



WACHS Demand and Escalation Procedure – Resource Centres and District Health Service Sites

1. Purpose

The Demand and Escalation Procedure – Resource Centres and District Health Service Sites aims to ensure a consistent flow of patients throughout WA Country Health Service (WACHS) sites and promote optimum bed availability. This procedure aims to ensure that hospital access is maintained throughout Regional Resource Centres (RRCs) and specific Integrated District Health Service (IDHS) sites by defining specific short term escalation actions to be undertaken by responsible positions in alignment with the requirements of the [Statewide Demand and Escalation Framework](#).

The procedure outlines how key stakeholders participate in managing and escalating site demand pressures whilst maintaining a high standard of patient safety, patient experience and performance against quality standards.

2. Procedure

2.1 Scope of Application

The following WACHS sites are within the scope of this procedure.

Resource Centres:

- Albany Health Campus
- Broome Health Campus
- Bunbury Regional Hospital
- Geraldton Health Campus
- Hedland Health Campus
- Kalgoorlie Health Campus

Integrated District Health Sites:

- Busselton Health Campus
- Carnarvon Health Campus
- Derby Health Service
- Esperance Health Campus
- Karratha Health Campus
- Katanning Health Service
- Kununurra District Hospital
- Narrogin Health Service
- Northam Health Service

Mental health service bed management and patient flow practices are outside the scope of this procedure. For further guidance refer to the [WACHS Adult Psychiatric Inpatient Services Referral, Admission, Assessment, Care, Treatment and Discharge Policy](#).

2.2 Hospital Capacity Status System

WACHS uses a graded approach to demand escalation in order to maintain service continuity, escalate capacity pressures, and maintain the delivery of patient care. Site escalation status is determined by key roles as defined within this procedure and is used to trigger site wide multidisciplinary responses.

The Black, Red, Amber, Green (BRAG) escalation system describes four different levels of capacity escalation:

Green Status: Overall bed availability sufficient to meet predicted demand. Sites can maintain timely patient flow and meet anticipated demand within available resources.

Amber Status: Early indicators of reduced capacity to meet demand. Focused actions are required to mitigate further escalation.

Red Status: Persistent or increasing pressure. Patient demand exceeding available capacity. Actions undertaken have not been successful and there is inadequate capacity to meet demand.

Black Status: Sustained excessive pressure. Inability to meet demand for timely patient care in community and/or ED may impact ambulance and/or the hospital ability to deliver comprehensive critical care and ensure patient and/or staff safety.

2.3 Capacity and BRAG Status Calculation and Communication

The determination of BRAG status must be completed on at least two occasions each day at each site using the endorsed site based calculation tool and site level BRAG indicators in alignment with the [Statewide Demand and Escalation Framework](#).

Following determination, the BRAG status must be communicated to key roles in patient flow to enable to completion of short-term escalation actions as defined within this procedure.

2.4 Emergency Department Escalation Matrix and Response Actions

Sites required to meet WA Emergency Access Targets (WEAT) must develop and implement

1. a site-specific Emergency Department (ED) Escalation Calculation Matrix, and
2. a corresponding ED Short Term Escalation Plan,

to enable timely reporting of, and coordinated responses to, departmental demand and capacity pressures.

The ED Escalation Calculation Matrix must result in the determination of an ED specific BRAG status. In addition to triggering specific actions within the department, the ED escalation status functions as an independent trigger for site wide capacity escalation responses at sites and must be calculated prior to, or at the same time as, determination of the site wide BRAG status. An example ED Escalation Matrix is provided in [Appendix A: Example Emergency Department Escalation Calculation Matrix](#).

The ED Short Term Escalation Plan will be triggered by the ED specific BRAG escalation status, must align with local operational functions and escalation pathways, and must ensure a meaningful response to the ED specific BRAG status. An example ED Short-Term Escalation Plan is provided in [Appendix B: Example Emergency Department Short Term Escalation Plan](#).

2.5 Site BRAG Calculation

Where sites do not have an implemented site wide BRAG status trigger matrix aligned with the [Statewide Demand and Escalation Framework](#) the following guidance should be incorporated into a site based calculation tool to enable determination of BRAG status.

To determine site BRAG escalation status:

1. Calculate site occupancy as a percentage of ED accessible bed spaces.
2. Include predicted/known inbound and outbound patient numbers to determine final predicted occupancy as a percentage of occupied ED accessible bed spaces.
3. Review triggers for each BRAG status in the correct Status Declaration Table below.
4. If there are triggers for more than one BRAG status, report the highest status.

WACHS sites with Intensive Care Units (ICU) or High Dependency Units (HDU) should consider the unit's occupancy as an independent trigger as identified in the following Status Declaration Tables.

Midwives working at midwifery sites that allow allocation of general patients to maternity wards must undertake their designated role-based action cards to promote effective patient flow while maintaining adherence with the [WACHS Safe Midwifery Staffing Policy](#).

Status Declaration Tables:

Sites >50 Emergency Department Accessible Beds	
Status	Trigger (only one required)
Green Status	<ul style="list-style-type: none"> • Active bed occupancy <86%.
Amber Status	<ul style="list-style-type: none"> • Active bed occupancy 86% - 90%. • ED escalation status amber.
Red Status	<ul style="list-style-type: none"> • Active bed occupancy 91% - 98%. • ED escalation status red. • HDU/ICU occupancy 100% with patients able to be transferred to other wards if required.
Black Status	<ul style="list-style-type: none"> • Active bed occupancy >98% • ED Escalation Status Black • HDU/ICU occupancy 100% with <u>no</u> patients able to be transferred to other wards.

Sites between 20 and 50 Emergency Department Accessible Beds	
Status	Trigger (only one required)
Green Status	<ul style="list-style-type: none"> • Active bed occupancy <82%.
Amber Status	<ul style="list-style-type: none"> • Active bed occupancy 82% - 90%. • ED escalation status amber.
Red Status	<ul style="list-style-type: none"> • Active bed occupancy 91% - 98%. • ED escalation status red. • HDU/ICU occupancy 100% with patients able to be transferred to other wards if required.
Black Status	<ul style="list-style-type: none"> • Active bed occupancy >98%. • ED Escalation Status Black. • HDU/ICU occupancy 100% with <u>no</u> patients able to be transferred to other wards.

Sites <20 Emergency Department Accessible Beds	
Status	Trigger (only one required)
Green Status	<ul style="list-style-type: none"> Active bed occupancy <75%.
Amber Status	<ul style="list-style-type: none"> Active bed occupancy 75% - 85%.
Red Status	<ul style="list-style-type: none"> Active bed occupancy 86% - 98%.
Black Status	<ul style="list-style-type: none"> Active bed occupancy >98%.

2.6 Management of Admitted Patients in the Emergency Department Setting

Each site must develop a local process for ensuring clear responsibility for care of admitted patients who remain in the ED as a result of capacity pressures. This process should be developed collaboratively and understood by key stakeholders at the relevant site.



2.7 General Status Action Themes

Green

Standing actions:

- medical and nursing staff attend site capacity and discharge planning meetings
- ED staff undertake actions as described in the ED Escalation Status Response Matrix (WEAT sites only)
- identification of patients with complex care needs to facilitate proactive multidisciplinary discharge planning
- prompt intra-hospital transfers facilitated by medical and nursing staff
- utilisation of Transit Lounge (TL) at sites with transit facilities
- collaboration to promote the effective use of Home Hospital services and outpatient discharge support services where available
- escalation of and action planning for patients remaining in ED at 6, 12, 18, and 24 hour thresholds
- implementation and completion of Criteria Led Discharge (CLD) pathway for suitable patients
- utilisation of multi-disciplinary team (MDT) meetings to review patient care requirements and ensure every patient has an estimated date of discharge (EDD) for teams to work toward
- collaborative use of clinical applications including JourneyBoard at sites where these systems are implemented
- discharge planning for residential aged care facilities and transfer planning to district sites (where applicable this planning follows the [Assessment and Management of Interhospital Patient Transfers Policy](#))
- enterprise Bed Management system (EBM) remains updated to ensure accuracy of current bed state.

Amber

In addition to the above actions:

- collaboration to prioritise interventions and assessments for potential discharges and patients suitable for transfer to alternate sites
- expedited room cleaning to reduce room turnaround timeframes through increased PSA support to improve usable bed availability
- exploration of all bed flow options to prevent KPI breaches
- increased Home Hospital and outpatient discharge support service engagement to identify and transfer, or discharge, suitable patients where available, including optimisation of services (appointment types and times, and staffing) to promote service capacity
- review of medical staff distribution to improve timeframes for patient review
- escalation of delays of pending diagnostics, including pathology and imaging, to promote effective clinical decision making
- troubleshooting of specific bed flow obstacles by nursing, medical, and leadership teams as required.

