SESLHD PROCEDURE COVER SHEET

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SUMMARY	This procedure will provide an overview of the roles and responsibilities of the SESLHD Executive on-call, the Patient Flow Coordinator, the After Hours Nurse Manager, and the expectations of the Facility Executive on-call for escalation in relation to demand and capacity concerns and significant matters and incidents that impact on service provision or present risks to patients or staff.

1. POLICY STATEMENT

This procedure provides an overview of the roles and responsibilities of the District Executive on-call, the site Patient Flow Coordinators (PFC) the site After Hours Nurse Managers (AHNM) and sets the expectations of the Facility Executive on-call for escalation in relation to demand, capacity and significant matters, incidents or issues that impact on service provision or risks to patient or staff.

1.1 Intended audience

- Executive Leadership Team (Tier 2),
- General Managers
- Facility Executive on-call
- After-Hours Nurse Managers and access and Demand managers

1.2 Disclaimer

The information contained in the attached procedure is expressly for the use of the staff of South Eastern Sydney Local Health District.

2. BACKGROUND

It should be recognised the District Executive on-call is the delegate of the Chief Executive (CE) after hours and needs to act in accordance with set expectations. Notification is through this role and at the discretion of this role. Additionally, the Facility Executive on-call is the delegate of the facility General Manager after hours.

The focus of this document is to provide a framework governing the Patient Flow Coordinators (PFC), After Hours Nurse Managers (AHNM), Facility and District Executive on-call strategies which underpin facility operational functions for patient flow systems and corporate functions. For further information on patient flow management refer to NSW Health Policy Directive PD2022_012 - Admission to Discharge Care Coordination; and NSW Health Policy Directive PD2019_023 - NSW Health Incident Coordination Framework for incident management.

2.1 Definitions / abbreviation key

SESLHD:	South Eastern Sydney Local Health District
PFC:	Patient Flow Coordinators
AHNM:	After Hours Nurse Managers
EDOPs:	Executive Director Operations
DONM:	Director of Nursing and Midwifery
IC:	Incident Controller
HSFAC:	Health Services Functional Area Coordinator
DCGMS:	Director Clinical Governance and Medical Services
GMCS	General Manager, Corporate Services
SGH:	St George Hospital
POWH:	Prince of Wales Hospital
TSH:	Sutherland Hospital

SSEH:　　　　Sydney/Sydney Eye Hospital
RHW:　　　　The Royal Hospital for Women
MHS:　　　　Mental Health Services
PaCH:　　　Population and Community Health
PHU:　　　　Public Health Unit
WMH:　　　War Memorial Hospital
CHCK:　　　Calvary Health Care Kogarah
GWMH:　　　Gower Wilson Memorial Hospital, Lord Howe Island

3.　RESPONSIBILITIES

The following outlines the roles and responsibilities for the Site and Executive on-call positions relating to the flow charts.

3.1　Patient Flow Coordinators:

The Patient Flow Team are responsible for the efficient and effective care coordination and patient flow, to improve the patient experience and improve patient flow within the hospital. The Patient Flow Coordinator (PFC) is responsible for the equitable allocation of beds for elective, direct and emergency admissions, as well as interhospital transfers. These admissions must be triaged in relation to clinical need, provision of timely appropriate care and ability to meet Ministry of Health key performance indicators.
The PFC generally works a rotating roster which includes weekends and defaults to the facility After Hours Nurse Managers. The PFC and/or AHNM are responsible for communicating the following information to their facility and LHD on every shift.

- Demand management status.
- ED status including

    Overall volume of patients

    Number of patients waiting to be seen

    Number of patients waiting for beds

- Bed capacity (including critical care), surge beds/ further capacity.
- Concerns regarding patient care

Capacity issues that have the potential to impact patient care and safety must be escalated to the LHD (in hours) and the Executive on-call (after hours) with an appropriate plan or mitigation strategy to resolve. Other issues for escalating may include.

- Inability to resolve transfer of 'time critical' or 'non-time critical' patients to another facility.
- Predicted or potential delays in Ambulance over 60 minutes.
- Demand escalation level 2+ (as per the facility demand escalation matrix)
- Interhospital transfer from level 6 NICU (RHW) due to NICU capacity

3.2   After hours nurse managers

After Hours Nurse Managers (AHNMs) are extensions of the Facility Executive after hours. Facility Executives are to ensure that they communicate frequently to enable AHNMs to work consistently and confidently in the decisions they make. To assist communication in our larger facilities AHNM are to undertake a regular reporting and status update at the end of each shift (if required more frequently through peak periods). This includes appropriate reporting to the facility executive on-call. This includes the escalation of incidents that impact or have the potential to impact on service delivery and business continuity (e.g. loss of power, water etc., as per Section 4.3).

3.3   Facility executive on-call

The executive on-call roster for all LHD sites and services is located on the SESLHD intranet homepage via the icon link

It is expected that the Facility Executive on-call:
- Must always be contactable. Mobile phones are to be always on and able to receive incoming calls and SMS. If an Executive on-call is to be going out of mobile phone range, alternate numbers are to be provided to the facility switch board operators.
- Must be familiar with your hospital patient flow escalation plans.
- Must provide a handover to the next operational manager or Executive on-call if the situation requires.
- Is responsible for escalation of issues to the District Executive on-call no matter the time of day.

Matters to be escalated by Facility executive on Call to the LHD Executive on-call with an appropriate plan or mitigation strategy.
- Capacity issues that have the potential to impact patient care and safety.
- Ambulances offload delays predicted to exceed 90 minutes.
- Demand escalation level 2 (As per the facility demand escalation matrix)
- Critical service disruptions and major incidents (internal or external) impacting on patient flow and capacity management
- Transfer delays for critically ill or injured patients and those at risk of critical deterioration requiring referral and transfer of care to a higher level facility as per NSW Health Policy Directive PD2018_011 – Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS) and NSW Health Policy Directive PD2023_019 - NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements.

3.4   District executive on-call

It is expected that the District Executive on-call:

- Must be always contactable. Mobile phones are to be always on. An alternate phone number must be provided to the facility switch board operators if the Executive on-call is going to be out of mobile phone range.
- Must be familiar with demand management processes and hospital patient flow escalation plans. In addition, an understanding of after-hours reporting relationships with the NSW Ministry of Health (MOH) and NSW Ambulance Service
- Is to provide guidance, feedback, and advice to the Facility Executive on-call.
- Is to provide advice to the Chief Executive, NSW Health and the NSW Ambulance Service on reported issues and seek what action is required if required to mitigate issues.
- Have a communication link to the district on-call for media and communications and the Public Health Unit.

3.5   NSW Health incident control

The CE is accountable for incident response and recovery but may request a central coordination of a response from the MOH to complex incidents. There must be early notification to the state level accountable executive for the potential to escalate to central coordination or the potential for an incident to impact on additional NSW health services ([NSW Health Policy Directive PD2019_023 - NSW Health Incident Coordination Framework](#)).

The Deputy Secretary Patient Experience and System Performance is the state level accountable executive for major infrastructure disruption and instances of natural disaster and mass casualty incidents concurrently with the State HSFAC.

