Services de santé de Chapleau Health Services

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

PROPOSAL – EXPRESSION OF INTEREST

NON-URGENT INTER-FACILITY PATIENT TRANSPORTATION

TIME LIMITED PILOT PROJECTS

SUBMITTED TO:	**Philip Kilbertus, NE-LHIN**
FROM:	**Services de santé de Chapleau Health Services**
	In partnership with Manitoulin-Sudbury District Services Board
DATE:	**October 30, 2012**

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We are pleased to submit a joint proposal on behalf of Services de santé de Chapleau Health Services (SSCHS) and the Manitoulin-Sudbury District Services Board (MSDSB).

We appreciate and are excited that the North East Health Integration Network's has provided this one-time opportunity to explore new and creative collaborations in the area of non-urgent patient transportation in Northeastern Ontario. We hope that you will find our model to be patient centred and worthy of your consideration for a pilot project.

Due to Chapleau's unique geographic location and distance from other facilities, a unique model needed to be created.

1) BACKGROUND

The community of Chapleau has a population of approximately 2300. The primary referral agency for patients is Timmins, Ontario which is just over 200 kms (just over a 2 hour ride) away.

The community of Chapleau is serviced by the Manitoulin-Sudbury DSB and the community of Timmins is serviced by the Cochrane DSB. When a patient is transferred to Timmins via land ambulance, which is the primary mode for higher diagnostic testing, the patient is relayed by the different ambulance providers. This results in several service gaps:

- ***Relays – Poor patient care***. The patient is physically transferred from the back of one ambulance to another up to 2 times on the side of the highway (Chapleau ambulance to Foleyet ambulance then to Timmins ambulance). This can be an extremely traumatizing process for the patient, especially in bad weather conditions.
- ***High Risk due to lack of Coverage in Community of Chapleau***. While the land ambulance is doing this relay the community that the particular ambulance provides coverage to is comprised –e.g. the Chapleau ambulance transfer point with Foleyet is approx. 45 mins outside of Chapleau. If call is received during this time it will be a minimum of 45 mins before the ambulance can respond. This also applies to the community of Foleyet. The communities of Chapleau and Foleyet do not have sufficient community based staffing levels to "upstaff" at all.
- ***Coordination Issues - Transferring across multiple ambulance territories***. It is a complicated transfer to organize since we are dealing with more than one Central Ambulance Communication Centre. Additionally, the communities of

Chapleau and Foleyet only have on-call ambulance services after a certain time and will not upstaff for this sort of transfer since it is non-urgent (e.g. we normally get our patient and escort to the other centre but cannot get them home as it is after 7 pm in the evening).

- ***Lack of Scheduling Efficiencies / Opportunities***. There will be the potential to maximize scheduled diagnostic tests for in-patients and residents, even send up to 2 patients at a time in a non-urgent vehicle. However, many of the transfers are for patients who have presented to the ED and require further diagnostic testing; therefore we cannot "schedule" these patients to be seen within preferable hours. Although the urgent patient must be transferred via ambulance as they cannot be diagnosed without further testing and/or consultants with a specialist, often after the testing and/or consultant the patient's triage level has been downgraded and they could be transferred back immediately via a non-urgent transfer system.
- ***Air Ambulance Transfers***. Similar situations also occur when patients are transferred via air to Sudbury, Sault Ste. Marie and even Timmins. Air ambulance will take the patient there, however once the patient is at the higher care facility and if they are no longer considered as urgent once they have received their test results or diagnosis, the patient and escort must wait through higher priority calls to return. The other option is to attempt to coordinate a land transfer home; this is only possible if the transfer will be completed Monday to Friday and prior to 7 pm due to the on-call nature of land ambulance services outside of those hours. In our proposal the Non-Urgent Transfer Vehicle (NUTV) will be dispatched to retrieve them and repatriate the patient back to their home facility immediately.
- ***Improving Patient Centred Care***. ELDCAP & Inpatients requiring diagnostic testing or specialist appointments. In majority of cases these patients are only safety transported in a vehicle that can accommodate a stretcher, plus they must be sent with an escort to their appointment. Due to the primary responsibility of Ambulance to respond to emergency calls, they cannot guarantee the patient's arrival time for their appointment. This often leads to patients missing their appointments due to higher priority calls coming in. This is upsetting to the patient, the health care provider (who is delayed now in their treatment plan) and to the escort who must again be rescheduled.
- ***Reduce Unnecessary Expenses***. The unnecessary delays of waiting to return results in premium payments to staff, if several ways; 1) the staff member on the transfer for working too many hours; 2) the staff member who needs to work overtime to replace the shift the worker/escort is not able to make it back for or

has been on duty too many hours to safely work. The reduction of this cost will aid SSCHS in balancing its budget.

