

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	SESLHD Escalation Process and Expectations In-Hours and Out-of-Hours (On-call)
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<b>SUMMARY</b>	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.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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# SESLHD PROCEDURE

## SESLHD Escalation Process and Expectations In-Hours and Out-of-Hours (On-call)

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### 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 and After Hours Nurse 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 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 Ministry of Health Policy Directive PD2011\\_015 – Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals](#); and [NSW Ministry of Health Policy Directive PD2019\\_023 - NSW Health Incident Coordination Framework](#) for the 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
DON:	Director of Nursing and Midwifery
OPSM:	Organisational Performance Support Manager
IC:	Incident Controller
HSFAC:	Health Services Functional Area Coordinator
DCGMS:	Director Clinical Governance and Medical Services
DCSL:	Director Corporate Services and Legal
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  
 NIHRACS: Norfolk Island Health and Residential Aged Care Service

### 3. 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 for the particular issue area for your site/service.*

Escalation Protocols Index		Page #
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#### 3.1. Patient Access and Flow (including ambulance matrix adjustments)

The Patient Flow Escalation Process is to be utilised in accordance with each Sites. 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 current demand (ED, booked admissions, Inter Hospital Transfers (IHTs) and clinics) and capacity (inpatient beds, ICU and ED) and align with the Ministry of Health (MoH) STEP Level definitions.

It should be noted **in hours** the above mentioned demand, capacity and patient flow issues should be reported to the SESLHD OPSM and Director of Nursing and Midwifery (with a text message only for information required to EDOPs) by the General Manager, or delegate including a contingency plan to resolve the issue.

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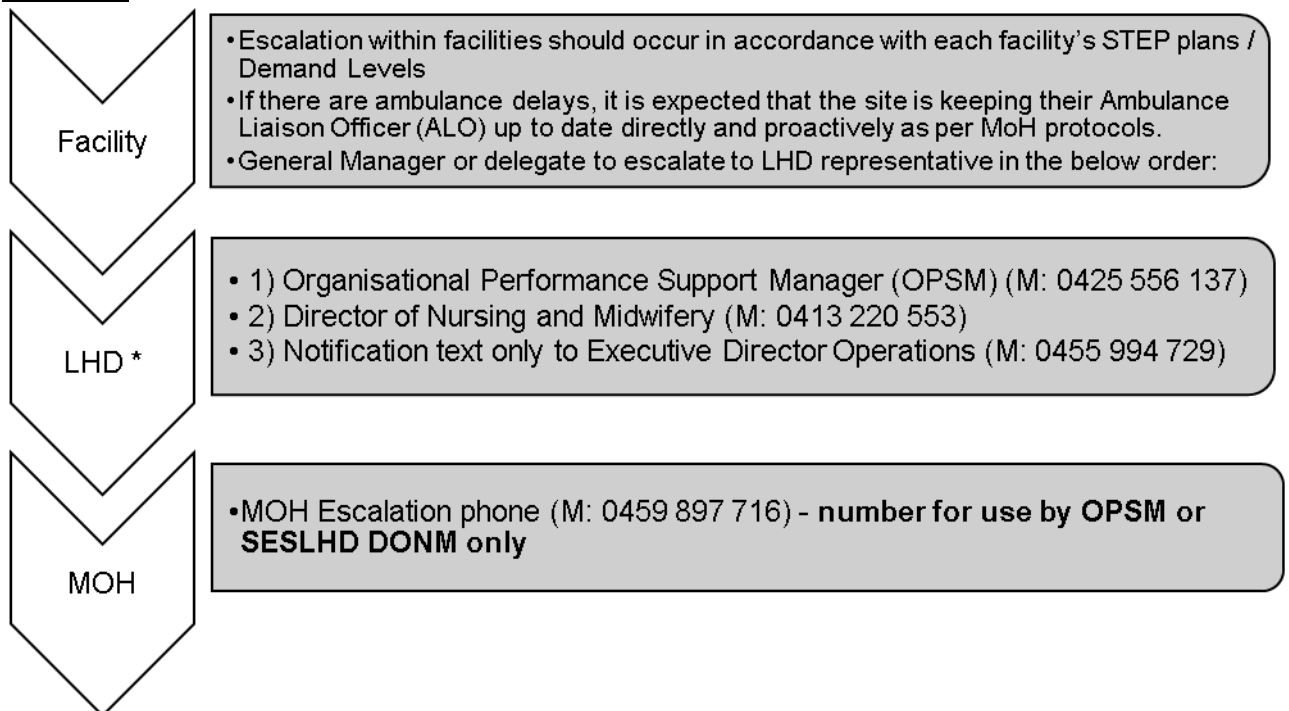
## SESLHD Escalation Process and Expectations In-Hours and Out-of-Hours (On-call)

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The following processes are in place as Business As Usual (BAU)