The management of internal incidents remains the responsibility of the CE or delegate and managed locally in line with normal business operations. The decision to escalate a response from local to central coordination depends on a range of factors, including whether the incident (NSW Health PD2019_023, p.15):

- has critical patient safety or widespread public health implications.
- has the potential for widespread impact on system performance.
- could benefit from leveraging HealthShare NSW's purchasing power on behalf of the system (e.g. a coordinated purchase of a medicine in very short supply) is being nationally coordinated.
- has significant security implications or is very sensitive/high-profile for other reasons and involves close links with central agencies or Ministers' offices
- results in an inability to maintain essential services.
- results in a prolonged reduction of essential services as a consequence of the incident or as a requirement to manage the incident

- involves reallocating resources or moving patients between LHD/specialty network/other Health services (noting that in some rural services, this would occur also as part of normal operations)

3.6 Executives with delegated authority for different hazard types

The following Executives have delegated authority and responsibility for the preparedness and response to hazards as below:

- Health Protection: Director Population and Community Health, via Public Health
- ICT: Director ICT, assisted by HSFAC as required
- Clinical Safety and Quality: Director Clinical Governance and Medical Services
- External Pandemic: Director Population and Community Health, via Public Health
- Internal Pandemic: HSFAC
- Mass casualty event HSFAC
- Natural Disaster: HSFAC
- Terrorism: HSFAC

Incidents should be escalated to the HSFAC in accordance with the [SESLHD Health Services Functional Area Supporting Plan (HEALTHPLAN)](#)

The HSFAC on-call is contactable via a dedicated phone number at **POWH Switchboard: 9398 7053**

4.   OVERVIEW OF ESCALATION PROTOCOLS

This document provides guidance as to escalation approaches both in-hours and on-call which underpin facility operational and executive on-call functions.

Criteria Escalation Process – Quick Reference Guide
Please use the table below to either refer to the relevant page number or click on the escalation protocol area to refer to the protocol relevant to the issue for your site/service.

4.1   Patient access and flow (including ambulance matrix adjustments)

The Patient Flow Escalation Process is to be utilised in accordance with each site's **Short Term Escalation Plan (STEP)** to understand if the hospital has the capacity to meet the current demand.

Short Term Escalation Plans (STEP) are critical to ensuring effective patient flow, timely escalation, and an appropriate response to increased or unexpected demand.

STEP escalates up three levels based on MOH definitions assessing **current demand for inpatient beds** via the ED, booked admissions, Inter Hospital Transfers (IHTs) and clinics versus **Capacity** within the ED, inpatient wards, and critical care areas.

It should be noted **in hours** the above-mentioned demand, capacity and patient flow issues are regularly reported to the Executive Director Operations (EDO) via the Manager, Organisational Performance and Flow (MOPF) SESLHD who has direct contact with the facilities demand managers and patient flow teams.

The following processes are in place as Business as Usual (BAU)
- Facility Demand Manager to provide a twice daily patient flow operational/demand management report via SESLHD-AccessandPatientFlow@health.nsw.gov.au

Version: 10	Ref: T15/9256	Date: 2 October 2024	Page 7 of 29

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- Manager, Organisational Performance and Flow SESLHD to send an AM and PM Status update (Monday-Friday) to LHD and Facility executive and LHD Exec On-Call.
- All sites must escalate at demand level two providing detail of the plan for recovery.

The Ambulance Arrivals Board (AAB) allows sites to manually enter "estimated transfer of care" (ETOC) times and "allocated" (offloaded) times for ambulance arrivals.

- ETOC on the AAB is visible by the facility, LHD, NSWA and MOH and provides an efficient tool for communicating offload plans and delays.
- Regular in hours/ out of hours communication and escalation regarding ambulance offload delays exceeding 90 minutes and / or demand and capacity concerns is in addition to the AAB activity

In Hours Process – Escalation of patient Access and Flow Issues

Facility

Demand Manager

Escalation within facility in accordance with STEP plan / demand level

If there are actual or predicted ambulance delays over 60 minutes proactive updates are required to be given to

Manager, Organisational performance and Flow

0434 568 064

LHD

Manager Organisational Performance & Flow

Meet with Demand Managers virtually at 11:30 Daily

Communicate all significant demand issues with EDO

Communicate ambulance offload delays and recovery plans via sms to

EDO

MOH 0459 897 716

HRM 0407 296 254

MOH

MOH on Call

Note details of NSWA delays and ETA's

Out of Hours Process – Escalation of patient Access and Flow Issues

Facility

Executive on call

Receives escalation via facility AHNM / Patient Flow team and advises LHD exec on call as required.

Includes issues concerning significant service disruption impacting on:

-access to care

-hospital operation & patient flow

-Ability to maintain timely offloading of ambulances

If there are actual or predicted ambulance delays over 90 minutes proactive recovery plans must be communicated

LHD

LHD Exec on Call

Contact MOH on call 0459 897 716 to escalate to significant service disruptions and updates of actual or predicted ambulance delays over 60 minutes as advised by the sites

MOH

MOH on Call

Note details of NSWA delays and ETA's

Requests for NSW Ambulance Matrix Adjustments

The NSW Health Patient Allocation Matrix (also known as the "Matrix") determines the nearest, most clinically appropriate Emergency Department (ED) for all patients arriving by ambulance. The Ambulance Arrivals Board is used to monitor ambulance arrivals and offload delays.

When an Emergency Department (ED) is experiencing a critical level of demand and where a temporary adjustment to the matrix will assist with recovery, a request for a matrix adjustment at a site can be made.

SESLHD has a threshold of 24 ambulances per rolling hour across all four facilities which have an ED. To accommodate a reduction at a specific site, the ambulance threshold at another site/s will need to increase.
The threshold for each facility is as follows.
- Prince of Wales Hospital: 7
- St George Hospital: 8
- The Sutherland Hospital: 7
- Sydney Eye Hospital: 3

Matrix Adjustment Requests:
- Are for short term assistance to allow hospitals to implement strategies to support flow.
- Requests will be reviewed considering demand across the whole system.
- Requests between 22:00 to 07:00 hours will only be considered in extraordinary circumstances (e.g., service disruption such as unplanned power failure, major incident).
- Requests to reduce to a level of zero will not be approved.

In hours, requests for a Matrix adjustment can are made by the facility Demand Manager to the Manager Organisational performance and Flow.

Consecutive in hours requests for a Matrix adjustment must be made via the DDON and then DON/M

Out of hours, requests are made via the facility Executive on Call to the LHD Executive on call. All requests for an ambulance matrix adjustment then require the approval of the NSW MOH

In Hours Process – Matrix Adjustment Requests

Facility

Demand Manager

sms to

Manager, Organisational performance and Flow

0434 568 064

detailing

Current status

Reason for request

Recovery plan details

Ambulance offload ETA's

LHD

Manager Organisational Performance & Flow

Consult with the other SESLHD facilities to determine their capacity to manage increase in matrix/ receive additional ambulances.

Seek approval for adjustment from EDO

Send SMS to MOH on call 0459 897 716

• Name of the requesting site

• Reason for a request.

• level of adjustment (< 50%)

• time of adjustment (2h)

• Detail on the increase at the other sites.

