

## For Information Only

### North East Local Health Integration Network (NE-LHIN) Non-Urgent Transportation Project

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## Resolution

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## Executive Summary

Commencing in 2013, the North East Local Health Integration Network (NE-LHIN) undertook a Non-Urgent Patient Transportation (NUPT) Review. Greater Sudbury Paramedic Services has been at the planning table as one of only two Paramedic/EMS representatives on the project steering committee. The review's objective was to develop a model of transportation that provides timely, safe and cost-effective non-urgent patient transfers into and out of hospital centers in Northeastern Ontario, while safeguarding needed Paramedic Service coverage in communities across the region.

The review's non-urgent patient transportation restructuring recommendations were organized into five categories; they are:

1. New Operational Model; creating two distinct service delivery pathways one for short-haul transfers to continue to be serviced by Paramedic/EMS (less than one hour duration) the other for long-haul transfers (greater than one hour duration) will be delivered via a route-based model with scheduled legs serviced by multi-patient vehicles. Four of these eight routes will be implemented as part of the early implementation plan. In addition, non-paramedic transfer resources in Sudbury and North Bay, will continue to deliver short haul transfers aimed at decanting patients from these HUB (Health Sciences North, Timmins, North Bay, Sault Ste. Marie) hospitals.
2. Hospital business process changes and improvements that include improved scheduling of diagnostics and treatments, reduction of escort requirements resulting from the development of staffed holding areas in the HUB hospitals.
3. Utilization of a standard transportation selection decision-making algorithm (based on the Ministry of Health and Long-Term Care guide).
4. Resource and capacity coordination and management through a centralized dispatch centre for both ambulance and non-ambulance vehicles. Recently, the Ministry of Health and Long-Term Care (MOHLTC) has indicated their ambulance dispatch centres will not be able to participate; therefore, the NUPT Coordination Working Group must identify other opportunities to coordinate the NUPT activities.
5. Mechanisms for overall system-level coordination, management, monitoring and governance.

### Signed By

#### Report Prepared By

Joseph Nicholls  
Deputy Chief of Emergency Services  
*Digitally Signed Nov 9, 16*

#### Recommended by the Department

Trevor Bain  
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The largest outstanding issue to date remains funding for a new model of NUPT. The LHIN has estimated that a partial implementation (four high volume routes & flow cars in Sudbury, North Bay) would cost \$3.6M annually. The NE-LHIN funding strategy recommends the 24 community hospitals fund 50%, the NE-LHIN would fund 25%, while the eight Paramedic Services in NE Ontario be responsible for the remaining 25% of the total funding costs, estimated at \$112K for each service.

The NE-LHIN has asked the City to contribute funds (estimated at \$100K annually over multiple years) in June 2015, March 2016 and again in October 2016. The City of Greater Sudbury has been on the record since 2014 that although we support the new NUPT model to meet the needs of NE Ontario any funding for a NUPT model should come from the MOHLTC, not the local tax levy as this is a provincial health care initiative. It remains our position the City of Greater Sudbury should not be funding these downloaded costs. It is important to note that during the review, it was determined that urban Paramedic Services in the GTA, Golden Horseshoe, Eastern and Southwest sections of the province do very little non-urgent transfer work, nor do they fund this type of activity. Hospitals depend on private non-urgent patient transportation providers to carry out this work being funded from within the hospital budgets.

## Background

There is widespread agreement that the traditional model in delivering Non-Urgent Patient Transportation (NUPT) services for Northeastern Ontario, that is predominantly reliant on Paramedics/EMS, is not providing the best patient experience; jeopardizing emergency coverage in communities; and not sustainable.

A review of Non-Urgent Patient Transportation (NUPT) across Northeastern Ontario began in June 2013 lead by the North East Local Health Integration Network (NE-LHIN) in response to concerns about the current system expressed by patients, hospitals and Paramedic Service providers. The review of non-urgent patient transfers had been identified as a key project in the NE-LHIN's 2013-2016 Integrated Health Service Plan. Transportation needs in and out of the region's four HUB hospitals (Health Sciences North, Timmins, North Bay, Sault Ste. Marie) were identified in the LHIN's Clinical Services Review, completed in March 2014.

Given the vast geography and distribution of services within the NE-LHIN, patient transfers between facilities and/or communities are an essential facet in the provision of necessary health services to residents. The timely and efficient transfer of non-urgent patients between hospitals, and other health institutions (e.g. long-term care homes (LTCHs)), in the North East is a long-standing issue for hospitals of all sizes. Small hospitals typically need to get their patients into larger centers for diagnostic tests and procedures, whereas large HUB hospitals (Health Sciences North, Timmins, North Bay, Sault Ste. Marie) need these patients repatriated to the referring hospital or home setting to ensure the necessary flow through their acute care beds.

Historically, nearly all hospitals in the NE relied on Paramedics to transport non-urgent patients (Health Sciences North has maintained a long-standing contract with a private provider to assist with this volume). Given that Paramedic Services' primary role and priority is the provision of emergency medicine and ambulance transport, non-urgent transfers negatively impact on the emergency response role and therefore, typically wait extended periods of time to be serviced.

