Executive	Transport ISS	Prioritise and support discharges to RED wards	Prioritise patients flagged for transfer

Allied Health	Other allied health AAHS	Prioritise and support discharges to RED wards	Allied Health to prioritise patients flagged for D/C
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CAPACITY ALERT LEVELS AND EXPECTED ACTIONS

FLOW ON TRACK	CH \leq 90% occupancy	RESPONSE	
	<ul style="list-style-type: none"> No BB pts in ED ICU \leq 24 BEDS Divisions BB pts < 4hrs in ED 		<ul style="list-style-type: none"> 1 discharge (D/C) before 0900 per ward. 1 x D/C before 1200 per ward.
FLOW DELAYED MODERATE	CH 90-94% occupancy <ul style="list-style-type: none"> \leq 5 BB patients in the ED EMU pts > 24hrs and/or pts waiting for admission ICU 26 beds NICU at ... beds Divisions BB pts > 4 - 8hrs in ED 	As above PLUS	<ul style="list-style-type: none"> Exec. Directors to notify Clinical Directors (CD) of capacity issues. CD to notify treating teams to prioritise discharges, so wards able to discharge 1 patient within 2 hours. All BB patients ready for transfer to destination <i>Divisions to provide plan for BB pts to PFU 0930 meeting</i>
FLOW DELAYED MAJOR	CH 95-99% occupancy <ul style="list-style-type: none"> ED 6 to 10 BB pts. ED Resus beds full Ambulance offloads in ED corridor ICU at 28 beds. NICU at ... beds Divisions BB pts > 8 -12hrs in ED Considering cancellation of surgery No Isolation beds 	As above PLUS	<ul style="list-style-type: none"> Wards to discharge 2 patients within 1.5 hours. Delayed external transfers escalated Immediate review of EDDs for next 24 hours & risk stratification for early discharge by treating teams. Allied Health to prioritise patients flagged for D/C. Decision to review the continuation of surgery Divisions to provide plan for BB pts to PFU 0930 meeting Inability to determine plan for BB by 0930 to be escalated to Divisional Exec Directors for 10:30 Escalation Meeting
FLOW DELAYED EXTREME	CH \geq 100% occupancy <ul style="list-style-type: none"> ED \geq 11 BB pts Unable to decant ED Resus beds. ICU at 30 beds NICU at ... beds Division BB pts > 12hrs Unable to admit pts from other hospitals Considering cancellation of surgery 	As above PLUS	<ul style="list-style-type: none"> Increase PTV availability to facilitate outbound transfers COO Escalation Meeting with Executive staff to develop short term strategies to reach identified target within 4 hrs.

The above levels are aligned with the current Escalation Guidelines.

Admit_Disch_Summary

Start Date: 20/05/2019 Specialty: (All)
 End Date: 20/05/2019 Site: TCH and UCH
 Excluded Ward: :AN;:BRI;:BRS;:DMHU;:ECU;:HMB;:HOC;:HOM;:NA;:NCP;:RHT;:SAT;:TRS;:WES:



Directorate: (All)
 Output: Exclude Specific Day Cases

Campus	Disch ward name	Count
TCH	10A	4
	2SA	6
	4A	5
	4BRN	1
	8BGM	3
	Adult Mental Health	1
	ANQ	2
	BS	2
	CCU	1
	CPE	2
	EDS	10
	EMU	36
	ICU	2
	L5A	1
	L5B	9
	L6A	9
	L6B	3
	L7AB	4
	L9A	8
	L9B	7
	Namadgi	3
	NAQ	1
	PHD	1
	PLD	4
	PN	3
	PSS	3
	PWA	4
	PWH	4
	PWM	5
	SCN	2
Stromlo	2	
WDU	3	
Total	151	

This is a snapshot based on what is in ED at 0730am

All BB patients > 4hrs require an action plan, with progress to be reported at 0930 Bed Meeting.