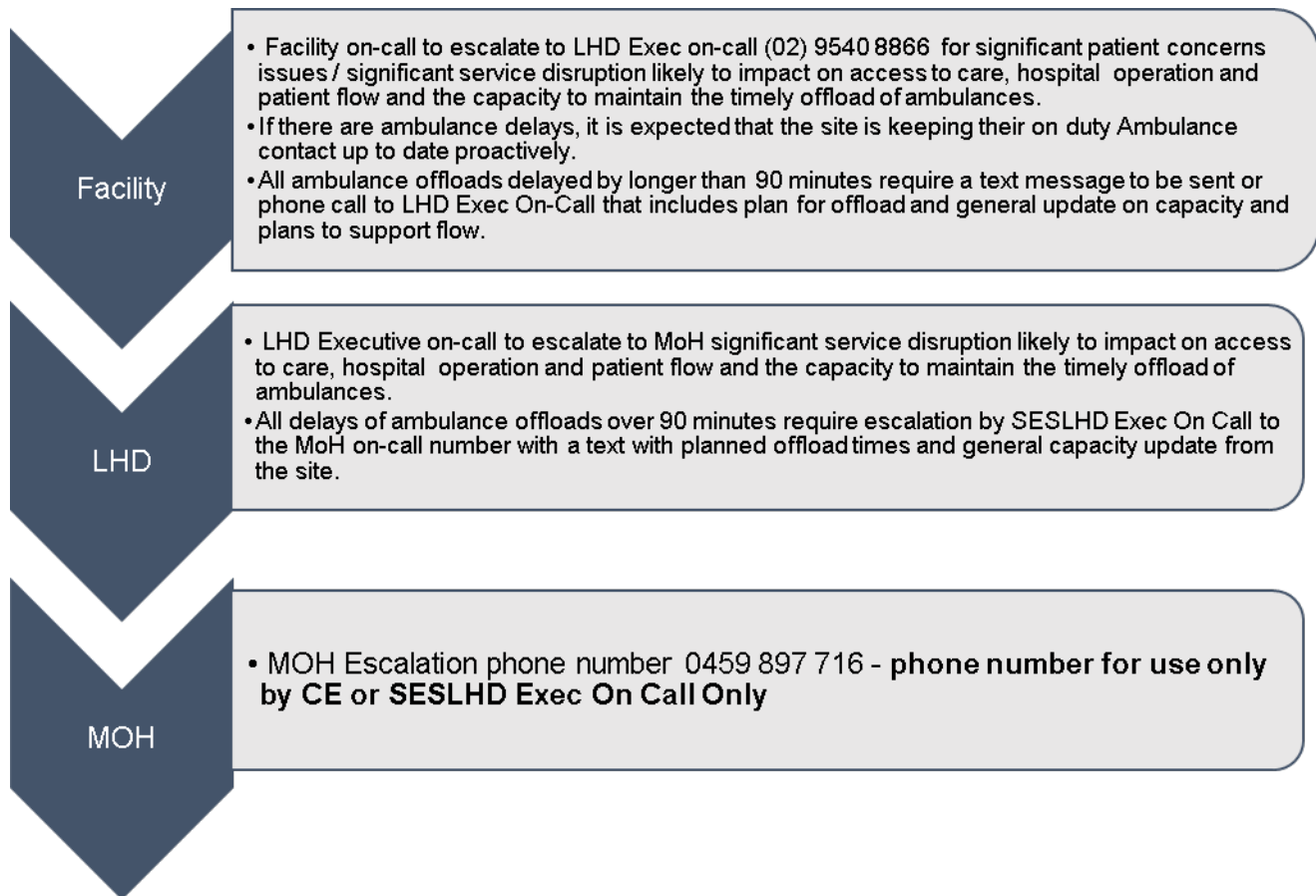
- Facility Demand Manager to provide a twice daily patient flow operational/demand management report via [SESLHD-AccessandPatientFlow@health.nsw.gov.au](mailto:SESLHD-AccessandPatientFlow@health.nsw.gov.au)
- OPSM to send out 3:30PM Daily Status Email (Monday-Friday) to GMs, DDON, EDO, CE, Exec On-Call.
- All sites must escalate at demand level two providing detail of the plan for recovery

### In hours



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### Out of hours (including weekends and public holiday)



Given current the COVID-19 pandemic, until further notice, each facility executive on-call is to send a text message status update for their site / service at 11AM on Saturday and Sunday and public holidays to the LHD Executive on-call to provide information on:

- Activity: ED/ access issues
- PPE: supplies/ concerns
- COVID: number of inpatients/ activity/ clinic numbers/ issues or concerns
- Other issues for escalation if needed

### Critical Care Capacity – For Information

SESLHD have two Level 6 Intensive Care Units (ICU) at SGH and POWH and a 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 2018\_011 should a bed not be available in their hospital.

An ICU dashboard is available in the Emergency Access View (EAV) 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 ready for transfer to another inpatient bed and the contact details of the Intensive Care Consultant on-call for each site. To ensure the bed information is accurate it is expected each ICU update their ICU bed status every four hours and the patients and the ventilation status is updated as patient's condition changes.

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The Aeromedical Retrieval Service is responsible for assisting with bed finding if patients require transfer for higher level care and have a limited bed finding role for transfers as a result of no bed.

Should there be a request to provide assistance to find a bed outside of the LHD the EAV ICU dashboard is available to assist with bed finding however the priority should be moving patients who are cleared for ward transfer out of the ICU or going over census at POWH and SGH to accommodate additional admissions where possible. POWH are able access additional ICU beds at POW Private as part of their demand escalation plan.

### **Requests for NSW Ambulance Matrix Adjustments**

Requests should only be made when an Emergency Department (ED) is experiencing a critical level of demand and where a temporary adjustment to the matrix will assist with recovery. These requests can only be made by the relevant site / service Executive on Call (out of hours) and site / service GMs (in-hours) to the SESLHD Executive on Call (out of hours) and to the SESLHD DONM (in-hours) for escalation to MoH. All requests for an ambulance matrix adjustment require the approval of the NSW Ministry of Health (MoH) via the SESLHD Executive on Call or SESLHD DONM / OPSM to MoH Escalation phone.

SESLHD have a threshold of 24 ambulances per rolling hour and is still expected to accommodate this demand should there be a request for a matrix adjustment at a site. Hence to accommodate a reduction at a specific site, the ambulance threshold at other site/s will need to increase Ambulance threshold (per rolling hour) at each site:

- Prince of Wales Hospital: 7
- St George Hospital: 8
- The Sutherland Hospital: 6
- Sydney Eye Hospital: 3

### **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 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

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In order 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
3. All patients who have an allocated bed are pulled from 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.

Prior to making a request detail is needed on the following:

- The name of the requesting site
- Reason for a request.
- The level of adjustment (no more than 50%)
- Period of adjustment (no more than 2 hours)
- Detail on the increases for the other sites.
- Detail of the recovery plan

Approval for a matrix adjustment is sought via SESLHD Executive On Call or OPSM / DONM only to the **MOH Escalation phone**.

