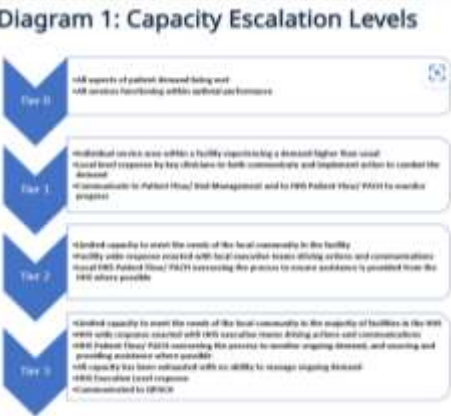

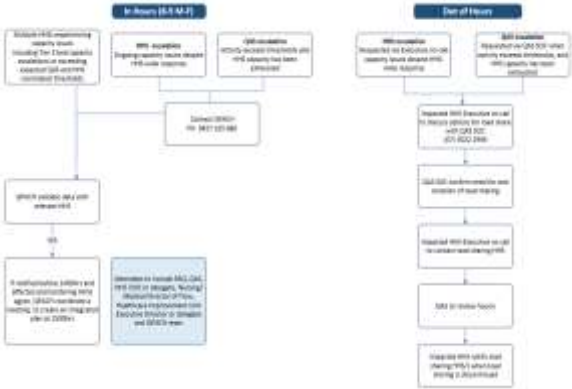


Protocol for managing capacity of Queensland public hospitals				
Section	Current	Proposed	HSD Custodian Comment/Clarification	Consultation feedback - recommended changes must include proposed new wording.
1. Purpose	This Protocol outlines the mandatory processes for managing capacity within Hospital and Health Service (HHS) hospitals.	This Protocol describes the mandatory steps for managing capacity within Hospital and Health Services (HHSs).	Minor wording changes	
2. Scope	This Protocol applies to all Department of Health and other employees working in or for HHSs. This Protocol also applies to all organisations and individuals acting as an agent for HHSs (including Visiting Medical Officers and other partners, contractors, consultants, and volunteers).	No change	No change	
3. Managing hospital capacity	3. Managing hospital capacity	3. Process for managing hospital capacity	Minor wording change to the heading as required by the HSD/protocol template	
3. Process for managing hospital capacity	Active management of total hospital capacity and demand is essential in ensuring patients have timely access to care across the healthcare continuum.	No change	No change	
3. Process for managing hospital capacity	HHSs will:	No change	No change	
3. Process for managing hospital capacity	i. Provide models of care and pathways to support alternatives and minimise transfers where clinically appropriate.	This dot point has been amended and moved to dot point ii. of this section (see below)	This dot point has been amended and moved to dot point ii. of this section (see below)	
3. Process for managing hospital capacity	ii. Have systems to ensure effective patient flow, including mechanisms to understand current demand and capacity, and triggers and actions to support the early identification and response to acute increases in demand.	i. Have systems to ensure effective patient flow to manage demand.	Wording change that does not change intent. This dot point has also been moved to dot point i.	
3. Process for managing hospital capacity	Moved and adapted from original dot point i. under section 3. <i>Process for managing capacity</i> (see above).	ii. Deliver alternative models of care and pathways to minimise presentations, admission, and transfers where clinically appropriate.	Moved and adapted from original dot point i. under section 3. <i>Process for managing capacity</i> (see above).	
3. Process for managing hospital capacity	iii. Have bed management/patient flow systems to proactively manage patient care on the basis of clinical need and urgency across the entire patient journey, including ambulance demand. Demand includes the need to return Queensland Ambulance Service (QAS) vehicles and crew back to the community for service delivery.	iii. Ensure ward staff are maintaining accurate bed information within Patient Flow Manager (Kyra Flow) to ensure visibility of available beds.	Wording change.	
3. Process for managing hospital capacity	iv. Authorise the relevant Patient Access Coordination Hubs or equivalent, where established, to:	i. Authorise the relevant Patient Access Coordination Hubs (PACHs) or equivalent, where established, to:	Minor wording change	
3. Process for managing hospital capacity	a. Provide situational awareness of the demand and capacity of all facilities in the HHS	No change	No change	
3. Process for managing hospital capacity	b. Monitor and escalate as needed	b. Monitor and escalate capacity issues or patient movement (flow) delays as needed	Wording change that does not change intent	
3. Process for managing hospital capacity	c. Collaborate with Queensland Ambulance Service to load-share patient demand across the HHS.	c. Collaborate with Queensland Ambulance Service (QAS) State Operations Centre (SOC) to support patient demand across the HHS	Minor wording change that does not impact intent	
3. Process for managing hospital capacity	d. Support timely inter-hospital transfers.	No change	No change	
3. Process for managing hospital capacity	N/A (new requirement)	e. Attend the weekday Queensland Patient Access Coordination Hub (QPACH) huddle and complete the daily spreadsheet to indicate the daily Tier level of each facility in the HHS.	New requirement	
3. Process for managing hospital capacity	N/A (new requirement)	v. Report Tier 3 capacity escalation at a facility level to QPACH to align to public reporting requirements.	New requirement	
3. Process for managing hospital capacity	N/A (new requirement)	vi. In addition, a HHS may also activate a Tier 3 response for the whole HHS.	New requirement	

