Conseil des Services du District de
Manitoulin-Sudbury
District Services Board

210 boul Mead Blvd
Espanola, ON P5E 1R9
Telephone/Téléphone: (705) 862-7850
Fax/Télécopieur: (705) 862-7805
http://www.msdsb.net

Report To:	Manitoulin-Sudbury DSB
From:	Michael MacIsaac Chief of EMS
Date:	February 26, 2015
Re:	Non-Urgent Patient Transportation Service - Request for Expression of Interest – Issue Report

RECOMMENDATION

That this report be taken by the Board as the direction that the Administrative Team is proposing regarding the North East Local Health Integration Network (NELHIN) Request for Expression of Interest (REI) on the Delivery of Non Urgent Patient Transportation Services across the NELHIN; the basis for the REI being the final 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*".

Background

Manitoulin-Sudbury DSB has been engaged on the topic of non-urgent patient transportation for many years. Much has been reported on and there has been a concerted effort by the NELHIN to move forward with a permanent model of non-urgent patient transportation.

The following is a brief chronological synopsis on the recent history of this topic:

August 2010	NOSDA produces a position paper on EMS concerns across the North. One of the two issues raised was non-emergent patent transfers.
May 2011	An Issue Report is presented to the DSB Board entitled, "Non-Urgent Patient Transfers". Great historical detail is contained within the documents detailing all the problems with Ambulance transportation for non-urgent matters. Four steps are recommended and supported by the Board by resolution with the aim of reducing the amount of non-urgent activity taking place within our region.

September 2011	An Updated Issue report is presented to the Board. All four recommendations were actioned and a business case was prepared to be delivered to the Minister of Health & Long Term Care.
October 2011	The Manitoulin-Sudbury DSB business case is sent to the Minister of Health & Long Term Care.
October 2012	The NELHIN releases a Request for Expression of Interest (REI) for Time Limited Projects aimed at studying the issue.
November 2012	Manitoulin-Sudbury DSB engages local hospitals to produce proposals to participate in the time limited projects. One joint proposal is submitted involving DSB, Espanola Regional Hospital and Health Centre (ERHHC) and Manitoulin Health Centre (MHC) and a separate proposal is submitted by DSB and Services de Santé de Chapleau Health Services (SSCHS).
January 2013	Manitoulin-Sudbury DSB is informed that the LaCloche partnership proposal had been accepted.
March 2013	The local pilot project begins.
November 2013	Manitoulin-Sudbury DSB pilot project Final Report is produced.
June 2014	The NELHIN releases the final consultant's report on the matter entitled, "Non-Urgent Patient Transportation in the North East LHIN: An Evidenced-Based 3rd Party Review & Restructuring Plan".
October 2014	An Interim Leadership Committee is struck focused on bringing the contents of the consultant's report to fruition.
February 2015	NELHIN releases an REI on the Delivery of Non Urgent Patient Transportation Services across the NELHIN

Contents of the Request for Expression of Interest (REI)

The purpose of the REI is to determine if there is sufficient market interest to proceed to a competitive bidding process and to request information from providers on key aspects of the recommended service delivery model. When it comes to the actual operational model, the REI is intended to provide information on:

- service logistics, staffing configurations, cost models, patient care policies and service coordination;

- recommendations that would enhance the success of a related future procurement opportunity; and

- recommendations on cost models for the purposes of budget planning; and

There are specific details that the NELHIN would like to have assessed by those interested in possibly providing this service. They would like to receive information including:

- Brief statement of the nature of interest;

- Advice, information and recommendations on service delivery to include:
    - Public utility model versus traditional contractor model;
    - Patient transport routes;
    - Vehicle and Staffing Configurations
    - Cost and Pricing Models
    - Reporting Requirements
    - Patient Care Policies and Guidelines
    - Coordination of Vehicle and Patient Movements.

- Other required information specific to nature of this REI and deemed important by the Respondent.

Being the current operator of a successful non-urgent transportation program as well as an entity who has a vested interest in the success of a permanent model of non-urgent patient transportation, the Manitoulin-Sudbury DSB is prepared to respond to the REI with the intention of providing answers on the operational model as well as giving the NELHIN and idea of what it would cost to operate such a service.

The NELHIN has produced an official document to be completed regarding the specifics mentioned above. The following is the list of areas the NELHINs would like comment on as well as the general direction of the answers we will be providing. Understanding that the DSB may in fact become an official bidder in the RFP but also realizing that the DSB may not be the successful bidder, we must do what we can to provide the NELHIN with comments that are 100% aimed at what is best for the people of our communities.

2.1 Public Utility Model versus traditional Contractor Model

The Consortium is interested in comments and observations on the viability and/or appropriateness of these two competing asset ownership models.

- We believe that both options have merit but in gauging the best interests of the patients we serve, a public model would ensure that the most appropriate major equipment is being procured. This is all the more important considering potential regulations within the medical transportation service industry.