• Detail of the recovery plan

MOH

MOH on Call

Approve adjustment

Liaise with NSWA

Out of Hours Process – Matrix Adjustment Requests

Facility

Executive on Call

sms to

Contact LHD exec on call

Ph 9540 8866 or via mob ph

detailing

Current status

Reason for request

Recovery plan details

Ambulance offload ETA's

LHD

LHD exec on call

Consult with the other SESLHD facilities to determine their capacity to manage increase in matrix/ receive additional ambulances.

Send SMS to MOH on call 0459 897 716

• Name of the requesting site

• Reason for a request.

• level of adjustment (< 50%)

• time of adjustment (2h)

• Detail on the increase at the other sites.

• Detail of the recovery plan

MOH

MOH on Call

Approve adjustment

Liaise with NSWA

The aim of a matrix adjustment is to:
- Ensure ambulance delays are avoided not just accepted.
- Provide sufficient time to enact recovery actions to ensure ED's capacity is returned to a normal level of activity and capacity is created to mitigate further ambulance offload delays.

Trigger points for requesting a matrix adjustment:
- Critical event – power, coms failure etc.
- Number of patients in the ED
- Number of patients waiting to be seen
- Number of admitted patients with no bed.
- Number of admitted patients with a bed who are not moving.
- Ongoing ambulance delays

To have a consistent approach to the request it is expected the following occur when requesting a matrix adjustment:

1. Patient flow units are responding to increased ED demand and assist creating capacity and reduce ED to a safe level as part of their core responsibility.
2. There is a plan for recovery and the expected time for actions to be completed is known and communicated.
3. All patients who have an allocated bed are fast tracked out of the ED
4. Medical ambulances on the ambulance arrival board are reviewed and where appropriate redirected to another facility.

Considerations

There must be consultation with the other SESLHD facilities to determine capacity to manage increase in matrix for their site and to confirm their capacity to receive additional ambulances.

Guidance via the MOH for matrix adjustment support is as follows

- POWH is to be assisted by SSEH
- SGH and TSH are to be assisted by each other

Adult Critical Care Capacity – For Information

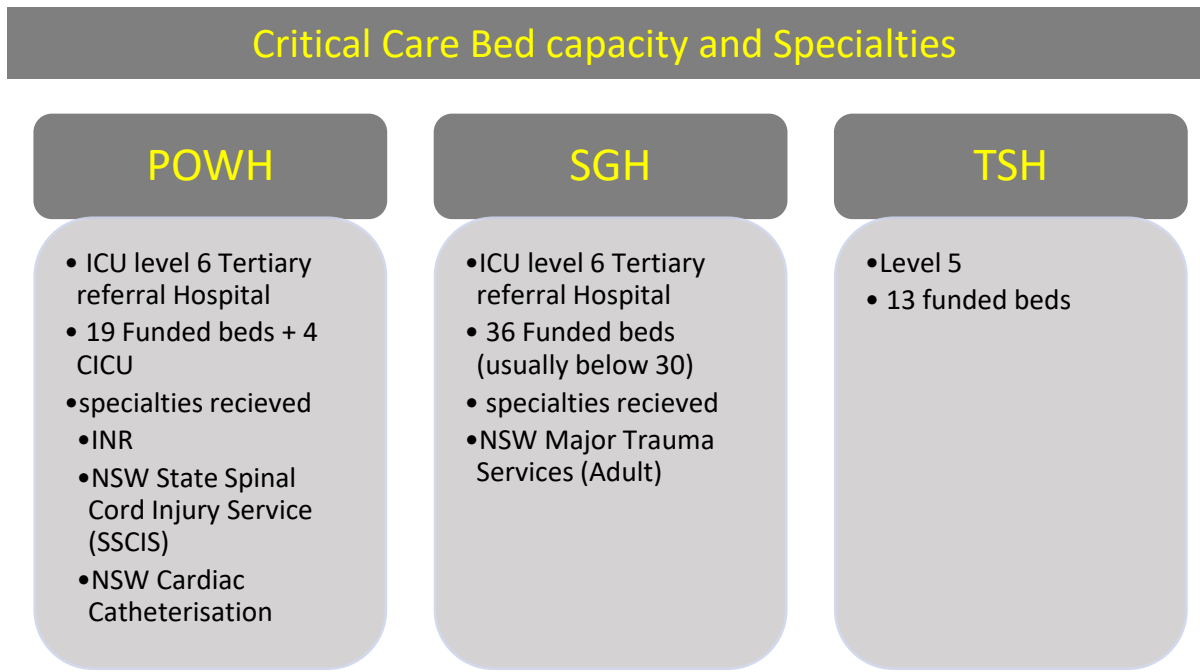Intensive Care services are a district and state-wide resource.

Critical care beds are managed at a local level to meet facility clinical priorities and demand within SESLHD. Critical care beds are also a state-wide resource providing definitive tertiary care to networked facilities across NSW.

Referral pathways and networks have been developed to enable transfers to tertiary facilities. NSW facilities that are networked to POWH and SGH are listed in NSW Health Policy Directive PD2018_011 - Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS) (page 25).

SESLHD ICU units are as follows:

- Two Level 6 Intensive Care Units (ICU) at SGH and POWH
- Level 5 ICU at TSH.

Both SGH and POWH have a state-wide role and are expected to provide access to an ICU bed and support the tertiary referral network in line with NSW Health PD2018_011 should a bed not be available in their hospital.

Critical Care Bed capacity and Specialties

POWH	SGH	TSH
• ICU level 6 Tertiary referral Hospital • 19 Funded beds + 4 CICU • specialties recieved • INR • NSW State Spinal Cord Injury Service (SSCIS) • NSW Cardiac Catheterisation	• ICU level 6 Tertiary referral Hospital • 36 Funded beds (usually below 30) • specialties recieved • NSW Major Trauma Services (Adult)	• Level 5 • 13 funded beds

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An ICU dashboard is available in the Emergency Access View (EAV) / Patient Flow Portal to provide visibility over available ICU beds in the LHD and across the state. This dashboard provides detail on the number of beds available for ICU 1 (1:1) and ICU 2 (2:1), the number of patients who are cleared / downgraded and ready for transfer to a regular inpatient bed and the contact details of the Intensive Care Consultant on-call for each site.

Intensive Care Units are responsible for ensuring the information regarding bed status, STEP level and ventilation ratios in the Patient Flow Portal (PFP) is current and correct at each shift handover and / or every four hours.

Priority should be around moving patients who are cleared for ward transfer out of the ICU to create capacity. POWH and SGH may consider going over census at to accommodate additional admissions if possible.

The ICU Specialist on-duty/on-call is accountable for the clinical management and triage, admission, and transfer of patients to and from the ICU.

Operationally the senior clinician and senior nurse are responsible for making decisions around critical care capacity and clinical decisions that affect patient flow.

Patient Flow Units/Bed/ After Hours Managers are responsible for facilitating referrals for all non-time urgent critically ill patients within their facility.

The NSW Aeromedical Control Centre (ACC) (1800 650 004) is responsible for the coordination of adult medical retrieval for time urgent critically ill patients who require a higher-level care in collaboration with the Regional Retrieval Services across NSW. The Aeromedical Retrieval Service have a limited bed finding role for transfers as a result of no bed.

ICU capacity is dynamically managed based on patient complexity, demand, and available workforce resource.

