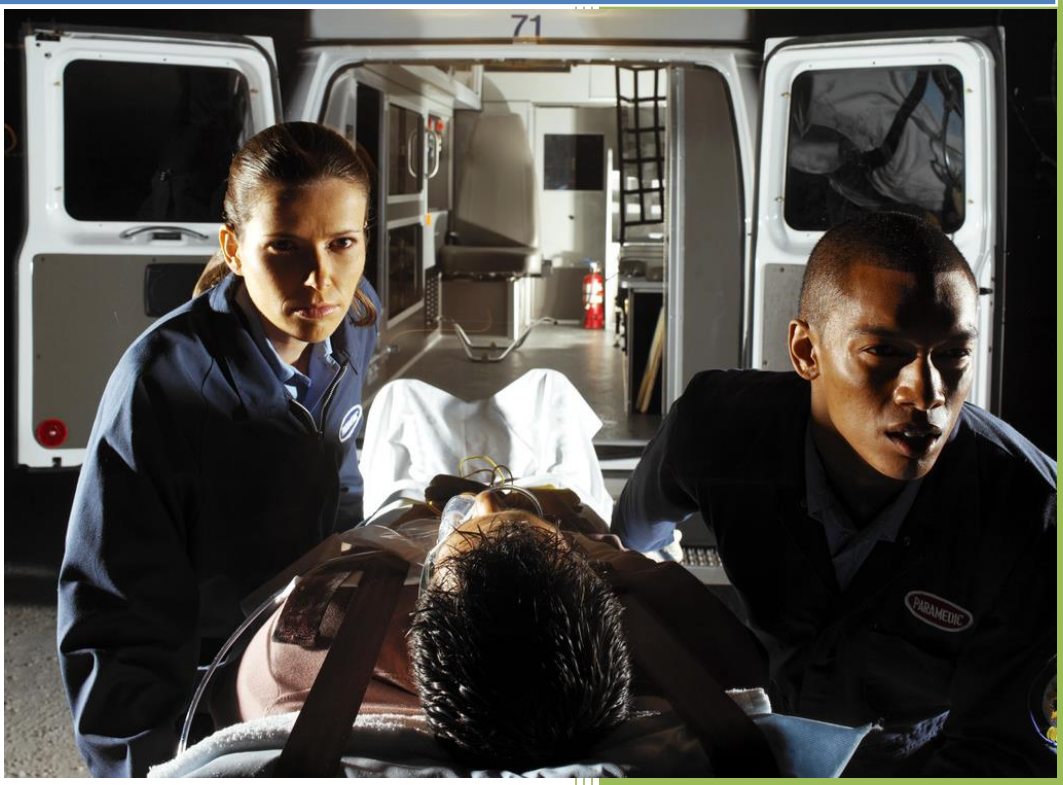
2014

Regional Patient Transportation



LEADER Reference Guide

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SW LHIN Hospitals

2014/04/25

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This Guide book and algorithm were developed referencing earlier work of the London Hospitals completed in 2001.

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Table of Contents

Information for Leaders:

Metrics

The following is a list of measurable to which you and your unit are accountable:

- Wait time (avoidable minutes)
- Right vehicle
- Right Escort
- Pre-arranged patient payment for self pays/unsuccessful pre pays.
- Self-pay paid by hospital – reasons – insufficient notice to patient, social economic reason, etc.
- Cancellation fees

General Information

To help you be successful, the following information is provided and aligns with the 'Reference Guide' for staff.

Your NET contact person is the individual at your hospital who is responsible for the contract with the supplier and will manage local performance issues. They also participate on the Regional NET Operations Committee. This committee collectively reviews system wide performance and addresses new issues as they evolve. This is your "go-to" person if you have concerns with the performance or if you have any questions with which you need help.

Vehicle and Escort Decisions: It is your responsibility to ensure staff select the most appropriate transportation based on the patients care needs. Selecting the right vehicle and escort during transport is important. Please be familiar with and understand the decision guide and the scope of practice for Paramedics and Attendants.

Booking: you are responsible for ensuring booking procedures are followed. You are also responsible for knowing how to book and bill for Out of Province, Air and other land transport. Information is provided below.

Wait Time Charges: To avoid wait time charges, work with staff to ensure the patient is ready to load according to the booking instructions in this manual. A per minute wait time cost is charged and will be tracked against your departmental metrics.

Cancellation Fees: The full cost of transport minus appropriate KM fees will be applied to any transport cancelled in less than 60 minutes from the time of booking.

Billing: You are responsible for knowing and communicating when patients are responsible for arranging and paying for their own transport. Please refer to the billing instructions self-pay principles and self-pay sections of this manual for more details.

Patients who are unable to pay: it is important to identify these patients early so that you can initiate appropriate consultation with the patient/family/SDM. This may be you as the leader having the conversation or social work depending on your hospital resources. The goal of consultation with the patient is to help find alternate options or if appropriate to engage your hospital billing office early. Often if the patient is made aware they will be billed, they will find friends or family to pick them up in a timely way.

If the patient fails to pay the vendor, the hospital will be charged for this transport and billing office will take over the collections. As the leader you are required to be familiar with the self-pay principles and guidelines document. It is your responsibility as the leader to ensure the discussion regarding "discharge and transport" has happened in advance to minimize these occasions. Early discussion ensures the patient has a credit card number to give to the vendor at arrival to the hospital.

Patient Pamphlet: Early detection along with robust discharge planning of these cases will enable early intervention. Often friends or family can be put on notice when they understand the personal expense associated with private transport and they will make arrangements for personal transport. There may be volunteer drivers in the area. Often social workers (not available in all hospital situations) are able to find alternate funding hospital specific details

Note: Before making any commitment to patients – work with your business office if applicable and/or your hospital contact. In hospitals with large business departments, arrangements can be made to bill small payments over time. This often works without putting undue financial pressure on a patient who may have financial challenges.

Self-pay

NET transports are not covered by OHIP (see billing guidelines). Patient or family/SDM must make the arrangements. Staff may assist but be sure that it is clear to the patient/family and the provider that it is the patient making the arrangements and the patient/family who will be paying. The patient may use the hospital vendor at the hospital rate or they may select a different provider and/ or method of transport i.e. Train, bus etc. A patient pamphlet has been designed to help with these discussions. Also, Self-Pay Principles and Guidelines have been established to ensure consistency within and between hospitals.

Complaints, concerns or compliments

Please pass these on to your hospital NET contact immediately so that appropriate follow-up and trending can be managed.

Bookings:

MT # are mandated by the Ministry for transports between facilities (LTC, hospitals, Rehab, CCC, etc.) You can obtain a login for your unit, or if you wish to track individuals you may get individual logins. To set up a login account, go to: https://www.hospitaltransfers.com/Transfer/setup_login.aspx
Web based booking with Voyageur: Your unit will be assigned a generic login. To get this login you can contact your Hospital NET Contact. The web address is http://reservations.voygeurtransprtation.ca

Air Transport:

Leaders are required to book or provide direction/delegation for their unit for booking air transport.
Air transport may be considered when the transport is:

a) is for a critically ill/life or limb patient and the distance is greater than 45 minutes (or 60 kms) or

b) non-urgent and the distance is greater than 2.5 hours or greater.

Provincial Air Transport Service:

ORNGE http://www.ornge.ca/ is an intra-provincial service (within Ontario only) and can be used for both **emergency and Non-Emergency Transport** (note: non-emergency transport is given lower priority and can be bumped so plan accordingly). If ORNGE agrees to the transport of the patient there is typically no cost to the patient. This needs to be confirmed at the time of booking.

Note: ORNGE has both fixed wing and helicopter. If the flight is fixed wing or if there is no heliport at either the sending or receiving hospital, you will need to make arrangements with ORNGE for land transport to the airport.

Private Medical or Commercial air transport - Note Private Medical can be extremely expensive i.e. range from $10,000.00 to $40,000.00. You will need appropriate leadership authorization – see your hospital NET contact resource for more information.

Always get a quote and ensure you have discussions with the patient/family prior to booking. Sometimes patients will have 3rd party insurance. If not there are sometimes community charity groups or Government agencies that may be willing to assist the patient with payment. If you have access to a Social Worker, you may wish to call on them to help examine options.

- Private provider of Medical Air Transport: refer to Google "medical air transport" for a full list.
- Commercial flights are the least expensive – patient must be able to tolerate the airport wait, boarding and un-boarding. Consider pick up at the other end.

Out of Province/Country Transfers

Out of Province/Country transfers are **not** covered by OHIP or any Province's medical insurance. Therefore the patient will be required to pay unless special consideration is granted. See billing instructions and /or contact your hospital NET contact for information not provided in this guide.

Other Land Transport (Train, Bus)

If a patient is being discharged home to a private residence AND if the patient is unable to afford non-emergency transport services or air options, you may wish to, in consultation with the patient, consider either train or bus (where available) PROVIDED the patient is assessed as medically able to tolerate the transport, These modes of transport can be considered for short or long distance transport however you will need to ensure the patient is responsible for both the booking and the payment (see self-pay guidelines)

Train – VIA One www.viarail.ca Train may be an option depending on your hospital location and the destination for the patient assuming the patient's condition is appropriate for this type of transport. If this is being considered please work with your leader and your hospital contact for assistance. The above link will take you to the home page for Via Rail. NOTE: if you are sending an escort with the patient and using this transport, you may wish to pre arrange return transport at the time of booking

Bus www.greyhound.ca Bus may also be an option if appropriate. If this option is being considered please work with your leader and your site contact for assistance and advice. The following link will take you to the home page for Greyhound although there may be other bus lines in your area. NOTE: if you are sending an escort with the patient and using this transport, you may wish to pre arrange return transport at the time of booking.

Transit Services - In areas with a local transit service, bus tickets may be provided to patients. Check with your procurement agent for information on how to obtain tickets.

DNR guideline

The DNR section is not policy but rather a guideline to help staff and physicians navigate what are currently uncharted waters. This guideline has been reviewed by the following: LHSC, Resuscitation Committee; LHSC Risk Management; Medical Director, SW Regional Base Hospital; and Office of the Chief Coroner, SW Ontario.

Staff Guide

Please review detail information in the staff reference guide below. You are accountable for being familiar with the entire package.

Introduction

The following information is here to guide staff through the basics. This guide is standardized throughout the region and is designed to be generic. There will however be site specific procedures that may vary slightly from this guide. If you are unsure or need additional assistance please contact your leader for more information. This guide is a resource to support the Decision Algorithm and e-learn training module for Non-Emergency Transport (NET).

Your role in patient transport

When calling an ambulance (EMS) it is your responsibility to use the correct language (decision algorithm) and that you accurately represent the urgency of the call.

