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## Bed Escalation Plan – Hutt Maternity

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

### Purpose

To provide all Hutt Maternity staff, both midwifery and medical, with instruction on how to manage beds, acuity and staffing levels to ensure the clinical safety of women, babies and staff, and to maintain business continuity during times of high activity or staffing shortfall.

Levels of escalation range from: Code Green (business as usual); Code Yellow (limited further care capacity); Code Amber (severely restricted capacity); to Code Red (nil further care capacity). Appropriate contingency plans and supporting actions must be initiated at each level and de-escalated when appropriate.

### Scope

- All core midwives
- All Senior Medical Officers (SMOs), Registrars and Senior House officers of Maternity Services (Paediatrics, Obstetrics and Anaesthetics)
- Theatre co-ordinator
- Emergency Department (ED) co-ordinator
- Duty nurse manager (DNM)
- Paramedics
- All LMC access holders

### Excludes

- All non – maternity admissions and discharges

### Definitions

#### Resourced Beds

The number of beds which, based on established core midwifery staffing levels, are available to women on a daily basis.

- Birthing Suite (DS) – 8 resourced beds
- Postnatal Ward (PN) – 18 resourced beds

## Unresourced beds

Beds physically available in the ward/unit but over and above the number of resourced beds. Use of these beds is subject to staff availability. These beds can be opened when it is deemed necessary and clinically appropriate to do so.

### Unresourced DS beds include:

- Assessment room
- PN Rooms 14 and 15 (if available)

NB: If unresourced beds are used for birthing, staff will need to source a neonatal resuscitaire from PN or theatre and ensure that the PN area continues to have access to a neonatal resuscitaire.

### Unresourced PN beds

- 17A, 17B and 17C

## Capacity Definitions

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Code Green</b><br><b>(Business as usual)</b>            | <ul style="list-style-type: none"><li>• Sufficient beds and staffing available to meet expected need</li><li>• Able to accept new admissions</li><li>• Staffing can be reorganised to accommodate core midwifery attendance at emergency caesarean section (EM/CS)</li></ul>                                                                                                                                                                                                                                               |
| <b>Code Yellow</b><br><b>(Limited capacity)</b>            | <ul style="list-style-type: none"><li>• Capacity to admit to DS restricted</li><li>• Bed blocking situation e.g. women able to transfer from DS to PN but no suitable bed available</li></ul> <b>and/or</b> <ul style="list-style-type: none"><li>• Insufficient staff capacity in PN to provide a safe level of care for new admissions</li><li>• Difficulty in reorganising staffing to accommodate core midwifery attendance at EM/CS</li><li>• Care rationing due to acuity, i.e. non-essential tasks ceased</li></ul> |
| <b>Code Amber</b><br><b>(Severely restricted capacity)</b> | <ul style="list-style-type: none"><li>• Service approaching Code Red</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Code Red</b><br><b>(Nil capacity)</b>                   | <ul style="list-style-type: none"><li>• Nil capacity to admit to DS or PN</li><li>• Nil capacity to meet expected demand</li><li>• Nil further staff capacity</li><li>• All beds, including unresourced beds, utilised</li><li>• Unable to reorganise staffing to accommodate core midwifery attendance at EM/CS</li><li>• Nil capacity to provide emergency care</li></ul>                                                                                                                                                |

**Code Red is considered an internal crisis associated with bed capacity.** Only the on-call SMO and Clinical Midwifery Manager (CMM) have the authority to call a Code Red. The details of all 'Code Red' calls need to be fully and accurately documented in the SQUARE incident reporting system and in TREND CARE including:

- The date and time the call was made
- The date and time the stand down was enacted
- Total length of time the unit was in code red and
- Reason for same

**Roles and Responsibilities – Associate Clinical Midwifery Manager (ACMM)**

- To be aware of ALL women requiring admission
- Holds designated authority to re-deploy midwifery staff across the service
- Is responsible for daily coordination and allocation of beds
  - At the beginning of each shift identifies beds for both elective and acute admissions and women suitable for discharge.
  - The decision to open unresourced beds is made by the ACMM and CMM during business hours and after hours, by the ACMM. The Duty Manager needs to be advised accordingly.