If demand for a critical care bed exceeds capacity within a SESLHD facility there should be a request to find a bed within the LHD. Where this is not possible the PFP ICU dashboard is available to assist with bed finding outside of the LHD

Neonatal Intensive Care Capacity – For Information

Neonatal Intensive Care services are a district and state-wide resource.

NICU beds are managed at a local level to meet facility clinical priorities and demand within SESLHD. NICU beds are also a state-wide resource providing definitive tertiary care to networked facilities across NSW.
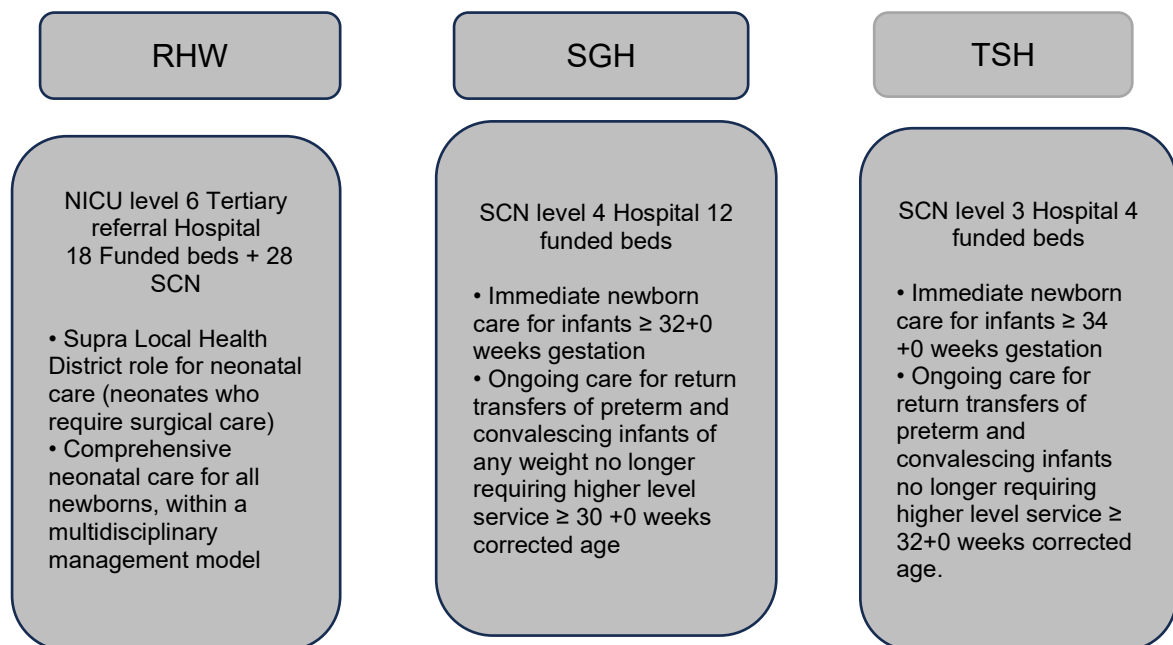
As supra-Local Health District services, NICU must provide services for neonatal patients located within NSW and the ACT.

Neonates are more likely to receive care close to home when paediatric services operate at their designated service capability level supported through local arrangements and actively manage patient flow.

Districts and specialty health networks (networks) are responsible for determining and maintaining the service capability of their services for infants, children and adolescents. NSW Health services are classified in line with the:

- NSW Health Guide to the Role Delineation of Clinical Services (2024)
- NSW Health Guideline GL2022_002 - Maternity and Neonatal Service Capability
- NSW Health Policy Directive PD2023_035 - Tiered Networking Arrangements for Perinatal Care in NSW

Neonatal Intensive Care and Special Care Nursery Bed capacity

RHW	SGH	TSH
NICU level 6 Tertiary referral Hospital 18 Funded beds + 28 SCN • Supra Local Health District role for neonatal care (neonates who require surgical care) • Comprehensive neonatal care for all newborns, within a multidisciplinary management model	SCN level 4 Hospital 12 funded beds • Immediate newborn care for infants ≥ 32+0 weeks gestation • Ongoing care for return transfers of preterm and convalescing infants of any weight no longer requiring higher level service ≥ 30 +0 weeks corrected age	SCN level 3 Hospital 4 funded beds • Immediate newborn care for infants ≥ 34 +0 weeks gestation • Ongoing care for return transfers of preterm and convalescing infants no longer requiring higher level service ≥ 32+0 weeks corrected age.

A NICU dashboard is available in the Emergency Access View (EAV) / Patient Flow Portal to provide visibility over available RHW NICU and St George SCN beds in the LHD and across the State. This dashboard provides detail on the number of beds available for NICU 1 (1:1) and NICU 2 (2:1), the number of patients who are cleared / downgraded and ready for transfer to a regular inpatient bed and the contact details of the Intensive Care Consultant on-call for each site.

Intensive Care Units are responsible for ensuring the information regarding bed status, STEP level and ventilation ratios in the Patient Flow Portal (PFP) is current and correct at each shift handover and / or every four hours and 8 hourly for SCN.

Priority should be around moving patients who are cleared for ward transfer out of the NICU/SCN to create capacity. RHW and St George may consider going over census at to accommodate additional admissions if possible.

The NICU Specialist on-duty/on-call is accountable for the clinical management and triage, admission, and transfer of patients to and from the NICU. Operationally the senior clinician and Nurse team leader are responsible for making decisions around capacity and clinical decisions that affect patient flow.

Patient Flow Units/Bed/ After Hours Managers are responsible for facilitating referrals for all non-time urgent critically ill patients within their facility. Transfer decisions are to be made through discussion between responsible clinicians at the referring and receiving services.

If demand for a NICU bed exceeds capacity within RHW, should there be a request to provide assistance to find a bed outside of the LHD the EAV NICU dashboard is available to assist with bed finding and the following policy adhered to.

The Newborn and paediatric Emergency Transport Service (NETS) 1300 362 500 must be involved when an immediate response for transfer is needed and when clinical escort decisions require additional specialist clinical advice. NETS will facilitate care NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements as in [NSW Health Policy Directive PD2023_019 - NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements.](#)

The escalation flow chart for NICU and maternity capacity is to be used in accordance with the [SESLHD Maternity & Neonatal Escalation Pathway](#).

[Return to Index](#)

4.2 Patient safety and quality

The escalation flow chart for Patient Safety / Quality Incident is to be utilised in accordance with NSW Health Policy Directive PD2020_047 - Incident Management Policy.

Serious clinical and patient safety incidents must be notified and escalated within SESLHD and to the Ministry of Health via a reportable incident brief (RIB). The RIB is to be submitted through IMS+ within 24 hours of notification for RIB Part A, and within 72 hours (or earlier, as directed by the Chief Executive or Ministry of Health) for RIB Part B.

The incident rating or harm score determines the level of escalation and review:

Score	Detail
Harm Score 1 (HS1)	Clinical - Unexpected death or Australian Sentinel Event (ASE) Corporate – Unexpected death of a worker or visitor or Complete loss of service
Harm Score 2 (HS2)	Major harm
Harm Score 3 (HS3)	Minor harm
Harm Score 4 (HS4)	No harm or near miss

Source: NSW Ministry of Health Policy Directive PD2020_047 – Incident Management, p.11

In-hours
Follow NSW Health Policy Directive PD2020_047 - Incident Management Policy.

