



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 , Espanola Regional Hospital & Health Centre & Manitoulin Health Centre submission

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 [LaCloche-Manitoulin Proposal](#) submitted to the NE LHIN by the DSB in partnership with the Espanola Regional Hospital & Health Centre and Manitoulin Health Centre.

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 regarding non-urgent transportation 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 on this front 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

Upon receipt of this Expression of Interest (EOI) we engaged Espanola Regional Hospital & Health Centre and Manitoulin Health Centre. We had discussions and it was decided that we would jointly submit a proposal that mirrored the concepts put forth previously in our Business Case. The merits of this proposal are generally detailed in the Executive Summary which is reproduced below.

Executive Summary

This expression of interest is based on the original Manitoulin-Sudbury DSB Non-Urgent Patient Business case (submitted to the Ministry of Health and Long-Term Care on October 25, 2011), which had formal written support from several hospitals in the Sudbury-Manitoulin Hub including the North East Local Health Integration Network.

A reliable patient transportation network, both to and between hospital sites, is a major system component of a modern, integrated health care delivery network. The current state of patient transport capacity within the Manitoulin-Espanola-Sudbury region is principally the responsibility of the EMS service, as administered by the Manitoulin-Sudbury DSB. The ability of EMS to respond to emergency, urgent and non-urgent patient transportation requests is severely taxed.

This proposal focuses on expanding capacity in a cooperative, collaborative and integrated manner and is predicated on the following components:

- 1) three recently decommissioned and suitably prepared ambulances will be used as transport vehicles – two will operate at any one time (the third will be held in reserve), with one car stationed in Mindemoya and the second vehicle in Espanola;

- 2) part-time patient transfer attendants will be hired and trained by Manitoulin-Sudbury DSB to provide 80 hours/week of non-urgent transport of patients between the region's hospital sites;
- 3) appropriate and standardized triage of patient transport needs will be accomplished by the hospitals;
- 4) Manitoulin-Sudbury DSB will collect all required statistical reports to measure the degree of success of the demonstration project over the six month period;
- 5) Dispatch services will remain with the Central Ambulance Communication Centre (CACC); and
- 6) funding will transfer from the NE LHIN to one of the participating hospitals, who shall act as the administrative lead/paymaster for the six-month demonstration pilot project.

As the new service would be established through existing non-profit organizations, it can be operated at a lower cost than that of a private sector that is profit motivated. By our estimates, we see an hourly ongoing cost of \$63.96 whereas the private industry rates range from \$100.00 to upwards of \$150.00 per hour. Additionally, by building on existing infrastructure, services and processes, we are not reinventing the wheel. As each organization already meets rigid quality standards (e.g. infection control), there will be synergistic benefits of aligning these standards across each sector. This too will further support the work being undertaken to implement the Excellent Care for All Act. Ultimately, all organizations would achieve improved response times/reduced wait times by working together to better coordinate drop-offs and pick-ups to achieve better scheduling thus avoiding duplication of service and related multi-trips to and from Sudbury.

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 3 former ambulances, and an Automatic External Defibrillator and the Hospitals will be providing the usage of linen and cleaning supplies as a start up with minimal monthly costs being built in. Estimates place the cost of the 6 month project at \$184,078. Of that cost \$51,046 or 28% 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 putting the proposal together, a lot more would be required if we were chosen as a pilot site. 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 believe that we have placed ourselves in a position to be successful and are anticipating that the NE LHIN will give our proposal serious consideration.