



Report To: Manitoulin-Sudbury DSB Board
From: Michael Maclsaac
Chief of EMS
Date: November 22, 2012
Re: Non-Urgent Inter-Facility Patient Transportation Request for Expressions of Interest for Time Limited Projects – DSB & Services de santé de Chapleau Health Services

RECOMMENDATION

That the Board takes this report as information regarding an initiative by the North East Local Health Integration Network (NE LHIN) to study the issue of non-urgent patient transportation through the use of time limited pilot projects.

Further that the Board approves the [Chapleau Proposal](#) submitted to the NE LHIN by the DSB in partnership with the Services de santé de Chapleau Health Services.

REPORT

Background

As the Board is fully aware, the issue of non-urgent patient transportation is a major one for EMS services in Northern Ontario. We have been very proactive on this front collaborating with local stakeholders in the past and producing a Business Case which was submitted to the Minister of Health in October of last year. This past summer the NE LHIN engaged Northern EMS Chiefs and Directors regarding non-urgent transportation during a teleconference. At that time it was revealed that the NE LHIN would be organizing a committee to review this issue and additionally mentioned was the possibility of one time funding being available for use on this issue. On October 16th the NE LHIN posted a [Request for Expressions of Interest](#) (EOI) for Time Limited Projects regarding non-urgent patient transportation

Objectives

The objectives of this initiative are clear. The NE LHIN is “seeking to pursue one or more time limited pilot/demonstration projects of innovative strategies/models which will help in the broader review of the issue as a whole”. They would like to see a program(s) that improves timely services to clients, improves client experiences, and decreases pressure on hospital emergency departments and EMS in relation to non-urgent patient transportation. A distinctive part of this project is that the NE LHIN is expecting a

coordinated approach amongst different organizations. They are looking for joint proposals or letters of support between two or more organizations. This is unique in that the LHIN is making the push to get typically independent and unaligned organizations to open up to each other for the benefit of the patient.

There is a clear definition on what is in and out of the scope of this project. It is evident that this is a true inter-facility initiative and does not deal with home based transportation. Submissions were required to address certain criteria with detailed descriptions on the current problem, the proposed strategy and operations thereof. There was the obvious requirement to submit a detailed budget and costing of the project. Finally, program evaluation criteria were also needed.

At the conclusion of the project(s), there is an expectation of data analysis and a discussion of lessons learned and benefits and challenges for evaluation purposes.

It must be noted that there is no forgone conclusion that all parties submitting would be chosen to participate in the trial. There is evaluation criteria that the NE LHIN will use to determine which submissions would be chosen.

The Application

Shortly after receipt of this Expression of Interest (EOI), we were contacted by Services de santé de Chapleau Health Services (SSCHS). After getting together via teleconference, it was decided that we would jointly submit a proposal that somewhat mixed some of the concepts put forth previously in our Business Case with the unique situation and operating principles of the SSCHS. The merits of this proposal are detailed below.

Proposal Objectives

The objectives in this proposal are similar to those of the rest of the North however the means to get there are unique to the situation in Chapleau. The goals of this project are as follows:

- ***Improve patient care.*** Reduce amount of time patients spend waiting to get to higher diagnostic testing, which affects their care plan, and reduce the time waiting to return to their community hospital.
- ***Improve patient safety.*** It is a regular experience for patients to be stuck waiting in a hallway at a larger centre for hours with the same escort they came with. This escort does not get relieved and this patient is not under the active care of a physician. We regularly experience patient & escort gone on a transfer in excess of 12 hours, with the other facility refusing to relieve the escort and/or take over temporary care of the patient. This is unsafe patient care.
- ***Improve staff safety.*** Escort nursing staff need to know that when they go on a transfer with a patient they will not be left in charge of the care of that patient for unsafe lengths of time. Staff need opportunity to rest and have meals so that their clinical judgment is not compromised. In the other facilities defence, they cannot

staff up to assist all the sending facility patient care needs because we are unable to get transportation home.