2.2 Patient Transport Legs/Routes and Logistics

The Consortium is interested in advice on whether forecast services hours in [the tables listed within the REI document on pages 5 & 6 (i.e. 8, 10 or 12 hours)] are appropriate for the proposed feeder and primary routes. Observations on split shift options and

opportunities are welcome. Also, observations concerning patient movement at the route-to-route transfer points located at Espanola and Matheson is also requested.

- We believe that the routes and hours of operation listed within the final report are slightly flawed.

- In particular within our area the usage of two 10 hour shifts feeding into a 12 hour vehicle, necessitates the use of split shifts on the 10 hours vehicles. Split shifts while not at all desirable for employees also do not allow for the flexibility needed when moving patients across such large areas in different weather conditions.

- Flexibility is a key factor which can be the main reason for success or failure of the program. When you factor in the readiness of 4 hospitals feeding into the Espanola hub, there is bound to be a level of disjointedness when it comes to ensuring that the 3 vehicles can meet, at generally the same time. Even in the best of weather and traffic circumstances that can be hard to accomplish. Factor in hospital and patient readiness and the ability to accurately meet on time at a hub is greatly reduced. Our suggestion would be that this also would be the case in the Matheson hub.

- In our response we will detail an alternative route model that does not include an Espanola Hub but will be based upon flexible timeframes that can easily accommodate change and vastly improve upon the ability to move patients.

The Consortium is interested in comments and observations on the Timmins airport transfer including staffing configurations and non-urgent patient risk management issues.

- We have no comment on this topic.

2.3 Vehicle and Staffing Configurations

The Consortium is interested in comments and observations on appropriate vehicle configurations and related staffing configurations.

- In conjunction with patient transportation routes we will provide comments on the type of vehicles which would best serve the routes as we see them maximized.

- In terms of staffing configurations, the only way to efficiently operate this model is by use of advanced first aid attendants. The use of paramedics while reducing the risk also dramatically increases the costs and overall efficiency. Having run a non-urgent system for a period of 2 years, the ensuring of proper matrices and staff awareness has minimized the risk of transporting patients not suitable for non-urgent transportation.

2.4 Cost/Pricing Issues and Options

The Consortium is interested in comments and observations on appropriate and/or preferred costing and pricing approaches.

- We will provide comments suggesting that the listing of routes can be subdivided to provide for the ability to bid on all routes or a selection of routes. In this scenario the division of routes must take into account the 4 hub hospitals as the basis for the breakdown.

- Our interest would be in bidding on the Sudbury hospital hub routes which include Elliott Lake, Mindemoya, Espanola, and Sudbury. The possibility exists that the North Bay route belongs under the Sudbury hub.

- As far as pricing is concerned, we would produce a bid that ensures no municipal money is used in the support of this program. All possible costs for a fully encompassed program will be considered with future wages also taken into account. There will be a need for oversight in the form of a manager for this program and the DSB would need to seriously consider an administrative fee to account for support services (i.e. Finance, HR). The one benefit of a DSB bid would be the lack of purely intended profit model which would obviously be a focus for a private bidder.

2.5 System Performance Reporting Requirements

The Consortium is interested in comments and observations on appropriate/preferred key performance indicators (KPI), results based performance targets, and possible financial incentives/penalties.

- The current KPI's of the pilot projects should continue to exist under a permanent model. Details will be provided. An added benefit of our proposal will be the ability to track EMS statistics in addition to that of the non-urgent transportation model.

- As a public entity financial incentives/penalties are not the typical motivation for our success. The true motivating factor for our involvement in this program is to ensure that the citizens in our communities receive timely transportation for non-urgent medical needs while continuing to be able to provide the best possible response capability to our citizens in emergency medical need.

2.6 Patient Care Policy and Procedure Guidelines

The Consortium is interested in comments and observations on Respondent capacity to develop and/or comply with industry-standard patient care policies & procedures.

- Another strength of our potential bid is our ability to comply with legislation, regulations and standards. In the provision of the current non-urgent system, we have taken our experience and knowledge in operations of an ambulance service and placed the same level of care, oversight and responsiveness and applied it in the absence of true legislated requirements.

2.7 Coordination of Vehicle and Patient Movements

The Consortium is interested in comments and observations on capacity to work effectively within a centralized dispatch model operated by a third party.

- Once again as the operator of an ambulance system, we already work effectively within a centralized dispatch model. This will be another strength of our potential bid.

Conclusion

An effective non-urgent patient transportation system is integral to Ontario's regionalized healthcare model. The NELHIN is taking this topic serious with the establishment of the pilot projects, the consultant's involvement and subsequent report and finally this REI and potential RFP. We have been fortunate to be involved throughout the process and have taken a leadership role in ensuring the best interests of our patients. We will continue to be a proponent for an effective alternative model of non-urgent patient transportation that is both effective and efficient. Drafting a submission to this REI is essential to ensure that we do our best for the future of patient transportation.