Red

In addition to the above actions:

- individual review of patients by senior medical and nursing staff to identify specific opportunities for discharge or transfer to alternative sites with less capacity pressure
- all available inpatient beds appropriately allocated
- escalation of potential service limitations relating to demand
- planning for utilisation of available surge beds, including required staffing to maintain patient safety
- planning to ensure continued inpatient critical care access availability at applicable sites
- reprioritisation of support service duties to ensure bed space readiness for new admissions following patient discharge
- prioritisation of intra-hospital patient movement with estimated timeframes for bed availability provided to coordinators where beds are not immediately available
- collaboration to identify solutions for specific patients that may enable expedited discharge
- notification to the Duty Operations Manager of system impacts and actions taken as required.

Black

In addition to the above actions:

- high level escalation and troubleshooting of specific capacity and discharge related issues as required
- escalation of any inability to accommodate elective theatre patients to the District Director or Delegate for decision making and/or prioritisation
- assessment of the need to establish a local capacity incident response team
- where capacity pressure resolution is unlikely a situation report is provided to key stakeholders, including the Duty Operations Manager/State Health Operations Centre
- leadership team conduct assessment of site ability to provide safe patient services
- leadership sanction additional measures, as required, by the appropriate delegated authority.



2.8 Use of Surge Beds

Inpatient wards and departments within sites must develop local procedures for the safe use of additional surge capacity beds. These procedures may include the use of bed spaces that are temporary, additional to inpatient census, or are normally used for operational purposes other than admitted inpatient care. It is recommended that procedures consider clerical and staffing considerations while prioritising clinical safety.

Unstaffed bed spaces may be staffed and used to relieve capacity pressures in other areas, or to assist in providing capacity for unexpected admissions proactively. The District Director or Delegate must provide approval to staff additional bed spaces. It is the responsibility of the relevant Site Bed Manager or After-Hours Bed Manager to ensure that patients allocated to surge beds are suitable to receive care in the relevant bed location. Concerns about patient safety should be escalated to the site Bed Manager or Delegate (in hours) or After-Hours Site Bed Manager (after hours).

Patient placement decisions must consider patient vulnerability and safety. This includes alignment with WACHS [Child Safety and Wellbeing Policy](#).

Where possible, the following patients should not be preferred for allocation to surge bed spaces:

- unstable condition
- requiring cardiac monitoring
- requiring isolation
- requiring moderate or significant mobility assistance
- moderate or major postoperative risk
- unable to perform activities of daily living
- risk of violence or aggression
- estimated length of stay >24 hours.

2.9 Executive on Call

The Duty Operations Manager/Executive on Call should review and undertake any required actions from the following action cards to ensure a coordinated approach to demand management and escalation is maintained during after-hours periods:

- District Director or Delegate
- Director of Nursing and Midwifery or Delegate
- Director of Medical Services or Delegate.

2.10 Status White

A Status White is a statewide alert initiated by the State Health Operations Centre Executive in response to severe and sustained system wide capacity pressures, resulting in centralised system wide management.

Where a Status White has been declared additional actions may be required by the Incident Management Commander beyond those included within this procedure to assist in recovering capacity and ensuring patient safety.

2.11 Capacity Related Code Yellow

A Code Yellow should only be initiated under extra-ordinary circumstances where an infrastructure or other internal emergency poses an immediate threat to the safety of the building occupants and warrants a significant and coordinated response. Code yellow is

not to be used for bed block or increased demand issues that are not immediately life threatening.

2.12 Role Based Action Cards

The following role-based action cards define demand management and escalation responsibilities of key roles with patient flow responsibilities. These actions must be undertaken in response to the calculated site wide BRAG status to promote the coordinated management and escalation of demand and capacity pressures.

The role-based action cards are intended to outline action expectations related to demand management and escalation and are not intended to be a comprehensive description of any role's scope or function.

Sites may adapt action cards to include additional actions, alter the format of the information, delegate actions differently, or specify changes to local escalation pathways where required. Where changes are undertaken accountability must be maintained to ensure compliance with the [Department of Health Statewide Demand and Escalation Framework](#).

ACTION CARD: Emergency Department Nurse Coordinator

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Coordinates human resources, workload, MDT communication, and conflict resolution within the ED. Monitors patient flow and care quality in collaboration with internal and external stakeholders.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. Complete sites ED Escalation Matrix tool at locally determined times to identify and escalate overall departmental pressures to the site Bed Manager or Delegate (WEAT sites only) 2. Undertake locally determined ED escalation actions including notifying ED nursing leadership and ED medical lead (where applicable) of department pressures 3. monitor patient journey times to promote early disposition planning 4. escalate patients to the senior most ED doctor at six hours length of stay and ensure an individualised patient action plan is implemented 5. escalate ED patients to the Site Bed Manager or Delegate (in hours) or After Hours Site Bed Manager (after hours) as they reach length of stay 6, 8, 12, 18, and 24 hours to initiate local and system wide responses 6. where applicable collaborate with the ED medical lead to identify and refer admissions that may be suitable for Home Hospital or outpatient discharge support services 7. liaise with the site Bed Manager or Delegate and Inpatient Ward Nurse/Midwife Coordinators to promote patient flow.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. ensure resuscitation bay capacity is prioritised 2. ensure maximum appropriate utilisation of the ED short stay/observation unit (where applicable) 3. work with triage staff to determine if patients arriving by ambulance may be fit to sit in an appropriate waiting area following the Transfer of Care in the Emergency Department for Patients Arriving by Ambulance Policy 4. collaborate with Inpatient Ward Nurse/Midwife Coordinators to allow ED nurses to take patients to accepting wards where ED nursing staff have capacity to do so.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. where appropriate, return suitable patients to the waiting room for completion of treatment in collaboration with the ED medical lead or patients treating doctor.
BLACK	<p>TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. liaise with the site Bed Manager or Delegate and ED medical lead/patients treating doctor to ensure that all patients awaiting admission are prioritised and have a clear plan.

ACTION CARD: Inpatient Ward Nurse/Midwife Coordinator

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Demonstrates leadership in resource coordination, emergency management, workload prioritization, contingency planning, conflict resolution, and multidisciplinary communication.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. liaise with the site Bed Manager or Delegate to review bed availability and accept patients from the ED within 30 minutes of their Enterprise Bed Manager (EBM) listing 2. proactively facilitate expected discharges and, if applicable, transfer of suitable patients to the Transit Lounge to ensure >15% of discharges occur by 1000hrs 3. escalate specific obstructions to bed flow to the site Bed Manager or Delegate and ward leadership (in hours), or After-Hours Site Bed Manager (after hours). 4. attend meetings to inform the coordination of patient care and discharge planning processes 5. monitor and support actioning of CLD for patients on CLD pathway 6. initiate early allied health referrals for patients to promote commencement of MDT discharge planning 7. ensure patients' EDDs are reviewed, updated on JourneyBoard, and communicated to patients' daily 8. identify and commence interhospital transfer planning for patients who are suitable to be cared for at other sites that have available capacity 9. ensure transfers to alternate sites are planned following the Assessment and Management of Interhospital Patient Transfers Policy in alignment with Appendix D: Patient Transfer Process Map, and ensure required medications can be accessed at receiving site prior to transfer 10. arrange transport for patients being transferred to residential aged care facilities to occur before 09:30hrs 11. refer patients identifying as Aboriginal to the Aboriginal Liaison Officer (ALO) to assist with discharge planning and/or transition to Home Hospital or outpatient discharge support services.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. work with the MDT and ward leadership to expedite suitable patients to Home Hospital/outpatient discharge support services 2. follow up pending/required diagnostics or multidisciplinary reviews to expedite discharges 3. inform cleaning staff to expedite room cleans after discharge.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. discuss all intra-hospital transfers with Site Bed Manager or Delegate prior to allocating to ensure optimal use of remaining beds 2. provide an estimated time of transfer on EBM for all ED patients awaiting admission 3. Identify patients that may be suitable for allocation to surge bed spaces and notify the Site Bed Manager or Delegate.

BLACK	TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.
	In addition to the above actions: <ol style="list-style-type: none">1. collaborate with the Site Bed Manager or Delegate to undertake any specific actions to improve patient flow.