3. Process for managing hospital capacity	v. Have processes to maximise bed availability for patient care.	vii. Have processes to maximise bed availability for patient care including undertaking a visual audit of the inpatient wards to ensure bed availability data is accurate.	Wording amended which may change intent of requirement	
3. Process for managing hospital capacity	N/A (new requirement)	Viii Ensure all staff are aware of their responsibility for capacity management including maximising utilisations of alternative models of care.	New mandatory requirement (feedback from Qld Clinical Network Chairs)	
4. Escalation processes for hospital and health services	HHSs will:	No change	No change	
4. Escalation processes for hospital and health services	i. Have a clearly defined process to ensure capacity issues are escalated to the executive level.	No change	No change	
4. Escalation processes for hospital and health services	ii. Establish escalation plans, which include triggers and actions to respond to demand within the HHS.	No change	No change	
4. Escalation processes for hospital and health services	N/A (new requirement)	iii. Establish de-escalation processes to ensure capacity escalation level is accurate.	New requirement	
4. Escalation processes for hospital and health services	iii. When communicating acute capacity levels outside the HHS, map local escalation and reporting language against the levels shown in Diagram 1.	iv. When communicating acute capacity Tier levels outside the HHS, map local escalation and reporting language against the Tier levels shown in Diagram 1.	Minor wording changes and change to numbering due to an additional requirement	
4. Escalation processes for hospital and health services	N/A (new requirement)	v. To meet the threshold of capacity Tier 3 escalation, ensure the following actions have occurred:	New requirement	
4. Escalation processes for hospital and health services	N/A (new requirement)	a. All beds, where staffing permits including surge/flex capacity, are open and utilised including those across all facilities within the HHS.	New requirement	Comment: ACEM suggests additional criteria to determine surge and flex capacity of beds on HHS wards. For example, how many surge beds are required, and tracking surge/flex capacity daily in consultation with Executive Director of Medical Services and inpatient teams.
4. Escalation processes for hospital and health services	N/A (new requirement)	b. Planned care is reviewed and rescheduled as clinically appropriate.	New requirement	Add; including directors (or delegate decision makers) of inpatient teams undertaking emergent discharge ward rounds
4. Escalation processes for hospital and health services	N/A (new requirement)	c. All clinical non-front-line staff are redeployed and models of care reviewed to support increasing capacity.	New requirement	Add; including utilising non-front line nursing to staff newly opened surge capacity beds
4. Escalation processes for hospital and health services	N/A (new requirement)	d. Non-essential activities are reviewed and rescheduled.	New requirement	
4. Escalation processes for hospital and health services	N/A (new requirement)	e. Community services are maximised to expedite appropriate discharges.	New requirement	
4. Escalation processes for hospital and health services	N/A (new requirement)	Department of Health (QPACH) will:	New requirement	
4. Escalation processes for hospital and health services	N/A (new requirement)	i. Provide system wide analysis and oversight of statewide capacity and pressure points.	New requirement	
4. Escalation processes for hospital and health services	N/A (new requirement)	ii. Be a central point of escalation and coordinate a response with all stakeholders to improve access to care across the system where pressure exceeds the ability for local solutions and an inter-HHS response is required (Diagram 2).	New requirement	
4. Escalation processes for hospital and health services	N/A (new requirement)	iii. Partner with HHSs to problem solve issues impacting patient flow and access to care.	New requirement	

4. Escalation processes for hospital and health services	N/A (new requirement)	iv. Collect Tier 3 capacity escalation data from the HHSs via QPACH (as above) and report to Parliament in line with public reporting purposes.	New requirement	
Diagram 1: Capacity Tier Escalation Levels	<p>Diagram 1: Capacity Escalation Levels</p> 		Minor changes to descriptions.	<p>Tier 2, first dot point is very vague – how can higher demand than usual be quantified? Who makes this decision.</p> <p>Proposed wording: Any individual service area within a facility is unable to meet demand.</p> <p>Some HHS are the only state-wide service, so not only for local community. Tier 3 - point one and four is repetitive using 'capacity exhausted'.</p> <p>Dot points can be merged : All capacity is exhausted and HHS is unable to manage ongoing</p>
Diagram 2: System-wide (QPACH) Flow Chart	New diagram that outlines the process for escalation and response coordination in the event that pressure exceeds the ability for local solutions and an inter-HHS response is required (see word version of Protocol for greater detail).		New diagram that outlines the process for escalation and response coordination in the event that pressure exceeds the ability for local solutions and an inter-HHS response is required (see word version of Protocol for greater detail).	