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|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Code Green<br/>(Business as usual)</b>            | Continue to assess and manage: <ul style="list-style-type: none"> <li>• Bedding levels</li> <li>• Staffing levels</li> <li>• Staff acuity</li> <li>• Impending admission/discharges</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Code Yellow<br/>(Limited capacity)</b>            | Once significant activity, acuity or a resourcing issue is identified: <ul style="list-style-type: none"> <li>• Conduct DS and PN ward round to review status of all women and babies</li> <li>• Expedite medical reviews, discharges and planned early discharges (PEDs)</li> <li>• Consider utilising un-resourced beds</li> <li>• Consider re-deploying/calling in extra staff</li> <li>• Consider additional contingency measures as detailed below</li> <li>• Cease/postpone any non-urgent procedures e.g. induction of labour, elective caesarean section, external cephalic version</li> <li>• Notify on-call SMO and CMM of workload and anticipated flow of women</li> <li>• Notify DNM</li> <li>• Contact LMCs via group text message and advise them to update DS early regarding possible admissions</li> <li>• Ensure TrendCare is completed including shift notes</li> </ul> |
| <b>Code Amber<br/>(Severely restricted capacity)</b> | If actions as per Code Yellow not successful in rectifying or improving situation: <ul style="list-style-type: none"> <li>• Request on-call SMO and CMM attend in person if not already on-site</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## Roles and Responsibilities – On-call SMO/CMM

Maintain sufficient staff resources (includes effective management of vacancies and annual leave to meet expected activity across the service)

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|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Code Green<br/>(Business as usual)</b>            | <p>Management delegated to ACMM</p> <ul style="list-style-type: none"> <li>• Be contactable via telephone/pager should situation change</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Code Yellow<br/>(Limited capacity)</b>            | <p>Management delegated to ACMM</p> <ul style="list-style-type: none"> <li>• Be contactable via telephone/pager should situation change</li> <li>• If not already on-site, be available to attend unit in person should situation deteriorate to Amber</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Code Amber<br/>(Severely restricted capacity)</b> | <p>Once contacted by ACMM attend in person within thirty minutes</p> <ul style="list-style-type: none"> <li>• Review workload in DS</li> <li>• Cease/postpone any elective procedures</li> <li>• Conduct PN ward round to review status of all women and babies</li> <li>• Expedite discharges</li> <li>• SMO to liaise with Special Care Baby Unit (SCBU) SMO if appropriate to hasten neonatal reviews and discharges</li> <li>• Consider transfer of appropriate women to Melling Birthing Unit, Kenepuru or Paraparaumu Maternity Units</li> <li>• Encourage PEDs for appropriate women and babies</li> <li>• Liaise with Capital and Coast DHB (CCDHB) and Wairarapa DHB (WDHB) regarding possible need to transfer or redirect women/babies to these facilities</li> <li>• In consultation with paediatric SMO and SCBU clinical manager consider restricting inter-hospital transfer and/or admissions to SCBU</li> <li>• Update DNM on status of unit</li> </ul> |
| <b>Code Red<br/>(Nil Capacity)</b>                   | <p>Decision made by SMO and CMM.</p> <ul style="list-style-type: none"> <li>• Elevate to Clinical Lead Obstetrics, Service Manager, Director of Midwifery and DNM</li> <li>• Unit closed to any further admissions</li> <li>• Women redirected to other facilities</li> <li>• Unit closed to inter-hospital transfer</li> <li>• Inform affected providers: LMCs, HVDHB ED, theatre, anaesthetics, paramedics, CCDHB, WDHB and Melling birthing centre</li> </ul> <p><b>Status should be reviewed two hourly to ensure all factors have been fully considered and appropriate actions taken.</b></p> <p><b>Status should be downgraded when appropriate.</b></p> <p><b>Status should be documented in Trendcare shift notes every two hours.</b></p>                                                                                                                                                                                                                      |

