



NELHIN- Non-Urgent Inter-Facility
Patient Transportation Pilot /
Demonstration Projects



Timiskaming District Non-Urgent Inter-
facility Patient Transportation
Demonstration Project

A Growing Problem

- Over the previous 40 years EMS was able to accept calls for Non-Urgent Transportation due to a relatively low volume.
- However, the advent of new diagnostic technologies, centralized specialities combined with the need to accommodate a ageing population, there has been a dramatic increase in volume that severely limits the ability of EMS to provide mandated emergency medical services
- In Timiskaming District there are three Hospitals sending Non-Urgent patients in three different directions (Timmins, Sudbury and North Bay) on a daily basis.



Project History

- August 2012 DTSSAB Board directed that the CAO work with the NELHIN and the area Hospitals on improving the Non-Urgent Patient transfer system in the District of Timiskaming
- Meetings with New Liskeard, Englehart and Kirkland Lake Hospitals along with the NELHIN helped to bring the issues associated with the large volume of Non-Urgent Patient Transportation into focus.
- October 2012 Meetings continued up to the NELHIN call for Projects Proposals at which point the meetings then focused on the development of a true partnership business case for a District wide demonstration project.
- January 2013 funding for a demonstration project was awarded to the three Timiskaming District partner hospitals with the DTSSAB EMS being a key partner to the project.
- Project commenced February 24, 2013



Project Over view

- With the aid of a Transport Decision Guide the Hospitals assign Patient Transportation to the appropriate agency, EMS or a Stretcher Transportation Company
- The Decision Guide directs all Non-Urgent patient transportation calls to the Stretcher Transportation Company, this includes all long distance transports and transports to other facilities within the District.
- However in the situation where the Transportation Company is unable to accept the call, the Hospital then refers the call to EMS, ensuring that the patient receives the required service.



Decision Guide

- [6043e - Patient Transport Decision Guide.pdf](#)
- The Guide is a critical tool in this project as it assists hospital staff in assessment of the correct mode of transport to meet the patients medical need.
- The Decision Tool was taken from existing templates currently in use in Southern Ontario Hospitals.
- Physicians were introduced to the project and the decision tool at meetings held at all three hospitals, prior to the project start-up.
- All three hospitals conducted in-house training and follow-up as needed, prior to start-up.



Project Monitoring

- Patient Satisfaction Survey
- Sending Facility Survey
- Project Data

Break down of Hospital Use

Breakdown of the receiving Facilities

Costs per call

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Progress to Date

- 59 Patients Transported to date (Feb 24 to March 30)
- Total cost to date \$36,356 (avg. cost per call \$616)
- Total Wait Time Cost to date \$5,295
- Total Wait time to date 51 hours
- Total Distance traveled to date 12,571 KMS
- Average time per call 6 to 8 hours





Greater Sudbury EMS
Non-Urgent Inter-Facility Patient
Transportation Demonstration Project

NELHIN - Non-Urgent Transfer Pilot

Background

- Vast geography and centralized Health Services across the NELHIN on-time medical transport essential
- Health Sciences North/Horizon Santé-Nord (HSN) Northern referral hospital
- Access to care is contingent upon seamless and timely patient flow out of HSN.
- ED Outreach Service (EDOS) or Nurse Led Outreach Service provides intervention and responsiveness to participating LTC facilities to avoid ED visits where possible
- HSN and City of Greater Sudbury EMS partnered on the pilot seeing potential benefits for both HSN and EMS



NELHIN - Non-Urgent Transfer Pilot

Health Sciences North (HSN) System Challenges

- Averages 61 discharges daily, about 30% require non-urgent or assistive transportation.
- HSN ED experiences access to care issues due to delays with admitted patients awaiting an in-patient bed with a total LOS of 44 hours (Feb 2013) well above the Province's 90th percentile of 21.4 hours. (*ED overcrowding*)
- A component of these delays can be attributed to occupant discharges awaiting non-urgent transportation
- ED Outreach Service (EDOS) utilizes EMS for transportation for diagnostics or assessment where non-urgent may expedite patient movement to the ED reducing dependence on EMS



NELHIN - Non-Urgent Transfer Pilot

EMS System Challenges:

- New Response Time Standards
 - Sudden Cardiac Arrest in 6 minutes
 - CTAS 1 in 8 Minutes
- Emergency calls have increased 34% since 2007.
- Non-urgent calls have decreased by 50% since 2007.
- EMS is unable to meet HSN's non-urgent transfer requirements in a timely fashion.
- Challenges with patient flow through HSN contributes to ED overcrowding resulting in ambulance off load delays.



