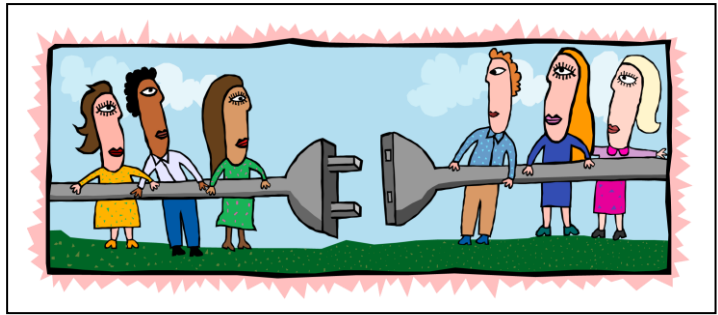


Non-Urgent Patient Transportation Project - South West LHIN

PROJECT CHARTER Summary document

March 30, 2011



Background

Non-urgent patient transportation is a service that is provided by many hospitals in the South West LHIN. It is used to move stable patients between facilities and for immobile patients to such care areas as dialysis units. Private, for profit, non-urgent transportation companies began to offer their services in response to a need created when Emergency Medical Services (EMS) or ambulance services were downloaded to Upper Tier Municipalities (cities and counties) in Ontario. As hospital services changed and multi-site hospitals developed, hospitals could not meet their operational needs by waiting for EMS transportation. Transportation companies developed new businesses to fill the service need created by this situation.

In Ontario, unlike EMS Services, there are no provincial regulations to govern the quality of services provided by non-urgent patient transportation providers. This puts hospitals in a challenging situation in determining which service to select to meet their non-urgent patient transportation service needs. There are currently a variety of service standards across the LHIN and indeed across the province.

In addition, an increasing number of hospitals have had to begin using private patient transfer services to transport patients given the increasing demands and requirements that EMS services to be available to respond to emergency calls. There has therefore been an agreement among all the hospitals in the SW LHIN to sponsor and actively participate in this project.

Project Purpose

To provide high quality, reliable non-urgent transportation services to patients under the following circumstances:

- Patients who, as part of their inpatient stay require non-urgent transportation: within the same hospital corporation; to another hospital; or to ambulatory or procedural clinics;
- Hospitalized inpatients who, at the time of discharge require non-urgent transportation to: another hospital, a long-term care facility, home when financial means present a barrier to discharge; and,
- Outpatients who require non-urgent transportation to receive life-sustaining treatment at a hospital service setting (e.g. dialysis, cancer treatment) when other options are not suitable due to the medical condition of the patient.

Project Objectives:

- To develop non-urgent transportation and vehicle standards on a SW LHIN wide basis
- To develop standardized decision-making criteria for use by hospital staff so they select the most appropriate vehicle for patient transportation
- To apply standardized hospital-based clinical standards and policies to non-urgent transportation services
- To develop a multi-hospital RFP for the provision of non-urgent transportation services

- To define governance and management responsibilities for the non-urgent transportation services contract(s) including the application of clinical standards, as well as the on-going application of standardized decision-making criteria by hospital staff

PROJECT WORKPLAN – There are six phases to this project. Each one is summarized below.

Phase 1 - Engagement

- This phase includes:
 - Recruiting the project steering committee. Each hospital in the SW LHIN will be asked to appoint a member to the steering committee
 - Recruiting and engaging the project team – the staff who will provide on-going leadership to the management and implementation of the project charter
 - Finalizing the project charter and defining the project's stakeholder engagement and communications strategy

Phase 2 - Development of Service Standards

- This phase of the project will be divided into two parts:
 - **Phase 2-1** will focus on the development and adoption of clinical service standards to be used by hospital staff when arranging for patient transportation
 - This phase will include defining common guidelines and decision-making criteria for hospital staff to use when calling on ambulance services, non-ambulance services such as non-emergency patient transfers, and other forms of transportation such as taxis, personal transportation and public transportation. It will also include decision-making criteria with respect to the use of escorts.
 - **Phase 2-2** will focus on the development of service standards to be used by non-urgent patient transfer services
 - This phase will involve defining the specific operating and service standards that will be used as part of the RFP. These service standards will include items such as vehicle standards and compliance; staff qualifications and competencies; standard operating procedures when coming in contact with and transporting patients; response time standards and guidelines; auditing and reporting of compliance with standards.
 - This phase will also include the development of specifications with respect to centralized booking and dispatch.

At the end of Phase 2 it is expected that all hospitals who have participated in the process will formally agree to the standards. However, it is also expected, for a variety of reasons that only a sub-set of hospitals will be in a position to participate in the RFP process. It is these hospitals that will proceed to participate in the balance of the project.

Phase 3 – Initiation of the RFP

- This phase, to be facilitated by HMMS (Healthcare Materials Management Services), will involve: defining the specifics of the RFP process, the services to be contracted for as described in Phase 2, how it will be conducted, decision-making criteria and weighting, who will be involved, who will make the final decisions, who will negotiate the contract with the preferred vendor(s) and who will sign the contract. Service quality will be an important factor. The timetable for the RFP process will also be defined at this stage of the process, as will the term of the contract to be awarded. This phase will also involve collecting all agreed upon background information to support the RFP process – this includes such items as the volume of transfers, travel and mileage data.