Your role as a Regulated Healthcare Professional (RPH) is:

- to make an appropriate assessment of the patient's condition and care needs required during transport.
- Understand and select the appropriate transport vehicle for the patient based on the patient transport decision algorithm and guidelines.
- Determine Escort requirements based on the patient's care needs.
- Prepare the patient for transport.
- When attendants arrive to load or unload, quickly help them. They usually will not require your assistance to offload however they will require a hand off that takes very little time. Please help them get back out on the road so our response times are not affected negatively and you are not charged for wait time.

CAUTION

If you cannot answer YES to all of the following CACC (EMS Dispatch) pre-transport questions, the prioritization of your patient may be lowered:

- **Is this an Emergency Transfer?**
- **Is the Patient critically ill?**
- **Is the Patient ready to pick up?**

Use only NET vendor (Voyageur) contracted by your hospital unless otherwise authorized by the Hospital NET Contact or designate for patient transport. Other NET suppliers may not meet the contract Standards for safety and quality.

You and your team remain the most responsible professional for the patient until hand off is complete at the receiving facility. If called by the attendants to report an incident or to seek advice, please respond quickly.

Know how and where to find the decision algorithm and the NET Reference Guide.

Be familiar with the patient transport billing guidelines this will ensure you do not commit your hospital or department budget to fees that should be paid by the patient.

Ambulance Act and other facts about ambulances

The following information is provided to help understand some important information about ambulances, paramedics, non-ambulance attendants and escorts so that you may make informed decisions.

The **Ambulance Act** states that –"ambulance" means a conveyance used or intended to be used for the transportation of persons who:

a) have suffered a trauma or an acute onset of illness either of which could endanger their life, limb or *function, or*

b) have been judged by a physician or a health care provider designated by a physician to be in an unstable medical condition **and** to require while being transported, the care of a physician, nurse, other health care provider, emergency medical attendant or paramedic, **and** the use of a stretcher;

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90a19_e.htm *GO TO Definitions*

EMS Response code definitions:

A ministry mandated algorithm is used by **Central Ambulance Communications Centre (CACC)** to determine the response code (see below). The CACC algorithm is designed to assign response codes to patients in the community. It is important, if your patient requires an emergency response, to follow the instructions outlined in your hospital patient transport decision guide. Failure to do so may result in a deferrable code (code 1 or 2) being assigned and this may result in a delay.

Code 4 – Emergent (lights & sirens)

Code 3 – Prompt – within 30 minutes

Code 2 – Scheduled (can be deferred)

Code 1 – Deferrable

Central Ambulance Communication Centres (CACC) are managed and funded by the MOHLTC Emergency Health Services Branch to provide central dispatch to a number of municipal EMS services within a region.

Municipalities are responsible for ambulance service targets in your county and they direct CACC on the number of ambulances that may be available for Codes 1 & 2. All Municipalities have reduced vehicle availability for non urgent transfers due to response time service requirements for urgent calls.

Regional Base Hospital (RBH)

Ontario's seven Regional Base Hospital (RBH) programs provide education and quality assurance to enable delegation of regulated health acts to paramedics. The Ontario Advanced Life Support Patient Care Standards (ALS-PCS) describe how and what regulated health acts paramedics are to perform during the movement of patients from the community to a hospital. RBHs are funded by the Ministry of Health and Long Term Care Emergency Health Services Branch (MOHLTC-EHS).

Paramedic Scope of Practice

Paramedics are not Regulated Healthcare Professionals. Paramedic scope of practice is defined by the Basic Life Support Patient Care Standards (BLS-PCS) and the Advanced Life Support Patient Care Standards (ALS-PCS). **These patient care standards were not designed to replace the medical care required by an admitted patient during an inter-facility transport.**

- Paramedics may not assume care for a patient admitted to a hospital or emergency department
- Paramedics receive their direction from a Regional Base Hospital physician and are not able to accept or carry out orders from a non-base hospital physician unless that physician assumes full care and accompanies the patient.

It is expected by Emergency Medical Services (EMS), Regional Base Hospitals and paramedics that hospitals provide an appropriate escort to deliver medical care to admitted patients during transfers between facilities regardless of the patients status (critically ill or stable).

Paramedics may not accept orders from a non-Base Hospital physician unless that physician assumes full responsibility for the care of that patient and accompanies the patient until the receiving facility MRP has assumed care.

The **Most Responsible Physician/Professional** (MRP) for patients admitted to hospital or the emergency department (ED) **is the sending hospital physician/professional**. Regional Base Hospital physicians are not required to accept accountability for a patient once a hospital MRP has assumed care. However when an ambulance is being used for a Non-Emergency Transport and the patient unexpectedly deteriorates in the care of a paramedic, the paramedic can provide care within their scope of practice and Regional Base Hospital physicians are available to provide further advice and guidance via a paramedic initiated patch call.

Paramedics are not certified to practice independently outside of an employment relationship with a certified ambulance provider within Ontario.

Attendant Training & Non-Emergency Transport (NET)

NET may be used for any patient who is not critically ill or does not meet the criteria of the Ontario ambulance act. NET's have arisen as a result of diminishing availability of EMS for non-emergency transfers. This industry remains unregulated by the government and thus hospitals that use these services are responsible for ensuring the vendor being used is appropriate and safe.

To do this, all hospitals of the SWLHIN came together and determined a set of Standards that they felt were important; developed a Request for Proposal (RFP) and awarded a contract to Voyageur based on these standards.

Contracted NET (Voyageur) stretcher vehicles used for hospital patient transfers are staffed with two attendants. These stretcher **attendants are trained** in:

- First Responder - BLS, basic airway management, O2 maintenance
- activities of daily living, (ADL)
- non-violent crisis intervention and
- gentle persuasive assistance (GPA)

Voyageur attendants are not to provide patient care interventions including but not limited to: altering O2 flow levels, managing IV, defibrillation, IV access or intubation, deep suction. This includes any intervention that falls to a regulated healthcare professional.

Voyageur vehicles are not emergency vehicles and do not have lights and sirens. The attendants will call 911 should the patient's condition deteriorate during transport.

Voyageur attendants will notify the sending unit immediately of any untoward event. The sending unit/area will work with the attendants to provide support as needed and will work with their most appropriate lead to complete an appropriate incident report as per your hospital policy.

Wheelchair vehicles have one driver. This driver is unable to provide direct oversight of the patient during transport. Voyageur Wheelchair drivers are trained in: Activities of Daily Living, Gentle Persuasive Assistance and Non Violent Crisis Intervention. Privacy, Infection Control and other standards are also part of the training. For more information refer to the standards section of this guide.

Patient Transport (PT) Decision Guide – Ver. 4.4

Hospital initiated patient transfers

Emergency Considerations:

Critically Ill – a patient's condition is such that there is an immediate threat to life, limb or function or the patient requires intensive monitoring, constant life support and medical interventions to correct or stabilize the patient's condition or this person's condition may potentially deteriorate during transport.

Consider Air Ambulance under the following circumstances:

1. When land transport > 2.5 hours.

2. Air would be faster than land

3. Weather considerations (e.g. road closures)

Please see Transport Medicine Utilization (TMU) Guidelines for additional details.

Notes:
Decision for vehicle type must be based on patient medical condition and needs at time of transport.

Patient Care Needs- care for which a patient requires assistance during transportation or time away from the sending facility. Considerations may include activities of daily living or monitoring of continuous IV.

Documentation – RED Text highlights items to documented in the Pt Chart.

Patient is assessed as requiring a transfer

Emergency | **Non-Emergency**

Is the patient critically ill, or likely to become medically unstable during transport?

YES – Critically Ill **OR** high risk of becoming critically ill

NO – Not critically ill **AND** low risk of change

Call PTAC for MT Authorization # 1-866-869-PTAC (7822) www.hospitaltransfers.com

Is this Land or Air transport

AIR → Call ORNGE 1-800-387-4672; Patient may be discharged to ORNGE

Does ORNGE accept the patient?

YES → Prepare patient for air transport

NO / LAND → Organize the appropriate RHP escort to be ready to accompany patient

Prepare the patient for transport (equipment and documentation)

Call CACC (EMS Disptach) (519) 667-3070

CAUTION

If you cannot answer YES to all of the following CACC (EMS Dispatch) pre-transport questions, the prioritization of your patient may be lowered:

- **Is this an Emergency Transfer?**
- **Is the Patient critically ill?**
- **Is the Patient ready to pick up?**

Is this a Mental Health Patient

YES → Go to Mental Health Algorithm on Pg. 2

NO → Call PTAC for MT Authorization # 1-866-869-PTAC (7822) www.hospitaltransfers.com

Will the patient have care needs while away?

NO → Escort not required

YES → Do the patient's care needs require an RHP?

NO → Send an appropriately trained escort that can meet the patient's health care needs

YES → Send appropriate RHP

Prepare the patient for transport (equipment and documentation) and select appropriate transport mode