NELHIN - Non-Urgent Transfer Pilot

Considerations in Pilot Model?

- Patient safety, through
 - higher level of care utilizing Primary Care Paramedics
 - established regulations standards and QA programs covering patient care, vehicles, equipment, documentation, and operations.
- Leverages existing management oversight and infrastructure
- Able to service Emergency Department Outreach Service (EDOS) Patients.
- Previous experience allowed to bring on line with minimal delay.



NELHIN - Non-Urgent Transfer Pilot

Sudbury Pilot Design

- Single vehicle - Community Flow Car
- Operates 7/12 – 08:00 a.m. to 08:00 p.m.
 - Hours meet peak non-urgent volumes
 - excluding City Stat holidays
- Staffed by two Primary Care Paramedics
 - No training required
 - Ensures patient safety for duration of pilot
 - Minimal risk to the city
- Performance Metrics have been developed to be reported monthly
- HSN controls CFC through patient bookings process



NELHIN - Non-Urgent Transfer Pilot

CFC Patient criteria:

- Is not an emergency situation
- Patient destination is not an Emergency Department (except for transportation of EDOS patients from participating LTC facilities as appropriate)
- stable medical condition with low acuity; and
- requiring a stretcher vehicle; or
- ambulatory or semi-ambulatory inpatients/LTC residents; or
- requiring a nursing or other health provider escort
- Transportation of ED patients requiring access to a Schedule 1 bed or psychiatric assessment under the *Mental Health Act*.



NELHIN - Non-Urgent Transfer Pilot

Early Results:

- Pilot commenced March 18th.
- CFC currently averaging 4 calls per day
 - Since March 18 a total of 74 patients moved
 - About 10% of these are long distance repatriations
- HSN has seen discharges waiting for transportation go from average of 6 days to same day service.
- EMS still doing non-urgent transfers mostly treatment/return transfers from within the city.
- Pilot metrics have been developed and will be reported starting at the end of April