Comments or special instructions:

**3 Corridor patients (2 AN and 1 Surgery ASU)
Please see long stay report especially 10-14 days**

CURRENT:

CH Occupancy	98%
UCH Occupancy (excluding AMHRU)	100%

PREVIOUS DAY:

	Actual	Goal
ED presentations	261	
Surge beds in use	44	
Admissions	142	
Discharges	122	(120/day)
Discharges before 0900	10	(30)

DIVISON	WARD	SITUATION REPORT	ACTIONS
			Exec & Clinical Directors to commence
Critical Care	ED	57 patients with 17 BB 3 pts in corridors Resus – 2 pt De-escalation – 0 pt 3 waiting to be seen 2 Medicine 3 CAS	All BB patients to be ready for transfer
		6 Surgery 2 MH 4 WY&C (2 Paeds and 2 AN)	
	EMU	0 >24hrs 4 BB waiting EMU	Prioritise patients flagged for discharge
	ICU	18 ICU/8 HDU 4 ward transfers (1 surgery & 3 medicine) 6 potentials 0 electives	Prioritise patients flagged for transfer to wards
Medicine	CCU/CPEU	0 CPEU/CCU bed available 5 electives 2 ward transfer out (2 medicine)	Admission plans required for all BB pts
	Wards	2 BB for 14-19 hrs. (1 Resp, 1 Gastro both single rooms) 4 Patients in discharge lounge	Admission plans required for all BB pts
Surgery	Wards	6 BB for 9-20hrs. 4 patients in PACU	Admission plans required for all BB pts
Mental Health	AMHU/MHSSS	2 BB at 7-9 hrs. (2 MHSSU)	Admission plans required for all BB pts
	UCH - AMHRU	10 beds available	
WY&C	Paediatric	2 BB at 4-8hrs	Admission plans required for all BB pts
	Neonatal		

	Maternity	2 BB at 12 - 18hrs.	Admission plans required for outliers
RACS	UCH		ID patients for transfer
	Wards	13 outliers	Admission plans required for outliers.
CAS	Wards	3 BB at 3-12 hrs.	Admission plans required for the BB pt.

Medical Services	Path/Imaging/ Pharmacy	Prioritise and support discharges to RED wards	Allied Health to prioritise patients flagged for D/C
Nursing & MW Executive	Transport ISS	Prioritise and support discharges to RED wards	Prioritise patients flagged for transfer
Allied Health	Other allied health AAHS	Prioritise and support discharges to RED wards	Allied Health to prioritise patients flagged for D/C

CAPACITY ALERT LEVELS AND EXPECTED ACTIONS

FLOW ON TRACK		RESPONSE	
FLOW ON TRACK	CH \leq 90% occupancy <ul style="list-style-type: none"> No BB pts in ED ICU \leq 24 BEDS Divisions BB pts < 4hrs in ED 	RESPONSE	<ul style="list-style-type: none"> 1 discharge (D/C) before 0900 per ward. 1 x D/C before 1200 per ward.
FLOW DELAYED MODERATE	CH 90-94% occupancy <ul style="list-style-type: none"> \leq 5 BB patients in the ED EMU pts > 24hrs and/or pts waiting for admission ICU 26 beds Neonatology at 26 beds Divisions BB pts > 4 - 8hrs in ED 	As above PLUS	<ul style="list-style-type: none"> Exec. Directors to notify Clinical Directors (CD) of capacity issues. CD to notify treating teams to prioritise discharges, so wards able to discharge 1 patient within 2 hours. All BB patients ready for transfer to destination <i>Divisions to provide plan for BB pts to PFU 0930 meeting</i>
FLOW DELAYED MAJOR	CH 95-99% occupancy <ul style="list-style-type: none"> ED 6 to 10 BB pts. ED Resus beds full Ambulance offloads in ED corridor ICU at 28 beds. Neonatology at 28 beds Divisions BB pts > 8 -12hrs in ED Considering cancellation of surgery No Isolation beds 	As above PLUS	<ul style="list-style-type: none"> Wards to discharge 2 patients within 1.5 hours. Delayed external transfers escalated Immediate review of EDDs for next 24 hours & risk stratification for early discharge by treating teams. Allied Health to prioritise patients flagged for D/C. Decision to review the continuation of surgery Divisions to provide plan for BB pts to PFU 0930 meeting Inability to determine plan for BB by 0930 to be escalated to Divisional Exec Directors for 10:30 Escalation Meeting
FLOW DELAYED EXTREME	CH \geq 100% occupancy <ul style="list-style-type: none"> ED \geq 11 BB pts Unable to decant ED Resus beds. ICU at 30 beds Neonatology at \geq 29 beds Division BB pts > 12hrs Unable to admit pts from other hospitals Considering cancellation of surgery 	As above PLUS	<ul style="list-style-type: none"> Increase PTV availability to facilitate outbound transfers COO Escalation Meeting with Executive staff to develop short term strategies to reach identified target within 4 hrs.