### 3.2. Patient Safety and Quality

The Escalation flow chart for Patient Safety / Quality Incident is to be utilised in accordance with [NSW Ministry of 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 in 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

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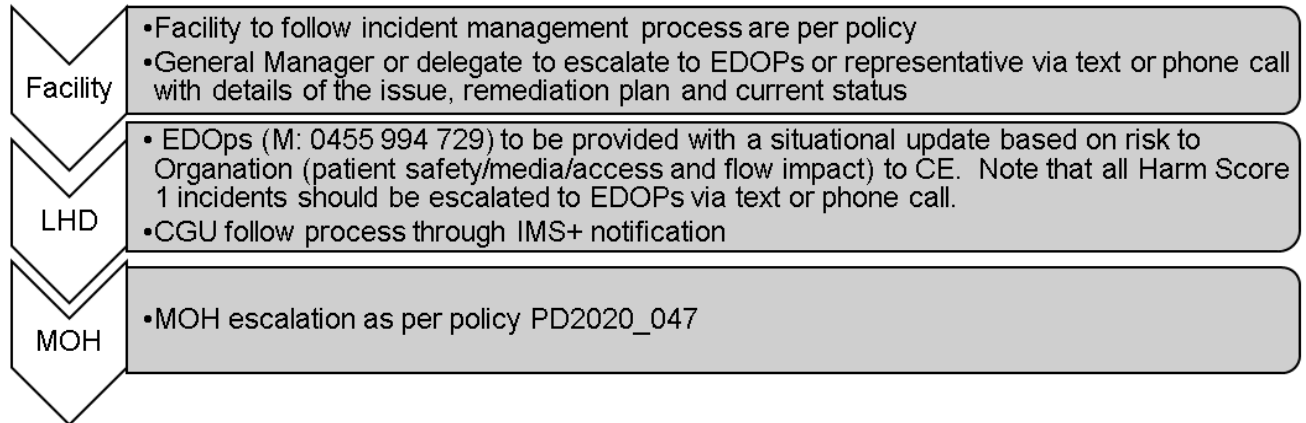
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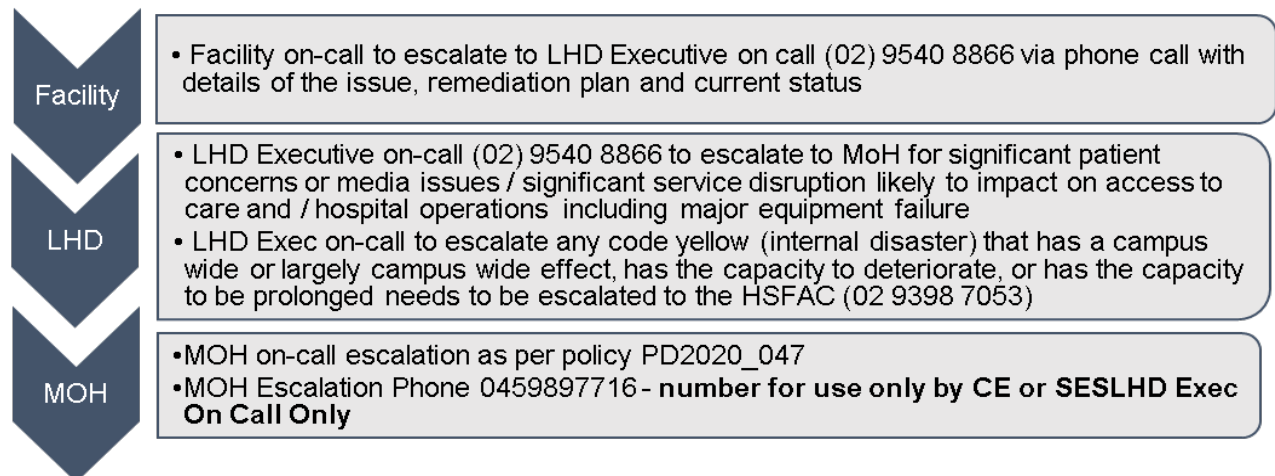
### In-hours

Follow [NSW Ministry of Health Policy Directive PD2020\\_047 - Incident Management Policy](#).



### Out of hours:

The site / service executive on-call may need to commence a preliminary risk assessment (harm score 1 or unconfirmed harm score 2). The pre risk assessment is a privileged meeting that confirms the harm score and ongoing management. This would be held within 72 hours from the incident being entered into IIIMS.



### 3.3. 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 cc 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.

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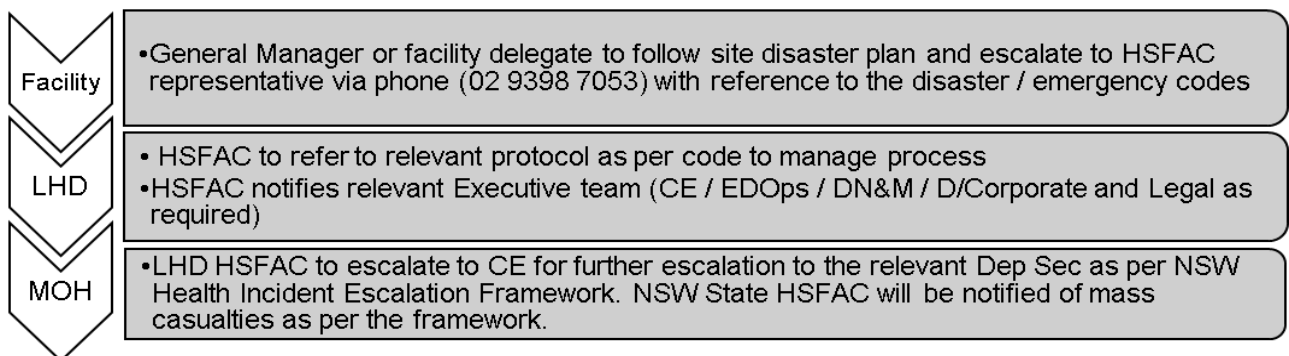
## SESLHD Escalation Process and Expectations In-Hours and Out-of-Hours (On-call)