Phase 4 – Awarding of the contract(s)

- This phase will involve announcing the preferred vendor(s) and entering into specific contract negotiations with the preferred vendor(s). Details of the negotiations will include billing procedures, insurance, liability,

insurance and indemnification provisions of the contract as well as quality indicators such as safety, response time and compliance that will meet the clinical needs of the hospitals.

Phase 5 – Implementation - Post contract operations and management

- This phase will involve defining the structure and processes and accountabilities for clinical oversight of the contract. Elements will include governance, management, implementation, monitoring, evaluation and auditing of the on-going relationship between the vendor(s) and the participating hospitals
- This phase will include specifics with respect to conflict resolution processes and issue escalation clauses.
- This phase will include implementation of the clinical decision-making algorithms across all participating hospitals. This will require a significant education development plan and implementation given the widespread impact of the algorithm across all clinical areas
- Contingency plans and processes in the event of disasters or disease outbreaks (e.g. pandemic planning) will also be addressed in this phase of the project.

Phase 6 - Project Close-out and evaluation

The final phase of the project will involve a review of the planning process and reflections on what were planned vs what actually took place, lessons learned and opportunities for improvement.

The Target Population: patients who will be served through this project

Hospitalized inpatients of all ages and regardless of diagnoses or presenting health care problem that, as part of their inpatient stay require:

- Non-urgent transportation between hospital sites within the same hospital corporation
- Non-urgent transportation to another hospital corporation
- Non-urgent transportation to ambulatory or procedural clinics within the same hospital corporation or to another hospital corporation

Hospitalized inpatients of all ages and regardless of diagnoses or presenting health care problem who, at the time of discharge from the hospital corporation in which they have received care require:

- Non-urgent transportation to another hospital
- Non-urgent transportation to a long-term care facility
- Non-urgent transportation home (any residence that is not defined as an institution by the MOHLTC) when financial means present a barrier to discharge

Outpatients that require non-urgent transportation to receive life-sustaining treatment at a hospital service setting (e.g. dialysis) for whom all other options are not suitable due to the medical condition of the patient.

Benefits to Patients and Families

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 will 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 be 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

- Standardization of billing processes and charges for patients from all participating hospitals will ensure fairness in the billing practices
- Centralized booking and dispatch will ensure effective use of resources across the participating organizations
- There is the potential for lower per unit cost of delivery of services due to having larger group purchasing and economies of scale to provide value for public resources spent – this may be moderated by travel distance factors.
- EMS services will not be called on to transfer patients who do not require urgent transportation and who can be safely transported by other means, thereby ensuring EMS services are available to respond to emergency and urgent 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 interfacility non-urgent patient 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.

What does this project 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
- Non-life sustaining out-patient procedures that require EMS transportation.
- 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.

Stakeholder Analysis

Stakeholders	Interests & Needs
<i>List names, groups or organizations.</i>	<i>Why are they stakeholders? How are they involved?</i>
<ul style="list-style-type: none"> • Participating Hospitals in the SW–LHIN – including Boards, Senior Leadership, clinical leaders, front line clinical staff, finance department, risk management 	<p>Project will direct impact on hospital decision-making and use of non-emergency vehicles to transport patients</p> <p>Project will impact on hospital operations and costs</p>
<ul style="list-style-type: none"> • Non-urgent patient transfer services in the SW LHIN 	They are all potential vendors of the services to be provided. Will be involved through their participation in the RFP process.

<ul style="list-style-type: none"> EMS Providers in the SW LHIN 	They have an interest in knowing what vendor(s) will be taking on non-urgent transfers and collaborating with them in the delivery of services.
<ul style="list-style-type: none"> Upper Tier Municipalities in the SW LHIN 	Responsible for EMS services and therefore they have an interest in transfers provided by patient transfer companies.
<ul style="list-style-type: none"> MOHLTC – EMS Branch 	Have an interest in the impact of non-urgent patient transfer services on the EMS system
<ul style="list-style-type: none"> MOHLTC - Health Program Policy & Standards Branch, Health System Strategy Division, MOHLTC 	Have an interest in the project as this is a provincial issue and the project may provide guidance regarding future policy or regulatory decisions on the part of the MOHLTC
<ul style="list-style-type: none"> SW LHIN – Board, Senior Leadership 	Has an interest in health system integration initiatives that will improve the access to services through improved access to transportation services. Has an interest in the financial commitment being made by hospitals to pay for patient transportation services as part of their operating budgets.
<ul style="list-style-type: none"> Patients and families served by hospitals who use non-urgent patient transfer vehicles 	Have an interest in knowing that the service they receive are safe and of high quality and are a good use of public resources
<ul style="list-style-type: none"> Central Ambulance Communications Centre (CACC) 	Interest in knowing how non-urgent transports are booked and their impact on their dispatch service.

Communications Plan - Objectives

- Ensuring that all members of the project team and hospital participants are aware of and use the communications strategy to address project communication matters
- Establishing a communications strategy that supports the creation of LHIN-wide non-urgent transportation and vehicle standards; standardized clinical standards and policies around this type of transportation; standardized transportation decision-making support for hospital staff; and, creation of a multi-hospital RFP for the provision of services
- Identifying communication risks and developing mitigation strategies
- Providing a storyline for the initiative
- Identifying key target audiences
- Identifying key messages for the initiative
- Identifying communications vehicles and opportunities for each audience
- Identifying spokespersons for the key audiences