In Hours Process

Facility
- Facility to follow incident management process are per policy
- General Manager or delegate to escalate to EDOPs or representative via text or phone call with details of the issue, remediation plan and current status

LHD
- EDOps (M: 0455 994 729) to be provided with a situational update based on risk to Organation (patient safety/media/access and flow impact) to CE. Note that all Harm Score 1 incidents should be escalated to EDOPs via text or phone call.
- CGU follow process through IMS+ notification

MOH
- MOH escalation as per policy PD2020_047

Out of hours:

The site / service executive on-call may need to commence a Preliminary Risk Assessment (PRA) (all clinical Harm Score 1 incidents and Harm Score 2,3 or 4 if immediate risk continues to be evident). The PRA is a privileged meeting that confirms the harm score and ongoing management. This must be held within 72 hours from the incident being entered into IMS+.

Out of Hours Process

Facility
- Facility on-call to escalate to LHD Executive on call (02) 9540 8866 via phone call with details of the issue, remediation plan and current status

LHD
- LHD Executive to escalate to MoH for significant patient concerns or media issues / significant service disruption likely to impact on access to care and / hospital operations including major equipment failure
- LHD Exec on-call to escalate any code yellow (internal disaster) that has a campus wide or largely campus wide effect, has the capacity to deteriorate, or has the capacity to be prolonged needs to be escalated to the HSFAC (02 9398 7053)

MOH
- MOH on-call escalation as per policy PD2020_047
- MOH Escalation Phone 0459897716 - **number for use only by CE or SESLHD Exec On Call Only**

[Return to Index](#)

4.3   Disaster management and control

The escalation flow chart for disaster management and control is to be utilised in accordance with the initial identification of an issue and assessment by the facility in line with the site Disaster Plan.

It should be noted all major incidents as listed below, excluding demand escalation will require, investigation and documentation in a Self-Initiated Brief (SIB) the next business day following the incident to the Chief Executive (with c.c. to HSFAC and EDOPS via the Executive Services team. Briefs to the Ministry of Health will be coordinated by the Executive Services Team. This will provide clarity of the issue and improved governance of risks and incident management.
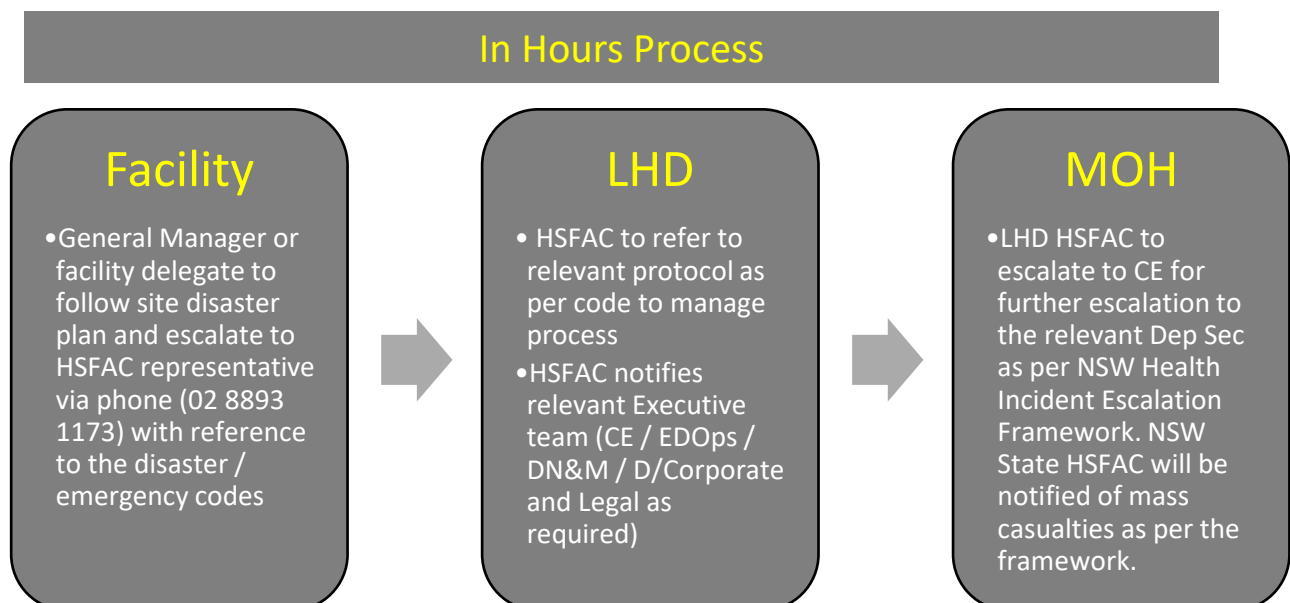
ALL **major** confirmed disaster / emergency codes and any situation that has the capacity to deteriorate, or require resources outside the site should be escalated to the Health Services Functional Area Coordinator (HSFAC) as per the following codes:

Code Red: Confirmed Fire and Smoke Emergency

Code Purple: Bomb threat

Code Yellow: Internal disasters including but not limited to, protracted loss of power, major equipment such CT/MRI scanners, air conditioning or IT failure including eMeds and eMR.

Code Black: Threat or harm to a staff member which is prolonged. Any another security issue of concern

Code Brown: External Disaster

Code Orange: Evacuation

In Hours Process

Facility	LHD	MOH
• General Manager or facility delegate to follow site disaster plan and escalate to HSFAC representative via phone (02 8893 1173) with reference to the disaster / emergency codes	• HSFAC to refer to relevant protocol as per code to manage process • HSFAC notifies relevant Executive team (CE / EDOps / DN&M / D/Corporate and Legal as required)	• LHD HSFAC to escalate to CE for further escalation to the relevant Dep Sec as per NSW Health Incident Escalation Framework. NSW State HSFAC will be notified of mass casualties as per the framework.

After Hours Process

Facility

- Facility on-call to follow site disaster plan and escalate to HSFAC on-call via (02 9398 7053)

LHD

- HSFAC to refer to relevant protocol as per code to manage process
- HSFAC notifies Exec on call (02 9540 8866)

MOH

- LHD HSFAC to escalate to MoH Escalation phone as per NSW Health Incident Escalation Framework. Any ambulance matrix adjustments required can also be requested via the MoH Escalation phone. NSW State HSFAC is to be notified of mass casualties

[Return to Index](#)

4.4 Media issues and enquiries

In Hours Process

Facility	LHD	MOH
• LHD General Manager or delegate to escalate details of potential issue or media enquiry to local LHD Media Unit representative or Media Manager via phone call with details of the potential media issue or media enquiry. LHD GM should also notify EDOPs via text message at minimum.	• LHD Media Unit representative manages all contact with any media organisation/representative who has made a request/enquiry. If there is concern of a potential media issue, but no media enquiry, Media Unit staff will gather full details of the potential issue and may determine that preparation of a holding media statement is required. Media Unit will co-ordinate all necessary approvals.	• In the event of a potential media issue, the Media Unit liaises with the Ministry of Health and offices of the Minister for Health or Minister for Mental Health (as applicable), concerning approvals and management of the matter.

The Facility Executive on-call should refer all media enquiries, or emerging potential media issues, to the Media Unit on-call (M: 0409 973 612) and respond as requested.