The above levels are aligned with the current Escalation Guidelines.

This is a snapshot based on what is in ED at 0730am

All BB patients > 4hrs require an action plan, with progress to be reported at 0930 Bed Meeting.

Comments or special instructions:

**3 Corridor patients (2 AN and 1 Surgery ASU)
Please see long stay report especially 10-14 days**

CURRENT:


CH Occupancy	98%
UCH Occupancy (excluding AMHRU)	100%

PREVIOUS DAY:

	Actual	Goal
ED presentations	261	
Surge beds in use	44	
Admissions	142	
Discharges	122	(120/day)
Discharges before 0900	10	(30)

Liz to discuss pathology capacity issues with Paul

DIVISON	WARD	SITUATION REPORT	ACTIONS Exec & Clinical Directors to commence
Critical Care	ED	57 patients with 17 BB 3 pts in corridors Resus – 2 pt De-escalation – 0 pt 3 waiting to be seen 2 Medicine 6 Surgery 2 MH 3 CAS 4 WY&C (2 Paeds and 2 AN)	All BB patients to be ready for transfer
	EMU	0 >24hrs 4 BB waiting EMU	Prioritise patients flagged for discharge
	ICU	18 ICU/8 HDU 4 ward transfers (1 surgery & 3 medicine) 6 potentials 0 electives	Prioritise patients flagged for transfer to wards
Medicine	CCU/CPEU	0 CPEU/CCU bed available 5 electives 2 ward transfer out (2 medicine)	Admission plans required for all BB pts Plan for the same strategy as last night – staff ADCDL to 4 beds + PACU overnight. 4 patients for ACDC need EDD of tomorrow (or 7B surge by additional 2) + Request another round.
	Wards	2 BB for 14-19 hrs. (1 Resp, 1 Gastro both single rooms) 4 Patients in discharge lounge	Admission plans required for all BB pts
Surgery	Wards	6 BB for 9-20hrs. 4 patients in PACU	Admission plans required for all BB pts

			 + Lyn to ID ward bed capacity for JJ, Cal and NatCap
Mental Health	AMHU/MHSSS	2 BB at 7-9 hrs. (2 MHSSU)	Admission plans required for all BB pts
	UCH - AMHRU	10 beds available	
WY&C	Paediatric	2 BB at 4-8hrs	Admission plans required for all BB pts
	Neonatal		
	Maternity	2 BB at 12 - 18hrs.	Admission plans required for outliers
RACS	UCH		ID patients for transfer
	Wards	13 outliers	Admission plans required for outliers.
CAS	Wards	3 BB at 3-12 hrs.	Admission plans required for the BB pt. Review if any onc patients can go to Nat Cap 14B partially close the corridor this Saturday – need support from patient flow for weekend of the 24 th or utilise striker beds.

Medical Services	Path/Imaging/Pharmacy	Prioritise and support discharges to RED wards	Allied Health to prioritise patients flagged for D/C
Nursing & MW Executive	Transport ISS	Prioritise and support discharges to RED wards	Prioritise patients flagged for transfer
Allied Health	Other allied health AAHS	Prioritise and support discharges to RED wards	Allied Health to prioritise patients flagged for D/C