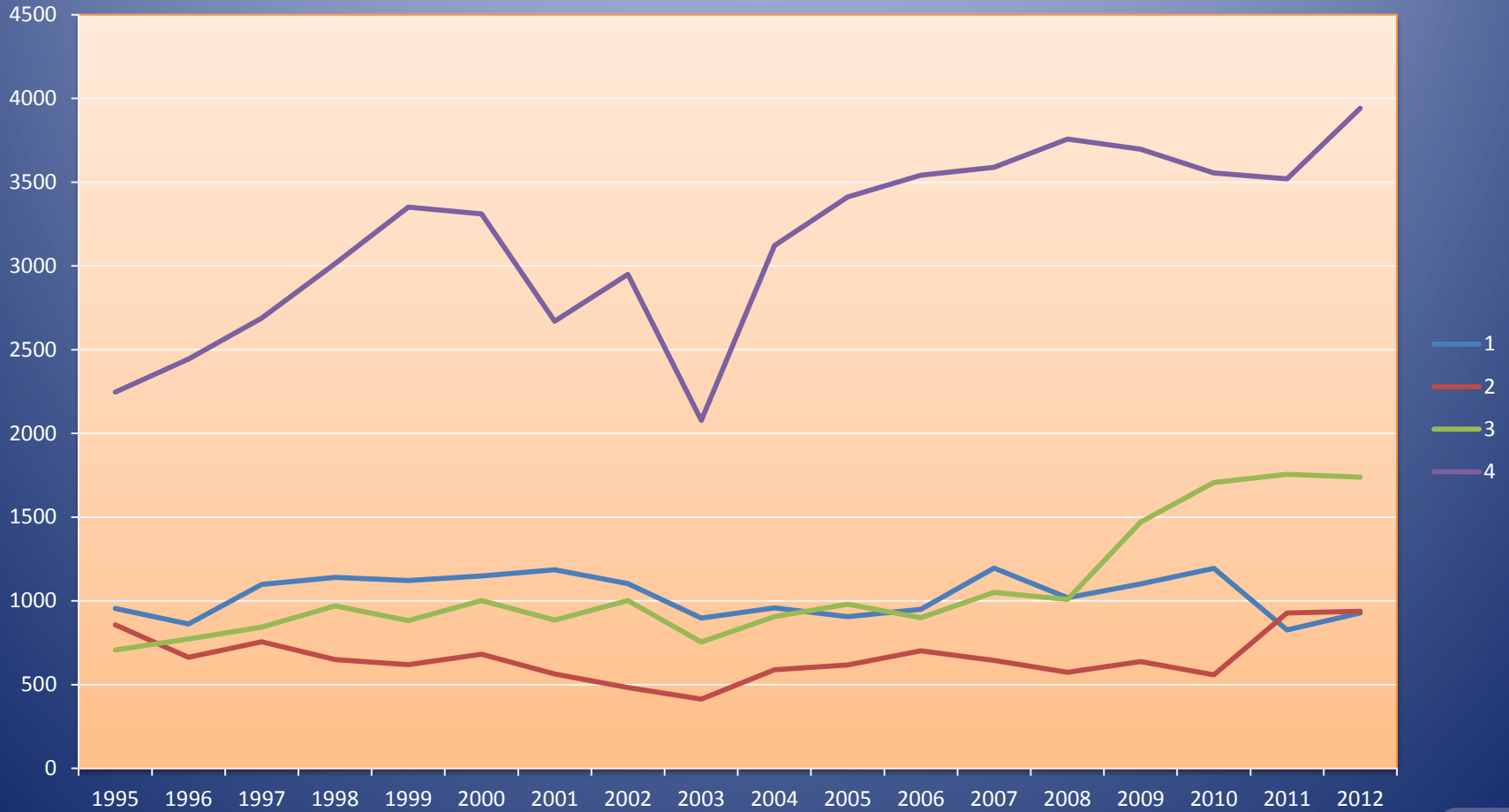


Manitoulin-Sudbury Patient Transportation Service (PTS)

Manitoulin-Sudbury DSB



Historical Call Priority Breakdown



The Issue



Coordinated Approach



Partnership

Joint application mirroring business case submitted to the MoHLTC



Program Focus in Manitoulin-Sudbury



- Improve timely service for interfacility patient transfers



- Decrease pressure on EMS in relation to non-urgent patient transportation and emergency coverage.



The Solution



- Three refurbished ambulances
- Operate two vehicles daily Mon-Fri, 8:00-5:00
- Staffed by first aid providers with enhanced training (stretchers and patient mobility, disease transmission)
- Collect data to help create a made-in-the-north solution for a northern problem



Benefits of Model

- Publicly Operated
 - Not-for-profit (cost recovery only)
 - Uses current infrastructure (insurance, bases etc.)
 - Accountable
 - Ensures a high standard of care
- Non-paramedic staff
 - Stable patients have lower needs
 - Lower wages to commensurate with skill set



Expected Results



- On-time / scheduled as needed
 - Less overtime for EMS and Medical facilities
 - Patients meet appointment times
 - Patients and staff are not stranded waiting for returns.
- EMS emergency coverage is maintained
 - Communities are not left without emergency coverage due to non-urgent transfers.
- Early Information (first 4 weeks)
 - 88 transfers performed
 - 11,116 km travelled



Moving Forward

In closing,

- The data from all the projects will be brought forward to a NELHIN Project Advisory Committee that will review Non-Urgent Patient Transfers in North Eastern Ontario, with an aim to develop and New Business Model.
- A Non-Urgent Transportation Crisis is already upon us. As new funding formulas, new technologies and the need to provide patients access to diagnostic and treatment options, there is a need for appropriate and cost effective transportation. Cost effective non-urgent patient transportation must become part of the equation today.



QUESTIONS?