Further, this advice should also be given to the District Executive on-call to ensure the District Executive and Media Unit on-call can liaise regarding the unfolding media issue as appropriate.

If a contentious issue, or potential issue requires a response to media, the Media Unit on-call will liaise with the Facility Executive on-call to prepare a media statement for approval by the District Executive on-call / Chief Executive, Ministry of Health and Minister's Office (as applicable).

If a media enquiry is communicated via the Ministry of Health, the District's Media Unit on-call must be contacted to manage the response and necessary approvals.

Out of Hours Process (including weekends and public holidays)

Facility

- Site executive on-call or delegate to escalate details of potential issue or media enquiry to LHD Media Unit on-call via phone call (M: 0409 973 612) with details of the potential media issue or media enquiry. Site executive to also provide at minimum a text update to the SESLHD LHD Executive on call (02) 9540 8866.

LHD

- LHD Media Unit on-call manages all contact with any media organisation/representative who has made a request/enquiry. If there is concern of a potential media issue, but no media enquiry, the Media Unit on-call will gather full details of the potential issue and may determine that preparation of a holding media statement is required. Media Unit will coordinate all necessary approvals.

MOH

- In the event of a potential media issue, the Media Unit on-call liaises with the Ministry of Health and offices of the Minister for Health or Minister for Mental Health (as applicable), concerning approvals and management of the matter.
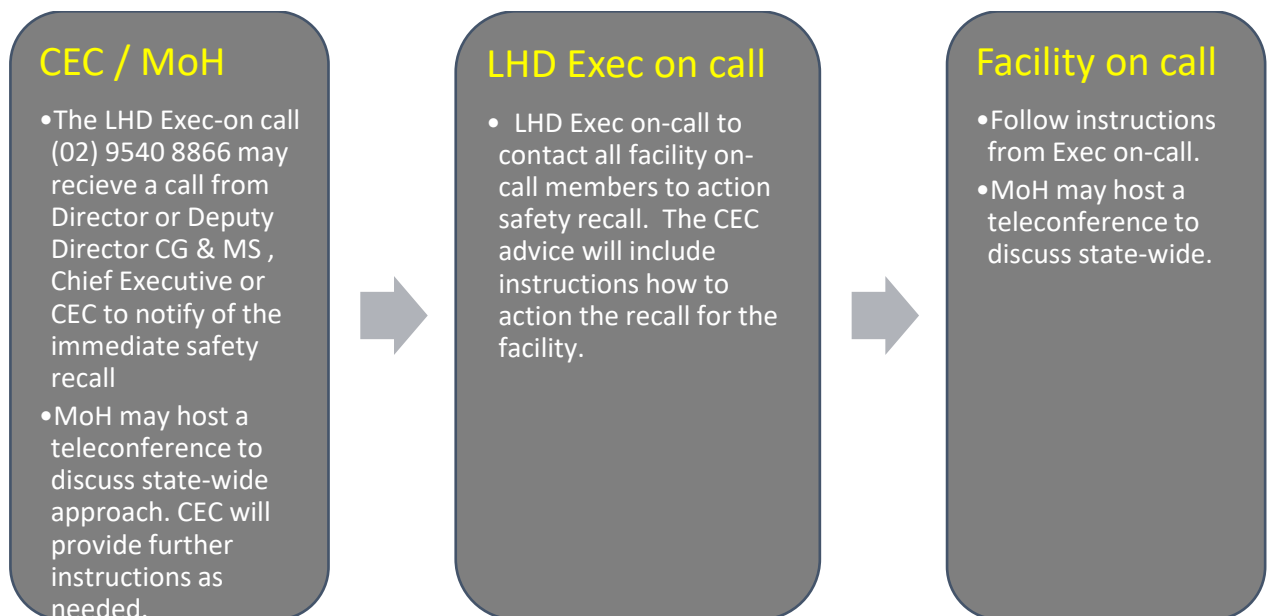
4.5   Immediate Safety Recalls

The escalation flow chart for immediate safety recalls is to be utilised in accordance with the Clinical Governance Unit (CGU). Safety recalls can include, but is not limited to, medication recalls, equipment, stock or supplies.

In hours

This process is managed by the CGU. Safety recalls are sent out at 0900 every weekday (Monday – Friday) from the Clinical Excellence Commission (CEC) to SESLHD CGU to manage the process.

After hours (including weekend and public holidays)

CEC / MoH	LHD Exec on call	Facility on call
• The LHD Exec-on call (02) 9540 8866 may recieve a call from Director or Deputy Director CG & MS , Chief Executive or CEC to notify of the immediate safety recall • MoH may host a teleconference to discuss state-wide approach. CEC will provide further instructions as needed.	• LHD Exec on-call to contact all facility on-call members to action safety recall. The CEC advice will include instructions how to action the recall for the facility.	• Follow instructions from Exec on-call. • MoH may host a teleconference to discuss state-wide.

4.6   Critical stock and supplies (including PPE)

The critical stock and supplies is to be utilised in accordance with the SESLHD Procurement Unit. Critical stock and supplies relate to purchasing and management of clinical products, including PPE.

In hours

Facility	LHD	MOH
• Facility to use Onelink warehouse inventory items • Barcoded items: place order, escalate to manager for urgent approval • Manual oracle order: place order, escalate to manager for urgent approval • Log an urgent order ticket with HealthShare Procurement: 1300 883 965	• HealthShare contact SESLHD Procurement Unit, Clinical Product Manager or Oracle team to approve • Procurement assess risk, redirect to stock on hand nearby if possible, otherwise approve timeframe and delivery cost	Share • HealthShare manage ticket • Escalate to the Onelink Inventory team • Organise urgent delivery as agreed with Procurement team

After hours (including weekend and public holidays)

- Sites / Services to escalate any major critical stock or supply shortages to SESLHD Executive On Call exec on-call (02) 9540 8866
- Note that HealthShare warehouse is not open on weekends.
- The Procurement team will send out Public Holiday order notifications.
- SESLHD Exec on Call and Site / Service Executive on Call to liaise internally to move supplies across the district via couriers during this period if required.

Additional resources that may assist with clinical products:

