

MEDIA RELEASE

Northern Partners Collaborate on a Patient-Focused Non-Urgent Transportation Review

August 21, 2014 – The needs of patients are at the centre of a just completed North East LHIN review of non-urgent patient transfers across Northeastern Ontario. The review outlines options to quickly, safely and efficiently transfer patients between hospitals.

The review took almost a year to complete and was done in collaboration with the region's 25 hospitals, 41 long-term care homes, 8 municipal social service managers, ORNGE, 5 Central Ambulance Communications Centres (CACCs), and the emergency medical services (EMS) base hospital (Health Sciences North in Sudbury). It included regional engagements, data analysis, modeling, and three NE LHIN-funded pilot projects to test a variety of approaches (Manitoulin-Sudbury, City of Greater Sudbury, Timiskaming).

The review responds to concerns by patients, hospitals and EMS workers regarding the impact of the region's growing seniors' population on the sustainability of how patients are currently transferred to and from hospitals for non-urgent matters. Patient delays for return trips from appointments, patient flow blockage at hub hospitals, and stranding of patient escorts after they accompany patients to other hospitals, were a few of the issues raised.

"Northerners, particularly seniors, want a better, more coordinated transportation system as they are transferred from one hospital to another to access care," said Louise Paquette, CEO, NE LHIN. "This review and the report's recommendations are a great starting point for the work ahead to implement a more efficient non-urgent transportation system for fellow Northerners."

The review's final report outlines five categories of recommendations to help build a new model, including eight transfer routes for longer-distance transfers, new information technology tools to coordinate ride scheduling, process improvements to ease the current community hospital staff escorts process, a permanent Non-Urgent Transportation Leadership Work Group to implement the new system, and ongoing change management communication.



The NE LHIN will now work with partners to implement a model for non-urgent patient transportation across the North East. Shown above is a multi-patient non-urgent transfer vehicle currently used by the North Bay Regional Health Centre.

Two pilot projects tested during the review used a form of this model and have shown success in providing more timely and efficient travel for patients and their care attendants.

“The partnership of the NE LHIN, Manitoulin-Sudbury DSB, Espanola Regional Hospital & Health Centre, and Manitoulin Health Centre has proven that an alternative, publicly funded system of non-urgent transportation can provide an effective and efficient model of quality patient care,” said Michael MacIsaac, Chief of EMS Manitoulin-Sudbury DSB (District Services Board). “Hospital staff and patient surveys found the service provided a high level of timeliness and patient satisfaction. Over the course of the 6 month pilot project, 1,218 hours were spent moving patients between facilities. That directly amounts to 1,218 hours where ambulances remained within their stationed communities servicing the emergency needs of their citizens. “

The review’s immediate next steps include developing a detailed three-year implementation plan.

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For more information:

[See Review Backgrounder on next page]

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BACKGROUND – Non-Urgent Patient Transportation Review

- An advisory committee steered the project and supports the analysis and recommendations of the *Non-Urgent Patient Transportation in the North East LHIN: An Evidence-Based 3rd Party Review & Restructuring Plan*, June 2014. The plan's executive summary can be found [here](#)
- This review spearheaded by the North East Local Health Integration Network (NE LHIN) was begun in June 2013 to develop a coordinated approach to non-urgent inter-facility patient transportation across Northeastern Ontario's expansive geography to maintain and increase Northerners' access to care when and where it's needed.
- Transportation is also a key enabler of the LHIN's recent review of clinical services and the need to enhance and evolve patient flow in and out of our region's four large hub hospitals.
- The review indicated that the current non-urgent system is unsustainable from either a patient care or community hospitals' financial perspective. Today's system is resulting in patient flow blockages at hub hospitals, and a human resource deficit for community hospitals providing a patient escort. A permanent non-EMS solution for long-haul transfers (typically those taking more than 60 minutes) is needed in the North East.
- The review showed that one-third of the patient transfers performed in and out of the main transfer centres in the North East by EMS in 2012 accounted for two-thirds of the EMS hours expended on non-urgent transfers. These "long-haul" transfer hours could be replaced with a restructured non-urgent system of transportation.
- The report states that restructuring should separate non-urgent transfers into "short-haul" and "long haul" categories. Long haul non-urgent transfers put Code 4 EMS response at risk, as response times and availability are reduced. However, short haul non-urgent transfers don't create a similar risk for EMS units.
- Recommendations focus on five areas:
 - New Operational Model
 - Hospital Based Business Process Improvements
 - Leadership, Policy & Decision-Making Model/Tools
 - System Funding Reform
 - Stakeholder Communications.

- In Ontario, a dispatcher prioritizes calls for a paramedic crew's response based on the information obtained by the call taker at one of five Central Ambulance Communications Centres in the North East – Sault Ste. Marie, Sudbury, North Bay, Timmins and Parry Sound. These priorities are also called "codes:"
 - a. Code 1 - non life threatening or deferrable
 - b. Code 2 - scheduled transfer or appointment
 - c. Code 3 - emergent (may use lights or sirens)
 - d. Code 4 - life threatening (must use lights or sirens)