**Additional contingency measures which can be considered include:**

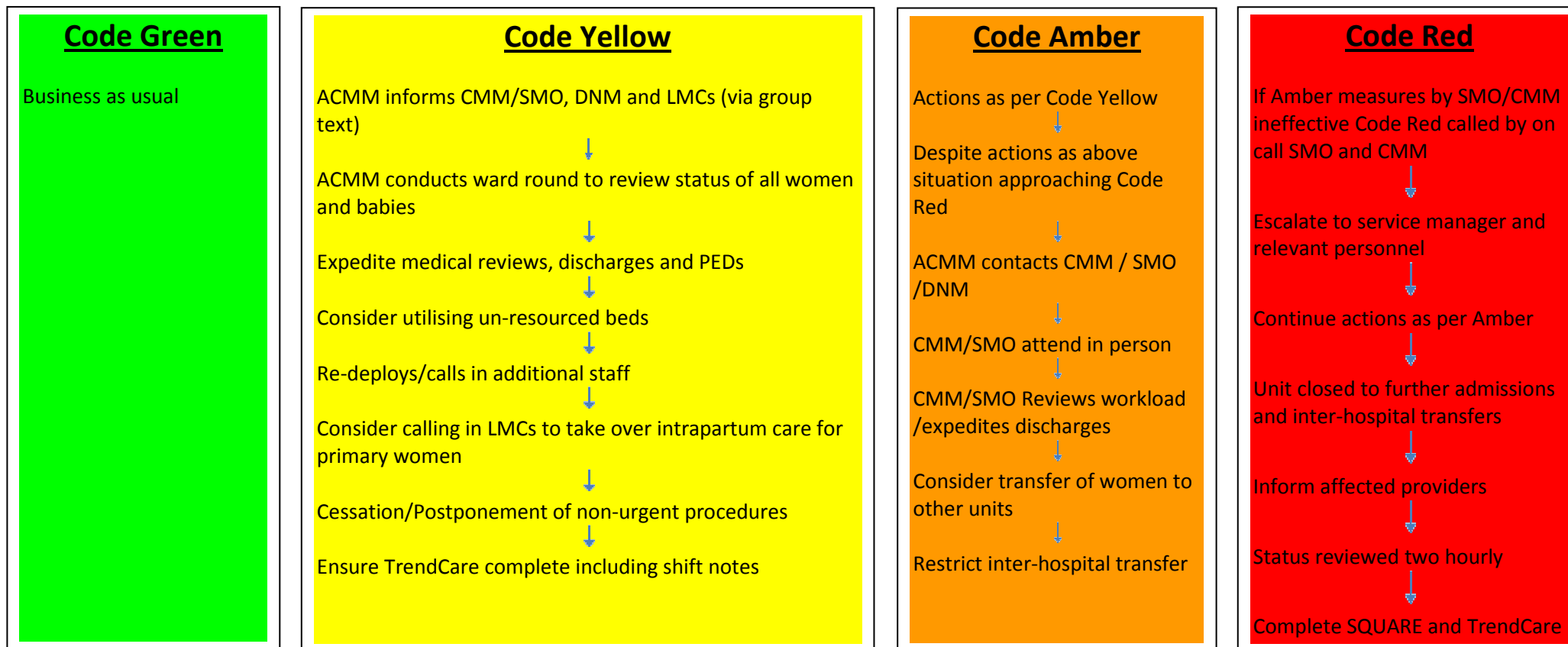
- Re-deployment of Community Midwifery Team midwives into clinical practice on a short-term basis should their acuity allow
- Re-deployment of midwifery educators into clinical practice
- Offer additional/overtime hours to part time and casual staff
- Review any planned study leave and considering recalling staff to the clinical area
- Consider recalling staff from annual/lieu leave.
- Relocate the Maternity Assessment Unit (MAU) to DS to enable triage of MAU cases against DS acuity
- Enlist the assistance of the DNM who may be able to;
  - Redeploy nursing staff from other areas of the hospital to assist in PN
  - Source bed spaces for appropriate women in alternative wards e.g. Gynaecological and General Surgery (GSG) ward
  - Liberate bed space to create a satellite maternity ward of low risk postnatal mothers
  - Liberate additional Health Care Assistant (HCA) and administrative staff to deal with peak workloads.
- Consider the use of Special Care Baby Unit (SCBU) nurses to observe newborns in Post Anaesthetic Care Unit (PACU) or for SCBU to care for newborns whilst the mother is under the care of PACU in theatre
- Identify LMCs available to provide care to primary team labouring women and transfer care for the intrapartum period