- SESLHD Procurement/Clinical Products website
- SESLHD Clinical Products SharePoint
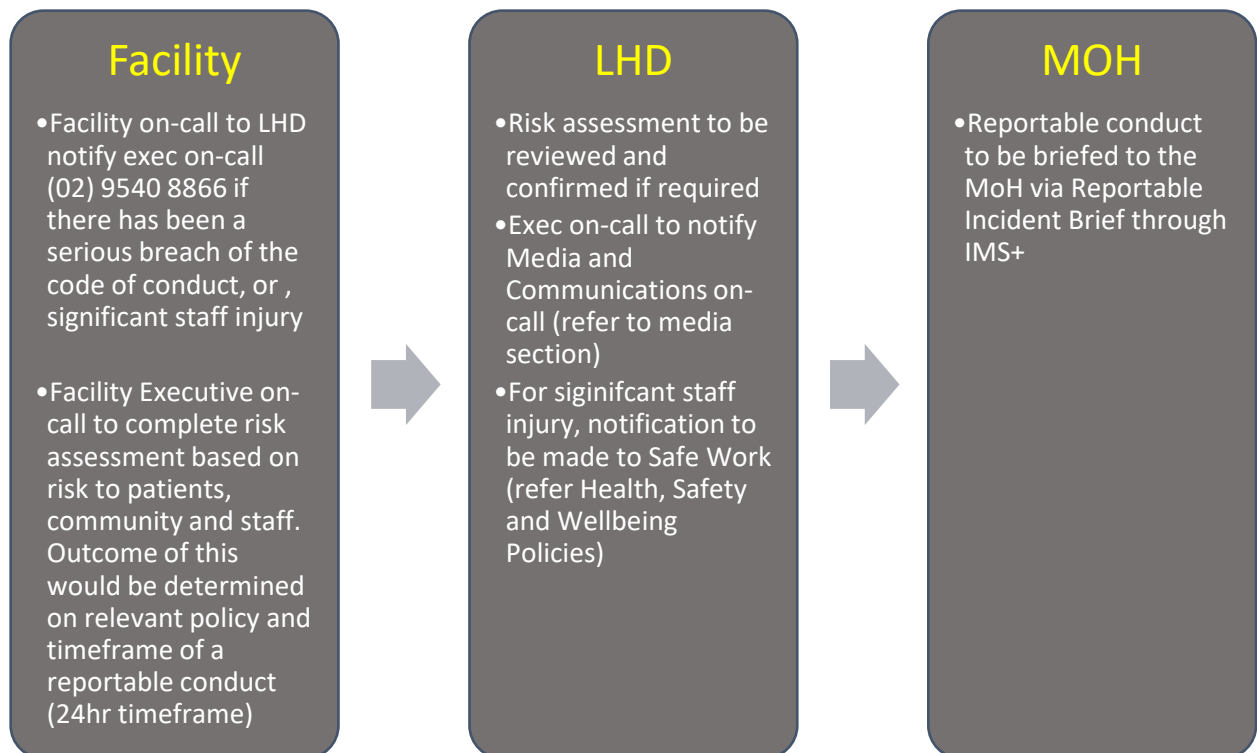- HealthShare Supply Chain Operations

Return to Index

4.7 Workforce

The below flow chart is to be utilised in accordance with SESLHD People and Culture policies and procedures relating to issues concerning staff and requiring immediate action or escalation.

NB: for staff incident or injury or notification to SafeWork NSW, please contact the site Senior Health Safety & Wellbeing Partner immediately or for after hours, the next business day. For further information please refer to SESLHDPR/727 - Safety Incident Report Management.

In hours

Please follow standard escalation procedures via line management and to Human Resources Business Partners and Director People and Culture as required. Please at minimum provide text notification of major personnel issues with EDOPs on 0455 994 729.

After hours (including weekend and public holidays)

Facility
- Facility on-call to LHD notify exec on-call (02) 9540 8866 if there has been a serious breach of the code of conduct, or , significant staff injury
- Facility Executive on-call to complete risk assessment based on risk to patients, community and staff. Outcome of this would be determined on relevant policy and timeframe of a reportable conduct (24hr timeframe)

LHD
- Risk assessment to be reviewed and confirmed if required
- Exec on-call to notify Media and Communications on-call (refer to media section)
- For siginifcant staff injury, notification to be made to Safe Work (refer Health, Safety and Wellbeing Policies)

MOH
- Reportable conduct to be briefed to the MoH via Reportable Incident Brief through IMS+
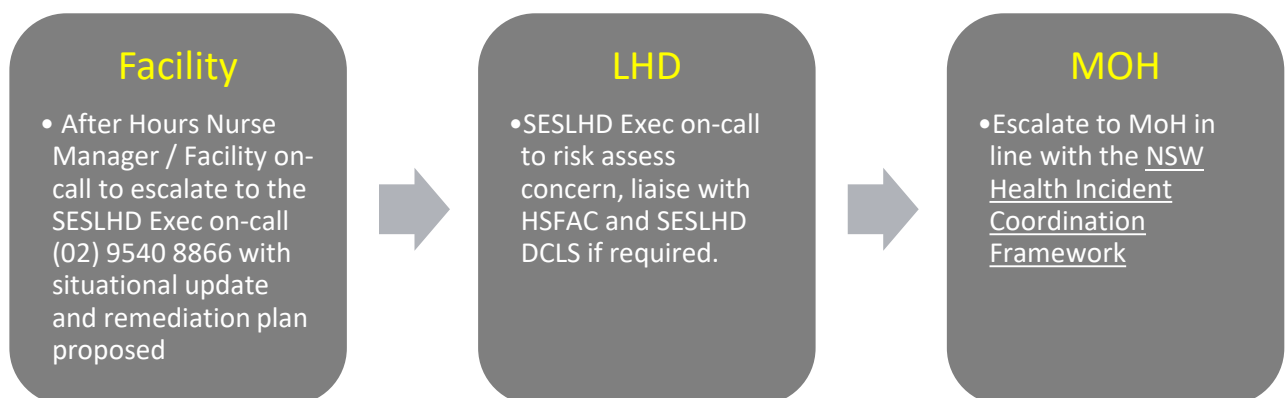
Return to Index

4.8 Facility and Corporate

The Facility and Corporate Management escalation is to be utilised in accordance with the NSW Health Policy Directive PD2020_047 - Incident Management and other corporate services and facility relevant policies.

In hours

Facility	LHD	MOH
• Internal facility escalation to the appropriate lead for facilities, security or support services manager for local management and escalation. • Escalation to the Facility Incident Controller and General Manager with a notification text at minimum to Director Corporate Legal Services	• Escalation to the SESLHD DCLS who will escalate to CE (notifying EDOPs and HSFAC) as required	• In line with the NSW Health Incident Coordination Framework

After hours (including weekend and public holidays)

Facility	LHD	MOH
• After Hours Nurse Manager / Facility on-call to escalate to the SESLHD Exec on-call (02) 9540 8866 with situational update and remediation plan proposed	• SESLHD Exec on-call to risk assess concern, liaise with HSFAC and SESLHD DCLS if required.	• Escalate to MoH in line with the NSW Health Incident Coordination Framework

Return to Index

4.9   Public Health

The Escalation flow chart for Public Health relates to notifiable diseases, urgent public health or environmental health concerns.

