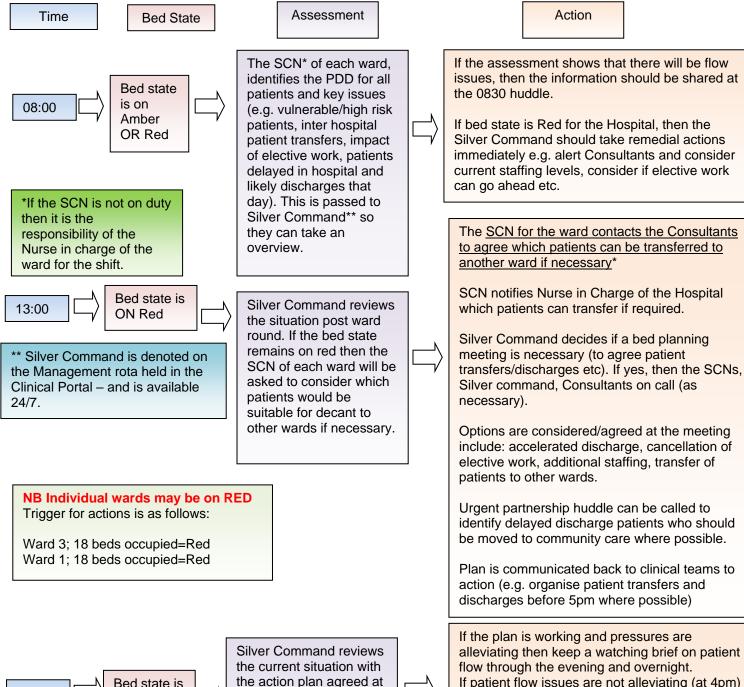
Appendix A Patient Flow Escalation Plan (Acute Directorate) – NHS Shetland



13:00 (e.g. progress of

accelerated discharges

patient transfers,

etc).

If the plan is working and pressures are alleviating then keep a watching brief on patient flow through the evening and overnight. If patient flow issues are not alleviating (at 4pm) then Silver Command will:

Action

- Contact the Consultants on call
- Contact Director of Nursing & Acute Services OR Gold Command on call if DNAS is unavailable, in order to agree contingency plans to be enacted for the rest of the day/night

Out of Hours/Weekends

Nurse in Charge of the Hospital only needs to contact the Silver Command on Call IF:

Beds are on RED and patient transfers are required and there is a need to move patients to beds not usually staffed e.g. using surge capacity or there are patient placement issues

NB: Consultants must be made aware if a patient is being considered for transfer to another ward before the move is completed

highest acuity) in order that decisions can be made about treatment plans and PDD Patients who have complex discharge requirements will remain

ASpecific consideration should be given to patient care needs

The Consultant must ensure that patients who are transferred to

another ward continue to receive appropriate medical review.

Patients will be reviewed according to clinical priority (patients

transferred to other wards will be seen after patients with the

e.g. only transfer patients with confusion/dementia/high falls risk/complex discharge plans/palliative or terminal care if there

are no other patients suitable for inter-ward transfer.

Bed state is

ON Red

the responsibility of the admitted ward.

16:00