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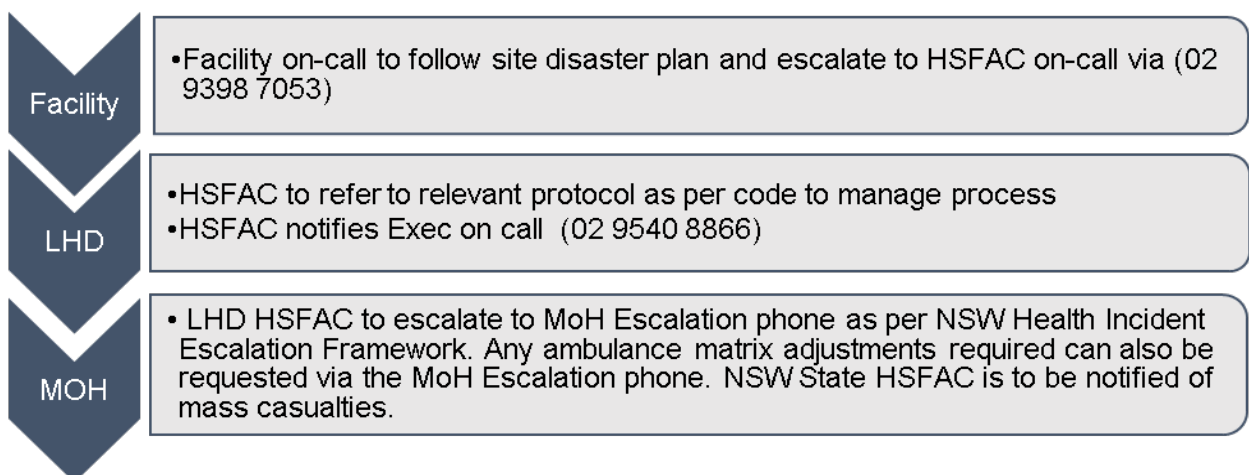
ALL **major** confirmed disaster / emergency codes and any situation that has the capacity to deteriorate, or require resources outside the site should be escalated to the Health Services Functional Area Coordinator (HSFAC) as per the following codes:

<b>Code Red : Confirmed Fire and Smoke Emergency</b>
<b>Code Purple:</b> Bomb threat
<b>Code yellow:</b> 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.
<b>Code Black:</b> Threat or harm to a staff member which is prolonged. Any another security issue of concern
<b>Code Brown:</b> External Disaster
<b>Code Orange:</b> Evacuation

### In hours



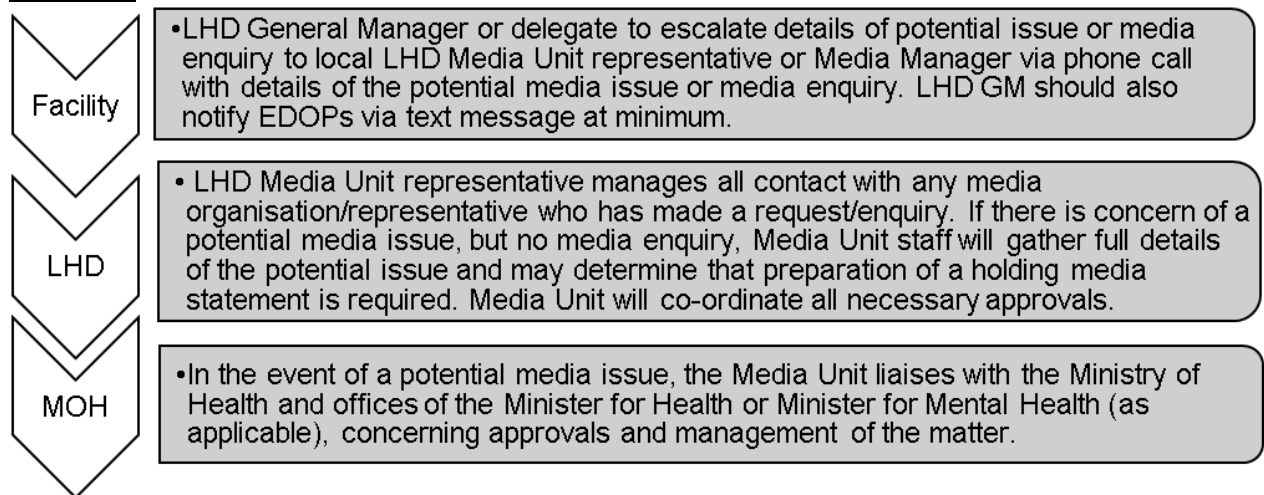
### After Hours (including weekends and public holidays)



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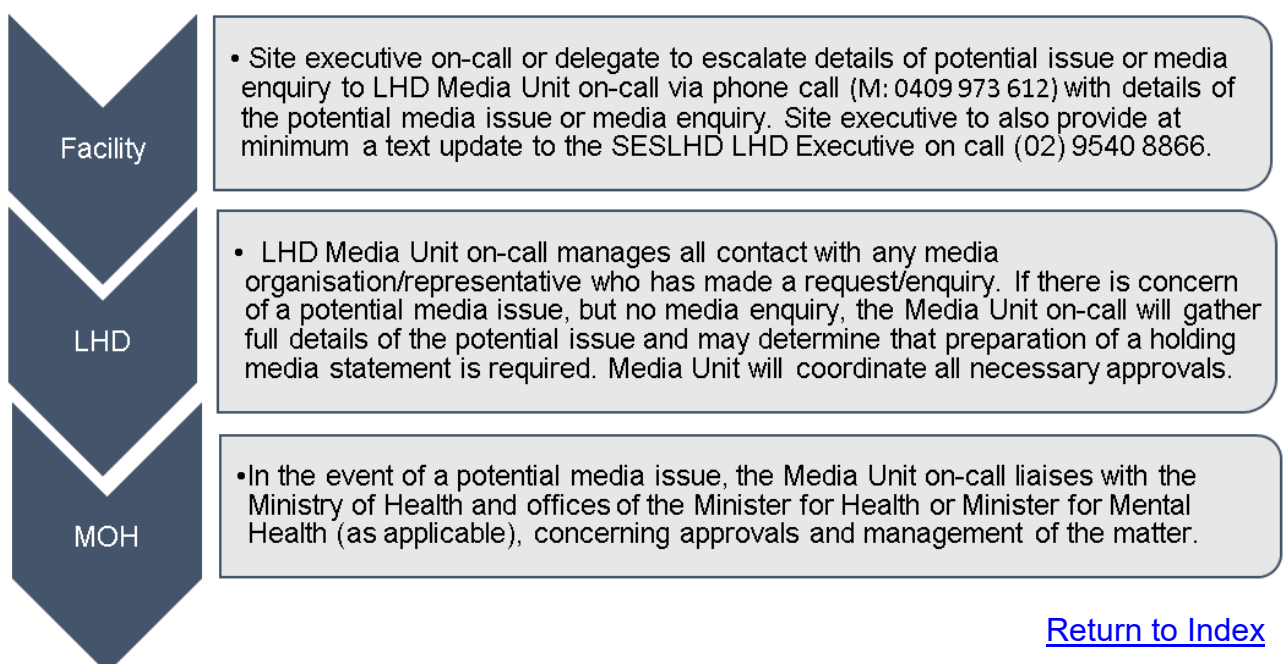
**3.4. Potential media issues and media enquiries**