Taxi *

YES → Call a taxi 1-855-263-7163

NO → Wheelchair

YES → Call a wheelchair vehicle 1-855-263-7163

NO → Stretcher

YES → Call a stretcher vehicle 1-855-263-7163

***Notes:**

1. A private vehicle may be considered only if a hospital escort is **Not** involved.

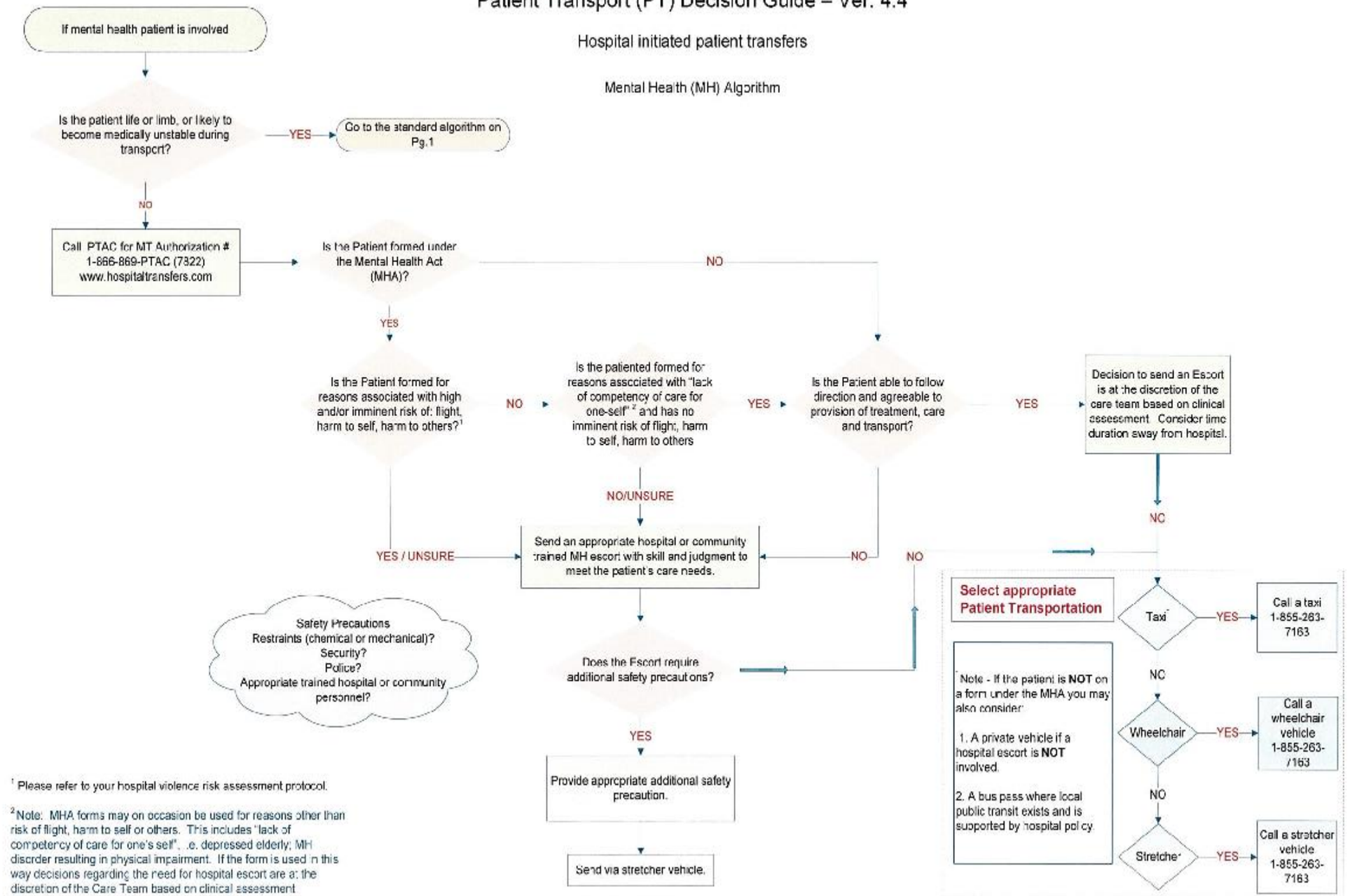
2. A bus pass may be considered where local public transit exists and is supported by hospital policy.

Last revised: February 26, 2014

Patient Transport (PT) Decision Guide – Ver. 4.4

Hospital initiated patient transfers

Mental Health (MH) Algorithm



[1] Please refer to your hospital violence risk assessment protocol.

[2] Note: MHA forms may on occasion be used for reasons other than risk of flight, harm to self or others. This includes "lack of competency of care for one's self", .e. depressed elderly; MH disorder resulting in physical impairment. If the form is used in this way decisions regarding the need for hospital escort are at the discretion of the Care Team based on clinical assessment

Last revised: December 4, 2013

Assessment, Documentation and Escort Decisions for Patient transport

The following links will take you to the section which outlines your responsibility for assessment, documentation and escorts.

PATIENT ASSESSMENT
Assigned Nurse/Regulated Healthcare Provider Responsibilities

DOCUMENTATION
Prior to Patient Transfer
At the time of Actual Transfer

ESCORT DECISIONS

General Information

Many patients require transfer between regional centre(s) for non-inpatient care (e.g. outpatient diagnostics, procedures and consults). Patient transfers may also occur to and from the inpatient sites and between wards/units. As such it is important that sending and receiving sites & units partner in the patient's safety and care and that there is a mutual respect for limited resources.

Staff at both sites will partner in patient care in a professional, collaborative and respectful manner.

Responsibility for the patient remains with the sending site except for:

- Specific procedure/interventional care
- Care required as a result of patient's changing needs as determined by the receiving site physician in consultation with the sending MRP.

Complete care is not assumed by the receiving site until admitted and/or the receiving site agrees to assume care.

Accompanying staff from the sending hospital may act only on orders from the sending hospital MRP.

Most diagnostic/treatment areas do not have nursing staff available to deliver patient care. Sending sites are responsible for providing the appropriate care and accompaniment for their patients to these areas. Sending sites must ensure that an appropriate escort is available to accompany the patient during transportation.

Diagnostic/treatment areas retain the right to refuse the patient if the sending site is unable to provide for patient care needs not associated with the procedure or intervention.
Note: Diagnostic areas respect the resource challenges in other sites and will not request an escort unless absolutely required.

Patient Assessment for Transport

1. Patient Assessment

1.1. The sending site will be accountable for conducting assessments to ensure that patient needs during transport have been fully assessed prior to the transfer.

1.2. The patient's assigned nurse will perform the patient transportation assessment.

a. In the absence of nursing, the patient's physician or most responsible Regulated Healthcare Provider (RHP) will complete the assessment and follow the guidelines accordingly.

1.3. The patient's assigned nurse/RHP is responsible to:

a. Assess patient's current status

b. Assess potential for patient's condition to change in consultation with the MRP:
   i. During the time of transfer
   ii. Following diagnostic or intervention procedure for which patient is being transferred

c. Assess care needs of patient during the entire time away from the home unit, taking into account the care needs for the entire trip, consider:
   i. Impact to the patient if the return trip is delayed
   ii. Potential change in care needs following any procedure
   iii. Medication, IV and/or monitoring requirements to patient's current condition that cannot be deferred during the time away from the home unit.

d. Confirm at the time of transfer that the patient is still appropriate to transfer and if the mode of transport/escort is still appropriate.
   i. **NOTE:** The Nurse/RHP who performs the initial assessment may not be the Nurse/RHP present when the actual transfer takes place.

e. Reference the patient's health care record when assessing the patient for appropriate transport mode and escort requirements.

f. Ensure all the documents necessary for the transfer are included in the **Inter-Hospital Patient Transfer Check list (envelope)**

1.4 Mental Health Assessment.

In addition to the above, the Mental Health algorithm allows for clinical discretion regarding patients with a Form 1 and requires that the assessment carefully consider the following, each of which will influence the escort requirements:

a) is the Patient is formed for reasons associated with high and/or imminent risk of: flight, harm to self, harm to others

OR

b) is the patient is formed for reasons associated with "lack of competency of care for one-self" and has no imminent risk of flight, harm to self, harm to others **AND ……..**

c) is the Patient able to follow direction and agreeable to provision of treatment, care and transport?

Escort decisions are extremely important and must not be taken lightly. For mental health patients, care needs include considerations if the patient is Formed under the Mental Health Act. The above assessment requirements must include consideration for the length of time away and the potential for the patient to become agitated. Any patient with a diagnosis of mental health illness and a violent indicator present in the electronic patient record must have an appropriate escort in attendance during transport (EMS or Non-emergency)

See section Mental Health and Form 1 Terminology section of this guide for more information. (note create a hyperlink)

2. Documentation

2.1. Documentation is completed subsequent to the Physician's discharge order requesting transportation in the Patient Health Care Record.

2.2. Assessment supporting the decision for the mode of transfer:

a. The patient's assigned nurse/RHP will document the following information on the patient health care record:

i. Date/time
ii. Name of patient
iii. Mode of transportation
iv. Accompanied by
v. Booked for date/time
vi. Confirmation Number

Sample:

February 1, 2013 -- 1000 hours
(Name of patient) requires repatriation to home hospital from LHSC. Assessed as appropriate to go via Non-Emergency Transportation, (i.e., non-ambulance transfer) by stretcher vehicle, accompanied by (staff member--document RHP type-- volunteer or family member). Booked for February 1, 2013--1500 hours. Confirmation #. ABXYZ (Name/status)

2.3. Actual Transfer

a. The patient's assigned nurse/RHP will document the following information on the patient health care record:

i. Date/time
ii. Name of patient
iii. Mode of transportation
iv. Accompanied by

Sample:

February 1, 2013-- 1630 hours
(Name of patient) on-boarded at LHSC, by Voyageur, via stretcher, saline lock in-situ, accompanied by (name/status).
(Name/status)

2.4. When escorting a patient the patient's assigned nurse/RHP will document the ongoing patient condition in the patient's health care record.

2.5. Upon arrival the transfer of accountability (Hand Over) by sending RHP to receiving RHP will be documented in the Inter-Hospital **Patient Transfer Report** with a copy returned to the sending hospital.

a. If escort (sending RHP) accompanies the patient this will be done in person
b. If no escort accompanies the patient, this will be done by phone
c. If the transfer is informed by an electronic order, this final step is Not required.

3. Escort Decisions

3.1. Sites will be required to adhere to the following Accompaniment Guidelines for Non-Inpatient Transfers:

a. All escorts must be familiar with and practice according to the Health Care Provider Accompaniment Guidelines (Table)

b. The escort must be familiar with the patient's past medical history and current medical condition.

c. The escort must have the knowledge and judgment to provide the care needs of the patient as determined by the Regulated Healthcare Provider.

d. The escort may provide/assist with care at another facility as per the Health Care Provider Accompaniment Guide.

e. The escort, when in another facility, must not be left unattended with a patient where immediate assistance is unavailable.

f. The escort must be minimally oriented to the environment such as how to get assistance (code), location of washrooms, etc.

DEFINITIONS

Accountability - is taking responsibility, being answerable for decisions and actions, taking appropriate action when needed and ensuring that practice is consistent with professional standards, guidelines and regulations. Nurses are not accountable for the actions and decisions of other care providers in situations where the nurse has no way of knowing those actions.

Escort - an individual who accompanies and is capable of delivering the care needs of the patient during transport and the entire time away from the facility. Depending on the care needs of the patient, this individual must be legally authorized to perform the necessary care related tasks. May or may not be a Regulated Health Professional depending on the care needs of the patient.

REFERENCES

SWLHIN Transport Guide Terminology
CNO, Utilization of RNs and RPNs, Practice Guideline 2004

Health Care Provider Accompaniment Guidelines for Patient Transfers

(Page 1 of 3)

The SW LHIN consists of 14 Hospital Organizations. As such, many patients move between and throughout the LHIN for various parts of their care. To protect staff and ensure patient safety, the following guidelines have been developed for escorts/external practitioners accompanying patients associate with a patient transport.

Partners in Patient's Safety and Care

Principles of Accompaniment Guidelines

1. Patient safety
2. Receiving and sending facilities are partners in the patient's safety and care.
3. Mutual respect for limited resources.
4. Responsibility for the patient remains with their sending facility/ward/unit except for:
    - Specific procedure/interventional care
    - Care required as a result of patient's changing needs as determined by the receiving physician in consultation with the sending MRP.
5. Staff will partner in patient care in a professional, collaborative and respectful manner

General Information

1. Complete care is not assumed by the receiving facility until admitted and/or the receiving facility agrees to assume care
2. Many hospital diagnostic/treatment areas do not have nursing staff available to deliver patient care. Sending facilities/wards/units are responsible for providing the appropriate care and accompaniment for their patients to these areas. Diagnostic/treatment areas retain the right to refuse the patient if the sending facility/ward/unit is unable to provide for patient care needs not associated with the procedure or intervention.
   Note: Diagnostic areas respect the resource challenges in other facilities/wards/units and will not request an escort unless absolutely required.