ACTION CARD: District Site Inpatient Ward Nurse/Midwife Coordinator

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Demonstrates leadership in resource coordination, emergency management, workload prioritization, contingency planning, conflict resolution, and multidisciplinary communication.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. accept patients from the ED within 60 minutes of decision to admit 2. if applicable, proactively facilitate expected discharges and transfer of suitable patients to the Transit Lounge to ensure >15% of discharges occur by 1000hrs 3. escalate specific obstructions to bed flow to the ward manager (in hours) or Executive on Call (after hours) 4. attend meetings to inform the coordination of patient care and discharge planning processes 5. monitor and support actioning of CLD for patients on CLD pathway 6. initiate allied health referrals for patients to promote early commencement of MDT discharge planning 7. ensure patients' EDDs are reviewed, updated, and communicated to patients' daily 8. identify and commence interhospital transfer planning for patients who are suitable to be cared for at other sites that have available capacity 9. ensure transfers to alternate sites are planned following the Assessment and Management of Interhospital Patient Transfers Policy in alignment with Appendix D: Patient Transfer Process Map, and ensure required medications can be accessed at receiving site prior to transfer 10. arrange transport for patients being transferred to residential aged care facilities to occur before 09:30hrs 11. refer patients identifying as Aboriginal to the ALO to assist with discharge planning and/or transition to Home Hospital or outpatient discharge support services.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p> <p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. follow up pending/required diagnostics or multidisciplinary reviews to expedite discharges 2. inform cleaning staff to expedite room cleans after discharge 3. communicate regularly with the ED Nursing Shift Coordinator regarding bed availability and discharge predictions.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p> <p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. ensure all inpatient bed spaces are safely utilised and discuss use of any available surge beds spaces with the ward manager (in hours) or Executive on Call (after hours) 2. provide an estimated time of transfer on EBM for all ED patients awaiting admission to the Site Bed Manager or Delegate.

BLACK	TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.
	In addition to the above actions: <ol style="list-style-type: none">1. collaborate with the ward manager (in hours) or Executive on Call (after hours) to undertake any specific actions to improve patient flow.

ACTION CARD: Inpatient Nurse/Midwife Manager

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Management of a specific ward/unit including quality of care, human resources, and patient flow.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. communicate BRAG status to the Inpatient Ward Nurse/Midwife Coordinator and ensure completion of related action card actions 2. review EDDs for patients and work with the Inpatient Ward Nurse/Midwife Coordinator to achieve >15% of discharges by 1000hrs while progressing discharge planning for all patients 3. troubleshoot specific obstructions to bed flow with the Inpatient Ward Nurse/Midwife Coordinator and patients treating medical team to promote safe and timely patient discharges 4. ensure the Inpatient Ward Nurse/Midwife Coordinator is enabled to undertake timely and proactive use of any available Transit or Discharge Lounge facilities 5. promote allocation of beds within 30 minutes of patients being ready for admission from the ED 6. follow up escalations relating to delays for Patients Awaiting Aged Care Services (PAACS) in accordance with the Management of Patients Awaiting Aged Care Services Procedure.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p> <p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. review all patients to determine suitability for Home Hospital or outpatient follow-up services in partnership with the Inpatient Ward Nurse/Midwife Coordinator and patients' treating medical team.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p> <p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. individually review all patients with the areas Inpatient Ward Nurse/Midwife Coordinator for specific opportunities to expedite transfer or discharge 2. escalate limitations to service provisions, including ability to accept postoperative patients or the need to place patients in corridors, to the Director of Nursing and Midwifery or Delegate and Site Bed Manager or Delegate 3. plan to staff available surge beds with the Director of Nursing and Midwifery or Delegate and Site Bed Manager or Delegate 4. identify patients that may be suitable to be cared for at alternative district sites and commence discussions with the patient and family to obtain informed consent for transfer following the Assessment and Management of Interhospital Patient Transfers Policy.
BLACK	<p>TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.</p> <p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. collaborate with the Director of Nursing and Midwifery or Delegate and Site Bed Manager or Delegate to undertake any identified remedial actions to relieve capacity pressures 2. work with medical teams to identify any further actions that may assist in facilitating safe discharge or transfer of patients.

ACTION CARD: District Site Inpatient Nurse/Midwife Manager

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Management of a specific ward/unit within an Integrated District Health Site, including quality of care, human resources, and patient flow.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. communicate BRAG status to Inpatient Ward Nurse/Midwife Coordinator/s and ensure completion of related coordinator action card actions 2. review EDDs for patients and work with Inpatient Ward Nurse/Midwife Coordinator/s to achieve >15% of discharges by 1000hrs while progressing discharge planning for all patients 3. troubleshoot specific obstructions to bed flow with the Inpatient Ward Nurse/Midwife Coordinator and patients treating medical team to promote safe and timely patient discharges 4. ensure Inpatient Ward Nurse/Midwife Coordinator is enabled to undertake timely and proactive use of any available transit lounge facilities 5. promote allocation of beds within 30 minutes of patients being ready for admission from the ED 6. maintain awareness of inter-hospital patient transfers using the APTC Clinician Dashboard 7. follow up escalations relating to delays for PAACS in accordance with the Management of Patients Awaiting Aged Care Services Procedure.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p> <p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. if applicable, review all patients to determine suitability for outpatient discharge follow-up services in partnership with the Inpatient Ward Nurse/Midwife Coordinator and patients' treating team.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p> <p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. individually review all patients with the areas Inpatient Ward Nurse/Midwife Coordinator for specific opportunities to expedite transfer or discharge 2. escalate limitations to service provisions, including ability to accept postoperative patients or the need to place patients in corridors, to the Director of Nursing and Midwifery or Delegate and Site Bed Manager or Delegate 3. plan to staff available surge beds with the Director of Nursing and Midwifery or Delegate 4. contact Acute Patient Transfer Coordination Centre (APTC) of increased bed pressure to inform transport prioritisation 5. identify patients that may be suitable to be cared for at alternative district sites and commence discussions with the patient and family to obtain informed consent for transfer following the Assessment and Management of Interhospital Patient Transfers Policy.

BLACK	TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.
	In addition to the above actions: <ol style="list-style-type: none">1. collaborate with the Director of Nursing and Midwifery or Delegate and Site Bed Manager or Delegate to undertake any identified remedial actions to relieve capacity pressures

ACTION CARD: Site Bed Manager or Delegate

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Optimizes patient flow by allocating patients to appropriate clinical areas and coordinating safe, efficient transfers and discharges with clinical leaders.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p>
	<ol style="list-style-type: none"> 1. calculate and communicate bed status and capacity pressures using the sites preferred tool and distribution channels 2. liaise with medical teams and ward coordinators to identify expected discharges 3. promote allocation of beds within 30 minutes of patients being ready for admission from the ED 4. actively engage with ward coordinators to identify and troubleshoot areas of capacity pressure 5. ensure EBM remains updated to ensure accuracy of patient flow status 6. liaise with ward coordinators to appropriately allocate patients to areas as outliers 7. liaise with ward coordinators to promote the use of the Home Hospital and outpatient services where appropriate 8. involve Home Hospital clinicians for every appropriate patient to ensure that care at home is considered first in all cases 9. at WEAT sites, collaborate with the ED nursing team to ensure site specific ED escalation actions are undertaken 10. collaborate with the ED Nurse Coordinator to implement individual patient action plans and escalate ED patients to the District Director or Delegate as they reach length of stay 8, 12, 18, and 24 hours 11. liaise with district site nursing teams and managers to facilitate transfers of suitable patients where applicable 12. maintain awareness of inter-hospital patient transfers using the APTC Clinician Dashboard.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. ensure all possible solutions to potential ED patient breaches have been explored 2. collaborate with the critical care nursing teams to maintain access to internal critical care services 3. communicate regularly with the ED Nurse Coordinator regarding bed availability and discharge predictions.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. ensure that all available inpatient bed spaces are safely utilised 2. plan to open available surge beds in discussion with the relevant nurse manager and Director of Nursing and Midwifery or Delegate 3. provide regular updates of capacity plans and actions to the ED Nurse Coordinator 4. liaise with ward coordinators regularly to review bed availability and oversee appropriate allocation of patients to ward beds on EBM 5. notify WACHS Link and APTC of increased bed pressure to inform transport prioritisation.

TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.