Historical hospital patient transfer volumes for the community of Chapleau:

Priority Level	2011	2012 – up to Sept 30
Level 1	29	19
Level 2	112	65
Level 3	49	34
Level 4	15	14
TOTAL	205	132

By far the majority of transfers in Chapleau are priorities 1 & 2 making them potentially eligible for a non-urgent transfer vehicle. There were 141 priority 1 and 2 transfers for 2011. In the first 9 months of 2012 Chapleau sits at 84 priority 1 and 2 transfers. Now that Chapleau will be serviced by 3 permanent physicians vs. the previous one locum on-call at a time, we expect this number to increase as patient care becomes more pro-active. These non-urgent transfers reduce the ability of ambulance services to respond to emergency calls – 186 calls in 2011 and 168 calls in the first nine months of 2012. With an aging population these numbers will likely rise in the future.

2) PURPOSE - OBJECTIVES

The objectives we seek to improve with this pilot project are as follows:

- ***Improve patient care***. Reduce amount of time patients spend waiting to get to higher diagnostic testing, which affects their care plan, and reduce the time waiting to return to their community hospital.
- ***Improve patient safety***. It is a regular experience for patients to be stuck waiting in a hallway at a larger centre for hours with the same escort they came with. This escort does not get relieved and this patient is not under the active care of a physician. We regularly experience patient & escort gone on a transfer in excess of 12 hours, with the other facility refusing to relieve the escort and/or take over temporary care of the patient. This is unsafe patient care.

- ***Improve staff safety***. Escort nursing staff needs to know that when they go on a transfer with a patient they will not be left in charge of the care of that patient for unsafe lengths of time. Staff need opportunity to rest and have meals so that their clinical judgement is not compromised. In the other facilities defence, they cannot staff up to assist all the sending facility patient care needs because we are unable to get transportation home.
- ***Improve patient safety in Chapleau community during transfers***. It is completely unsafe for the community of Chapleau to be left basically ***without ambulance coverage for 45 or more minutes***. This project would remove this risk.
- ***Unique solutions to unique challenges***. Due to Chapleau's unique location we are unable to "piggy back" on the transportation route of other community hospitals. This vehicle would be dedicated to the community of Chapleau.

3) IMPLEMENTATION

SSCHS would work in partnership with Manitoulin-Sudbury District Services Board (MS-DSB).

SSCHS will:

- Operate this alternative transportation model in alignment with all applicable MOHLTC acts and standards and best practices. A Job Description and Policy and Procedure manual will be developed with this in mind.
- Escort staff – unchanged from current situation, although we have an expectation of lowering escort costs due to reduced transfer times. This will be measured during the pilot project period.
- Drivers - will hire 2 full time drivers in a "job share" program in order to run the program at a fixed predictable cost. Operate similar to other job share arrangements the hospital has, the employees will receive full time wages, however no other premium or call back payments. Since the amount and time of hours is completely unpredictable with our erratic volumes, this will assist with employee recruitment and retention, making the service viable.

- Statistics – will collect all required statistical reports to measure the degree of success of the demonstration project over the six month period.
- Develop and utilize a decision tree (algorithm) throughout the course of the project to determine whether our patients should be transported by the Non-Urgent Transportation Vehicle or via ambulance.
- Make every attempt to transfer each and every patient being deemed as not requiring an ambulance via the Non-Urgent Transportation Department during its hours of operation
- Under direction from the NE LHIN, act as the administrative lead/paymaster
- Flow funds to the MS-DSB for the vehicle and equipment expenses

Manitoulin-Sudbury DSB will:

- Provide the non-urgent transportation vehicle for rental to SSCHS (suitable decommissioned ambulance) & necessary equipment
- Training for drivers (2 week training & orientation)
- Advisory operational support, including providing expertise in running a medical transportation vehicle, provide guidance on applicable MOHLTC acts, standards and best practices. Participate in the development of the job description (for driver) and policy and procedure manual.
- Provide direction and tools on collection of proper statistical data during the six month period.
- Determine a proper maintenance schedule and assist in the maintenance program for the vehicle

Ministry of Health & Long Term Care will:

- Recognize the establishment of this enhanced medical transportation system within the confines of Manitoulin-Sudbury DSB to promote improved patient care and flow between facilities.