   See following tables

INTER-facility Patient Transfers (Table 1)

When it has been assessed (using the Patient Transport Decision Guide) that an escort from the sending facility needs to accompany a patient, the following guidelines will apply to how staff can partner in the delivery of care.

Receiving Facility Employee Responsibilities

- The receiving facility has shared accountability for the patient during the time the patient is on the premises.
- The receiving facility will NOT expect the escort to participate in direct procedural related care.

Sending Facility Responsibilities
According to the Decision Guide

- Assess the patient's care needs (including transportation and escort)
- Providing for the appropriate escort. (The escort must have the knowledge, judgment and expertise to deliver all anticipated care during the entire time away from the sending facility/ward/unit.)
- Supply any scheduled medications and any other patient specific care supplies the patient will require on a routine basis (separate from the procedure/investigation). Please consider the entire time away from the hospital, which includes travel time, before and after procedure/consult as well as a reasonable estimate of anticipated delays.
- Sending the appropriate documentation for patient care per the Inter-Hospital Patient Transfer Checklist.

Receiving Facility Instructions

- Will not leave escort with a patient unattended where immediate assistance is unavailable.
- Will provide escort with orientation to the environment which will include access to emergency response, how to reach staff in immediate care area, washrooms etc.
- Will ensure the appropriate return transfer vehicle is identified and called using the decision guide. If the sending facility has arranged for two-way transfer the receiving hospital will confirm the appropriateness of the return transfer vehicle.
- Will communicate to the accompanying escort appropriate information regarding details of the procedure, untoward events, plan of care, medications administered etc. Such communication should be provided both verbally and in writing.
- Will be familiar with the scope of practice of the escort while in the receiving facility.

Sending Facility Instructions:

- Will be familiar with patient's history.
- Will provide care for the patient until receiving hospital staff assumes responsibility for procedure/consult and following discharge back to the external facility.
- Will provide basic care up to level of judgment/competency - with the collaboration of the receiving facility physician and/or nursing staff.
- Will bring the patient's chart or appropriate charting information.
- Will document the care they provide on the patient’s home hospital record.
- Will only provide care for ongoing patient needs as per the orders of the sending MRP.
- Will not participate in the care activities directly associated with the procedure or intervention.
- Will not administer medications ordered within the receiving hospital.
- Will not be given access to any of the receiving hospital's medication keys.
- Will not operate the receiving hospital's equipment.
- Will not document on receiving hospital's records.

INTRA-facility Patient Transfers (Table 2)

(Page 3 of 3)

Receiving Wards', Units' and Diagnostic Areas' Responsibilities include:

- Shared accountability for the patient during the time the patient is on the premises.
- Not expecting the escort to participate in care beyond their knowledge or competency.

Sending Wards', Units' and Diagnostic Areas' Responsibilities include:

- Assess the patient's care needs (including transportation (if needed) and escort).
- Sending and providing for the appropriate escort. The escort must have the knowledge, skill and expertise to deliver the anticipated care during the entire time away from the sending facility/ward/unit.
- To supply any scheduled medications and any other patient specific care supplies the patient will require on a routine basis (separate from the procedure/investigation). Please consider the entire time away from the ward/unit, which includes travel time, before and after procedure/consult as well as a reasonable estimate of anticipated delays.
- Sending the patient chart.

Receiving Wards', Units' and Diagnostic Areas' Instructions:

- Will ensure the appropriate return transfer vehicle is identified and booked using the decision guide.
- Will communicate to the accompanying escort appropriate information regarding details of the procedure, untoward events, plan of care, medications administered etc.
- Be familiar with the **scope** of the escort.

Sending Wards', Units' and Diagnostic Areas' Instructions:

- Will be familiar with patient's history.
- Will provide care for the patient until receiving ward/unit staff assumes responsibility for procedure/consult.
- Will not participate in the care activities directly associated with the procedure or intervention.
- Will bring the patient's chart or appropriate charting information.
- Will respond in a timely manner if the diagnostics team needs your assistance with care and an escort was not initially required.

Booking Instructions

For EMS (ambulance) emergency transfers, dial Central Ambulance Call Centre 519 667-3070. Hospitals without an Emergency department dial 911 or your internal emergency number. Please refer to your hospital decision algorithm.

Booking Procedures - Standard Operating Procedure- non emergency transport (Stretcher, Wheelchair, Taxi).

Note: If the patient is being discharged to a non-hospital or is attending an appointment unrelated to their current admission – please review Billing Instructions before booking or discussing with the patient.

1. **Obtain an MT number from PTAC and record the number in the patient health care record**
2. **Complete a Patient Assessment for transportation**
3. **Determine the right vehicle type (stretcher, WC, taxi)**
4. **Determine escort needs**
5. **Prepare the patient and escort**
6. **Provide the patient with the Transport Pamphlet**
7. **Let the Voyageur dispatcher know if the patient is returning**
8. **Cancel calls immediately upon knowing**
9. **Engage you leader for Air, Out of Province or other Land transport options**

MT #s are not required for patients transported to private residence. **Transport pamphlets** are not required if the transport is a self pay.

Prepare the patient and escort (if required) for transport and ensure they are ready to load. Patients must be ready for pickup at the time the call is place for on-demand requests or at the agreed upon time for scheduled transfers.

Let the Voyageur dispatcher know if the patient is returning and let them advise how to book this. Wait and returns should be avoided.

Definition:

Ready for pickup means: dressed, personal item(s) are packed if applicable, paper work is completed and ready, MT number is obtained; escort, if needed, is ready; nutrition and meds are ready (if applicable) etc. See transport envelope/checklist

Booking instruction – supporting information

General

a. NET supplier/vendor (Voyageur) 1 855 263 7163 or web booking http://reservation.voyageurtransportation.ca)
b. Identify if it is On Demand Enter Time in Minutes or Scheduled Enter Time in Hours.
c. Have all required information ready i.e. Demographics, diagnosis, precautions, special instructions, receiving site and physician.
d. Record the trip confirmation number in the Patient Health care record.
e. Give Voyageur as much notice as possible as this helps them better manage their fleet for better response times and helps keep hospital costs down.
f. Provide the patient transport pamphlet to patients going to a private residence or home. Payment options must be reviewed with the patient– see billing guidelines

If Voyageur is late or unable to meet the response times as per your hospital NET contract – please let your most appropriate lead know there is a problem. This will be reported by the most appropriate lead to the hospital NET contact person.

Out of province, Other Land transport options (BUS, Train, Local Transit)

Please contact your most appropriate lead or hospital NET Contact/delegate

Air transport

May be considered when the transport is:

a) for a critically ill/life or limb patient and the distance is greater than 45 minutes (or 60 kms) or

b) non-urgent and the distance is greater than 2.5 hours or greater.

Please contact your most appropriate lead or hospital NET Contact/delegate if you require assistance.

MT Numbers and Provincial Transfer Authorization Centre (PTAC)

A Medical Transport (MT) number is required for any patient being transported between licensed facilities i.e. LTC, Hospitals, Mental Health (MH) facilities, Rehab/Convalescent Care. Patients being discharged home to a private residence do not require MT numbers.

MT numbers are required for all INTERFACILITY transports including: Land Ambulance (also known as EMS) Air transport (ORNGE & Private Medical) and Non-Emergency Transport (NET) for Stretcher, Wheelchair and taxi

- phone PTAC @ 1-866-869-7822
- Fax PTAC – 1-66-301-5262
- Web – https://www.hospitaltransfers.com/transfer/
  Note: MT numbers are good for 24 hours.

Billing Information

An information pamphlet has been developed for you to provide to patients at the time of admission or as early as is appropriate based on the patient condition or family/SDM availability. Additionally Self Pay Principles and Guidelines have been developed to support decisions.

Your Role in Billing

- Understand when the hospital pays and when the patient is responsible for paying
- Provide the "Transportation, When it's time to leave the hospital" pamphlet to patients early in their stay.
- Work with your leader or appropriate care team members when problems are identified.

To minimize surprises and/ or delays at discharge, please review the patient's transport options upon admission and /or at their pre admit visit if appropriate. Early preparation and setting expectations will minimize patient and family anxiety and surprise about the costs at the time of discharge. A patient pamphlet **"Transportation, When it's time to leave the hospital"** is available to help you have this discussion with patients.

When the will hospital pay:

- Hospital to hospital transports for the purpose of transfer of care, diagnostics, and treatment or assessment related to the current admission or ED visit.
- ORNGE air transport within the Province (paid by the MOHLTC).

Employees make the above arrangements on behalf of the hospital.

When the patient must pay (i.e. self-pay)

The following transports **are not covered under OHIP** and thus are the responsibility of the patient/family/SDM:

- Hospital to home (private resident or retirement home)
- Hospital to LTC
- Hospital to clinic for purposes other than that of the current admission e.g. Dental Appointment
- Out of province transport (air or land)
- Inbound transport for any reason unless otherwise authorized by the NET contract lead.

While nursing may assist in the arrangements for self-pay transfer for Non-Emergency Transports, the responsibility for arrangements and payment is solely that of the patient/family/SDM. Please make sure the patient/family/SDM has a copy of the pamphlet **"Transportation, When it's time to leave the hospital"**

Patients will be required to provide payment information at the time of the booking. If, in unusual circumstances, the patient is unable to pay upfront Voyageur will work with the patient to obtain payment at the patient's residence. This should be the exception as your team must encourage patients to plan ahead and have a credit card number ready.

Notes:

- Some patients have third party insurance, some populations are eligible for financial support – please check with the family/SDM or if necessary your leader or social worker where appropriate.
- .
- With respect to patient pay transfers, hospital employees may assist the patient or family by providing information but must be careful not to be seen as the owner of the decision regarding either the vendor or payment responsibility.

Do Not Resuscitate Confirmation (DNRC) Guideline

The following guidelines apply to non-emergency transports when patients have decided in advance that they do not want to be resuscitated in the event that they suffer a respiratory or cardio-respiratory arrest or when CPR (Cardio-Pulmonary Resuscitation) is not part of the patient's treatment plan. These guidelines pertain to all Non-Emergency Transports and are in place when the patient leaves the sending facility. They terminate upon arrival and hand-off at the receiving facility.

Sending Facility Responsibilities for Patients with DNRC:

a. **Provide a copy of the Ministry of Health and Long Term Care (MOHLTC) Do Not Resuscitate Confirmation (DNRC)** form to the ambulance/non-emergency transport attendants. If the patient is returning home or being admitted to another organization, send the original DNRC form. Have this ready at time of pick-up to avoid delays. *Note DNR will not be honoured without the appropriate documentation being provided.*

b. Provide all appropriate information regarding patient status

- Sedation, medications given prior to transport
- The levels of treatment expected as defined by the written DNR order- e.g. airway maintenance etc.)

c. Determine appropriate escort level according to the patient care needs if the patient is likely to require care i.e. comfort measures that are beyond the scope and skill of the NET Attendant

Note –Wheelchair and taxi drivers cannot be responsible for DNRC. Please select transport or escort appropriately if you assess the patient has a high potential of becoming deceased during transport.

