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District Services Board

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Report To:	Manitoulin-Sudbury District Service Board
From:	Michael MacIsaac Chief of EMS
Date:	September 25, 2014
Re:	**NELHIN Non-Urgent Patient Transportation - Issue Report**

RECOMMENDATION

That this report be taken as information regarding the final North East Local Health Integration Network (NELHIN) report on non-urgent patient transportation entitled, "*Non-Urgent Patient Transportation in the North East LHIN: An Evidence-Based 3rd Party Review & Restructuring Plan".* The NELHIN also provided a Media Release and Executive Summary of the report.

REPORT

Background

On June 9, 2014 Performance Concepts Consulting completed a report on non-urgent patient transportation for the NELHIN. Identified by the NELHIN as important under their Integrated Health Service Plan and extensively noted within the recent Clinical Services Review report commissioned by the NELHIN, patient transportation is a key factor in health care within Ontario.

Almost exactly a year earlier a Project Advisory committee was struck to assist in the creation of this report. Months prior to that 3 different pilot projects ensued with the results of their deployment helping to inform decisions in the evidence-based study. The results of the Manitoulin-Sudbury DSB, Espanola Regional Hospital and Health Centre, Manitoulin Health Centre pilot project greatly impacted upon the decisions made within the final LHIN report.

Performance Concepts engaged many different stakeholders on this issue. There were:

- One on one interviews with management and frontline staff representing all 25 hospitals and 8 EMS providers in the NELHIN region
- Three rounds of consultations with community and secondary/tertiary hospitals;

- Three data driven non-urgent transfer “summit meetings” with the 8 EMS Chiefs covering the North East
- Working session with the 5 Northeastern Ontario Central Ambulance Communication Centres (CACCs)
- Ongoing Project Advisory Committee evaluation of findings and potential restructuring scenarios
- Final report with system restructuring recommendations provided to the LHIN CEO in June

Reviewing the specifics risks within the EMS perspective, data from 2012 was evaluated. Utilizing first MOHLTC ADRS data then moving on the service specific EPCR data, once the consultants realized the inaccuracy of the MOHLTC data, some astounding conclusions were made. The following statements were made within the final report:

- *Across the LHIN, there is a clear separation of non-urgent transfers into “short haul” & “long haul” duration categories for purposes of system restructuring.*
- *Long-haul non-urgent transfers represent significant Code 4 EMS response risk. The result is eroded EMS response times & unsustainable levels of system busyness at certain ambulance bases.*
- *Overlapping Code 1-2 & 3-4 calls are creating frequent coverage breakdowns at certain bases. At these bases, EMS units are drawn out of response zones creating a “zero available units” problem characterized by unacceptable response times.*
- *Short-haul non-urgent transfers do NOT create risk of drawing EMS units out of response zones. There is no compelling reason why EMS and contracted providers cannot continue to deliver these local transfers with existing fixed resources.*

Furthermore, after the numerous stakeholder consultations conclusions were made as to the overall performance of the current system. As indicated with the final LHIN report:

- *The current non-urgent transportation system is not sustainable from a patient care or financial perspective for community hospitals. However, significant financial savings are possible with successful restructuring.*
- *The current non-urgent transportation system is a major problem creating patient flow blockages at hub hospitals.*
- *The patient escort model of “care and control” is not sustainable for community hospitals unless transportation becomes far more reliable in/out of hub hospitals.*
- *Non-urgent transportation system reliability improved significantly when the LHIN pilot projects were implemented in 2013.*
- *The system needs a permanent, non-ambulance solution for long-haul transfers in the North East.*

With the above information in hand recommendations were made by the consultants. Laid out are 5 categories of recommendation.

1. New Operational Model

It is recommended that two distinct channels of service be established; one for short haul and one for long haul. For general purposes the focus of this report is on long haul transportation. Operational routes or "legs" have been proposed as follows:

Route Legs	Route Length	Vehicle Load	Forecast Service Hours
1. Elliot Lake to Espanola	95km	2 Stretcher	M-F 8 hours (2,080 annual hours)
2. Mindemoya to Little Current to Espanola	91km	2 Stretcher	M-F 8 hours (2,080 annual hours)
3. Espanola to Sudbury Corridor	70km	3-4 Stretcher	M-F 12 hours (3,120 annual hours)
4. North Bay to Sturgeon Falls to Sudbury	129km	3-4 Stretcher	M-F 12 hours (3,120 annual hours)
5. Kapuskasing to Smooth Rock Falls to Timmins	166km	3-4 Stretcher	M-F 12 hours (3,120 annual hours)
6. Timmins to Matheson to Iroquois Falls to Cochrane	224km	3-4 Stretcher	M-F 12 hours (3,120 annual hours)
7. New Liskeard to Englehart to Kirkland Lake to Matheson	195km	3-4 Stretcher	M-F 12 hours (3,120 annual hours)
8. Blind River to Thessalon to Sault Ste. Marie Corridor	145km	2 Stretcher	M-F 8 hours (2,080 annual hours)