**In hours**



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.

**After hours (including weekend and public holidays)**



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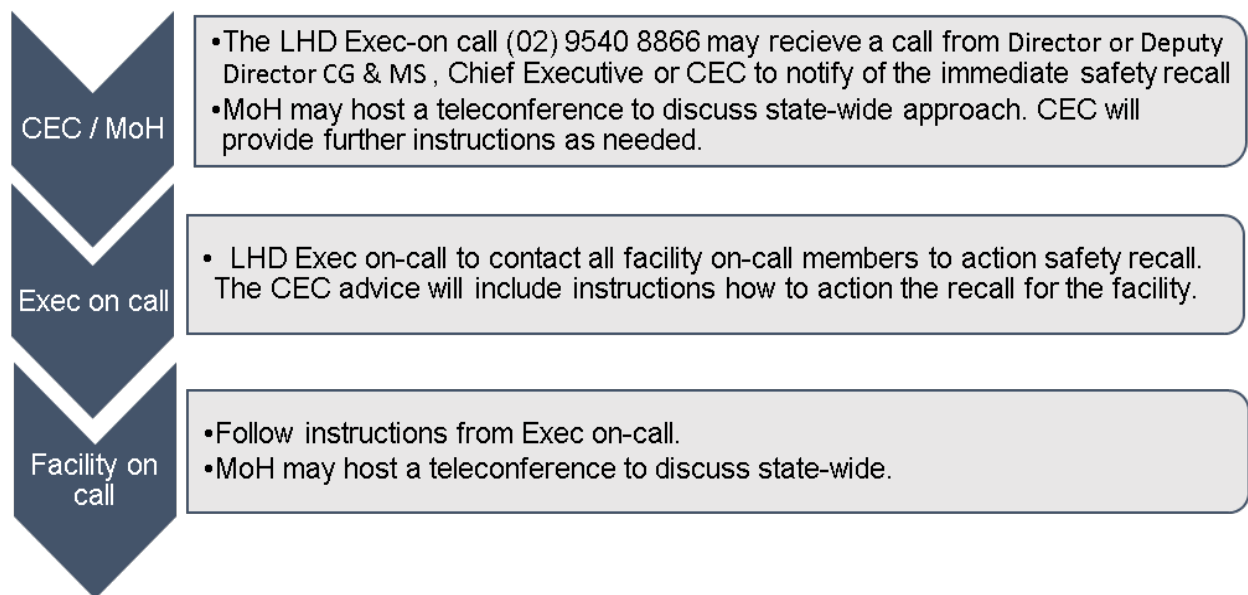
**3.5. Immediate Safety Recalls**

The Escalation flow chart for Immediate Safety Recalls is to be utilised in accordance with the Clinical Governance Unit (CGU). Safety recalls can include anything from medication recalls, equipment, stock, 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.

**For After hours (including weekend and public holidays)**



**3.6. 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 relates to purchasing and management of clinical products, including PPE.

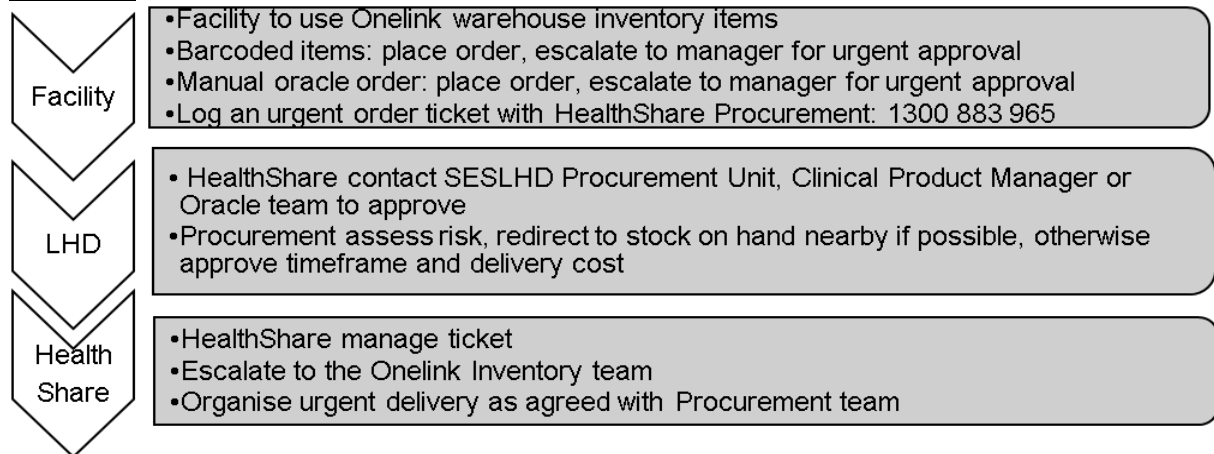
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### In hours



### For 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:

[http://seslhnweb.lan.sesahs.nsw.gov.au/Procurement/Clinical\\_Products/](http://seslhnweb.lan.sesahs.nsw.gov.au/Procurement/Clinical_Products/)

SESLHD SharePoint:

<http://sesinet/sites/Clinical-Products/SitePages/Home.aspx>

HealthShare Supply Chain Operations:

<http://intranet.hss.health.nsw.gov.au/procurement-finance/procurementlogistics>

<https://www.healthshare.nsw.gov.au/?a=222017>

### **3.7. Personnel and workforce**

The Personnel flow chart is to be utilised in accordance with the SESLHD People and Culture policies and procedures. Personnel relates to staff concern requiring immediate escalation such as staff breach of code of conduct. NB: for staff injury or concern, please refer to [NSW Ministry of Health Policy Directive PD2020\\_047 - Incident Management Policy](#).