Patient Death During Transport

When a patient with a DNRC dies while en-route it is the responsibility of the Most Responsible Physician/Professional (MRP) from the sending facility to:

a) When requested, work with the attendants and provide direction as appropriate. This will include but not be limited to: advising where to take the patient (i.e. return to sending site, continue to receiving site, go to the closest hospital, advise if this is a coroner's case and support accordingly etc.

b) Contact the receiving facility and provide details as known and as requested by the receiving facility (note: the receiving hospital may not be the planned destination but rather the closest hospital to where the death occurred).

c) *If the patient is returned to the sending site skip to (d) below*. After death has been formally declared by the receiving hospital physician, work with receiving hospital to determine who is most appropriate to notify the family. In the event of a dispute, the responsibility resides with the sending facility MRP.

d) Contact the family as agreed in (c) above.

e) MRP or delegate will document in the patient's chart all relevant conversations and actions taken.

Receiving Hospital Responsibilities for Patient with DNRC

If a patient arrives to your facility via NET and is reported to have died en route:

Work with the sending facility MRP to determine who will contact the family.

Work with the attendants to support the family if required.

Work with the attendants and sending site MRP to properly disposition the body in a timely and respectful manner.

Coroner Cases

The following link is provided to assist with related information. Deceased Patient Care Standard:
http://www.lhsc.on.ca/About_Us/Base_Hospital_Program/Education/No.111v.1.0DeceasedPatientStandardTrainingBulletinMemo.pdf

Stretcher Attendants' Responsibilities for Patients with DNRC (Voyageur)

Prior to loading a patient for transport, the attendants will:

- Obtain the written Do Not Resuscitate Confirmation Form (DNRC) or a copy thereof.
- Ensure that the MOHLTC DNRC is completed in full and the appropriate signatures obtained.
- Confirm that the patient being transported is the patient to whom the valid DNRC applies.
- Determine from the sending staff whether the patient has received or will receive sedative medication prior to transport.
- Confirm with sending staff that family has been properly advised of DNRC procedures if patient is near death
- Document patient information on the Transport Care Report (TCR) as listed below:
    - Document in the comments area of the TCR that "Patient has a valid Do Not Resuscitate Confirmation form;
    - Presence or absence of an escort or whether the escort is "responsible" or "not responsible" for the patient en-route.
    - Confirmation and staff name that Information was provided to the family concerning transport procedures.
- If an appropriate DNRC form is not provided, the attendant will inform the sending facility that the transport team will undertake resuscitation and call 911 and request that the family be notified if appropriate.

During Transport

When transporting a patient who has a valid Do Not Resuscitate Confirmation form, the attendants will:

1. Provide patient care en route:
    a) Maintain the patient's comfort and dignity to the extent possible.
    b) Provide basic life support care as required- patient positioning, airway positioning, oral suction, and oxygen in order to relieve dyspnea.
    c) When an escort is responsible for the patient care en-route, assist the escort with patient care as required and within the attendant's authorized scope of practice.
2. **Should a patient suffer a respiratory arrest or cardio-respiratory arrest** en-route, while under a valid Do Not Resuscitate Confirmation form, the attendants will carry out the following procedures (in conjunction and cooperation with an escort where applicable):
    a. **Contact the receiving site MRP for directions and support.**
    b. Assess the carotid pulse; if present, re-assess the pulse every 10-15 seconds; re-assess for respiration and pulse for at least 5 minutes.
    c. After 5 minutes if vital signs are absent, document occurrence of death and the time.
        - If death is believed to have occurred, immediately proceed to the hospital as directed by the MRP. Request that the MRP or designate notify the receiving facility (if different from the sending site) that the patient has a valid Do Not Resuscitate order, and that the patient has died en-route.
        - Treat the deceased with respect and dignity. If a family member is on-board, be compassionate and provide emotional assistance and support.
        - Work with the sending facility for any other directions including disposition of the body.
        - If the MRP identifies the case as a Coroner case, follow all directions as provided by the MRP.
3. Where cardiopulmonary resuscitation is requested by patient or accompanying person en-route despite a valid Do Not Resuscitate Confirmation form, the attendant will:
    a) Document on the Transport Call Report that a "patient/other person requests CPR";

b) In all cases, explain the implications of complying with this request; if accompanying person is making the request, explain that the patient's wishes when capable take priority over those of another person in the event of respiratory or cardio-respiratory arrest;
c) Document "explanation provided";
d) Have the patient or accompanying person sign the documentation;
e) If no signatures are attainable, document the verbal request for CPR and reasons for lack of signatures;
f) Determine whether or not the Do Not Resuscitation should be honoured in consultation with the MRP from the sending hospital.
g) Where applicable advise the sending facility that the Do Not Resuscitate order will not be honoured;
h) If the patient suffers a respiratory or cardio-respiratory arrest:
    i) Advise the sending facility of the change of patient status;
    ii) If CPR is instituted, call 911 and begin to redirect to the closest facility capable of providing the necessary medical care or to a facility as directed by the sending facility.

4. If the patient suffers a respiratory or cardio-respiratory arrest and an escort initiates CPR regardless of a valid Do Not Resuscitate Confirmation, the attendants will attempt to honour the valid Do Not Resuscitate and use their best judgment in attempting to reason with the escort. The attendants will NOT be obliged to assist the escort with CPR, or to change the receiving destination.

Post Transport

Upon arrival at the receiving facility:

1. The transport attendants will, in all cases provide the receiving health care facility staff with:
    a) A verbal report which includes notification regarding the existence and status of a DNRC form.
    b) If the patient has died en-route the report will include:
        i) The time death occurred.
        ii) The circumstances surrounding the death;
    c) Provide the receiving hospital with documentation sent by the sending hospital.
    d) A copy of the completed Transport Call Report, after receiving staff has signed to acknowledge acceptance of the patient and transfer of patient care responsibility, and after the attendants have completed their required documentation and signed in the appropriate areas of the form.
    e) A copy of the completed Ministry of Health and Long Term Care DNRC form where applicable.

Hospital Specific Information & NET Contact Person

Hospital NET Contact Name:

Primary Hospital NET Contact: Enter Title/Position and Contact Info

Designate (when the primary is unavailable): Enter Title/Position and Contact Info

Note: before contacting your Hospital NET Contact you must notify your Most Appropriate Lead first – it is required that all issues be reviewed at the local level before being directed to the Hospital NET Contact.

Most Appropriate Lead: Enter Title /Position
Your Hospital NET Contact is responsible for overseeing the contract with the NET supplier in partnership with other regional hospitals.

Contract oversight includes assuring compliance with the standards including but not limited to:

- Attendant training and compliance with policy e.g. infection control;
- Response times;
- Vehicle and equipment maintenance;
- Complaints/Concerns - Your hospital contact will want to be informed of **any concerns you may have regarding the service and professionalism of the staff working for the supplier.** You and your patients should expect nothing less that courteous, respectful, and professional conduct from the providers. Likewise our supplier should receive courteous, respectful and professional conduct from hospital staff.

Response Times

On Demand – On demand response for Enter time in minutes from the time the booking is confirmed. Voyageur is required to meet this response time 95% of the time.

Scheduled- Scheduled calls require that the hospital provide a minimum of Enter time in hours. The contracted NET supplier (Voyageur) is required to meet this response time 95% of the time.

Response time failures

If you encounter difficulties with booking please notify your most appropriate lead so that they may contact your Hospital NET Contact. If the Hospital NET contact is not available document the exact details (date, time of request)

London hospitals have agreed to use EMS exclusively for emergency code 3 & 4 transfers. All code 1 & 2 transfers, i.e. patient's who are stable, are required to transport with Voyageur – see decision guide.

Site Specific Billing exceptions:

Dialysis patients: LHSC will, in some instances pay for inbound dialysis patients both from LTC and from home. These patients must be known to and approved by the Hospital NET contact. Rational for these is to maintain on time dialysis schedules. Social workers must first attempt other sources of funding and/or must provide a means assessment.

Hospital to LTC – these are considered self pay. Please refer to the billing guidelines and self-pay principles..

APPENDIX

Local Transportation Options

The hospital has preferred transport service providers for stretcher, wheelchair and taxi. You may wish to use these companies or others that are readily available. We recommend you always get a quote and note that transfer costs are your responsibility.

Please work with your health care team to understand what options are suited to your needs.

Patient Information

London Health Sciences Centre
800 Commissioners Road East
London, Ontario
N6A 5W9
Phone: 519-685-8500
www.lhsc.on.ca

Transportation

when it is time to leave the hospital

Your health care team is here to support you.

If you have any questions or concerns talk to a health care team member.

Thanks for making your departure as worry free as possible.

London Health Sciences Centre

London Health Sciences Centre

Leaving Hospital

When it's time for you to leave the hospital it's the responsibility of you and/or your family to make sure transportation arrangements have already been made. Transportation is not provided by the hospital and the hospital does not pay for transportation when someone leaves the hospital.

Planning Ahead

Please be sure to plan ahead and decide who will be available to take you to where you need to go when you need to leave.

Let your health care team know if your driver is likely to change depending on the day and time you leave.

If you will need to use and pay for a taxi, wheelchair or stretcher vehicle, staff can give you a list of available companies. We recommend you always seek a quote when making arrangements

FREQUENTLY ASKED QUESTIONS

If I don't have someone to volunteer to take me will I have to pay?

Yes. If you have 3rd party insurance transportation may be covered. Transportation is not covered by provincial medical plans (OHIP).

If I have a scheduled appointment not related to my hospital care, will I be able to go? What about transportation?

You will need to talk to your care team to find out if you are well enough to go to your appointment.

If you are well enough then you will need to make your own travel arrangements.

What if I have no money with me?

Most providers will accept cash, credit card or debit. Please plan ahead by having a credit or debit card number available when you book the transport.

If I am being transferred to another hospital will I have to arrange and pay for my transportation?

No. This transportation will be arranged by the hospital.

Can I use an ambulance to return home? No. Ambulances are used to respond to emergencies and to transfer people who are critically ill.

Use the space provided to write down any important information.

Date of departure:

Time of departure:

Person taking me:

Cell/phone number:

Other important information:

Your Hospital Specific Transfer Forms

Patient Transfer forms were developed regionally and therefore are generic. Each site has the opportunity to attach their hospital logo and other important distinguishing elements. Please go to the links to print your hospital's version of the forms or order according to your hospital procedures.

