

Patient Transfer Service pilot project hopes to lessen burden of EMS

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The six-month Patient Transfer Service pilot project has commenced. The transfer vehicles will now be seen on the roads and are staffed by patient transfer attendants. PTA Peter MacIntosh, PTA Gord Bickell, David Wolff Emergency Medical Service superintendant of training and PTS coordinator, PTAs Deanne LeBlanc and Jason Ball are seen outside Espanola Regional Hospital and Health Centre on the first day of the project taking flight. Photo by Dawn Lalonde/Mid-North Monitor/QMI Agency

Recently, the Mid-North Monitor announced a pilot project regarding non-urgent patient transfers being approved by the North East Local Health Integration Network (NE LIHN). This week sees this project taking flight within the area. This joint proposal, between Espanola Regional Hospital and Health Centre and Manitoulin Health Centre, is funded by the NE LIHN for the duration of the six-month trial.

They have hired seven part-time staff five of who have some form of emergency response experience behind them such as fire, Emergency Medical Service (EMS), search and rescue. They also hired a retired Ontario Provincial Police officer, two life guards who are currently employed at the Espanola Regional Recreation Complex, along with one person who has worked in the area as part of the ski patrol.

They were required to complete a five-day orientation last week, which included driving training and orientations to familiarize themselves with the hospitals.

Michael MacIsaac, chief of Emergency Medical Services, updated the Manitoulin-Sudbury District Services Board recently that they had two vehicles which have been certified with the Ministry of Transportation. The vehicles underwent some modifications, such as their stripes and lights being removed, and they are ready to go. There was also a third unit that they were originally holding back for the proposed Chapleau project, which did not see the NE LIHNS approval.

Since the vehicle was found in a pretty good state of repair, they went forward and prepared that one so they will now have three vehicles to utilize for this endeavour.

MacIsaac explained this will give them the ability to save on maintenance costs and if a vehicle had to be pulled from the road due to unforeseen extended maintenance and they were put behind the proverbial eight ball they would not be scrambling to try find another way to provide the service.

A policy and procedure manual was developed, mostly from the existing EMS policies currently in place and an electronic booking form was created for the hospitals to arrange scheduled transfers. There was also a transportation tracking tool created for the vehicles to utilize, as they have to provide statistics to the NE LIHN on the success of the project.

"We have had discussions with the two other project leads and the NE LIHN to come up with measurable factors and goals so at the

end of the six-month trial everyone can come back to the table with the same type of statistics,” said Maclsaac.

“Out of the three trial projects approved we were the last ones to get going. We are starting something from scratch where the other two projects involved systems, which were currently developed and deployed. We started something from nothing, back in January and this is really a testament to the manager in charge David Wolff. His experience and his ability to get this up and running within two months, I am very pleased with,” noted Maclsaac.

The vehicles have been stocked with all of the required equipment and the uniforms have arrived.

When considering the uniforms great care was taken to ensure they do not resemble the uniforms of a paramedic. The pants are black and the shirts are burgundy. This will hopefully prevent them from being misidentified as paramedics, as they are patient transfer attendants.

“As I mentioned Wolff is heading up the department for the trial. He has had meetings with the three hospitals and they have expressed their eagerness to get this project underway.”

Maclsaac continued to explain how those hired for the positions understand that as the project continues things can change and the focus is to maximize the services. For the time being there will be one unit situated at both of the hospitals but as the needs are further explored things can change, such as the shifts.

Part of the course of this trial is to evaluate how the response times are improved, by having the extra resources available to handle the non-urgent transfers. The one factor will be the hospitals remembering to arrange the transfers through this new service instead of contacting the CACC.

This trial project may also see improvements in patient care. Previously when a patient needed to be transferred to Health Sciences North in Sudbury for testing they faced delays in waiting for an ambulance to be free and for doing the needed return transfer. This trial will also focus on the transferring of patients from the long term care facilities to the hospitals and back.

It was noted previously a patient who is transferred with a nurse to Sudbury are dropped off not knowing when they would be returning. The new non-urgent patient transfer services differ from EMS, for once they drop off a patient, 911 does not become a priority again, these vehicles will not be responding to any calls.