### In hours

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

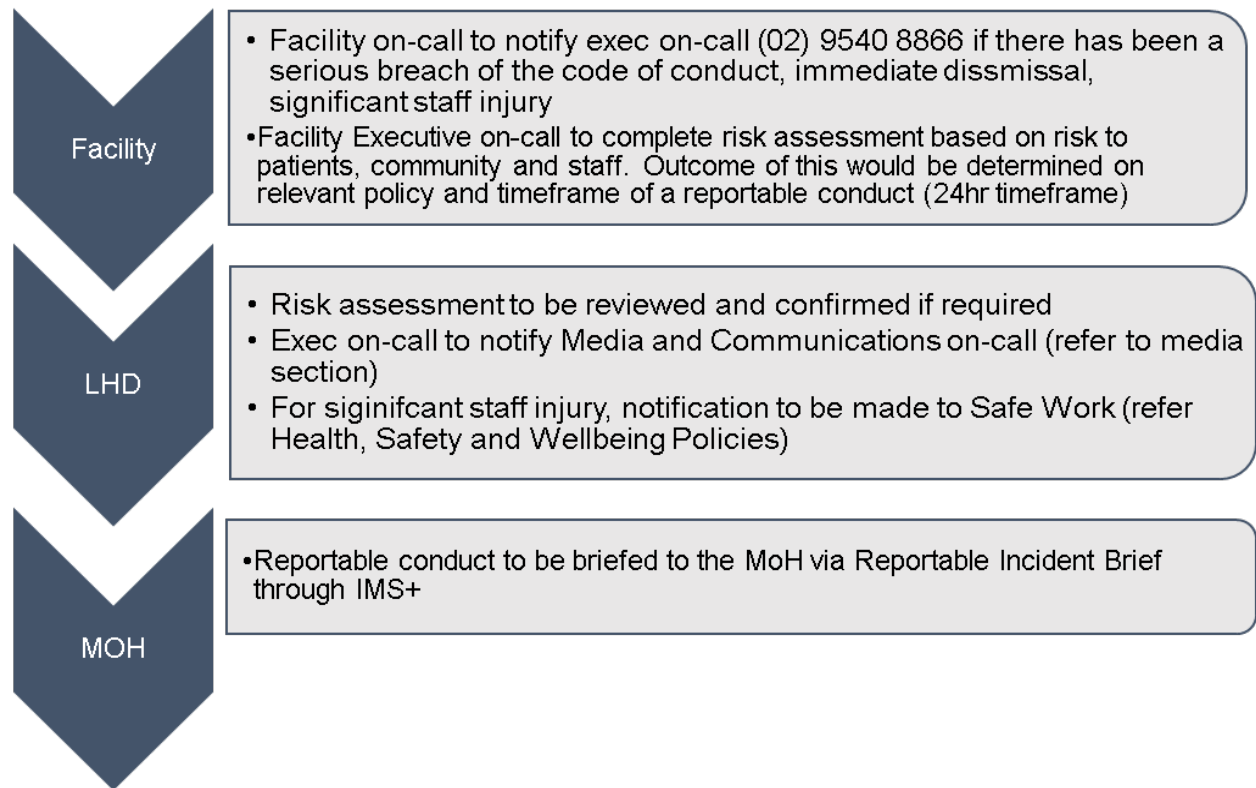
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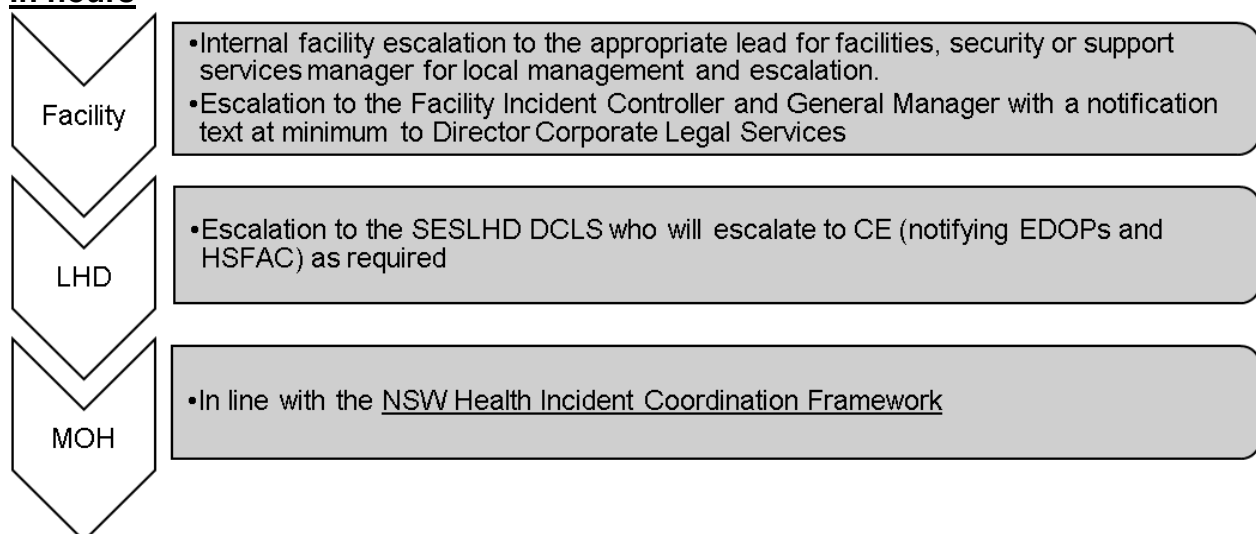
### For After hours (including weekend and public holidays)



### 3.8. Facility and Corporate

The Facility and Corporate Management escalation is to be utilised in accordance with the SESLHD NSW Ministry of Health Policy Directive PD2020\_047 - Incident Management Policy and other corporate services and facility relevant policies and procedures.