BLACK

In addition to the above actions:

1. if required, assist with completion of a [Situation Report Template](#) and progress to the Director of Nursing and Midwifery or Delegate for review and progression
2. liaise with the ED Nurse Coordinator to ensure that all patients awaiting admission are prioritised, have a clear plan, and cannot be diverted to the HomeSafe service

ACTION CARD: After-Hours Site Bed Manager

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Monitoring and enhancing patient flow, including allocating patients to suitable clinical areas, and proactively promoting safe and effective patient transfers and discharges. Provides clinical leadership to the site after hours.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. calculate and communicate bed status and capacity pressures using the sites preferred tool and distribution channels 2. liaise with medical teams and ward coordinators to identify expected discharges 3. actively engage with ward coordinators to identify areas of capacity pressure and troubleshoot constraints to patient discharge or transfer 4. forward escalation of specific barriers to patient flow to the Executive on Call as required 5. At WEAT sites, collaborate with the ED nursing team to ensure site specific ED escalation actions are undertaken 6. promote allocation of beds within 30 minutes of patients being ready for admission from the ED 7. ensure EBM remains updated to ensure accuracy of bed flow status 8. liaise with ward coordinators to appropriately allocate patients to areas as outliers 9. collaborate with the ED Nurse coordinator to implement individual patient action plans and escalate ED patients to the Executive on Call as they reach length of stay 8, 12, 18, and 24 hours 10. liaise with ward coordinators to promote the use of the Home Hospital and outpatient services where appropriate 11. liaise with district site nursing teams and managers to facilitate transfers of suitable patients where applicable 12. maintain awareness of inter-hospital patient transfers using the APTC Clinician Dashboard 13. ensure medical teams and ward coordinators have undertaken their demand management and escalation actions.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. ensure all possible solutions to potential ED patient breaches have been explored 2. collaborate with the critical care nursing teams to maintain access to internal critical care services 3. maintain awareness of support services staffing levels and address service-related gaps in collaboration with support staff or escalate to Executive on Call 4. communicate regularly with the ED Nursing Shift Coordinator regarding bed availability and discharge predictions 5. remain aware of medical staffing levels and address service-related gaps through collaboration with medical teams or escalate to Executive on Call.

RED	TRIGGER: Signs of persistent capacity pressure requiring urgent action.
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. ensure that all available inpatient bed spaces are safely utilised 2. plan to utilise available surge beds and seek approval for additional staff from the Executive on Call as required 3. provide regular updates of capacity plans and actions to the ED Nurse Coordinator 4. liaise with ward coordinators regularly to review bed availability and oversee appropriate allocation of patients to ward beds on EBM 5. notify WACHS Link and APTC of increased bed pressure to inform transport prioritisation 6. coordinate support services to prioritise discharge room cleaning above all other routine tasks.
BLACK	TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. escalate capacity issues as deemed appropriate to the Executive on Call 2. develop plans for managing capacity pressure and seek required approvals from Executive on Call including: <ul style="list-style-type: none"> ○ immediate review of referred patients in the ED by medical decision makers ○ call in additional staff to support areas of capacity pressure. 3. if requested, complete Situation Report Template and progress to the Executive on Call for review, approval and distribution 4. discuss expected repatriations with Executive on Call where repatriations may be delayed 5. liaise with the ED Nurse Coordinator to ensure that all patients awaiting admission are prioritised, have a clear plan, and cannot be diverted to Home Hospital or other outpatient services 6. collaborate with ward coordinators to undertake any identified remedial actions to enhance patient flow.

ACTION CARD: District Site After-Hours Bed Manager

BRAG	ACTIONS
GREEN	Primary Responsibility: Provides clinical leadership to the site after hours.
	<p data-bbox="323 304 1442 338">TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol data-bbox="323 349 1442 1137" style="list-style-type: none"> 1. calculate and communicate bed status and capacity pressures using the sites preferred tool and distribution channels 2. liaise with medical teams and ward coordinators to identify expected discharges 3. actively engage with ward coordinators to identify areas of capacity pressure and troubleshoot constraints to patient discharge or transfer 4. forward escalation of specific barriers to patient flow to the Executive on Call as required 5. At WEAT sites, collaborate with the ED nursing team to ensure site specific ED escalation actions are undertaken promote admission of patients from the ED within 60 minutes of decision to admit 6. liaise with ward coordinators to appropriately allocate patients to areas as outliers if required 7. collaborate with the ED Nurse Coordinator to implement individual patient action plans and escalate ED patients to the Executive on Call as they reach length of stay 8, 12, 18, and 24 hours 8. liaise with district site nursing teams and managers to facilitate transfers of suitable patients where applicable 9. maintain awareness of inter-hospital patient transfers using the APTC Clinician Dashboard 10. ensure medical teams and ward coordinators have undertaken their demand management and escalation actions
AMBER	TRIGGER: Early signs of systemic capacity related pressure requiring active management.
	<p data-bbox="323 1227 1442 1261">In addition to the above actions:</p> <ol data-bbox="323 1272 1442 1619" style="list-style-type: none"> 1. ensure all possible solutions to potential ED patient breaches have been explored 2. maintain awareness of support services staffing levels and address service-related gaps in collaboration with support staff or escalate to Executive on Call 3. communicate regularly with the ED Nurse Coordinator regarding bed availability and discharge predictions 4. remain aware of medical staffing levels and address service-related gaps through collaboration with medical teams or escalate to Executive on Call.
RED	TRIGGER: Signs of persistent capacity pressure requiring urgent action.
	<p data-bbox="323 1675 1442 1709">In addition to the above actions:</p> <ol data-bbox="323 1720 1442 2027" style="list-style-type: none"> 1. ensure that all available inpatient bed spaces are safely utilised 2. plan to staff available surge beds and seek approval for additional staff from the Executive on Call 3. provide regular updates of capacity plans and actions to the ED Nurse Coordinator 4. notify WACHS Link and the APTC of increased bed pressure to inform transport prioritisation 5. coordinate support services to prioritise discharge room cleaning above all routine tasks.

TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.

BLACK

In addition to the above actions:

1. escalate issues as deemed appropriate to the Executive on Call
2. develop plans for managing capacity pressure and seek required approvals from Executive on Call including:
 - immediate review of referred patients in the ED by medical decision makers
 - call in additional staff to support areas of capacity pressure.
3. if requested, assist with completion of [Situation Report Template](#) and progress to the Executive on Call for review, approval and distribution
4. discuss expected repatriations with Executive on Call where repatriations may be delayed
5. collaborate with ward coordinators to undertake any identified remedial actions to enhance patient flow.

ACTION CARD: Home Hospital Lead or Delegate

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Coordination of Home Hospital services and collaboration with multidisciplinary team members to facilitate a safe and effective pathway for home-based treatment.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> collaborate with Inpatient Ward Nurse/Midwife Coordinators and medical teams to identify patients suitable for the Home Hospital service and progress referrals for these patients ensure Home Hospital service referrals are triaged and actioned promptly monitor ED patients on the Web Patient Administration System (WebPAS) to identify potentially suitable patients and progress service referrals for these patients.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> take action to assist timely discharge of inpatients who may be safely expedited to the Home Hospital service in consultation with nursing and medical teams
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p>
	<p>In addition to the above:</p> <ol style="list-style-type: none"> undertake proactive review of patients awaiting admission in ED to promote use of the Home Hospital service escalate appropriately if increased staffing resources are required to ensure safe Home Hospital service delivery make changes to Home Hospital scheduling to increase service capacity, including encouraging patient presentation to clinic to reduce staff member travel times, and rescheduling of patients, where possible.
BLACK	<p>TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> liaise with the ED nursing team, Site Bed Manager or Delegate, and ED medical lead to ensure that patients awaiting admission cannot be diverted to the Home Hospital service.

ACTION CARD: Inpatient Team Consultant/Senior Medical Practitioner

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Leadership of the clinical team, including promoting safe patient care and adequate capacity.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. ensure medical rounds prioritise: <ol style="list-style-type: none"> a) critically unwell patients b) likely discharges c) new patients d) existing acute patients 2. read the past 24 hours of entries in each patient's digital medical record to promote comprehensive care 3. aim to have two patients discharged by 1000hrs per team 4. make referrals or e-referrals to allied health specialties as required and record these referrals in the digital medical record 5. set and/or update EDDs for all patients and communicate EDD to the patient, their family, and ward coordinator 6. ensure prompt planning for acutely ill patients 7. ensure discharge plans are commenced on admission for all patients and discuss constraints to discharges at relevant meetings 8. ensure discharge summaries and scripts (including individual patient medication approvals) are completed for patients prior to their EDD 9. proactively identify and present patients for discharge the next day at discharge planning meetings and prepare discharge documentation the evening prior, including scripts to be reviewed by the ward pharmacist prior to discharge 10. initiate CLD pathways for suitable patients 11. discuss likely discharges in the next 48 hours with Inpatient Ward Nurse/Midwife Coordinators and ward pharmacist 12. ensure Junior Medical Officers (JMOs) are released from ward rounds by 1200hrs or earlier if discharge document completion is required 13. complete Notifications and Clinical Summaries (NaCS) within 24 hours of discharge 14. work with Inpatient Ward Nurse/Midwife Coordinators and MDT to identify suitable patients for transfer to alternative district sites and obtain medical governance to facilitate transfers.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. identify patients who are suitable for expedited discharge and work with MDT, including Home Hospital or outpatient discharge support services, to enable safe discharge or transfer and follow up in the next 24 to 48 hours 2. identify patients awaiting diagnostics that can receive outpatient diagnostics and rapid access to an outpatient consultant diagnostics appointment and appropriate referrals 3. escalate delays in diagnostics or imaging to the service provider 4. consider Home Hospital pathways for current patients 5. ensure all patients awaiting admission in ED are reviewed by the Home Hospital medical lead each morning