**For quick reference guide please refer to;**

**Appendix One - Bed Escalation Plan, ACMM on duty**

**Appendix Two - Bed Escalation Plan, no ACMM on duty**

## Appendix One - Bed Escalation Plan, ACMM on Duty



| Green<br>(Business as Usual)                                                                                                                                                                                                                                               | Yellow<br>(Limited Capacity)                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amber<br>(Severely Restricted Capacity)                                        | Code Red<br>(Nil Capacity)                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Sufficient beds and staffing available to meet expected need</li> <li>Able to accept new admissions</li> <li>Staffing can be reorganised to accommodate core midwifery attendance at emergency caesarean section (EM/CS)</li> </ul> | <ul style="list-style-type: none"> <li>Capacity to admit to DS restricted</li> <li>Bed blocking situation e.g. women able to transfer from DS to PN but no suitable bed available <b>and/or</b></li> <li>insufficient staff capacity in PN to provide a safe level of care for new admissions</li> <li>Difficulty in reorganising staffing to accommodate core midwifery attendance at EM/CS</li> <li>Care rationing due to acuity, i.e. non-essential tasks ceased</li> </ul> | <ul style="list-style-type: none"> <li>Service approaching Code Red</li> </ul> | <ul style="list-style-type: none"> <li>Nil capacity to admit to DS or PN</li> <li>Nil capacity to meet expected demand</li> <li>Nil further staff capacity</li> <li>All beds, including Unresourced beds, utilised</li> <li>Unable to reorganise staffing to accommodate core midwifery attendance at EM/CS</li> <li>Nil capacity to provide emergency care</li> </ul> |

## Appendix Two – Bed Escalation Plan, no ACMM on Duty

**Code Green**

Business as usual

**Code Yellow**

Shift co-ordinator to;

Ensure staff complete TrendCare to accurately reflect acuity

↓

Conduct ward round to review status of all women and babies

↓

Expedite medical reviews, discharges and PEDs

↓

Contact DNM to request support/additional staff

↓

Consider calling in LMCs to take over intrapartum care of primary women

↓

Considered using unresourced beds

↓

Re-deploy/call in additional staff

↓

Cease / Postpone non-urgent procedures

**Code Amber**

Shift co-ordinator contacts on call ACMM

↓

ACMM attends in person within 30 minutes

↓

Actions as per 'ACMM on duty' flowchart

| Green<br>(Business as Usual)                                                                                                                                                                                                                                               | Yellow<br>(Limited Capacity)                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amber<br>(Severely Restricted Capacity)                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Sufficient beds and staffing available to meet expected need</li> <li>Able to accept new admissions</li> <li>Staffing can be reorganised to accommodate core midwifery attendance at emergency caesarean section (EM/CS)</li> </ul> | <ul style="list-style-type: none"> <li>Capacity to admit to DS restricted</li> <li>Bed blocking situation e.g. women able to transfer from DS to PN but no suitable bed available <b>and/or</b></li> <li>insufficient staff capacity in PN to provide a safe level of care for new admissions</li> <li>Difficulty in reorganising staffing to accommodate core midwifery attendance at EM/CS</li> <li>Care rationing due to acuity, i.e. non-essential tasks ceased</li> </ul> | <ul style="list-style-type: none"> <li>Service approaching Code Red</li> </ul> <p>NB: Only SMO / CMM have the authority to call a Code Red (Nil capacity)</p> |