CAPACITY ALERT LEVELS AND EXPECTED ACTIONS

FLOW ON TRACK	CH \leq 90% occupancy <ul style="list-style-type: none"> No BB pts in ED ICU \leq 24 BEDS Divisions BB pts < 4hrs in ED 	RESPONSE	<ul style="list-style-type: none"> 1 discharge (D/C) before 0900 per ward. 1 x D/C before 1200 per ward.
FLOW DELAYED MODERATE	CH 90-94% occupancy <ul style="list-style-type: none"> \leq 5 BB patients in the ED EMU pts > 24hrs and/or pts waiting for admission ICU 26 beds Neonatology at 26 beds Divisions BB pts > 4 - 8hrs in ED 	As above PLUS	<ul style="list-style-type: none"> Exec. Directors to notify Clinical Directors (CD) of capacity issues. CD to notify treating teams to prioritise discharges, so wards able to discharge 1 patient within 2 hours. All BB patients ready for transfer to destination <i>Divisions to provide plan for BB pts to PFU 0930 meeting</i>
FLOW DELAYED MAJOR	CH 95-99% occupancy <ul style="list-style-type: none"> ED 6 to 10 BB pts. ED Resus beds full Ambulance offloads in ED corridor ICU at 28 beds. Neonatology at 28 beds Divisions BB pts > 8 -12hrs in ED Considering cancellation of surgery No Isolation beds 	As above PLUS	<ul style="list-style-type: none"> Wards to discharge 2 patients within 1.5 hours. Delayed external transfers escalated Immediate review of EDDs for next 24 hours & risk stratification for early discharge by treating teams. Allied Health to prioritise patients flagged for D/C. Decision to review the continuation of surgery Divisions to provide plan for BB pts to PFU 0930 meeting Inability to determine plan for BB by 0930 to be escalated to Divisional Exec Directors for 10:30 Escalation Meeting
FLOW DELAYED EXTREME	CH \geq 100% occupancy <ul style="list-style-type: none"> ED \geq 11 BB pts Unable to decant ED Resus beds. ICU at 30 beds Neonatology at \geq 29 beds Division BB pts > 12hrs Unable to admit pts from other hospitals Considering cancellation of surgery 	As above PLUS	<ul style="list-style-type: none"> Increase PTV availability to facilitate outbound transfers COO Escalation Meeting with Executive staff to develop short term strategies to reach identified target within 4 hrs.

The above levels are aligned with the current Escalation Guidelines.

Admit_Disch_Summary

Start Date: 14/08/2019 Specialty: (All)
 End Date: 14/08/2019 Site: TCH and UCH
 Excluded Ward: :AN;:BRI;:BRS;:DMHU;:ECU;:HMB;:HOC;:HOM;:NCP;:RHT;:SAT;:TRS;:WES:



Directorate: (All)
 Output: Exclude Specific Day Cases

Campus	Admit ward name	Count
TCH	10A	3
	11B	1
	14B	3
	2SA	3
	4A	2
	4BRN	3
	ACE	1
	Adult Mental Health	1
	All Care Discharge Lounge	1
	BC	6
	BS	21
	CAR	1
	CCU	5
	CLD	4
	CPE	1
	DIS	2
	EDS	1
	EMU	32
	ICU	3
	L5A	1
	L5B	7
	L6A	4
	L6B	1
	L7A	5
	L7B	8
	L9A	5
	L9B	1
	MDU	2
	MID	1
	Namadgi	2
	NIC	2
	PDS	1
PHD	1	
PLD	2	
PN	2	

Admit_Disch_Summary

Start Date: 14/08/2019 Specialty: (All)
End Date: 14/08/2019 Site: TCH and UCH
Excluded Ward: :AN;:BRI;:BRS;:DMHU;:ECU;:HMB;:HOC;:HOM;:NCP;:RHT;:SAT;:TRS;:WES:



Directorate: (All)

Output: Exclude Specific Day Cases

PSS	2
PWA	4
PWH	5
PWM	8
Stromlo	2
THE	25
WDU	3
Winter Beds	2
Total	190

Canberra Hospital and Health Services

Operational Procedure

Capacity Escalation Procedure

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Purpose

Canberra Hospital and Health Services provides Tertiary level care and hospital services to Canberra and its surrounding region. To ensure that the most appropriate care is provided a whole of hospital approach is required to address times where capacity exceeds available access to service.

This procedure sets out the Canberra Hospital and Health Services (CHHS) overarching approach to identifying and responding to Canberra Hospital capacity during high demand situations or where capacity exceeds available service access.

The aim of this procedure is to ensure hospital capacity concerns will be managed effectively and efficiently.

Scope

This procedure applies to all inpatient areas of the Canberra Hospital campus excluding Birthing and the Birth Centre. It outlines the processes that staff are required to follow when the hospital is experiencing high demand or where capacity exceeds available access to services.