	<ol style="list-style-type: none"> 6. implement criteria led discharge for suitable patients to facilitate discharge by junior medical/senior nursing staff at a later time 7. ensure patients NaCS medication scripts are completed immediately after the morning ward round 8. ensure JMO's undertake a mid-afternoon review of possible late discharges to facilitate discharge on that day.
RED	TRIGGER: Signs of persistent capacity pressure requiring urgent action.
	<p>In addition to the above:</p> <ol style="list-style-type: none"> 1. ensure a consultant or registrar is enabled to undertake rapid reviews of proposed ED admissions in person to facilitate alternative management plans to reduce demand on inpatient capacity 2. in business hours all ED admissions must be approved by inpatient Consultant/Senior Medical Practitioner (SMP) or provided with a safe discharge plan from the relevant team 3. ensure all patients have been reviewed for discharge suitability by a senior team member 4. undertake a senior-led review of possible discharges at 1530hrs consider discharge of subacute patients with outpatient rehabilitation where possible.
BLACK	TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. deploy medical staff on non-clinical duties, when required, to support clinical teams 2. ensure care and planning for admitted patients within the ED occurs in accordance with local procedures for care of admitted patients in the ED.

ACTION CARD: Director of Nursing and Midwifery or Delegate

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: High level management and supporting of operational teams to ensure adequate capacity, access, and nursing resources are available to facilitate patient care.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. review bed state reports and expected capacity in conjunction with the Site Bed Manager or Delegate 2. troubleshoot capacity related issues escalated by the Site Bed Manager or Delegate to enable resolution 3. forward escalation of specific barriers to patient flow to District Director or Delegate, or Director of Medical Services or Delegate as required 4. at WEAT sites, maintain awareness of ED escalation status and work with ED leadership to ensure that ED short term escalation plan actions are undertaken 5. follow up escalations relating to delays for PAACS with Inpatient Nurse/Midwife Managers in accordance with the Management of Patient Awaiting Aged Care Services Procedure.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. maintain awareness of capacity related demand and plan specific actions with stakeholders to address expected points of pressure 2. confirm appropriate capacity actions are being undertaken in each area 3. ensure patients key contacts have contacted residential aged care facilities regarding acceptance of PAACS patients 4. provide support to clinical teams as required.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p>
	<p>In addition to the above:</p> <ol style="list-style-type: none"> 1. review options for increasing capacity using available surge bed spaces or capacity at district sites and initiate planning with the Site Bed Manager or Delegate and seek approval from the District Director or Delegate 2. where applicable review elective admissions and elective surgery with the Site Bed Manager or Delegate, District Director or Delegate and Director of Medical Services or Delegate and implement planning to promote service continuity and safe patient care.
BLACK	<p>TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. attend patient flow related meetings to discuss potential discharges and options to expedite the safe discharge of patients 2. if required by the District Director or Delegate, request, review and endorse the situation report from Site Bed Manager or Delegate (or complete if required) and forward to District Director or Delegate for approval and progression 3. mobilise staff members from non-clinical duties to support patient flow where appropriate 4. Consider postponing or cancelling non-essential nursing meetings and non-essential travel

5. review expected repatriations with the Site Bed Manager or Delegate and escalate to the District Director or Delegate where repatriations may be delayed
6. collaborate with the Inpatient Nurse/Midwife Managers and Site Bed Manager of Delegate to undertake any identified remedial actions to enhance patient flow
7. work with the Director of Medical Services or Delegate and District Director or Delegate to undertake any further actions that may assist in relieving identified capacity pressures

ACTION CARD: Director of Medical Services or Delegate

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Clinical leadership of medical services including strategic planning to promote safe and effective patient care.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> ensure awareness of bed status across medical teams in each specialty ensure medical team rounds prioritise unwell patients and patients identified for discharge maintain awareness of the ED Escalation Status and collaborate with the ED Medical Lead to troubleshoot specific capacity issues as required.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> review medical staffing levels and address any service-related gaps in collaboration with relevant teams confirm appropriate capacity actions are being undertaken by Inpatient Team Consultant/Senior Medical Practitioners in each area and provide support as required.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> ensure a daily senior doctor review has occurred for all inpatients with consideration for the use of any available Home Hospital and outpatient discharge support services where applicable review elective admissions and elective surgery with the District Director or Delegate and Director of Nursing and Midwifery or Delegate and implement planning to promote service continuity and safe patient care plan to ensure after hours/weekend staffing is sufficient to meet medical workload demands.
BLACK	<p>TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> attend patient flow related meetings to discuss potential discharges and options to expedite the safe discharge of patients work with the District Director or Delegate and Director of Nursing and Midwifery or Delegate to undertake any identified actions that may assist in relieving capacity related pressures consider postponing or cancelling non-essential medical meetings and non-essential travel consider extending medical staff working hours to ensure continued response to capacity and access pressures.

ACTION CARD: District Director or Delegate

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: To oversee and manage patient flow within the campus with a focus on planning for future activity and managing risk to ensure staff and patient safety.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. maintain awareness of the declared bed state status 2. receive contact from the Site Bed Manger or Delegate and escalate ED patients to the Executive Director as they reach length of stay 12, 18, and 24 hours 3. troubleshoot specific bed flow issues with the Director of Nursing and Midwifery or Delegate and Director of Medical Services or Delegate as required.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. maintain awareness of capacity related demand and plan specific actions with stakeholders to address expected points of pressure.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. review elective admissions and elective surgery with the Director of Medical Services or Delegate and Director of Nursing and Midwifery or Delegate and undertake any required decision making to promote service continuity and safe patient care 2. consider authorising activation of available surge bed spaces in collaboration with the Director of Nursing and Midwifery or Delegate
BLACK	<p>TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. attend flow related meetings to discuss potential discharges and options to expedite the safe discharge of patients 2. if site not able to meet demand despite all mitigations in place request and review Situation Report from the Director of Nursing and Midwifery or Delegate and distribute to ensure regional and central (Duty Operations Manager) notification of bed status and actions taken 3. assist the Director of Medical Services or Delegate and Director of Nursing and Midwifery or Delegate with identified actions that may relieve capacity related pressures 4. discuss expected repatriations with the Director of Nursing and Midwifery or Delegate to review repatriation options 5. conduct assessment of site ability to provide safe patient services with leadership team and escalate to the appropriate authority 6. consider establishing a local incident response team to de-escalate capacity pressures 7. sanction additional measures as required, including: <ol style="list-style-type: none"> a) immediate review of medical and surgical patients in the ED by relevant inpatient team consultants as senior decision makers b) redeployment of non-clinical staff to enhance ED care capacity c) utilisation of corridor spaces on inpatient wards for patients identified for discharge

- d) rostering of on-call staff to be called in if occupancy pressures expected to worsen during after-hours periods
- e) where applicable, consider purchase of beds from external providers.

ACTION CARD: Inpatient Allied Health Team

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Management and response to inpatient allied health referrals to support safe and timely patient discharge.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. referrals accepted and prioritised to ensure urgent patients, including those approaching discharge are assessed and treated first 2. attend MDT meetings to review patients EDD and contribute to overcoming barriers to discharge 3. social workers follow Management of Patients Awaiting Aged Care Services Procedure to: <ol style="list-style-type: none"> a. plan for residential aged care facility discharges and request transport bookings occur prior to 0930hrs on day of discharge. b. escalate delays in facility placement to the relevant Inpatient Nurse/Midwife Manager c. where the first residential aged care facility vacancy has been declined arrange a follow up planning meeting to promote decision making. 4. collaborate with nursing and medical teams to identify and implement planning for complex discharges.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. collaborate with Inpatient Ward Nurse/Midwife Coordinators and medical staff to prioritise reviews and interventions for patients who are deemed suitable for expedited discharge.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. senior allied health staff review junior staff members caseloads to ensure risk is being managed appropriately 2. plan to increase staffing for any available Home Hospital and/or outpatient discharge support services as required to support increased activity 3. review admissions in the ED where possible to promote early referral and intervention.
BLACK	<p>TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. redeploy outpatient staff to undertake inpatient assessments and implement interventions to expedite discharges where possible.