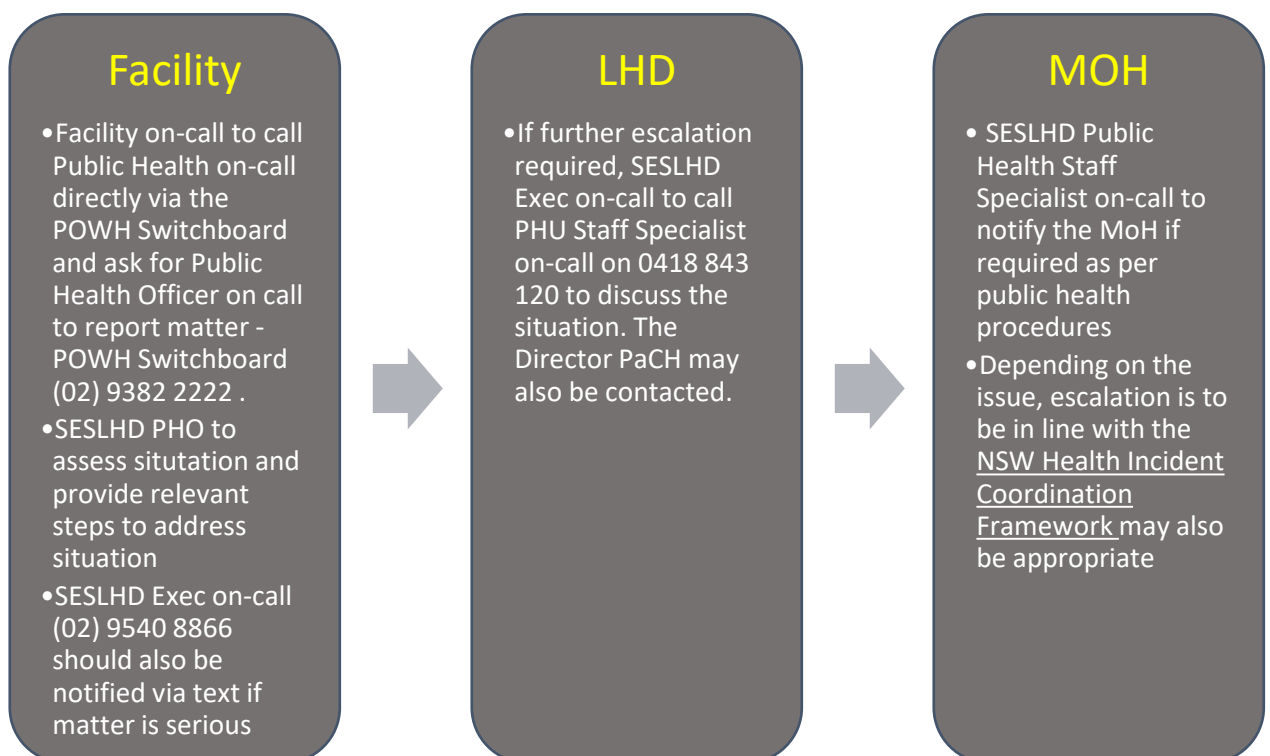Issues to be escalated are those where:
1. there is a risk to patients, staff or the broader community, and/or
2. the issue may attract media attention, and/or
3. the issue needs to or has already come to the attention of the Ministry of Health.

In hours

Site to follow current processes and procedures in place for Public Health related issues and concerns. This should include early liaison with the Public Health Unit for advice via phone call or urgent teleconference depending upon the situation. Briefings for facility and district executive on public health related matters should be reviewed and approved by the public health unit before being submitted for executive approval.

Where an issue is identified by the Public Health Unit directly (e.g. risk in the community unrelated to SESLHD facilities) the Public Health Unit should escalate through the Director, PaCH.

After Hours (including weekends and public holidays)

Facility	LHD	MOH
• Facility on-call to call Public Health on-call directly via the POWH Switchboard and ask for Public Health Officer on call to report matter - POWH Switchboard (02) 9382 2222 . • SESLHD PHO to assess situation and provide relevant steps to address situation • SESLHD Exec on-call (02) 9540 8866 should also be notified via text if matter is serious	• If further escalation required, SESLHD Exec on-call to call PHU Staff Specialist on-call on 0418 843 120 to discuss the situation. The Director PaCH may also be contacted.	• SESLHD Public Health Staff Specialist on-call to notify the MoH if required as per public health procedures • Depending on the issue, escalation is to be in line with the NSW Health Incident Coordination Framework may also be appropriate

Return to Index

4.10 Gower Wilson Memorial Hospital, Lord Howe Island

GWMH staff should escalate to the Executive on-call in the event of significant or urgent matters (for example, Harm Score 1 or 2 incident, serious clinical event, natural disaster including warning or alert issued).

In the event that the GWMH clinician requires after hours Mental Health assistance, the initial after-hours point of contact is the MHS General Manager. The after-hours pathway detailed in SESLHDBR/062 - Gower Wilson Memorial Hospital Lord Howe Island & South Eastern Sydney Local Health District Mental Health Service (SESLHD MHS) Pathway should be followed.

5. MINISTRY REQUESTS FOR INFORMATION

During incidents the Executive Director Operations will act as the nominated central point of contact for responding to Ministry requests for information.

6. AUDIT

To ensure effectiveness, efficiency and compliance, these processes will be reviewed on an annual basis.

7. REFERENCES

- NSW Health Policy Directive PD2022_012 - Admission to Discharge Care Coordination
- NSW Health Policy Directive PD2018_011 - Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS)
- NSW Health Policy Directive PD2019_023 - NSW Health Incident Coordination Framework
- NSW Health Policy Directive Tiered Networking Arrangements for Perinatal Care PD2023_035
- NSW Health Policy Directive PD2020_047 – Incident Management
- NSW Health Policy Directive PD2023_019 - NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements
- NSW Health Guide to the Role Delineation of Clinical Services (2024)
- NSW Health Guideline GL2022_002 - Maternity and Neonatal Service Capability
- SESLHDPR/228 – Critical Care Bed Management
- SESLHDPD/265 – Emergency Management
- SESLHDBR/062 - Gower Wilson Memorial Hospital Lord Howe Island & South Eastern Sydney Local Health District Mental Health Service (SESLHD MHS) Pathway
- SESLHDPR/727 - Safety Incident Report Management
- SESLHD Health Services Functional Area Supporting Plan (HEALTHPLAN)

8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
April 2016	1	Drafted by Dawn Fowler, Organisational Performance Support Manager
May 2016	2	Revised following feedback from Mark Shepherd, Director of Programs and Performance
June 2016	3	Revised following feedback from David Pearce, Director of Operations, Mental Health Services
January 2018	4	Revised following feedback from Mark Shepherd, Director of Programs and Performance
January 2018	4	Revised following feedback from Valerie Jovanovic, General Manger TSH
June 2018	4	Revised by J Roach, Management Trainee following document being sent out as draft for comment.
June 2018	4	Major review processed by Executive Services prior to progression to SESLHD Executive Council.
July 2018	5	Revised by K Lau, Management Trainee and E Hudswell, A/Organisational Performance Support Manager following feedback from SESLHD Executive Council
August 2018	5	Revised by K Lau, Management Trainee following feedback from Jo Karnaghan, District Director Medical Services and HSFAC
August 2018	5	Processed by Executive Services prior to progression to Executive Council
September 2018	5	Approved by Executive Council
April 2020	6	Updated by Dawn Fowler, Organisational Performance Support Manager
November 2020	7	Updated by Dawn Fowler, Organisational Performance Support Manager Revised by Jocelyn Hickson, Manager Clinical Operations Priorities
December 2020	8 / 9	Updated by Dawn Fowler, Organisational Performance Support Manager Revised by Jocelyn Hickson, Manager Clinical Operations Priorities Review by Dr Jo Karnaghan DCGMS, Marianne Gale Director Population and Community Health Reviewed by Elizabeth Curran Executive Director Operations
2 October 2024	10	Major review by Catherine Zammit, Manager, Organisational Performance and Flow. Reviewed by Kim Olesen, Executive Director Operations SESLHD, Dr Jo Karnaghan DCGMS, Marianne Gale Director Population and Community Health, Kate Hackett, Director of Nursing and Midwifery, Fiona Fahey, Director of People and Culture. Approved at SESLHD Executive Meeting.