Section 1 – Capacity Escalation - Business Hours (0800-1700hrs)

This procedure is to be applied during business hours (0800-1700hrs, Monday to Friday, see [Attachment 1](#)) and requires mandatory compliance.

This procedure outlines three Alert Levels:

- ALERT Level 1 – beds available for new admissions and patient flow being achieved
- ALERT Level 2 – Limited availability of beds, patient flow is compromised
- ALERT Level 3 – bed availability critical despite use of surge beds, services disrupted

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Section 2 – Capacity Escalation - After Hours (1700-0800hrs), weekends and public holidays

This procedure is to be applied between 1700-0800 hours weekdays, weekends and public holidays (see [Attachment 2](#)) and requires mandatory compliance.

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This procedure outlines three Alert Levels:

- ALERT Level 1 – beds available for new admissions and patient flow being achieved
- ALERT Level 2 – Limited availability of beds, patient flow is compromised
- ALERT Level 3 – bed availability critical despite use of surge beds, services disrupted

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Section 3 – Surge Beds

Surge Beds are additional hospital capacity beds that are not staffed or operational. Surge beds are a way of responding to peaks in demand and can be activated at short notice, with additional staff. The Chief of Clinical Operations, Executive On call or their delegates have authority to open these beds when required.

Short term activation can occur when the hospital is at Capacity Alert Level 2 in the procedure. As soon as the hospital returns to accept capacity, the surge beds should be deactivated. Longer term activation can occur during periods of known or predicted increase in activity i.e. during winter.

Opening of surge beds will be done in consultation with the ADON Patient Flow, Patient Flow Manager, Divisional ADON's and After Hours Hospital Manager. Staffing for these beds will be through the After Hours Hospital Manager.

Opening of surge beds will be discussed and monitored at Bed Management meetings.

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Section 4 – Department of Neonatology

Where capacity exceeds available access to service in the Department of Neonatology please see Attachment 3.

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Implementation

Implementation of this procedure will include:

- Chief of Clinical Operations present the procedure at Executive Directors meeting
- Director of Medical Services discuss procedure at Clinical Directors meeting
- Present procedure at senior nursing forums
- Present at Directors of Allied Health meeting
- Incorporate procedure as part of daily Bed Management meeting

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Related Policies, Procedures, Guidelines and Legislation

Procedures

- Inter-hospital Transfer: Non Critical Patients
- Admission Discharge – Adults, Pregnant Women and Neonates
- Emergency Department Admission to Ward
- Discharge Summary Completion SOP
- Clinical Record Documentation SOP

Legislation

- *Health Records (Privacy and Access) Act 1997*
- *Health Act 1993*
- *Human Rights Act 2004*
- *Mental Health Act 2015*

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References

Auckland District Health Board (undated) *Hospital Full – Alert Cascade*, Manual Auckland City Hospital

John Hunter complex: hospital bed Alert / escalation plan

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Search Terms

Escalation, Capacity management, Demand management, Patient Flow, Bed availability, Access Block, Bed Block, Patient Flow Unit, Access Unit, Surge beds, Neonatology

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Attachments

- Attachment 1 - Canberra Hospital Capacity Escalation Procedure In hours
- Attachment 2 - Canberra Hospital Capacity Escalation Procedure After Hours
- Attachment 3 – Canberra Hospital Capacity Escalation Procedure Neonatology

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Date Amended	Section Amended	Approved By
<i>24 January 2018</i>	<i>Neonatal Information Added</i>	<i>CHHS Policy Committee, ED Crit Care and ED WY&C</i>

Attachment 1 - Canberra Hospital Capacity Escalation Procedure During Business Hours (0800-1700hrs)