ACTION CARD: Hotel Services Coordinator or Delegate

BRAG	ACTIONS
GREEN	<p>Primary Responsibility: Coordination of support services to promote effective and timely environmental readiness and intra-hospital movement of patients.</p>
	<p>TRIGGER: Overall bed availability sufficient to meet predicted demand.</p> <ol style="list-style-type: none"> 1. assist Inpatient Ward Nurse/Midwife Coordinators with intra-hospital patient movement to promote prompt arrival of patients to wards from the ED 2. inform relevant Inpatient Ward Nurse/Midwife Coordinators of any support services staffing or workload related pressures.
AMBER	<p>TRIGGER: Early signs of systemic capacity related pressure requiring active management.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. communicate with Inpatient Ward Nurse/Midwife Coordinators to prioritise discharge room cleaning 2. inform Inpatient Ward Nurse/Midwife Coordinators of any expected delays to room preparation or to patient movement requests.
RED	<p>TRIGGER: Signs of persistent capacity pressure requiring urgent action.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. prioritise discharge room cleaning above all other routine tasks to promote patient flow within the hospital.
BLACK	<p>TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.</p>
	<p>In addition to the above actions:</p> <ol style="list-style-type: none"> 1. escalate specific barriers to effective environmental readiness to the relevant manager and assist in undertaking remedial actions.

ACTION CARD: Regional Chief Pharmacist or Delegate

BRAG	ACTIONS
GREEN	Primary Responsibility: Provide strategic direction and leadership to ensure the effective coordination and delivery of pharmacy services.
	TRIGGER: Overall bed availability sufficient to meet predicted demand. 1. ensure effective delivery of pharmacy services.
AMBER	TRIGGER: Early signs of systemic capacity related pressure requiring active management.
	In addition to the above actions: 1. prioritise support for complex and high-risk discharges 2. consider supporting facilitated admissions where pharmacist capacity allows.
RED	TRIGGER: Signs of persistent capacity pressure requiring urgent action.
	In addition to the above actions: 1. clinical pharmacists to consider reducing non-essential administrative functions 2. clinical pharmacists to prioritise clinical tasks enabling patient flow 3. consider reallocation of pharmacy team resources to support clinical pharmacy services in high-risk areas.
BLACK	TRIGGER: Severe/excessive capacity pressure requiring an expanded response and including multi-agency input.
	In addition to the above actions: 1. consider recommending outpatient or community follow-up for discharges with complex medication requirements 2. consider requesting medication safety support from medical and/or nursing staff where appropriate skillset available and capacity allows 3. consider reallocating pharmacists from administrative roles to clinical roles.

3. Roles and Responsibilities

All listed key roles are responsible for safely promoting and maintaining patient flow.

The Duty Operations Manager/Executive on Call is responsible for:

- Undertaking actions defined in section 3.8 as when acting in the Executive on Call capacity.

The Emergency Department Nurse Coordinator is responsible for:

- coordination of human resources
- prioritising of workload
- contingency planning
- communicating with the MDT within the ED
- conflict resolution
- monitoring patient flow, quality of care, and WEAT compliance (at WEAT applicable sites) in liaison with internal and external stakeholders.

The Inpatient Nurse/Midwife Coordinator is responsible for:

- coordination of resources
- emergency management
- prioritising workload
- contingency planning
- conflict resolution
- communicating with the MDT within the inpatient ward environment.

The District Site Inpatient Nurse/Midwife Shift Coordinator is responsible for:

- coordination of resources
- emergency management
- prioritising workload
- contingency planning
- conflict resolution
- communicating with the MDT within the inpatient ward environment.

The Inpatient Clinical Nurse/Midwifery Manager is responsible for:

- managing a specific ward/unit including quality of care, human resources, and patient flow.

The District Site Inpatient Nurse/Midwife Manager is responsible for:

- managing a specific ward/unit including quality of care, human resources, and patient flow.

The Site Bed Manager or Delegate is responsible for:

- monitoring and enhancing patient flow, including allocating patients to suitable clinical areas
- promoting safe and effective patient transfers and discharges in consultation with clinical leaders.

The After-Hours Site Bed Manager is responsible for:

- monitoring and enhancing patient flow, including allocating patients to suitable clinical areas
- promoting safe and effective patient transfers and discharges in consultation with clinical leaders.

The District Site After-Hours Site Bed Manager is responsible for:

- monitoring and enhancing patient flow, including allocating patients to suitable clinical areas
- promoting safe and effective patient transfers and discharges in consultation with clinical leaders.

The Home Hospital Lead is responsible for:

- coordinating Home Hospital services
- identifying suitable Home Hospital patients and advocating for their transfer to the HomeSafe service
- collaborating with MDT team members to facilitate a safe and effective pathway for home-based treatment.

The Inpatient Team Consultant/Senior Medical Practitioner is responsible for:

- leading the clinical team, including promoting safe patient care and adequate capacity.

The Director of Nursing and Midwifery or Delegate is responsible for:

- managing and supporting of operational teams to ensure adequate capacity, access, and nursing resources are available to facilitate patient care.

The Director of Medical Services or Delegate is responsible for:

- clinical leadership of medical services including strategic planning to promote safe and effective patient care.

The District Director or Delegate is responsible for:

- overseeing and managing patient flow within the campus with a focus on planning for future activity.

The Allied Health Team is responsible for:

- managing and responding to inpatient allied health referrals to support safe and timely patient discharge.

The Hotel Services Coordinator or Delegate is responsible for:

- coordinating support services to promote effective and timely environmental readiness and intra-hospital movement of patients.

The Regional Chief Pharmacist or Delegate is responsible for:

- providing strategic direction and leadership to ensure the effective coordination and delivery of pharmacy services.

WACHS provides services to Aboriginal patients and acknowledges that care should be delivered in a clinically safe, culturally respectful, and responsive manner.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

The Emergency Access Reform Program Committee is responsible for monitoring and reporting compliance with this procedure and may undertake audits and stakeholder engagement to evaluate the effectiveness of this procedure in improving capacity and access.

Review of this document is to be undertaken by the Emergency Access Reform Program Committee on a yearly basis to ensure functional effectiveness and contextual relevance to the service. Additional reviews of this procedure may be undertaken at the committees discretion.

5. References

[Assessment and Management of Interhospital Patient Transfers Policy](#)

[Fiona Stanley Hospital Capacity Management and Escalation Policy](#)

[Patients Awaiting Aged Care Services Procedure](#)

[Statewide Demand and Escalation Framework](#)

[WACHS Adult Psychiatric Inpatient Services Referral, Admission, Assessment, Care, Treatment and Discharge Policy](#)

[WACHS Shift Coordinator Procedure](#)

6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to Torres Strait Islander peoples
Acute Patient Transfer Coordination Centre	The Acute Patient Transfer Coordination Centre (APTC) is a team of medical, nursing, and administrative staff who work with hospital staff to facilitate acute patient transfers between hospitals.
Australasian Triage Scale	The Australasian Triage Scale (ATS) is a clinical tool used in emergency departments to prioritise patients based on the urgency of their medical condition.
Black, Red, Amber, Green Status	The Black, Red, Amber, Green (BRAG) status model is a system used in healthcare settings to indicate the availability and capacity of hospital beds. Each colour represents a different status.
Delegated Authority	The individual with the authority to authorise additional measures identified or required by the leadership team. This relates to the delegation schedule and is dependent on the action or event.
Enterprise Bed Management	Enterprise Bed Management is a computer system that allows staff to monitor, coordinate, and communicate hospital bed occupancy and allocations between departments and facilities.

Emergency Department Accessible Beds	Bed spaces with the site that patients in the Emergency Department can be admitted to.
Home Hospital	Home Hospital provides safe and timely health services that aim to reduce hospital admissions and enable care in the home.
Outpatient Discharge Support	Outpatient services that support appropriate inpatients to be discharged sooner by enabling continuation of care. These services may vary in availability and capability between sites.
Surge Bed	Beds that are not staffed or are not in use for short term reasons, including clinical demand, staffing issues, seasonal demand, or funding decisions.
WACHS Link	WA Country Health Service Link is a team of nursing and administrative staff that manage patient transfer logistics for stable patients moving between hospitals.
Western Australian Emergency Access Targets	Western Australian Emergency Access Targets (WEAT) define performance timeframes for patients to be admitted or discharged from Emergency Departments.