Inter-Hospital Transfer Forms and Envelope

Enter Links here

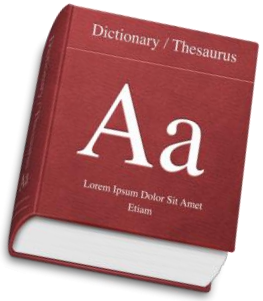
Frequently Asked Questions (FAQ's)

Question	Answer
1. Why are we not using EMS to transport patients?	Emergency Medical Services will only be engaged for the transportation of patients who are assessed as being critically ill or at high risk of becoming medically unstable during transport and must have an escort. All other transports will be carried out by a Non-Emergency Transportation(NET) service unless otherwise identified by your hospital NET contact
2. What is 'non-emergency' patient transportation?	NET's are private (unregulated) patient transport services used for transports which do not require an ambulance. They vary in degree of quality and safety. Your hospital has contracted with a provider they believe to be safe.
3. When is 'non-emergency' patient transportation used for patient transport between facilities versus using EMS?	NET's should be used when the patient does not meet the criteria of the ambulance act.
4. When is an ambulance (EMS) used for hospitalized patient transportation?	Emergency Medical Services (ambulance) will be engaged for transportation for life-threatening situations as per the ambulance act.
5. Who determines the most appropriate type of patient transportation?	The most responsible professional staff member who is providing care for the patient is responsible for assessing the patient and implementing the Decision Guide.
6. Can the physician "order" the type of transport he/she wants for the patient?	No; Decisions for the type of transport are determined by the decision guide regardless of the order. If there is a discrepancy there may be a need to consult with the care team.
7. Can the patient/family determine the type of transport he/she wants for the patient?	Yes. The care team will review the decision algorithm with the patient and advise on recommendations as per the guide. Final decision and discussion should be documented in the patient chart.
8. Who makes arrangements for the transport:	
➢ **between facilities?**	**Between facilities** – the sending unit based on the assessment by the RHP.
➢ **upon discharge?**	**Discharge to home (LTC or home)** – this is the patient/families responsibility. Staff will guide this to ensure timely discharge. *Note*: If the transport is for an appointment unrelated to the current admission, the patient or designate will make arrangements for transport.

Question	Answer
9. Who is responsible for paying the cost of the patient transportation:	See billing information for more detail.
10. How is payment for the transport arranged?	See billing information and patient pamphlet
11. Can 'non-emergency' patient transportation be used for patients who are discharged to their private home?	Yes, at the cost to the patient/family – see billing information.
12. Can a family member/friend accompany the patient during the transport?	Yes they may do so at the discretion of the transport staff. Also see escorts.
13. If a patient presents to the hospital via EMS for a test, treatment and/or procedure, can they be transported back to their home and/or sending facility by 'non-emergency' patient transport?	Yes, staff at the receiving facility are expected to use the Decision Guide
14. Can the patient be transported for appointments /tests/diagnostics and/or procedures by family/friend instead of 'non-emergency' patient transport?	Yes, If this appointment is not associated with their current inpatient visit, the patient may decide, **however you will need to advise and document based on your assessment and the decision guide.**
15. What happens when a patient/family member refuses to pay for the 'non-emergency' patient transportation?	Ensure that appropriate communication regarding patient transportation roles and responsibilities occurs at the time of admission by providing the patient with the patient transport pamphlet. For any disputes, refer to the appropriate department or leader.
16. Are drivers/attendants considered to be within 'the circle of care'?	Yes, drivers and/or attendants are considered to be within the 'circle of care' during the transport and provided information on a 'need-to-know' basis in order to provide supervision for the patient. As such, they are bound by PHIPA and the contract.
17. Can the 'non-emergency' patient transportation vendor refuse to transport a patient?	Yes, the staff transporting the patient may refuse to transport a patient if they are concerned or uncomfortable with the care requirements of the patient or if there are Occupational Health and Safety concerns in the moment. However, they need to bring the concern forward to the Unit Manager as well as their own supervisor immediately to work out concerns.

Question	Answer
18. Will the transport provider take patient's own supplies/equipment?	Yes provided it can be safely locked down during transport.
19. What is the level of training of the attendants employed by the 'non-emergency' patient transport service?	The attendants will have a recognized "First Responder" level of training and other – see Attendants.
20. What kind of vehicles does the 'non-emergency' patient transport provider have?	The 'non-emergency' patient transport has a variety of vehicles including Stretcher, Wheelchair and taxi– see vehicle standards and equipment for other details.
21. Should a nurse need to escort the patient, what supplies or equipment are available on the vehicles?	See vehicle standards. O2, oral suction and first aid supplies are available however you should plan take any supplies anticipated for the care during transport. Also be sure to use the *Inter-Hospital Patient Transportation Checklist* (envelope).
22. Will the 'non-emergency' patient transport service honor the DNR order?	Yes, provided a copy of the order and the appropriate forms are complete and given to the attendants. See DNR
23. Who do I call if I have a concern about the service?	Contact the most appropriate lead for your area first. See Hospital Specific Information page.
24. How long will the 'non-emergency' patient transportation service take to respond to a call?	See site hospital specific information – response times
25. Can the 'non-emergency' patient transportation service be used to transfer a patient out-of-province?	Yes, however there are many considerations – work with your most appropriate leader and see booking guidelines and billing.

Definitions & Terminology



General Terminology

3rd Party Payer – someone makes payment for a service other than the facility or patient/family. (e.g. Insurance)

Accountability – taking responsibility, being answerable for decisions and actions, taking appropriate action when needed and ensuring that practice is consistent with professional standards guidelines and regulations [1]

ADL – Assisted Daily Living - ADL'S are the normal tasks we perform during the day including self-care (feeding ourselves, bathing, dressing, grooming), productivity (including paid work or other work), and leisure.

Adverse event – an event which results in unintended harm to the patient, and is related to the care and/or services provided to the patient rather that to the patient's underlying medical condition[2]

Algorithm – A step by step guide that assists in decision making

Bariatric patient – a patient whose weight or physical stature indicates the need for special equipment (e.g. Oversize stretcher, lift, wheelchair)

CACC – Central Ambulance Communications Centre that dispatches EMS

CCAC – Community Care Access Centre

CritiCall – an Ontario provincial 24 hour call centre that helps physicians make emergency referrals to a higher level of medical care

Critically ill – a patient's condition is such that there is an immediate threat to life, limb or function or the patient requires intensive monitoring, constant life support and medical interventions to correct or stabilize the patient's condition or this person's condition may potentially deteriorate during transport[3]

DNR – Do Not Resuscitate

DNRC – Do Not Resuscitate Confirmation form
http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&ENV=WWE&NO=014-4519-45

EMS – Emergency Medical Services, also known as ambulance

Emergency transportation – a mode of transportation used to move a patient who is critically ill. The vehicle is usually an ambulance moving a patient to a higher level of care.

EPR – Electronic Patient Record

Escort – an individual who accompanies and is capable of delivering the care needs of the patient during transport and the entire time away from the facility. Depending on the care needs of the patient, this individual must be legally authorized to perform the necessary care related tasks. May or may not be a Regulated Health Professional depending on the care needs of the patient.

Failed Call Confirmation Number: This is a number that will be given to you by the contracted NET supplier if they are unable to meet the contracted on demand response time. You will then have the option to book an alternate time with the contracted NET supplier or if necessary you may use another supplier by following the process outlined in your Hospital Specific Information.

FAQ- Frequently Asked Questions

Form 1 – application for Psychiatric Assessment (see Mental Health Definitions for more information)

Form 42 –a form that notifies a Form 1 patient of the reasons they are being held

Hospital NET Contact – This is the individual in your organization that is responsible for NET contract oversight for your hospital and this person also sits on the Regional Oversight Committee for NET. See Hospital Specific Information for details.

Inter-facility – transfers to and from one health care facility to another. Can include:

- Hospital – Hospital
- Hospital – Rehab
- Hospital –Long Term Care facility
- Hospital – Mental Health

Life or Limb- diagnosis, whereby the patient's life and/or limb is at risk if they do not receive appropriate care in an appropriate time. [3]

LTC – Long Term Care Facility/Home

Medically stable- patient's condition is not expected to change during transportation

MT Authorization # - medical transfer number provided by PTAC. Necessary for all inter-facility transfers

Non-Emergency Transportation – a mode of transportation used for a patient who is not critically ill and does not require emergency transfer (see Ambulance Act)

On-Demand Call – This is a non-scheduled call whereby the provider is required to respond immediately within the contracted time set out by your hospital. See your hospital specific details for information

Out of Province –non-Ontario resident of Canada

ORNGE – a provincial service that organizes air and land ambulances for critically ill patients and in some instances i.e. air transport, non-emergency transport for long haul trips within the province.

One Number – a protocol used in the SWLHIN where each hospital has a single point contact number to connect physician to physician and expedite transfers of patients to an appropriate level of care

Patient Care Needs – care for which a patient requires assistance during his/her hospitalization and/or during transportation. May range from assistance with toileting, monitoring an IV etc. Care needs may need to be addressed by a RHP depending on the complexity.

Private Car – the personal vehicle of a patient/family/friend or volunteer. Not to be used when a hospital staff escort is required during transport.

PTAC – Provincial Transfer Authorization Centre that provides MT number for inter-facility patient transfer

Most Appropriate Lead - refers to the person who is directly in charge of your area or unit. This could be a Charge Nurse, a Coordinator, Manager or Director depending on your hospital structure. It may be an after-hours coordinator if your hospital has this position. Ultimately it is the formal 'go to person' during your shift. This person may have a reporting relationship to a formal leader and it is their responsibility to determine when they need to escalate an issue to the formal leader. See Hospital Site Specific information for details

Receiving facility –the health care organization that provides care to a patient following transport or assumes care following transfer of care from a sending facility

RHP –Regulated Health Professional is any person who has completed a course of study in a field of health, such as a registered nurse, physiotherapist, or physician. The person is licensed by a government agency or certified by a professional organization.

Self-Pay –when the patient is responsible for paying for the service see self pay information

Sending facility – the health care organization that requests transportation of a patient and is accountable for the patient's care until that care is handed over to an appropriate Regulated Health Care Professional

Substitute Decision Maker (SDM) – A person who has legal authority to make decisions for another person regarding personal care or finances. Please refer to your hospital policy for any additional information.

Uninsured – patient does not have a valid OHIP number

Unit Leader: this is the person who is the manager or supervisor of your unit.

Mental Health and Form 1 Terminology

Mental Health-Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's (WHO) definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

Form 1 Mental Health Patients -where a physician examines a person and has reasonable cause to believe that the person,

- has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;
- has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her; or
- has shown or is showing a lack of competence to care for himself or herself,

and if in addition the physician is of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in

- serious bodily harm to the person
- serious bodily harm to another person; or
- serious physical impairment of the person,

the physician may make application in the prescribed form for a psychiatric assessment of the person.

Or, where a physician examines a person and has reasonable cause to believe that the person,

- has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in serious bodily harm to the person or to another person or substantial mental or physical deterioration of the person or serious physical impairment of the person; and
- has shown clinical improvement as a result of the treatment,

and if in addition the physician is of the opinion that the person,

- is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;
- given the person's history of mental disorder and current mental or physical condition, is likely to cause serious bodily harm to himself or herself or to another person or is likely to suffer substantial mental or physical deterioration or serious physical impairment; and
- is incapable, within the meaning of the Health Care Consent Act, 1996, of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained,

The physician may make application in the prescribed form for a psychiatric assessment of the person. The physician fills out a Form 1 authorizing the police to bring the person in for a psychiatric assessment.