Alert	Trigger	Response
<p>Capacity Alert LEVEL 1</p>	<p>Two or more of the following:</p> <ul style="list-style-type: none"> • Hospital 90-94% occupancy across all divisions • 5 or below bed booked patients in the ED • ICU at capacity (funded beds) 	<p><u>Patient Flow Unit</u></p> <ul style="list-style-type: none"> • Chief of Clinical Operations(CoCO) sends text message to divisional EDs re capacity issues & number of discharges required as a priority across all divisions • Patient Flow Manager (PFM)Prioritises patient discharges with divisional ADONs <p><u>Executive Directors</u></p> <ul style="list-style-type: none"> • Inform Clinical Directors of capacity issues <p><u>Medical Leaders</u></p> <ul style="list-style-type: none"> • Clinical Directors to notify specialty teams to conduct a round as soon as possible & review EDDs <p><u>ICU</u></p> <ul style="list-style-type: none"> • ICU ADON to contact Calvary Hospital ICU NUM to discuss capacity issues & patients appropriate for transfer • ICU ADON to notify ADON PF & stand up meeting convened with ICU Director/Medical Leads/Surgical DON <p><u>Mental Health Services</u></p> <ul style="list-style-type: none"> • Patient Flow Coordinator contacts other service providers such as Hyson Green, 2N, Brian Hennessy and Older Persons Mental Health Unit to discuss patients appropriate for transfer • Utilise Discharge Lounge to facilitate timely discharge <p><u>Ward areas</u></p> <ul style="list-style-type: none"> • Discharge 1 patient within 2 hours • Utilise Discharge Lounge to facilitate timely discharges <p><u>Support services</u></p> <ul style="list-style-type: none"> • Pathology to process collections marked “Discharge Priority” without delay • Pharmacy to process discharge medications marked “Discharge Priority” without delay • Wardspersons supervisor notified via page of capacity issue • Radiology notified of capacity issue & redistribute resources to meet hospital demand

