



North East Regional Non-Urgent Patient Transportation System

Community Transportation Webinar Presentation

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Introduction

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Values & Principles

- Patient centred, patient empowered
- Accountable and transparent
- Effective and appropriate coordination
- Fiscally responsible
- Improved patient flow
- Improved continuity of care
- Standardization
- Responsive
- Collaborative, not fractured

“Right Patient, Right Ride, Right Time”



Historical Context

- Healthcare system in the north is regionalized
- Paramedic services downloaded to municipalities/DSSABs in 1999
- LHINs created in 2006 to oversee hospital governance
- Provincial Regulations for Stretcher Transportation Services in response to Ombudsman Report 2012
- EESO 2.0 initiated by MOHLTC in 2016
- Issues on NE LHIN radar in 2013 and formed part of strategic priority. Consultant procured to provide in depth analysis and recommendations.
- Consultant's Review completed 2014



Current State

- Distances between rural hospitals and specialized care in tertiary centres are considerably long
- Transportation as a determinant of health not always considered in the broader continuum of care
- Transportation of ALL patients (emergency/non-emergency) in the north traditionally the expected role of EMS services
- Communities left without ambulance coverage for extended periods of time
- Demand for ambulance emergency on scene response increasing



Current State

- Paramedic Services adopting deployment strategies that limit availability for non-urgent call volume
- Increasing delays when scheduling non-urgent transfers through traditional means
- Not many available alternatives in the north
- Costs for private contracted non-urgent service too restrictive for hospitals to sustain (~\$1000/day)
- Not centralized or standardized
- The need for diagnostics in the provision of care increasing, therefore demand on tertiary centre also increasing



Stakeholder Concerns

- **Patients** stranded overnight, missed or delayed appointments, general poor experience when utilizing regional healthcare system
- **Community hospitals** increased nurse escort costs, patients increasingly put at risk because of unreliable EMS deployment strategies
- **EMS services** frequently unable to meet emergency coverage responsibilities and response times, overtime costs increasing due to non-urgent transport
- **Municipalities/DSSABs** concerned about poor ambulance response and lack of emergency coverage in communities



Stakeholder Concerns

- **HUB hospitals** having patient throughput challenges due to regional patients delayed or missed appointments, bed demands on regional patients not able to return to home hospital
- **ORNGE** increasing delays with patients at the airport, causing backlog
- **Physicians** concerned with quality of care for patients while transitioning through the continuum of care



Design & Development

- NE LHIN Consultant's Review used as the foundation
- NE LHIN Pilots: Quantitative and Qualitative Reporting
- Ongoing monthly and annual data compilation
- Best practice research
- Conversations with multiple stakeholders across the province and beyond (frontline and executive level)
- Stakeholder strategic plans
- Interim Leadership Working Group oversight
- Multiple work groups established for communication, process and design collaboration



NE NUPT RFP

- A comprehensive 80 page RFP document was created with the assistance of a multi-stakeholder group and approved by the interim Leadership Working Group
- RFP released end August 2017 and closed end of October 2017
- “Phase One” operations to begin early 2018, for a term of three to five years



New Operational Model

Based on the concept of “Start Small, Start Smart” and due to finite budget limitations a model was designed which includes:

- Hybrid model that contains “fixed” and “on demand” response capabilities
- (4) long haul fixed response corridors (pre-scheduled):
 1. Elliot Lake – Espanola – Sudbury
 2. Mindemoya – Little Current – Espanola - Sudbury
 3. Kapuskasing – Smooth Rock Falls – Timmins
 4. Cochrane – Iroquois Falls – Matheson – Timmins
- (2) short haul on-demand flow response at HUB:
 1. Sudbury (Health Sciences North)
 2. Timmins (Timmins and District Hospital)



New Operational Model

Transportation HUB	LONG HAUL ROUTE LEGS	Route Length	Vehicle Load	Forecast Service Hours
Sudbury	1. Elliot Lake to Espanola to Sudbury	165 km	3-4 Stretcher	M-F 10 hours (2,600 annual hours)
Sudbury	2. Mindemoya to Little Current to Espanola to Sudbury	163 km	3-4 Stretcher	M-F 10 hours (2,600 annual hours)
North Bay	3. North Bay to Sturgeon Falls to Sudbury	129 km	3-4 stretcher	M-F 12 hours (3,120 annual hours)
Timmins	4. Kapuskasing to Smooth Rock Falls to Timmins	166 km	3-4 stretcher	M-F 12 hours (3,120 annual hours)
Timmins	5. Timmins to Matheson to Iroquois Falls to Cochrane	224 km	3-4 stretcher	M-F 12 hours (3,120 annual hours)
Temiskaming	6. New Liskeard to Englehart to Kirkland Lake to Matheson	195 km	3-4 stretcher	M-F 12 hours (3,120 annual hours)
SSM	7. Blind River to Thessalon to Sault Corridor	145 km	Dual Stretcher	M-F 8 hours (2,080 annual hours)
	Total NE LHIN System	1,187 km		19,760 annual vehicle hours of scheduled service



New Operational Model

- A per diem rate as opposed to per trip costs
- Fixed routes to involve 2 pre-scheduled cycles in and out of HUB per day (4 legs)
- Vehicles to accommodate stretcher patients, wheelchair and ambulatory with a capacity of 3-5 patients at once
- Staffing to be trained as Patient Transfer Attendants with appropriate certification
- Vehicles and Staff to align with MOHLTC STS Guidelines and Industry standards, at minimum
- Addressing Inter-facility patient transfers only - while monitoring capacity and utilization for future expansion
- No patient co-pay at this time



System Integration

- Regional Transfer Nurse Waiting Areas developed
- Algorithm for patient criteria to standardize process
- Data compilation framework development
- Educational component
- Communication and information sharing process improvement between hospitals and stakeholders
- Clinical and Operational multi-stakeholder work groups to be established
- Visual identity/brand developed



Funding Reform

- A unique funding strategy was proposed involving hospitals, DSSABs, the NE LHIN and MOHLTC
- This collective strategy promises to realize actual quantifiable savings once implemented through change management, economies of scale and overall system improvement
- MOHLTC, through EESO 2.0, is contributing from funds allocated for the purposes of a demonstration project



Governance Reform

- Interim Leadership Working Group dissolved Sept 2017 with the release of the RFP
- System Advisory Committee created Sept 2017 to represent the funding partners as well as other peripheral stakeholders (ORNGE, CACC)
- Project Manager responsible for implementation, sustainability and growth with oversight by System Advisory Committee



Projected Outcomes

- Rural nurse escort cost savings
- EMS emergency coverage repatriated hours, improved emergency response times
- Appointment time delays decrease, missed appointments eliminated
- Improved ED, Diagnostics, Outpatient efficiencies at tertiary facility
- Improved conservable days at HUB
- ORNGE tarmac fees to improve
- Overall System improvement (health of citizens in general)
- Significant savings for those currently engaged in separate contracts for non-urgent services (industry average \$1000 per day)
- Improved stakeholder relations
- Standardization of processes across the region
- Improved patient repatriation time
- Improved patient experience in the care continuum



Future Strategy

“Right Patient, Right Ride, Right Time”

- Expand beyond inter-facility scope (i.e., long term care, medical appointments, dialysis population, etc.)
- Evolve toward an integrated transportation network that accommodates ALL non-urgent patients in the north east
- Centralization of coordination
- Investigate co-payment solution
- Align closely with any future provincial transformation
- Integration with existing or new transportation initiatives

Thank you!



A Partnership in Action



North East Regional Non-Urgent Patient Transportation