Project Progress: North East LHIN's Regional Review of Non-Urgent Patient Transfers

Study driving forward for patients

- The NE LHIN is leading a review of Non-Urgent Inter-Facility Patient Transfers in NE Ontario, and the development and implementation of a new business model that is timely, safe and cost-effective.
- This will be a made-in-the-North solution.
- The review began in June 2013 and is expected to be completed this spring.
- The project includes the development of: a clinical decision making framework, vehicle and staffing standards, dispatch/service coordination, and system governance.
- As part of this review, the NE LHIN provided one-time funding for three non-urgent transportation pilot projects: Manitoulin-Sudbury, Sudbury, and Temiskaming. They tested different approaches to delivering non-urgent inter-facility transportation and used a common set of evaluation measures.

Project purpose

- The North East LHIN is leading this process to align and realign program delivery across our broad geography to maintain and increase Northerners' access to care when and where it's needed.
- This project will develop a standardized and coordinated approach to the delivery of non-urgent transportation services.
- This review complements preparations for a dramatic increase in the age of our NE LHIN region in the next two decades, to 30% of the population over 65. The North East LHIN's 2013-2016 Integrated | Health Service Plan (IHSP) focuses on strategies to realign the local health system to better care for Northerners, particularly our region's seniors and frail elderly.
- Close to 24,000 non-urgent inter-facility patient transfers were done in 2012 in Northeastern Ontario, in and out of the main hospital referral centres.
- Currently, almost all non-urgent inter-facility transfers across the NE LHIN region are provided through Emergency Medical Services (EMS). However, since the transport of non-urgent patients is usually: between hospitals; between hospitals and long-term care homes; or between hospital and return to home, it generally doesn't need to tie up EMS urgent care. A new transportation model is being explored to reduce non-urgent transfer pressures on EMS and to enhance patient flow within the hospital system.

Key project partners

- All 25 hospitals in the North East LHIN region, 41 long-term care homes (LTCHs), 8 municipal social service managers, 12 Certified Land Ambulance operators, ORNGE, 5 Central Ambulance Communication Centres, the EMS base hospital.
- All partners are involved in implementing the solution.
- Three demonstration pilot projects:
    - o Health Sciences North and City of Greater Sudbury Emergency Medical Services
    - o Espanola Regional Hospital and Health Centre; Manitoulin Health Centre and the Manitoulin-Sudbury District Services Board
    - o Kirkland and District Hospital, Temiskaming Hospital, Englehart and District Hospital, and the District of Timiskaming Social Services Administration Board.

What are the major results to be achieved?

- Improve timely access to services for clients.
- Improve client experiences with non-urgent transfers to and from acute care facilities, or to/from hospitals and LTCHs, and home.
- Decrease pressures in Emergency Departments, EMS and inpatient units related to patients awaiting timely transfers.
- Sustainable emergency medical services in communities.

Work to date

- A North East LHIN Project Advisory Committee meets regularly to review study and data results, and provide input.
- Excellent cooperation has been found across the hospital and EMS consultations, with potential solutions identified to various performance issues.
- However, there are unique performance challenges across many hospitals, meaning that a "one size fits all" solution won't be viable.

> *"We are bringing the best people around the table – EMS, hospitals, medical representation, the community, and Ministry of Health and Long-Term Care – to ensure comprehensive input into a new model of non-urgent transportation."*
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> - Philip Kilbertus, Senior Officer, NE LHIN

- Major hospital issues include: Stranded nurse escorts, airport tarmac transport delays, patient coding compromises, dispatch performance and decision-making, EMS availability/timeliness for the ride back from the receiving hospital, patient impacts associated with long land transfer rides, and stranded patients at receiving hospitals.
- EMS consultations included one-on-one service discussions, ORNGE one-on-one discussions, and EMS pilot project data submissions. Additionally, two EMS summits were held (August and December, 2013) with ORNGE and all 8 EMS providers participating. Both issues and opportunities were discussed.
- EMS attention was given to the tensions inherent in EMS priority coding of patients, airport tarmac delays in transferring patients for care at hub hospitals, and the LHIN pilot projects' results. Partici pants noted that the pilots had positive EMS impacts and community and hub hospital impacts, and reduced up-coding of patients.
- A joint working session was held with the four hub hospitals and two rounds of working sessions for community and hub hospitals within each hub were held in early fall and December.
- Over the past months, regional EMS data and pilot performance issues have been collected and analyzed.
- At its meeting January 10, 2014, the Project Advisory Committee reviewed the consultant's report on in/out transfer volumes at various hub destinations across the North East LHIN region. They heard that there are more transfers done by EMS personnel out from these facilities, than in to them. In fact, there were close to 24,000 non-emergency transfers done across Northeastern Ontario in the 2012 calendar year (8,762 patient transfers in, and more than 15,045 out).
- Length of time spent on short versus long transfers to return patients, with short transfers typically less than 60 minutes is also being explored. This transfer time and its impact on staff deployment means there could be different service delivery solutions for these two models. The statistics show that long-run transfers are a burden and create system risk for EMS and unsustainable performance.