7. Document Summary

Coverage	Albany Health Campus Broome Health Campus Bunbury Regional Hospital Busselton Health Campus Carnarvon Health Campus Derby Hospital Esperance Health Campus Geraldton Health Campus Hedland Health Campus Kalgoorlie Health Campus Karratha Health Campus Katanning Hospital Kununurra Hospital Narrogin Health Service Northam Hospital
Audience	Nurses, Medical Officers, Allied Health Staff, Support Services Staff, Regional Chief Pharmacists, Director of Nursing and Midwifery, Director of Medical Services, and District Directors.
Records Management	Corporate Recordkeeping Compliance Policy
Related Legislation	Health Services Act 2016 (WA)
Related Mandatory Policies/Frameworks	<ul style="list-style-type: none"> • Clinical Governance, Safety and Quality Policy Framework • Clinical Services Planning and Programs Policy Framework • Performance Policy Framework • Statewide Demand and Escalation Framework

	<ul style="list-style-type: none"> • Assessment and Management of Interhospital Patient Transfers Policy • Adult Psychiatric Inpatient Services Referral, Admission, Assessment, Care, Treatment and Discharge Policy • WA Country health Service Cultural Governance Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Assessment and Management of Interhospital Patient Transfers Policy • Child Safety and Wellbeing Policy • Patients Awaiting Aged Care Services Procedure • Statewide Demand and Escalation Framework • WACHS Adult Psychiatric Inpatient Services Referral, Admission, Assessment, Care, Treatment and Discharge Policy • WACHS Safe Midwifery Staffing Policy • WACHS Shift Coordinator Procedure
Other Related Documents	<ul style="list-style-type: none"> • WA Emergency Access Targets
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5678
National Safety and Quality Health Service (NSQHS) Standards	1.07, 1.10, 5.05, 5.04, 6.04, 6.09
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	12 May 2026	12 May 2026	<ul style="list-style-type: none">New policy

9. Approval

Policy Owner	Emergency Access Reform Program Committee
Co-approver	Chief Operating Officer
Contact	Ashley Pannett
Business Unit	Operations
EDRMS #	ED-WA-26-202214
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This document can be made available in alternative formats on request.



Appendix A: Example Emergency Department Escalation Calculation Matrix

Staffing Nursing	Staffing Medical	Acuity	Patient Numbers (Excluding SSU)	Disposition /Transfer	Ambulance Transfer of Care
No senior clinical staff available outside of resuscitation area.	No senior clinical staff available outside of resuscitation area.	Unable to immediately assess ATS category 1 patients in resuscitation bay.	> 50 patients in ED and Waiting Room.	> 15 patients awaiting inpatient bed or transfer with no beds available within 30 minutes.	>6 Ambulances waiting <1hr OR any Ambulances waiting >2hrs
Senior staff absent or on escort.	Senior staff absent or on medical escort.	>8 category 2/3 patients or > 20 category 4/5 patients awaiting medical assessment.	>40 patients in ED and Waiting Room.	10-15 patients awaiting inpatient bed transfer or with no beds available within 1 hour.	5-6 Ambulances waiting <1hr OR any ambulance waiting >1.5hrs
Inadequate staffing numbers for patient load or unable to be replaced due to illness. 3☐	Inadequate staffing numbers for patient load or unable to be replaced due to illness. 3☐	> 5 category 2/3 patients or >15 category 4/5 patients awaiting medical assessment. 3☐	>30 patients in ED and Waiting Room. 3☐	5-9 patients awaiting inpatient bed transfer with no beds available within 1 hour. 3☐	4-5 Ambulances waiting <1hr OR any ambulances waiting >1hr 3☐
Skill mix unbalanced, staffing numbers satisfactory. 2☐	Skill mix unbalanced, staffing numbers satisfactory. 2☐	< 5 patients waiting over ATS benchmarks. 2☐	>20 patients in ED and Waiting Room. 2☐	1-4 patients waiting in patient bed or transfer with no beds available within 1 hour. 2☐	1-3 Ambulances waiting <1hr 2☐
All staff appropriately skilled and staffing numbers satisfactory. 1☐	All staff appropriately skilled and staffing numbers satisfactory. 1☐	No 5 patients waiting over ATS benchmarks. 1☐	< 20 patients in ED and Waiting Room. 1☐	No patients awaiting inpatient bed or transfer. 1☐	No ambulances waiting 1☐

Escalation Status Calculation:

Status	Green	Amber	Red	Black
Escalation Matrix Score	6 - 9	10 - 12	13 - 15	16 - 18
Any ONE trigger in RED or BLACK equates to Escalation Status of that colour			/ 18	



Appendix B: Example Emergency Department Short Term Escalation Plan

GREEN	
Responsibility	Action
ED Nurse Coordinator	<p>Standing actions:</p> <ul style="list-style-type: none"> • Coordinate & monitor patient flow, aiming to achieve ATS targets • prompt medical staff at 60 minutes for each presentation to ascertain patient plan of care • escalate ED patients to the Site Bed Manager or Delegate (in hours) or After Hours Site Bed Manager (after hours) as they reach length of stay 6, 8, 12, 18, and 24 hours to initiate local and system wide responses • facilitate staff meal breaks as required • prompt ED medical staff to undertake facilitated admissions at four hour length of stay for ED patients • communicate ED escalation status to Site Bed Manager or Delegate.
ED Medical Staff (Staff on Site)	<p>Fellow of the College of Emergency Medicine (FACEM)/Senior Doctor on duty:</p> <ul style="list-style-type: none"> • Ensure ATS targets are met • ensure patients have a decision regarding disposition within 90 minutes of review • ensure all patients reaching six hour length of stay have an individualised action plan implemented, and seek operational support as required • receive General Practitioner (GP) and inter-hospital referrals • approve the holding of any patients awaiting admitting review/results of investigations, based on clinical need • where applicable, involve Home Hospital or outpatient discharge support clinicians for every appropriate patient to ensure that patient receives the right treatment, and that home first considered in all cases. <p>ED Medical staff:</p> <ul style="list-style-type: none"> • Ensure patients have a decision regarding disposition within 90 minutes of review • undertake facilitated admissions at four hour length of stay for ED patients • ensure nurse assigned to patient is aware of clinical plan.
AMBER	
Responsibility	Action
ED Nurse Coordinator	<p>In addition to Green status actions:</p> <ul style="list-style-type: none"> • Relocate clinically appropriate patients to the waiting room • expedite clinically appropriate admissions to suitable wards in collaborating with ward nurse coordinators • notify ED leadership and Site Bed Manager or Delegate of amber ED escalation status

	<ul style="list-style-type: none"> escalate delays in imaging or pathology to the relevant service, or to the responsible delegate after hours where applicable involve Home Hospital/outpatient discharge support service clinicians for every appropriate patient to ensure that patient receives the right treatment, and that home first considered in all cases reprioritise patient care and staff allocations as clinically necessary discuss increasing staff numbers where required to support effective patient care delivery and rapid ambulance offloading with the appropriate manager.
ED Nurse Manager	<ul style="list-style-type: none"> Escalate amber status at relevant operational meetings consider any required changes to staffing to support effective patient care delivery and seek approval if required.
ED Medical Staff	<p>FACEM or Senior Doctor on duty:</p> <ul style="list-style-type: none"> Ensure awareness of status of all patients in ED in consultation with the ED Nurse Coordinator expedite consultations where possible reprioritise patients as clinically necessary. <p>ED Medical Staff:</p> <ul style="list-style-type: none"> Report status of patients to FACEM/Senior Doctor on duty expedite patient referrals.
RED	
Responsibility	Action
ED Nurse Coordinator	<p>In addition to Amber status actions:</p> <ul style="list-style-type: none"> Monitor and review allocation of nursing and physical resources to support rapid ambulance offloading notify ED leadership and Site Bed Manager or Delegate of red escalation status request staffing assistance or redeployment of staffing resources from the appropriate manager when required to support patient care or expedite ward transfers inform patients in waiting room of expected delays consider safe utilisation of surge bed or corridor spaces within the department in collaboration with the patients treating doctor to promote community access to emergency care.
ED Medical Staff	<p>FACEM or Senior Doctor on duty:</p> <ul style="list-style-type: none"> Consider escalation to Director of Medical Services or Delegate if patient volume or acuity are preventing medical reviews in a clinically appropriate timeframe. <p>ED Medical Staff:</p> <ul style="list-style-type: none"> Report status of patients to FACEM/Senior Doctor on Duty expedite discharge of patients where clinically appropriate.

Black	
Responsibility	Action
ED Nurse Coordinator	<p>In addition to Red status actions:</p> <ul style="list-style-type: none"> • Monitor and alter allocation of nursing and physical resources to promote patient safety.
ED Medical Staff	<p>FACEM or Senior Doctor on duty:</p> <ul style="list-style-type: none"> • Consider requirement to attend ED in afterhours circumstances based on clinical risk. • consider notification of departmental pressures and specific actions to the Director of Medical Services or delegate. <p>ED Medical Staff:</p> <ul style="list-style-type: none"> • Fast track admissions to ward areas for continued medical workup where appropriate and in partnership with the relevant medical team.



Appendix C: Site Specific Role Responsibilities

The following tables assign action cards to specific key roles in patient flow at in-scope sites. Staff working within key roles are required to undertake the action card assigned to their respective role. Where operational circumstances require realignment, sites may adapt or reallocate action card assignment to promote an effective response to capacity pressures. For additional details see [2.12 Role Based Action Cards](#).

