

## **Non-Urgent Inter-Facility Patient Transportation Request for Expressions of Interest for Time Limited Pilot Projects**

October 16, 2012

### **1) Background**

- Given the vast geography and distribution of services within the North East Local Health Integration Network (NE LHIN), patient transfers between facilities and/or communities is an essential facet in the provision of necessary health services to residents.
- The timely and efficient transfer of non-emergent patients between hospitals, and between hospitals and other health institutions (e.g. long-term care homes (LTCHs)), in the North East is a long-standing issue for hospitals of all sizes. Small hospitals typically need to get their patients into larger centres for diagnostic tests and procedures, whereas large hospitals need these patients repatriated to the referring hospital or home setting to ensure the necessary flow through their acute care beds.
- Currently, nearly all hospitals in the NE rely on EMS providers to transport non-urgent patients (with a couple of exceptions). Given that EMS' primary role and priority is the provision of emergency medicine and ambulance transport, non-urgent transfers can wait extended periods of time for service.
- The issue has aspects related to the patient experience, access to needed care or services, and the appropriate use of hospital resources and community emergency medical / ambulance services.
- The absence of clear regulatory and funding directions means that ad hoc arrangements remain the current operating model. With inter-facility non-urgent patient transfers increasing year over year in the North East, it is essential that a reliable, high quality, appropriate, coordinated and cost-effective system be put in place that meets the needs of patients/clients, service providers and communities at large.
- While the NE LHIN, in collaboration with health service and EMS providers, leads a larger non-urgent transfer review and business planning exercise in the late 2012 / early 2013, it would like to pursue one or more time-limited pilot or demonstration projects of innovative strategies / models that will inform the broader review.

## **2) Purpose**

### **What are the results to be achieved by a pilot project?**

To trial strategies or programs that:

- Improve timely services to clients.
- Improve client experiences with non-urgent transfers to and from acute care facilities, or to/from hospitals and LTCHs.
- Decrease pressures in EDs and inpatient units related to patients awaiting timely transfers.
- Ensure sustainable emergency medical services in all communities.

## **3) Scope**

### **In Scope – projects that relate to ...**

- Transportation for the following patients groups between hospitals or between hospitals and LTCHs:
  - stable medical condition; and
  - requiring a stretcher vehicle; or
  - ambulatory or semi-ambulatory inpatients/LTC residents; or
  - requiring a nursing or other health provider escort
- Transportation of ED patients requiring access to a schedule 1 bed or psychiatric assessment under the Mental Health Act

### **Out of Scope – projects that relate to ...**

- Transportation for medical appointments within a community or between communities outside of a hospital
- Addressing hospital cost pressures related to the use of professional staff during patient transportation

## **4) EOI Requirements**

Submissions must address / contain the following:

- Description of the problem and how it is affecting service provision (both quantitatively and qualitatively)
- Description of the proposed strategy / program / intervention(s) (e.g. what is the service, expected volume, hours of service, staffing, anticipated impacts)
- Detailed budget and costing
- Program evaluation criteria

- Demonstrated involvement of partners including letters of support and/or joint submissions between two or more organizations
- Risks to pilot project success
- Any other pertinent information

NOTE: All projects will require the sponsorship of an approved NE LHIN Health Service Provider.

### **5) Project Duration and Close-Out**

Pilot projects should be of a duration not to exceed 6 months (from notice of approval being issued by the NE LHIN). There should be no expectation of ongoing NE LHIN funding to sustain a program beyond the pilot demonstration phase. Final project timelines and associated costs may need to be adjusted / negotiated based on available funding.

All projects must submit a close-out report to the NE LHIN that presents an analysis of the program evaluation criteria and metrics outlined in the EOI and a discussion of the lessons learned, benefits and challenges identified during the pilot (from various stakeholder perspectives).

### **6) EOI Evaluation Criteria**

The following categories and weighting will be applied to evaluate expressions of interest:

<b>Criteria</b>	<b>Weighting (Points)</b>
Experience and Qualifications of the Provider and/or Partners	30 points
Approach and Work Plan (e.g. complete?, realistic?)	40 points
Evaluation of Budget and Costs (e.g. reasonable?, appropriate?)	30 points
<b>Total Points</b>	<b>100 points</b>

### **7) Sign-Off**

All submissions must include the signature(s) of the pertinent proposal sponsor and partner signing authority(ies).

Please deliver the completed submission in Word with a signed version scanned as an Adobe PDF to [philip.kilbertus@lhins.on.ca](mailto:philip.kilbertus@lhins.on.ca) by 5:00 p.m. EDT on Tuesday, October 30, 2012.