All patients formed under the Mental Health act must be assessed carefully for safety and escort needs. Please reference the MH algorithm for decision guidelines (add hyperlink) and Patient Assessment Guidelines (hyperlink)

for more information. If you are unsure the safest option is to send an appropriately trained hospital escort. The original copy of the Form must accompany the patient.

Voluntary - when a patient independently seeks and consent to treatment

Involuntary- when patient is brought and/or held for assessment and treatment against their will – this requires the patient be *"Formed".*

Violence-when patient is showing signs of aggressive behavior towards self or others.

Restraint- the forcible confinement or control of a person at risk of harming themselves or others. An instrument or a means of restraint to prevent the infliction of harm to self or others such as a straightjacket.

Physical Restraint- a piece of equipment utilized to confine an individual and prevent harm to themselves or others.

Chemical Restraint-use of medication to confine an individual and prevent harm to themselves or others.

Schedule 1 Facilities – these hospitals provide inpatient, outpatient and emergency mental health service.

Schedule 1 Hospitals

http://www.health.gov.on.ca/en/common/system/services/psych/designated.aspx#one

City / Town	Hospital	County		LHIN
Goderich	Alexandra Marine and General Hospital	Huron	2	South West
London	Regional Mental Health Care, London - St. Joseph's Health Care, London.	Middlesex	2	South West
London	St. Joseph's Health Care, London	Middlesex	2	South West
London	London Health Sciences Centre - University Campus, Victoria Campus	Middlesex	2	South West
Owen Sound	Grey Bruce Health Services - Owen Sound Site	Grey	2	South West
St. Thomas	Regional Mental Health Care, St. Thomas - St. Joseph's Health Care, London	Elgin	2	South West
St. Thomas	St. Thomas Elgin General Hospital	Elgin	2	South West
Stratford	Stratford General Hospital	Perth	2	South West
Woodstock	Woodstock General Hospital	Oxford	2	South West
Chatham	The Public General Hospital Society of Chatham	Chatham-Kent	1	Erie St. Clair
Windsor	Hotel-Dieu Grace Hospital - Windsor	Windsor-Essex	1	Erie St. Clair
Windsor	Windsor Regional Hospital	Windsor-Essex	1	Erie St. Clair

Non-Emergency Transport – Self Pay Principles and Guidelines

Principles:

- Patients are responsible for organizing and paying for their transport to and from hospital.
- Patients are to leave the hospital upon discharge in a timely manner - to free up staffing and bed resources for other incoming patients.
- Hospital staff may **assist** patients with information about available transport options but are unable to influence decisions regarding the vendor or the cost.
- Hospitals must ensure ED and inpatient capacity are managed appropriately for patients who are acutely ill and require access to care.
- In situations where bed resources are pressed hospitals will assess the merit of organizing the patient transport and subsequently bill the patient.
- Hospitals acknowledge that transport Vendor(s) have the right to refuse transport if the patient is unable to pay.
- Hospitals may choose to accept invoicing from the vendor to ensure patients are not delayed at discharge.
- In no circumstances will the hospital assume responsibility for paying /covering the cost of self pay transfers.
- Hospitals by way of the Regional Operations Committee will monitor vendors on success rate for payment collection at time of transport to ensure third party billing does not become the preferred practice.
- Given that many hospitals request that patients do not bring valuables with them during their inpatient stay, patients should have the option to pay either: a) at time of booking transport or b) at point of destination.

Vendor Billing Responsibilities:

The vendor will attempt to collect payment via Credit card at the time of booking or at the destination.

Vendors will accept cash from the patient.

Hospital staff will not obtain cash from bank machines on behalf of the patient.

Vendor staff will not obtain cash on behalf of the patient.

The Vendor will not delay transport due to failed upfront collection and will notify the hospital of failed collection post transfer.

Vendor will record failed collections using on line booking to generate a reservation number and audit trail

MOH DNRC Form

Ontario Ministry of Health and Long-Term Care

Office of the Fire Marshal

Serial Number _____

Do Not Resuscitate Confirmation Form

To Direct the Practice of Paramedics and Firefighters after February 1, 2008

Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – *please print clearly*	
Surname	Given Name

1. **"Do Not Resuscitate"** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
   - Chest compression;
   - Defibrillation;
   - Artificial ventilation;
   - Insertion of an oropharyngeal or nasopharyngeal airway;
   - Endotracheal intubation;
   - Transcutaneous pacing;
   - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one ☑) has been met and documented in the patient's health record.

- ☐ A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.
- ☐ The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

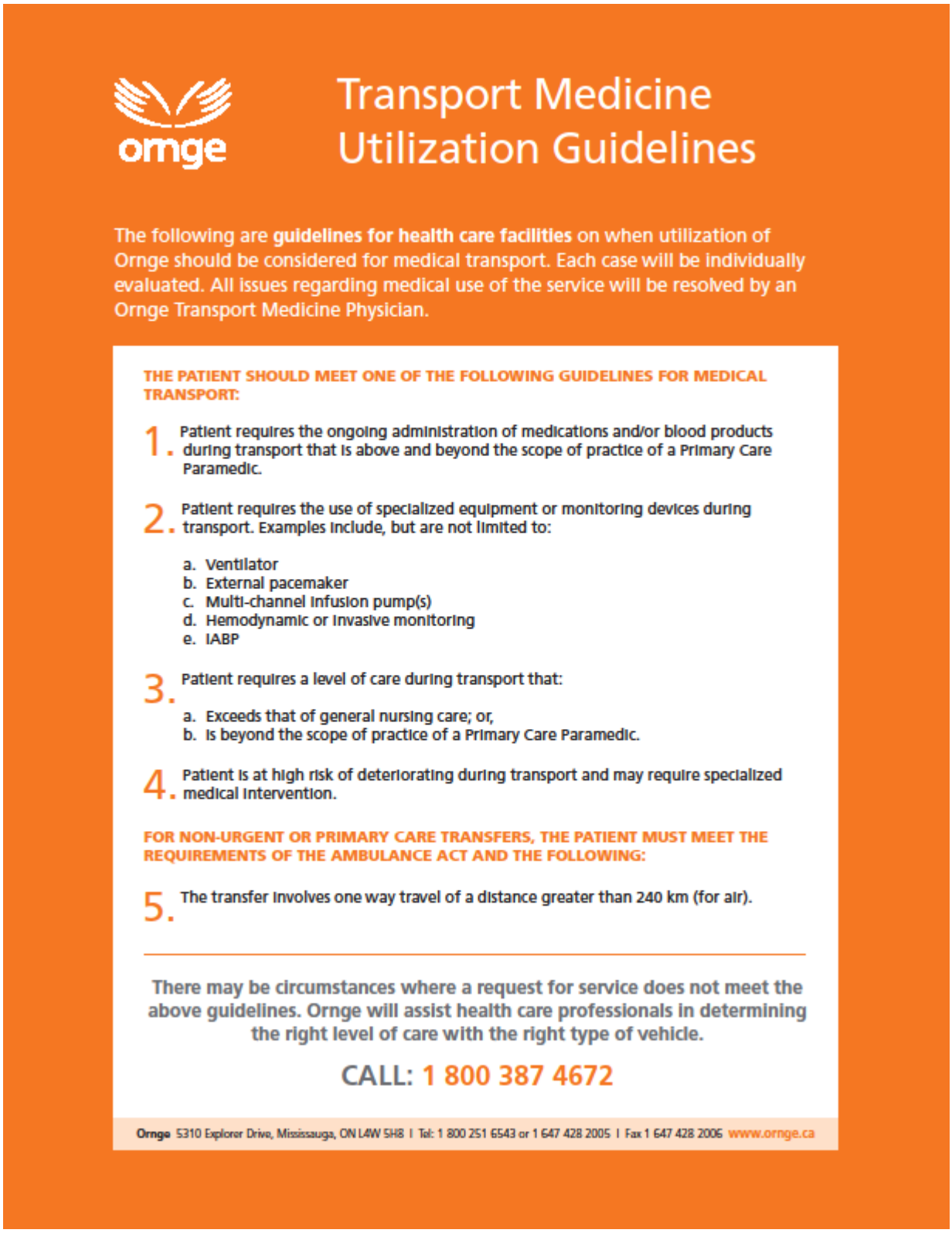
Check one ☑ of the following:

☐ M.D. ☐ R.N. ☐ R.N. (EC) ☐ R.P.N.

Print name in full	
Surname	Given Name
Signature	Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

ORNGE/Air Transport



omge

Transport Medicine Utilization Guidelines

The following are **guidelines for health care facilities** on when utilization of Ornge should be considered for medical transport. Each case will be individually evaluated. All issues regarding medical use of the service will be resolved by an Ornge Transport Medicine Physician.

THE PATIENT SHOULD MEET ONE OF THE FOLLOWING GUIDELINES FOR MEDICAL TRANSPORT:

1. Patient requires the ongoing administration of medications and/or blood products during transport that is above and beyond the scope of practice of a Primary Care Paramedic.

2. Patient requires the use of specialized equipment or monitoring devices during transport. Examples include, but are not limited to:

   a. Ventilator
   b. External pacemaker
   c. Multi-channel infusion pump(s)
   d. Hemodynamic or invasive monitoring
   e. IABP

3. Patient requires a level of care during transport that:

   a. Exceeds that of general nursing care; or,
   b. Is beyond the scope of practice of a Primary Care Paramedic.

4. Patient is at high risk of deteriorating during transport and may require specialized medical intervention.

FOR NON-URGENT OR PRIMARY CARE TRANSFERS, THE PATIENT MUST MEET THE REQUIREMENTS OF THE AMBULANCE ACT AND THE FOLLOWING:

5. The transfer involves one way travel of a distance greater than 240 km (for air).

There may be circumstances where a request for service does not meet the above guidelines. Ornge will assist health care professionals in determining the right level of care with the right type of vehicle.

CALL: 1 800 387 4672

Ornge 5310 Explorer Drive, Mississauga, ON L4W 5H8 | Tel: 1 800 251 6543 or 1 647 428 2005 | Fax 1 647 428 2006 www.ornge.ca

Preparing a Patient for Medical Transport

The transport medicine environment is challenging. To carry out the transport safely, your patient may need interventions prior to transport that would not be performed if the patient remained in your hospital. To minimize the time the Ornge crew needs to prepare the patient for transport, please consider the following before the crew arrives:

INFORMATION – PLEASE HAVE SOMEONE AVAILABLE TO COMMUNICATE PERTINENT DETAILS TO THE MEDICAL CALL TAKER, TRANSPORT PHYSICIAN OR CREW AND ANSWER FURTHER QUESTIONS AS REQUIRED. PHYSICIAN TO PHYSICIAN COMMUNICATION IS OFTEN HELPFUL AND THERE IS A TRANSPORT MEDICINE PHYSICIAN AVAILABLE 24/7.