9.1 Albany Health Campus

Key Role	Action Card
After-Hours Nurse Manager	After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Regional Chief Pharmacist	Regional Chief Pharmacist or Delegate
Director of Medical Services	Director of Medical Services or Delegate
Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
District Director	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Home Hospital Coordinator	Home Hospital Lead or Delegate
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Nurse/Midwife Manager	Inpatient Nurse/Midwife Manager
Inpatient Medical Team Consultant	Inpatient Team Consultant/Senior Medical Practitioner
Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator
Nurse Manager Patient Flow	Site Bed Manager or Delegate

9.2 Broome

Key Role	Action Card
After-Hours Nurse Manager	After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Regional Chief Pharmacist	Regional Chief Pharmacist or Delegate
Director of Medical Services	Director of Medical Services or Delegate
Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
District Director	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Home Hospital Navigator	Home Hospital Lead or Delegate
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Clinical Nurse/Midwife Manager	Inpatient Nurse/Midwife Manager
Inpatient Medical Team Consultant	Inpatient Team Consultant/Senior Medical Practitioner
Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator
Nurse Manager Patient Flow	Site Bed Manager or Delegate

9.3 Bunbury

Key Role	Action Card
After-Hours Nurse Manager	After-Hours Site Bed Manager

Allied Health Team	Inpatient Allied Health Team
Bionic Patient Flow	Site Bed Manager or Delegate
Regional Chief Pharmacist	Regional Chief Pharmacist or Delegate
Director of Medical Services	Director of Medical Services or Delegate
Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
HomeLink Navigator	Home Hospital Lead or Delegate
After-Hours Hospital Coordinator	After-Hours Site Bed Manager
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Nurse/Midwife Manager	Inpatient Nurse/Midwife Manager
Inpatient Medical Team Consultant	Inpatient Team Consultant/Senior Medical Practitioner
Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator
Medical Codirector	Director of Medical Services or Delegate
Service Codirector	District Director or Delegate

9.4 Busselton

Key Role	Action Card/s
Allied Health Team	Inpatient Allied Health Team
Director of Medical Services	Director of Medical Services or Delegate
Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
District Director Coastal	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Home Hospital Clinical Nurse Manager	Home Hospital Lead or Delegate
Hospital Coordinator	Site Bed Manager or Delegate (in hours) After-Hours Site Bed Manager (after-hours)
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Clinical Nurse/Midwife Manager	Inpatient Nurse/Midwife Manager
Inpatient Medical Team Consultant	Inpatient Team Consultant/Senior Medical Practitioner
Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator

9.5 Carnarvon

Key Role	Action Card
After-Hours Nurse Manager	District Site After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Coordinator of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
Director of Medical Services	Director of Medical Services or Delegate
District Director	District Director or Delegate
Emergency Theatre CNM	Emergency Department Nurse Coordinator
Patient Services Coordinator	Hotel Services Coordinator or Delegate
Ward Renal CNM	District Site Inpatient Ward Nurse/Midwife Coordinator

Senior Medical Officer	Inpatient Team Consultant/Senior Medical Practitioner
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9.6 Derby

Key Role	Action Card
After-Hours Nurse Manager	District Site After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Coordinator of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
Director of Medical Services	Director of Medical Services or Delegate
District Director	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator
Inpatient Medical Team	Inpatient Team Consultant/Senior Medical Practitioner
Inpatient Clinical Nurse/Midwifery Manager	District Site Inpatient Nurse/Midwife Manager

9.7 Esperance

Key Role	Action Card
After-Hours Nurse Manager	After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Director of Medical Services	Director of Medical Services or Delegate
Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
District Director	Director of Medical Services or Delegate
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Clinical Nurse/Midwife Manager	Inpatient Nurse/Midwife Manager
Inpatient Nurse/Midwife Ward Coordinator	District Site Inpatient Nurse/Midwife Manager
Inpatient Medical Team	Inpatient Team Consultant/Senior Medical Practitioner
Nurse Manager Patient Flow	Site Bed Manager or Delegate

9.8 Geraldton

Key Role	Action Card
After Hours Nurse Manager	After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Clinical Nurse Manager Ambulatory Care	Home Hospital Lead or Delegate
Coordinator of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
Director of Medical Services	Director of Medical Services or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Inpatient Clinical Nurse/Midwifery Manager	Inpatient Nurse/Midwife Manager
Inpatient Medical Team Consultant	Inpatient Team Consultant/Senior Medical Practitioner

Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator
Nurse Manager Patient Flow	Site Bed Manager or Delegate
District Director	District Director or Delegate
Patient Support Services Coordinator	Hotel Services Coordinator or Delegate
Regional Chief Pharmacist	Regional Chief Pharmacist or Delegate

9.9 Hedland

Key Role	Action Card
After-Hours Nurse Manager	After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Regional Chief Pharmacist	Regional Chief Pharmacist or Delegate
Clinical Nurse Manager Ambulatory Care	Home Hospital Lead or Delegate
Director of Medical Services	Director of Medical Services or Delegate
Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
District Director	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator
Inpatient Medical Team Consultant	Inpatient Team Consultant/Senior Medical Practitioner
Nurse Manager Patient Flow	Site Bed Manager or Delegate
Site Clinical Nurse Manager	Inpatient Nurse/Midwife Manager

9.10 Katanning

Key Role	Action Card
Allied Health Team	Inpatient Allied Health Team
Director of Nursing Health Service Manager	Director of Nursing and Midwifery or Delegate
District Director	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Nursing Ward Coordinator	District Site Inpatient Ward Nurse/Midwife Coordinator
Regional Director of Medical Services	Director of Medical Services or Delegate
Site Clinical Nurse Manager	District Site Inpatient Nurse/Midwife Manager
Inpatient Ward Nurse Coordinator	District Site Inpatient Ward Nurse/Midwife Coordinator

9.11 Kalgoorlie

Key Role	Action Card
After-Hours Nurse Manager	After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Regional Chief Pharmacist	Regional Chief Pharmacist or Delegate
Director of Medical Services	Director of Medical Services or Delegate

Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
District Director	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Home Hospital Clinical Nurse	Home Hospital Lead or Delegate
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Clinical Nurse/Midwifery Manager	Inpatient Nurse/Midwife Manager
Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator
Inpatient Medical Team Consultant	Inpatient Team Consultant/Senior Medical Practitioner
Nurse Manager Patient Flow	Site Bed Manager or Delegate

9.12 Karratha

Key Role	Action Card
After-Hours Nurse Manager	After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Regional Chief Pharmacist	Regional Chief Pharmacist or Delegate
Director of Medical Services	Director of Medical Services or Delegate
Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
District Director	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator
Inpatient Medical Team	Inpatient Team Consultant/Senior Medical Practitioner
Inpatient Clinical Nurse/Midwife Manager	District Site Inpatient Nurse/Midwife Manager

9.13 Kununurra

Key Role	Action Card
After-Hours Nurse Manager	After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Director of Medical Services	Director of Medical Services or Delegate
Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
District Director	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator
Inpatient Team Consultant	Inpatient Team Consultant/Senior Medical Practitioner
Site Clinical Nurse Manager	Inpatient Nurse/Midwife Manager

9.14 Narrogin

Key Role	Action Card
After-Hours Nurse Manager	District Site After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Regional Chief Pharmacist	Regional Chief Pharmacist
Director of Medical Services	Director of Medical Services or Delegate
Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
District Director	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Clinical Nurse/Midwife Manager	District Site Inpatient Nurse/Midwife Manager
Inpatient Nurse/Midwife Ward Coordinator	District Site Inpatient Ward Nurse/Midwife Coordinator
Inpatient Medical Team Consultant/Senior Medical Practitioner	Inpatient Team Consultant/Senior Medical Practitioner

9.15 Northam

Key Role	Action Card
After-Hours Nurse Manager	After-Hours Site Bed Manager
Allied Health Team	Inpatient Allied Health Team
Regional Chief Pharmacist	Regional Chief Pharmacist or Delegate
Director of Medical Services	Director of Medical Services or Delegate
Director of Nursing and Midwifery	Director of Nursing and Midwifery or Delegate
District Director	District Director or Delegate
Emergency Department Nursing Shift Coordinator	Emergency Department Nurse Coordinator
Home Hospital Coordinator	Home Hospital Lead or Delegate
Hotel Services Coordinator	Hotel Services Coordinator or Delegate
Inpatient Clinical Nurse/Midwifery Manager	Inpatient Nurse/Midwife Manager
Inpatient Nurse/Midwife Ward Coordinator	Inpatient Ward Nurse/Midwife Coordinator
Inpatient Team Consultant	Inpatient Team Consultant/Senior Medical Practitioner



Appendix D: Patient Transfer Process Map