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Capacity Alert LEVEL 2	<p>Two or more of the following:</p> <ul style="list-style-type: none"> • Hospital 95-99% occupancy across all divisions • Between 6 or 10 bed booked patients in the ED • ED Resuscitation room full • ICU over capacity (funded beds) • Isolation beds unavailable • Ambulance offloads in ED corridor 	<p><u>Patient Flow Unit</u></p> <ul style="list-style-type: none"> • Chief of Clinical Operations sends text message to EDs, CDs, Directors of Allied Health (DAHs), Operational Director of Adult Acute Mental Health Services & DONs re capacity issues & number of discharges required as a priority from those divisions • Prioritises patient discharges with divisional ADONs • ADON PF escalates patient transfers to outlying hospitals where transfer delays have occurred • ADON PF activates message to be sent via pager “Capacity Alert LEVEL 2” to all registrars & RMOs for immediate review of EDDs for next 24 hours & risk stratification for early discharge • ADON PF activates message to be sent via pager “Capacity Alert LEVEL 2” to Allied Health – prioritise patients flagged for D/C, redistribute resources to meet demand • D/C patients to other hospitals including private as appropriate • Cohort patients as appropriate • Surge beds used as approved by Director of Operations or delegate • PFM/ADON PF reassess situation hourly and communicate de-escalation or escalation • Decision to review the continuation of surgery <p><u>Medical Leaders</u></p> <ul style="list-style-type: none"> • Clinical Directors to notify specialty teams to review EDDs for further potential discharges and expedite discharges <p><u>ICU</u></p> <ul style="list-style-type: none"> • ICU ADON to contact Calvary Hospital ICU NUM to discuss capacity issues & patients appropriate for transfer • ICU ADON to notify ADON PF & stand up meeting convened with ICU Director/Medical Leads • Notification to CRRS consultant to re-direct retrievals where clinically appropriate <p><u>Mental Health Services</u></p> <ul style="list-style-type: none"> • Patient Flow Coordinator contacts other service providers such as Hyson Green, 2N, Brian Hennessy and Older Persons Mental Health Unit to discuss patients appropriate for transfer • Patient Flow Coordinator informs Allied Health clinicians in Acute Mental Health Unit of Capacity Alert Level 2 & prioritise patients flagged for D/C, redistribute resources to meet demand • Utilise Discharge Lounge to facilitate timely discharge
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		<p><u>Ward areas</u></p> <ul style="list-style-type: none"> • Utilise Discharge Lounge to facilitate timely discharges • Discharge 1 patient within 2 hours • Ward CNCs contacted by their ADON advising of capacity issue & request that CNCs identify further potential discharges. CNC to contact treating teams to inform them of patients potentially suitable for D/C • Identify patients appropriate for D/C to other hospitals (private and NSW) <p><u>Support services</u></p> <ul style="list-style-type: none"> • Allied Health notified via page to prioritise patients flagged for D/C, redistribute resources to meet demand • Pathology to process collections marked “Discharge Priority” without delay • Pharmacy to process discharge medications marked “Discharge Priority” without delay • Wardspersons supervisor notified via page of capacity issue • Radiology notified of capacity issue & redistribute resources to meet hospital demand • Cleaners notified of capacity issue & to prioritise terminal cleans, redistribute resources to meet hospital demand
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Capacity Alert LEVEL 3	<p>Two or more of the following:</p> <ul style="list-style-type: none"> • Hospital ≥ 100% occupancy • More than 11 bed booked patients in ED • All surge beds open • Unable to decant resuscitation room • Unable to admit patients from other hospitals • Isolation beds unavailable & cohorting unable to be implemented • ICU over capacity (funded beds) • Considering cancellation of surgery 	<p><u>Patient Flow Unit</u></p> <ul style="list-style-type: none"> • Chief of Clinical Operations sends text message to divisional EDs, CDs, Directors of Allied Health (DAHs), Operational Director of Adult Acute Mental Health Services & DONs re capacity issues & number of discharges required as a priority across all divisions. • Chief of Clinical Operations sends text message 2 hours later to targeted EDs, CDs and DONs re capacity issues & number of discharged required • D/C patients to other hospitals including private as appropriate • ADON PF activates message sent via pager “Capacity Alert LEVEL 3” to all registrars & RMOs for immediate review of EDDs for next 24 hours & risk stratification for early discharge • ADON PF activates message to be sent via pager “Capacity Alert LEVEL 3” to Allied Health – prioritise patients flagged for D/C, redistribute resources to meet demand <p><u>Executive</u></p> <ul style="list-style-type: none"> • Chief of Clinical Operations holds an Escalation Meeting with Executive staff (EDs, CDs, DAHs, Manager of Medical Imaging, Operational Director of Adult Acute Mental Health Services & DONs) to develop short term strategies to reach target of <95% capacity within 4 hours • Decision to review the continuation of surgery • Cancel non-urgent meetings to enable executive teams to facilitate flow and hospital demand <p><u>Medical Leaders</u></p> <ul style="list-style-type: none"> • Clinical Directors to notify specialty teams to review EDDs for further potential discharges and expedite discharges • Treating teams conduct ward rounds as a priority <p><u>ICU</u></p> <ul style="list-style-type: none"> • ICU ADON to contact Calvary Hospital ICU NUM to discuss capacity issues & patients appropriate for transfer • ICU ADON to notify ADON PF& stand up meeting convened with ICU Director/Medical Leads • Notification to CRRS consultant to re-direct retrievals where clinically appropriate
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		<p><u>Mental Health Services</u></p> <ul style="list-style-type: none"> • Patient Flow Coordinator contacts other service providers such as Hyson Green, 2N, Brian Hennessy and Older Persons Mental Health Unit to discuss patients appropriate for transfer • Patient Flow Coordinator informs Allied Health clinicians in Acute Mental Health Unit of Hospital Capacity Alert LEVEL 3 & prioritise patients flagged for D/C, redistribute resources to meet demand • Utilise Discharge Lounge to facilitate timely discharge <p><u>Ward areas</u></p> <ul style="list-style-type: none"> • Discharge 2 patients within 1.5 hours • Ward CNCs contacted by their ADON advising of capacity issue & request that CNCs identify further potential discharges. CNC to contact treating teams to inform them of patients potentially suitable for D/C • Identify patients appropriate for D/C to other hospitals (private and NSW) • Clinical staff in non-clinical roles redirected to assist with staffing surge beds • Utilise Discharge Lounge to facilitate timely discharges • Increase PTV availability to increase transfers out of hospital subject to availability <p><u>Support services</u></p> <ul style="list-style-type: none"> • Allied Health notified via page to prioritise patients flagged for D/C, redistribute resources to meet demand • Pathology to process collections marked “Discharge Priority” without delay • Pharmacy to process discharge medications marked “Discharge Priority” without delay • Wardspersons supervisor notified via page of capacity issue • Radiology notified of capacity issue & redistribute resources to meet hospital demand as a priority • Cleaners notified of capacity issue & redistribute resources to meet hospital demand as a priority • Discharge Lounge operational hours extended to 7pm to facilitate more discharges
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