### In hours



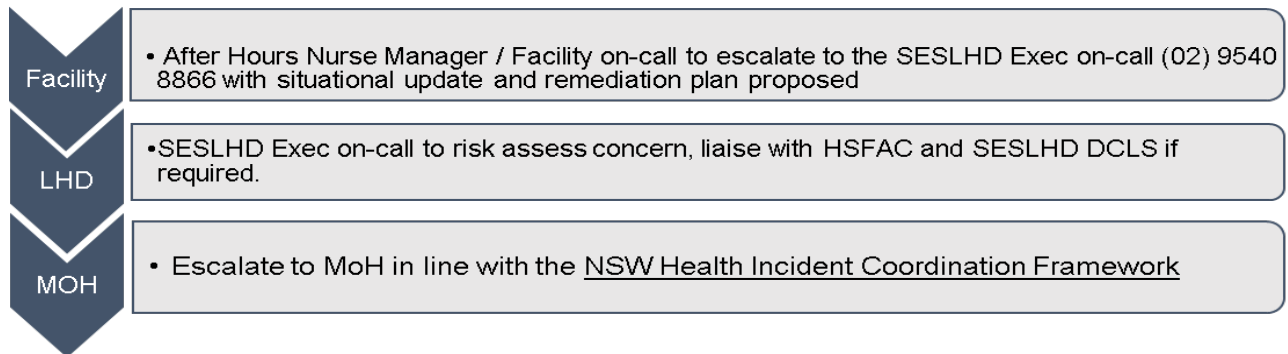
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### For After hours (including weekend and public holidays)



### 3.9. 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.

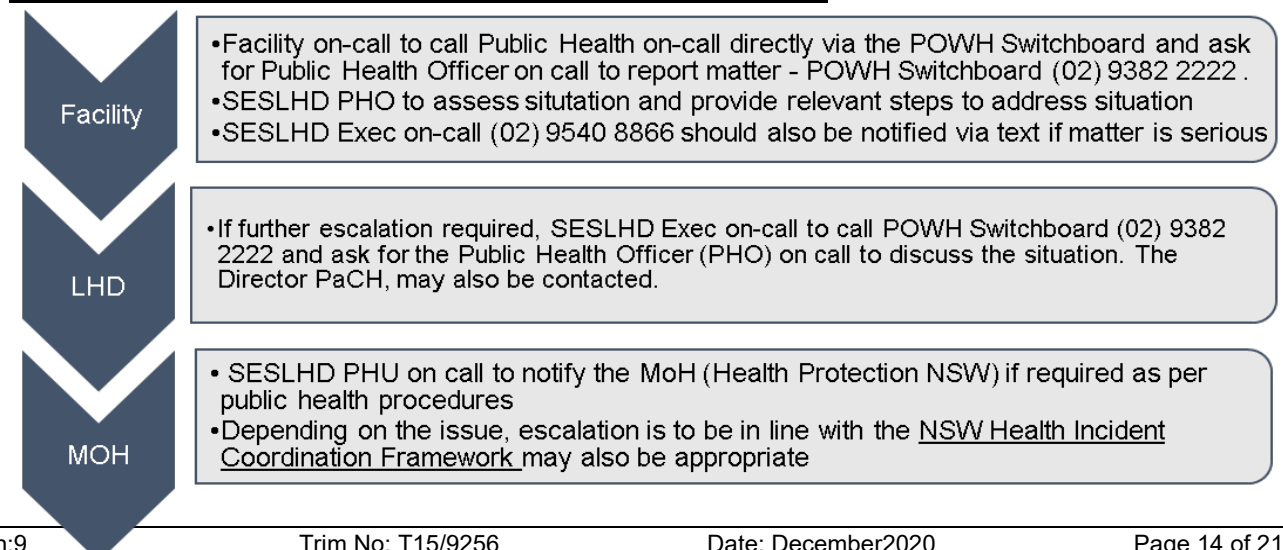
#### In hours

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 (eg risk in the community unrelated to SESLHD facilities) the public health unit should escalate through the Director, PaCH.

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### After Hours (including weekends and public holidays)



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4. **For Gower Wilson Memorial Hospital, Lord Howe Island and Norfolk Island Health and Residential Aged Care Service**
- 4.1. **For Lord Howe:** In the event GWMH staff deem escalation and communication with the Executive on-call to be necessary, please note that it would be expected that the matter is of a significant and urgent nature (including SAC 1 or 2 event, serious clinical event, natural disaster including warning or alert issued). In the extraordinary 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.
- 4.2. **For Norfolk Island:** In the event that NIHRACS staff deems escalation and communication with Executive on-call to be necessary, the GP or hospital manager will advise via telephone. For patient transfers all options will be exhausted following SESLHDPR/596 NIHRACS Complex Patient Transfer Pathway. The matter would be expected to be of a significant and urgent nature. For general medical evacuations, the GP or hospital manager will make arrangements directly with the facility patient flow coordinator.
- In the extraordinary event that the NIHRACS referral team 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/034 Norfolk Island Health and Residential Aged Care Service \(NIHRACS\) and South Eastern Sydney Local Health District Mental Health Service \(SESLHD MHS\) Escalation and Referral Pathway](#) should be followed.