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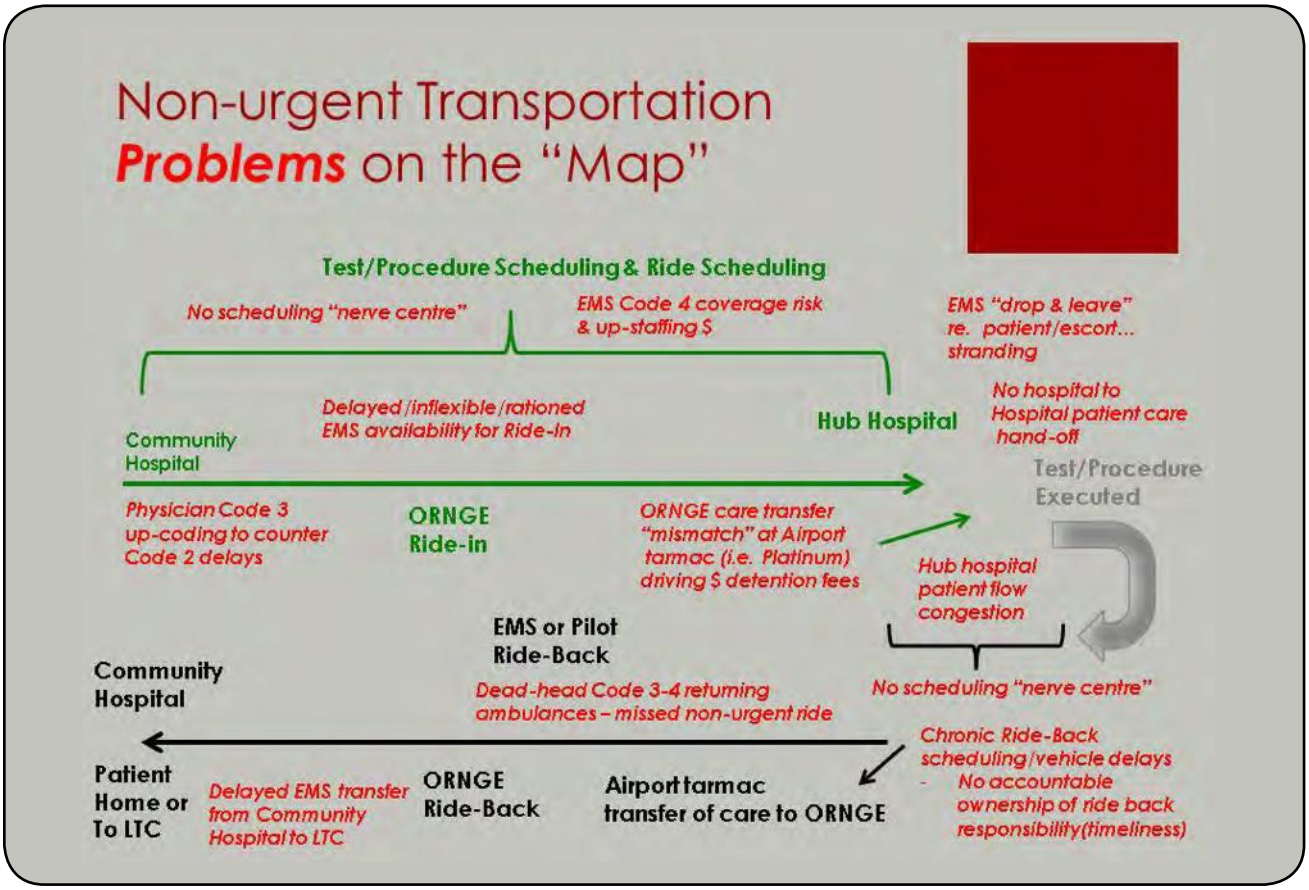
- Up to 11 transfer "legs" or specific routes that might be used to coordinate non-ambulance transfer activities as "feeder lines" coming into designated transfer locations have been identified. Coordination of scheduling is a large piece of the effective use of resources.



Moving Forward

- Two more project advisory committee meetings will be held in early 2014 to review the options for solutions and recommendations on governance, funding and operational improvements.
- A final round of consultations with hospitals and EMS will be scheduled for February 2014.
- A project report will be submitted to the NE LHIN by early spring 2014.
- The report will assess the current non-urgent transfer system in the North East and make recommendations for a future model and business plan for the services including costs, partnerships and funding options.

Key Principles (approved by the Project Advisory Committee, January 2014)

Patient

- Equitable access to the right care, at the right time, at the right place
- Patient Interest is paramount as change happens across stakeholders

Service

- Non-urgent patient transfers must be safe and high quality both in terms of clinical and transportation dimension (and aligned with pending provincial standards and regulations)
- The resource/service must match patient need

System

- Stakeholder communication and engagement are critical
- There must be system-wide efficiency in the use of resources, funding and personnel
- The future system must be developed based on evidence-based recommendations that recognize the diversity of needs and community capacity across Northeastern Ontario.

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