In addition to the routes listed the consultants make note of special circumstance required for Parry Sound and Chapleau where a dedicated route based system would not be an efficient way of doing business due to volume. In these cases the recommendation is that EMS would continue to deliver long-haul transportation but would be compensated for "up staffing" to accomplish this.

Lastly, in terms of operations, the suggestion is that there will be one overseeing body to dispatch the units (CACC) and technology should be utilized to its fullest in delivering a booking schedule.

2. Hospital-Based Business Process Improvements

The discussion on this topic revolves around elimination of the current system of hospitals sending medical escorts with patients being transported to the regional facility. The consultants point to a recommendation within their report in the NWLHIN on the same subject matter whereby a patient holding area is established in the regional centre staffed with the appropriate personnel to monitor the patients awaiting their medical appointments/diagnostics/treatment. The overriding principle on this front is that there can be economy of scales savings by consolidating the possible multiple escorts into one at a receiving facility.

3. Leadership, Policy & Decision-Making

The establishment of a permanent Non-Urgent Transportation Leadership Working Group is the focus of this topic. This group is to lead and oversee the new system LHIN wide with a focus on not only operational functionality but also effective data management systems which can support future decisions in regards to non-urgent transportation.

4. System Funding

Funding would be established as follows. Short haul transportation would continue to fall within the realm of EMS with current EMS providers continuing to fund as per current practice. Health Sciences North (HSN) in Sudbury and North Bay Regional Health Centre (NBRHC) would continue to internally fund their current short haul non-urgent transfers. Currently HSN uses a private operator and NBRHC uses an internal transportation vehicle. New funding would be granted to providers of the new scheduled long-haul routes. This would most likely be done by way of RFP. Some additional funding would also flow to Sudbury and North Bay to assist their short-haul vehicles in performing some long-haul transportation as well. Lastly, there is a recommendation for Parry Sound and Manitoulin-Sudbury DSB to receive up staff funding to cover for local long-haul transportation.

One of the most controversial points within this document appears within this section whereby there is a suggestion that operational savings made available by this new means of funding could be reinvested into the new model. From the EMS perspective there is a minimal chance of financial savings due to the fact that most EMS providers in the area already only provide for the bare minimum number of vehicles (1) in any one community. Additionally, EMS across the North are struggling with the new Response Performance Time Standard and by reducing the number of long-haul non-urgent patient movements, there is a greater ability to perform better with response times. To cut back service to the point where there can be operational savings would definitely impact upon any possible improvement on the response time front.

5. Stakeholder Communication

The point of this section is that it is important to communicate with all stakeholders on the impact and importance of non-urgent patient transportation. The general public needs to be aware of the medical transportation system and must understand the challenges of the regionalized health care model. They must also understand that the Healthcare community is attempting to make positive change to the current system.

Buy-in must also be achieved by all who use the medical transportation system to enable a truly efficient program. EMS, Hospital Administration, Nursing staff and Physicians all need to be mindful of the effects of non-urgent activity and must proceed according to the direction of the new model. A communication plan must be developed by the Leadership Working Group to effect a positive change on this front.

Timeframe

Performance Concepts is recommending a 3 year implementation path. A fairly detailed map is laid out within the final report. Most important to note from an internal perspective is that the establishment of route provider service level agreements is scheduled to take place in the first quarter of the second year.

Conclusion

After much work by many different members of the healthcare community the NELHIN report on non-urgent patient transportation is final. While it is not perfect in its suggestions, the aim of the report is admirable and its recommendations should address a great deal of the current concerns. We look forward to continuing to work with the NELHIN and building upon the relationships we have now established. It has to be noted that without the leadership of the NELHIN and their staff in developing the consultative process and establishment of the pilot projects, the current and improving efficiencies in medical transportation in North Eastern Ontario would not have been realized.

We will continue to strive to be a leading force on the topic of non-urgent transportation and will continue to try and improve our ability to respond to those in emergency situations.