- **Improve patient safety in Chapleau community during transfers.** It is completely unsafe for the community of Chapleau to be left basically without ambulance coverage for 45 or more minutes. This project would remove this risk.
- **Unique solutions to unique challenges.** Due to Chapleau's unique location we are unable to "piggy back" on the transportation route of other community hospitals. This vehicle would be dedicated to the community of Chapleau.

In order to attain these goals there are responsibilities of the main partners. The SSCHS will:

- Operate this alternative transportation model in alignment with all applicable MOHLTC acts and standards and best practices. A Job Description and Policy and Procedure manual will be developed with this in mind.
- Escort staff – unchanged from current situation, although we have an expectation of lowering escort costs due to reduced transfer times. This will be measured during the pilot project period.
- Drivers - will hire 2 full time drivers in a "job share" program in order to run the program at a fixed predictable cost. Operate similar to other job share arrangements the hospital has, the employees will receive full time wages, however no other premium or call back payments. Since the amount and time of hours is completely unpredictable with our erratic volumes, this will assist with employee recruitment and retention, making the service viable.
- Statistics – will collect all required statistical reports to measure the degree of success of the demonstration project over the six month period.
- Develop and utilize a decision tree (algorithm) throughout the course of the project to determine whether our patients should be transported by the Non-Urgent Transportation Vehicle or via ambulance.
- Make every attempt to transfer each and every patient being deemed as not requiring an ambulance via the Non-Urgent Transportation Department during its hours of operation.
- Under direction from the NE LHIN, act as the administrative lead/paymaster.
- Flow funds to the MS-DSB for the vehicle and equipment expenses.

Additionally, Manitoulin-Sudbury DSB will:

- Provide the non-urgent transportation vehicle for rental to SSCHS (suitable decommissioned ambulance) & necessary equipment.
- Provide training for drivers (2 week training & orientation).
- Provide advisory operational support, including providing expertise in running a medical transportation vehicle, provide guidance on applicable MOHLTC acts, standards and best practices. Participate in the development of the job description (for driver) and policy and procedure manual.
- Provide direction and tools on collection of proper statistical data during the six month period.

- Determine a proper maintenance schedule and assist in the maintenance program for the vehicle.

As the new service would be established through existing non-profit organizations, it can be operated at a lower cost than that of the private sector which is profit motivated. By our estimates, we see an hourly ongoing cost of \$69.56 whereas the private industry rates range from \$100.00 to upwards of \$150.00 per hour. While this figure is substantially less than that of private industry, the added benefit of this unique proposal is the “job share” ability within the systems already established at the SSCHS. Having the ability to call upon the service on an as needed basis is instrumental in achieving a high level of utilization, thus increasing the ability of this program to realize success in all area previously listed.

Funding Parameters

The funding for this project would be provided **100%** by the NE LHIN. However as part of the project the DSB is donating the usage of 1 former ambulance, and an Automatic External Defibrillator. The SSCHS will be providing the usage of linen and cleaning supplies. Estimates place the cost of the 6 month project at \$109,419. Of that cost \$41,600 or 38% are start-up costs which are present regardless of the length of contract.

What Our Neighbours are Doing

We anticipate that many of our neighbours will be entering into some sort of proposal/agreement on this front. We would suspect that Timiskaming DSB would enter a proposal utilizing the MTS currently in place and underutilized within their DSB. Understanding the HSN in Sudbury already contracts with MTS Platinum Patient Transfer Services, we would believe that they would submit a proposal including them. We are aware of a couple other MTS from Southern Ontario contacting EMS and hospital officials on this matter. It would be suspected that EMS and hospitals without current concrete plans would be willing to explore any possibilities with them.

Conclusion

We await the decision of the NE LHIN on this funding initiative. While a lot of work was completed developing the proposal, a lot more would be required if this proposal were chosen as a pilot project. Building on the expertise of the EMS Department, Policies & Procedures, job descriptions, hiring & orientation processes, and operational & logistical practices will all need to be established. This would be quite a daunting however exciting task to build a system such as this from scratch. We are looking forward to discussing this matter further with the NE LHIN.