## 5. RESPONSIBILITIES

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

### 5.1. Patient Flow Coordinators:

The Patient Flow Coordinator (PFC) is responsible for the efficient and effective care coordination and patient flow, to improve the patient experience and improve patient flow within the hospital. The PFC generally works a rotating roster which includes weekends and defaults to the facility After Hours Nurse Managers. The PFC is responsible for the equitable allocation of beds for elective, direct and emergency admissions. 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 and/or AHNM are responsible for communication of the following information to their facility via the AHNM and Patient Flow reports to GM, OPSM, DDON, Executive on-call at 11am and 3pm each day:

- Number of patients waiting to be seen in ED
- Number of patients waiting for beds

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- Number of patients who have breached
- Demand management status
- Bed availability and surge beds, medical / surgical capacity
- Emergency theatres activity, notifying after hours call back and time completing call
- Birth Unit activity, NICU capacity
- Critical care capacity
- Overtime/Agency requirements
- Concerns regarding patient care
- Clinical incidents of concern
- Security issues as they arise
- Major complaints from the public and issues of media interest.

The following demand and potential patient safety issues should be escalated to the Executive on-call with an appropriate plan or mitigation strategy.

Capacity issues that have the potential to impact patient care and safety.

- Inability to resolve transfer of 'time critical' or 'non-time critical' patients to another facility.
- Ambulances that have the potential to not be offloaded within 60 minutes.
- Demand escalation level 2 (As per the facility demand escalation matrix)

#### 5.2. 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 AHNMs 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 verbal 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 3.3](#)).

#### 5.3. Facility Executive on-call

It is expected that the Facility Executive on-call:

- Must be contactable at all times. Mobile phones are to be on at all times. 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.



The following demand and potential patient safety issues should be escalated 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.

- Inability to resolve transfer of 'time critical' or 'non-time critical' patients to another facility.
- Ambulances that have the potential to not be offloaded within 90 minutes.
- Demand escalation level 2 (As per the facility demand escalation matrix)

Facility Executive on-call should escalate delays of transfers of any patient who is critically ill or injured and those at risk of critical deterioration requiring referral and transfer of care to a higher level facility as per [NSW Ministry of Health Policy - PD2018 011 Critical Care Tertiary Referral Networks and Transfer of Care \(ADULTS\)](#).

#### **5.4. District Executive on-call**

It is expected that the District Executive on-call:

- Must be contactable at all times. Mobile phones are to be on at all times. 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 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.

#### **5.5. NSW Health Incident Control**

The CE SESLHD 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 Ministry of 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 remain 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:

- 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/SN/other Health services (noting that in some rural services, this would occur also as part of normal operations)

#### **5.6. 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 [South Eastern Sydney Local Health District Services Functional Area Supporting Plan](#)

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

## **6. 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.

## **7. DISTRICT AND FACILITY EXECUTIVE ON-CALL ROSTER**

An on-call roster will be established for roster participants and circulated prior to the commencement of the roster period. Rosters will ideally set one week at a time for consistency with participants made up of executives from the respective LHD or facility units. Roster participants are able to swap their rostered week to accommodate other commitments e.g. leave. The roster will take into account public holidays to ensure that roster participants are not covering more than an equal share.

## SESLHD PROCEDURE

### SESLHD Escalation Process and Expectations In-Hours and Out-of-Hours (On-call)

**SESLHDPR/410**

Monthly rosters for the upcoming month are to be submitted to the Nursing and Midwifery Services via [SESLHD-AccessandPatientFlow@health.nsw.gov.au](mailto:SESLHD-AccessandPatientFlow@health.nsw.gov.au) by COB Friday of the third week of each month. Once collated the combined roster including the weekly Executive on-call for SESLHD will be distributed to the District Executives, roster participants, the switchboards in each facility and the District Health Service Functional Area Coordinator (HSFAC). The District Executive Officer on-call will be rostered for 24 hours per day, for a week at a time and are contactable on the SESLHD Access phone number (02) 9540 8866.

The following staff, participate in the roster:

#### Local Health District

- Director Nursing and Midwifery Services
- Executive Director Operations
- Director of Allied Health
- Director Strategy, Improvement and Innovation
- Director of Corporate and Legal Services

#### 8. AUDIT

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

#### 9. REFERENCES

[NSW Ministry of Health Policy Directive PD2011\\_015 – Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals](#)

[NSW Ministry of Health Policy Directive PD2018\\_011 – Critical Care Tertiary Referral Networks and Transfer of Care \(ADULTS\)](#)

[NSW Ministry of Health Policy Directive PD2011\\_031 – Inter-facility Transfer Process for Adults Requiring Specialist Care](#)

[NSW Ministry of Health Policy Directive PD2019\\_023 - NSW Health Incident Coordination Framework](#)

[NSW Ministry of Health Policy Directive PD2010\\_030 – Critical Care Tertiary Referral Networks \(Paediatrics\)](#)

[NSW Ministry of Health Policy Directive PD2020\\_013 – Complaint Management Policy](#)

[SESLHDPR/228 – Critical Care Bed Management Procedure](#)

[SESLHDPD/265 – Emergency Management Policy](#)

# SESLHD PROCEDURE

## SESLHD Escalation Process and Expectations In-Hours and Out-of-Hours (On-call)

**SESLHDPR/410**

[SESLHDPR/596 – NIHRACS Complex Patient Transfer Pathway](#)

[SESLHDPR/359 - Garrawarra Centre Bushfire Relocation Standard Operating Procedure](#)

[SESLHDGL/051 - Access and Patient Flow Operational Framework for Mental Health Service](#)

[SESLHDBR/034 - Norfolk Island Health and Residential Aged Care Service \(NIHRACS\) and South Eastern Sydney Local Health District Mental Health Service \(SESLHD MHS\) Escalation and Referral Pathway](#)

[SESLHDBR/062 - Gower Wilson Memorial Hospital Lord Howe Island & South Eastern Sydney Local Health District Mental Health Service \(SESLHD MHS\) Pathway](#)

South Eastern Sydney Local Health District Demand Escalation Framework T16/14224

### 10. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
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

## SESLHD PROCEDURE

### SESLHD Escalation Process and Expectations In-Hours and Out-of-Hours (On-call)

**SESLHDPR/410**

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