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DSB, hospitals solve patient transfer issue

by Tom Sasvari with files from Alicia McCutcheon

MANITOULIN—The North East Local Health Integrated Network (LHIN) has approved a pilot project and funding for a non-urgent patient transfer system. The pilot project has been approved for the LaCloche-Manitoulin proposal partnership, submitted by the Espanola Regional Hospital, Manitoulin Health Centre and the Manitoulin-Sudbury District Services Board (DSB).

The DSB and Manitoulin Health Centre had been at odds regarding the transfers of non-urgent patients, meaning patients who needed transfers, for example, to Health Sciences North for further testing or diagnostics from either of the two MHC sites. The DSB cited wor-

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ries that these transfers were taking ambulances off the road for their true purpose—responding to emergencies.

Mr. Graham told The Expositor that he was pleased with the news of the pilot project. “This is certainly good news. We’re just finalizing the logistics within a three-way partnership.”

Two decommissioned ambulances are in the process of being remade into transfer vehicles, Michael MacIsaac, chief of emergency medical services, explained during the last meeting of DSB. The ‘buses’ will no longer look like DSB ambulances, with all distinctive marking being removed, but some discussion ensued as to whether the DSB, MHC and

Espanola Hospital logos should instead appear on the repurposed vehicles. The project will be funded for six months with the DSB required to report to the LHIN regarding its successes and failures.

Mr. MacIsaac pointed out that the DSB was fortunate in that Chapleau’s proposal for a similar venture had been declined.

The chief of EMS also noted that the Central Ambulance Communications Centre would continue to provide dispatch services for the transfer vehicles.

In the LaCloche-Manitoulin proposal submitted to the LHIN, it states, “the issue of non-urgent patient transfers has been ongoing for many years and remains unsolved in Northern Ontario. As pres-

ures mount on EMS (Emergency Medical Services) to respond to an increasing number of emergency calls, the ability of EMS (administered by the DSB) to continue with its historical inter-hospital transportation is decreased.”

“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 DSB’s business case states. “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,” the proposal explains.

Two of the vehicles 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 with part-time patient transfer attendants, hired and trained by Manitoulin-Sudbury DSB,

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and providing up to 30 hours a week of non-urgent transport of patients among the region's hospital sites.

"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," the proposal to the LHIN explained. "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 and thus avoid duplication of service and related multi-trips to and from Sudbury."

"The three main stakeholders that this issue affects are EMS, the hospitals and the patients. For EMS, the reality in the province of Ontario is that there is a disproportionate increase in call volumes in comparison to an ability to provide the service. Call

volumes are on the increase, rising at an astronomical pace. For instance, call volumes have risen nearly 50 percent in the past six years within the Manitoulin-Sudbury DSB to a total of over 13,000 calls for service in 2011. It is not necessarily the calls categorized as non-urgent transfers that are rising but with an older, sicker population there is an increase in calls for medical emergencies. While ambulances are performing relatively the same number of non-urgent transfers, the ability to respond to the increasing number of true medical emergencies is compromised. And the role of EMS with respect to non-urgent transfers is somewhat unclear and a significant number of patients being transferred by Manitoulin-Sudbury DSB EMS from one facility to another do not fall within the provincial criteria. When EMS is performing a non-urgent patient transfer, it often

occurs from one of three local hospitals facilities situated in Espanola, Little Current, and Mindemoya to Health Sciences North in Sudbury." A chart was provided as to how long current resources are out of their jurisdictions when performing a non-urgent patient transfer to Sudbury. This chart indicates that, for Espanola, this is four hours and 23 minutes; for Little Current, five hours and 45 minutes; and for Mindemoya, seven hours and one minute.

"In the end this project will look at augmenting the current system will do, and how it affects EMS in responding," Mr. Graham said. "We are trying to prove the worth of additional level of service, and whether this could be implemented on a long term basis."

Mr. Dominelli said he is hopeful that this will mean reduced wait times at hospitals while "leaving ambulances to do their real job."

The project is slated to begin March 4.