- ☑ Incident history and relevant past medical history
- ☑ Medications and allergies
- ☑ Treatment and response to treatment, equipment, ongoing infusions and therapies
- ☑ Recent vital signs and pertinent physical findings
- ☑ 12-lead ECG (when pertinent) results and significant lab values
- ☑ Diagnostic imaging results – if on PACS or CD, please allow crew to view images
- ☑ Resuscitation status: DNR or advanced directives

PLEASE MAKE COPIES OF ALL DOCUMENTATION FOR THE CREW TO BRING TO THE RECEIVING HOSPITAL.

PATIENT PREPARATION FOR TRANSPORT (*as appropriate)

- ☑ Intravenous access (2 large bore peripheral IV's if hypotensive, active/severe hemorrhage, severe trauma, sepsis or burns)
- ☑ Foley*
- ☑ Gastric tube*
- ☑ Airway supported / secured* (e.g. GCS<=8)
- ☑ Recent ABG if ventilated
- ☑ Spinal immobilization*
- ☑ Arterial line/central line*
- ☑ Blood products*
- ☑ Pregnant patients in active labour require a recent pelvic exam within the last hour prior to transport to assess likelihood of imminent delivery
- ☑ Medications (prn or regular) administered prior to transport particularly if being transported by primary care paramedics who will not be able to administer this in flight e.g. antinauseant, analgesics as appropriate
- ☑ Extremity fractures are splinted

ON ARRIVAL, THE ORNGE CREW WILL:

- ☑ Take history and do brief physical assessment
- ☑ Review copies of patient's chart and other pertinent data
- ☑ Contact the Transport Medicine Physician for medical direction as required
- ☑ Ensure patient is prepared for the transport
  - cardiac, blood pressure, oxygen saturation monitoring
  - ensure all IV access is well secured and place pressure bags on intravenous fluid bags and use infusion pumps as necessary. Lines may need to be switched to the standardized air transport system
  - secure the airway for intubated patient by checking ETT placement (clinically and/or CXR) and ensure ETT taping is appropriately secured
  - stabilize patient on a transport ventilator for intubated/ventilated patients
  - perform other interventions as required
  - transfer patient to a stretcher and securely strap in place

For further information, please call the Ornge Communications Centre to speak directly to a Transport Medicine Physician.

CALL: 1 800 387 4672

Ornge 5310 Explorer Drive, Mississauga, ON L4W 5H8 | Tel: 1 800 251 6543 or 1 647 428 2005 | Fax 1 647 428 2006 www.ornge.ca

Standards -Attendant and Clinical Standards

The following is a high level overview of Performance Standards in the contract for your information only. Please use the Patient Transport Decision Guide for all decisions regarding patient transport. (Note: language in the contract is comprehensive and takes several pages. In an effort to keep you advised they have been organized as Attendant and Clinical Standards and Vehicle and Equipment Standards. If you have any questions or concerns regarding standards please direct them to your hospital NET leader.

Standard	Stretcher	Wheelchair	Taxi
• Annual vulnerable person/criminal background check	✓	✓	✓
• Attendants will be trained in the safe use of certified medical oxygen including how to calculate the oxygen required for the duration of a transport and any unexpected incidents.	✓	N/A	N/A
• Activities of Daily Living (ADL)			
○ Assist with necessary transfer	(bed to bed)	(bed to door)	N/A
○ Assist with toileting, e.g. – empty Foley catheter or established colostomy bag	✓	N/A	N/A
○ Assist with feeding on route if assistance is required	e.g. Open sandwich pack	N/A	N/A
○ Assist with medications (i.e. will not administer; will remind and assist to self-administer).	e.g. Hand kit to pt.	N/A	N/A
• Bariatric stretchers	✓	N/A	N/A
• Basic MOHLTC Infection control standards.	✓	✓	N/A
○ 4 moments	✓	N/A	N/A
○ PPE	✓	✓	N/A
○ Proper use of gloves	✓	✓	N/A
○ Outbreak procedures	✓	✓	N/A
• Class F driver's license	✓	✓	N/A
• Compliance with hospital smoking, scent, and latex free policies.	✓	✓	✓
• Cross Border Procedures	✓	✓	✓
• Defensive Driving Certification	✓	✓	✓
• DNRC Protocol	✓	✓	N/A
• Equipment return protocols	✓	✓	✓
• Escort Return protocols	✓	✓	✓
• First Responder Certification	✓	N/A	N/A
• Gentle Persuasive Assistance (GPA)	✓	✓	✓
• Honour each facility's "No Idling" policy over and above municipal by-laws.	✓	✓	✓

Standard	Stretcher	Wheelchair	Taxi
• Incident Reporting Procedure and protocol for notifying hospital	✓	✓	✓
• Insurance Coverage as required by Risk Management	✓	✓	✓
• Isolette, Child & infant transfer equipment and training.	✓	N/A	N/A
• IT system Network and mobile device security and redundancy for power outage	✓	✓	✓
• Linen - Medical grade linen laundry service	✓	✓	N/A
• Minimum of a Grade12 or equivalent diploma.	✓	✓	N/A
• Non Violent Crisis Intervention	✓	✓	✓
• O2 certified supplier and handling	✓	✓	N/A
• One number to call 24/7	✓	✓	✓
• Patient Complaint protocol	✓	✓	✓
• Patient Health Record Privacy protocol	✓	✓	N/A
• Patient Lift Training & Secure Tie Down Procedures	✓	✓	N/A
• Patient Personal Items protocols	✓	✓	✓
• Privacy Risk Assessment	✓	✓	
• Staff required to sign a confidentiality agreement that is compliant with PHIPA (FIPPA)	✓	✓	N/A
• Stretcher Maintenance standards comply with or mirror those required by MoHLTC	✓	N/A	N/A
• Stretcher supply Kit must include latex-safe, single patient use but is not limited to: incontinence products, emesis bag, BP cuff, gloves, oral pharyngeal, suction equipment and tubing (disposable), oxygen mask and tubing (disposable), antiseptic wipes, alcohol based hand sanitizer, CPR barrier protection kit (BVM) bag valve mask.	✓	N/A	N/A
• Supply Kit must include but is not limited to: incontinence products, infection control kit, emesis bags, gloves	N/A	✓	N/A
• Threat Risk Assessment	✓	✓	
• Uniform and staff identification badges	✓	✓	N/A
• Vehicle and equipment cleaning standards	✓	✓	
• Vehicle standards comply with or mirror those required by the MoHLTC, MTO and or Municipality	✓	✓	✓

2012 Project Summary – Non-Emergency Transport

(Contract period 2013 to 2018 plus 2 optional years)

The following is a brief outline of the SW LHIN Hospitals Non-Emergency Transport project and is provided for interest only.

What this project did not include?

- Emergency transportation services as defined by the services funded by upper tier municipalities and operated by ambulance services and as defined by the Ambulance Act of Ontario.
- Ontario's Air ambulance services - ORNGE
- Transportation that is contracted for, paid for and provided outside of the scope of the RFP either privately by individuals or corporations
- Transportation that is ordered directly by patients.
- Transportation that is paid for, or ordered, or contracted for outside of the scope of this project
- Transportation that comes to any hospital from any hospital or other location that is outside of the services contracted for by the hospitals that participate in the RFP.

Project profile
From a process perspective the following statements can be made:

- The RFP process complied with all the requirements of the Broader Public Sector procurement guidelines

- Every hospital in the South West LHIN participated in this process and has been represented on the project's Steering Committee and RFP Committee

- All patient transfer businesses in Ontario, including all of those operating within the South West LHIN area were given the opportunity to submit a proposal

- Through a thorough Request For Supplier Qualifications (RFSQ) process the proposals received were shortlisted to four who were invited to respond to the Request for Proposal (RFP)

    - the RFP's were reviewed, evaluated and scored using the following allocation:

        - Mandatory Requirements
        - Terms and Conditions
        - Performance Standards
        - Performance Scenarios
        - Site Tours/Validation Audit/Proponent Presentations
        - Financial scenarios
        - Financial by trip

- This RFP is part of a larger undertaking by the South West LHIN hospitals

- All the hospitals in the South West LHIN have worked together since March 2011 to do the following:

    - Develop non-urgent transportation and vehicle standards on a SW LHIN wide basis

- Develop standardized decision-making criteria for use by hospital staff so they select the most appropriate vehicle for patient transportation

- Apply standardized hospital-based clinical standards and policies to non-urgent transportation services

- Develop a multi-hospital RFP for the provision of non-urgent transportation services

Successful completion of the project is expected to have the following benefits to patients and families:

- There will be improved consistency and quality of transportation service through the application of defined service standards across the SW LHIN. These will include minimum standards for vehicles, on board equipment and minimum qualifications for drivers.
- Common service standards will be used that meet hospital clinical requirements (e.g. infection control) and ensure patient safety during transit
- A common decision-making guide will be used to assist staff to decide on the use of Non-urgent versus EMS transportation. The guide will based on clinical decision making that matches the transportation and escort needs to the patient's medical condition.
- Clinical oversight of the contract will serve to maintain quality and manage risk
- Centralized booking and dispatch will ensure effective use of resources across the participating organizations
- EMS services will not be called on to transfer patients who do not require emergency transportation and who can be safely transported by other means, thereby ensuring EMS services are available to respond to emergency calls.

Benefits for Participating Hospitals

- Improved flow of patients through all components of the regional health system will potentially improve access and discharge processes by reducing wait times, more efficient bed clearance and increased throughput.

- Assurance of minimum competency standards will improve inter-facility Non-Emergency Transportation service quality and consistency across the LHIN since there is no provincial regulation governing these services.

- Reduction in risk and safety will improve patient satisfaction and service quality. This may improve efficiency of utilization of regional health services, beds and patient satisfaction.

Regional NET Operations Committee Membership - April 2013

Pamela Matheson – Grey Bruce Health Services

Esther Miller – Hanover & District Hospital

Rhonda Ridgeway – South Bruce Grey Health Centre

Simon Ojeerally – Huron Perth Healthcare Alliance

Christine Kirkpatrick – South Huron Hospital Association

Paul Black – Alexandra Marine & General Hospital

Sandra Albrecht – Listowel & Wingham Hospitals Alliance

Kelly Finlayson – London Health Sciences Centre

Deb Wiltshire – St. Joseph's Health Care London

Michelle Worsfold - Alternate Janet Pool – Woodstock Hospital

Lorraine Rollins – St. Thomas Elgin General Hospital

Lisa Gardner – Alexandra Hospital Ingersoll and Tillsonburg District Memorial Hospital

Laurie McGill – Middlesex Hospital Alliance

Ann Toman, LHSC – Staff Support