North East LHIN will:

- Support this project through 100% funding of this project based upon projections detailed in the budgetary portion of this document.

- Evaluate this method of transportation on the merits of the end results understanding that some of the modalities of this project would be different, and possibly more cost effective under a permanent solution.

During the course of the trial in an effort to attempt full utilization of the new transfer vehicle, EMS will cease to regularly perform non-urgent transportation of patients deemed to have been candidates for transfer by the non-urgent transportation department. Any request for non-urgent transportation by EMS will be vetted through the EMS Field Superintendents. This will ensure that EMS resources for non-urgent transfers are coordinated with EMS, and will give a better indication of the success of this endeavour. Furthermore, all urgent inter-facility transfers will be reviewed by a committee of EMS & Hospital staff to ensure the appropriate mode of transportation was used and that the patient met the threshold for an Ambulance transport. These reviews will occur every 6 weeks with the goal of learning from actual calls and looking at possible solutions or education for all involved.

4) BUDGET

Where research has revealed that the private MTS systems are charging between $100-$150 per hour for service on a contract to hospitals, a breakdown of the costs listed below reveals an ongoing hourly charge of $69.56 per hour for the service offered as detailed within this document (does not include start-up costs). While this figure is substantially less than that of private industry, the added benefit of this unique proposal is the "job share" ability within the systems already established at the SSCHS. Having the ability to call upon the service on an as needed basis is instrumental in achieving a high level of utilization, thus increasing the ability of this program to realize success in all area previously listed.

BUDGET ITEM	ONE TIME	6 Month ON GOING
Driver staff – 2 FTE workers (37.5 hrs x 2 FTE x 26 wks x ($14/hour + 20% overhead)		$32,760
Vehicle – required to make vehicle suitable for non-urgent use. Rental - $1/mth	$10,000	$6
Vehicle Insurance - $298/mth		$1,788

Power Stretcher (not all escorts will have full stretcher training, will need to operate with one person lifting stretcher in and out) – 2 stretchers can travel at once	$24,000	
Supplies and Equipment for Non-Urgent Vehicle	$5,000	$3,000
Maintenance & Repair		$6,000
Fuel costs		$13,000
Oxygen supplies - $300 / mth	0	$3,600
Cell phones & Satellite Phones		$1,200
Linens and cleaning supplies (in-kind contribution hospital)	0	0
Tablet for documentation	$800	$300
Uniforms	$1,800	
Admin. Cost (10% of ongoing cost)	0	$6,165
TOTAL COSTS	**$ 41,600**	**$ 67,819**

TOTAL PILOT PROJECT COST = $109,419

5) CONCLUSION

Non-urgent transfers continue to be an ongoing risk management issue in the community of Chapleau.

- The entire community is repeatedly put at risk when the emergency transfer vehicle must relay a non-urgent patient out of the community, leaving the community uncovered for 45 minutes or longer.
- The physical location of Chapleau in relation to other communities and patient referral patterns does not make Chapleau a candidate for partnering with other communities for a regular non-urgent transportation system.
- Patient safety continues to be put at risk when in the care of the same escort in excess of 12 hours with no breaks.
- Patient safety is also at risk when a patient in transferred between ambulances on the side of the highway, at any time of day or night and weather to perform a patient relay across ambulance districts.
- While the system strives for a "patient centred focus" the needs of the patient are not met when patients are waiting on stretchers in hallways for hours with an unrelieved escort waiting to be repatriated back to their own hospital.
- Money in the system is wasted paying for escorts to wait and paying premium wages for other staff to replace them in their own hospitals because they are unable to return in time for their scheduled shifts.
- As noted previously, the private MTS systems are charging between $100-$150 per hour for service on a contract to hospitals, and we expect to realize an ongoing hourly charge of $69.56 per hour (does not include start-up costs) with this proposal.

Our model aims to provide a cost effective solution to the unique geography of Northern Ontario. Furthermore, and more importantly, our model will also strive to put the patient first and get them to the right place at the right time – including the patient who has dialed 911 for an ambulance that is 45 minutes outside of the community.