Health Sciences North/Horizon Sante-Nord (HSN), Timmins District Hospital, North Bay Regional Health Centre and Sault Area Hospital as HUB hospitals offer a variety of programs and services that meet many patient care needs, with differing regional programs in the areas of cardiac care, oncology, nephrology, trauma and rehabilitation services. Access to care at these HUB hospitals in the northeast is contingent upon seamless and timely patient flow into and out of these HUB sites.

Health Science North is one of the largest referral centers in Northern Ontario which results in significant volumes of NUPT out of Health Science North to maintain bed flow. For example, Health Sciences North in Sudbury has an average of 55-70 discharges per day with approximately 30% requiring non-urgent or assistive transportation. Utilization of a consistent transportation delivery model is paramount in facilitating patient flow out of the hospital, freeing up in-patient beds to allow for admissions in a timely and efficient manner.

These NUPT volumes are driven by health care planning on a local, regional, and provincial level. Centralized health care at "HUB" hospitals will continue to drive these volumes for the foreseeable future. The NUPT issue has aspects

related to the patient experience, access to needed care and services, and the appropriate use of hospital resources and paramedic services.

The absence of clear regulatory and funding means that ad hoc arrangements remain the current operating model. Paramedic Services in the NE have been reducing their participation in NUPT in order to meet increased demands for emergency response and ensure balanced emergency coverage and availability of Paramedics within the communities they serve. With inter-facility non-urgent patient transfers increasing year-over-year in the North East, it is essential that a reliable, high quality, appropriate, coordinated and cost-effective system be put in place that meets the needs of patients/clients, service providers and communities at large.

A review and restructuring plan has shown that one-third of the EMS patient transfers in and out of main transfer centres in the region account for two-thirds of the hours expended. These “long-haul” transfer hours should be replaced with a restructured non-urgent system of transportation depending on scheduled routes.

It is important to note that during the review, it was determined that Paramedic Services in the GTA, Golden Horseshoe, Eastern and Southwest sections of the province do very little NUPT work, nor do they fund this type of activity. Hospitals depend on private NUPT providers to carry out this work funding this activity from within the hospital budgets.

### **NE-LHIN – Non-Urgent Patient Transportation Review and Restructuring**

A project advisory committee was created in June 2013 to oversee the review/restructuring; a consulting firm was retained to execute the project work plan including engagement facilitation and data analysis. Key stakeholder engagement included:

- multiple comprehensive consultations and meetings with management and frontline staff representing all 25 hospitals and Paramedic/EMS providers,
- three data driven summit meetings with eight EMS Chiefs covering the NE,
- working sessions with the five NE ambulance dispatch centres,
- ongoing project advisory committee evaluation of findings and potential restructuring scenarios,
- data modeling and analysis conducted the consultant,
- final report with system restructuring recommendations provided to the LHIN CAO in June 2014,
- leadership advisory committee continues to meet with a goal to identify and secure funding **that will allow implementation of the recommended new operational model.**

### **New Operational Model**

In 2012, over 5,500 long distance inter-community transfers were delivered by Paramedics/EMS in the region accounting for over 11,000 vehicle hours. Based on the escalating high volumes resulting in significant impact on the patient experience, delivery of timely health care and the delivery of Paramedic/EMS in the region, the committee recommended a made-in-the-North solution to meet the unique challenges faced in the region.

New Operational Model will create two distinct delivery streams for NUPT, they are:

- Short Haul – Paramedic EMS Services across the LHIN and non-EMS transfer resources (Sudbury, North Bay) will continue to deliver short haul transfers that fall within the coverage area.
- Long Haul – Long Haul NUPT will be delivered via a route-based model with scheduled legs serviced by multi-patient vehicles. Eight routes were identified, with four of these being selected for early implementation they include:
  - Elliot Lake to Espanola to Sudbury (165 km)
  - Mindemoya to Little Current to Espanola to Sudbury (163 km) – Sudbury Flow Car
  - Kapuskasing to Smooth Rock Falls to Timmins (166 km)
  - Cochrane to Iroquois Falls to Matheson to Timmins (224 km) – Timmins Flow Car

### **Hospital-Based Business Process Improvements**

Recommended improvements focused on the hospital-funded staff escorts accompanying non-urgent patients to HUB hospitals for tests/procedures. The NE-LHIN will phase in staffed patient holding areas to provide basic care to non-urgent patients arriving from community hospitals or waiting at the HUB hospitals waiting to return to their originating community. The need for escorts is expected to be reduced over time resulting in cost savings that can be leveraged to offset these holding area costs.

### **Leadership, Policy and Decision Making**

Establishment of a permanent Non-Urgent Transportation Leadership Committee to lead the implementation and oversight of the new system has implemented a temporary full-time contract project lead. The Project Lead has implemented two work groups; one focused on development of the Request for Proposal (RFP) to secure a vendor(s) to operate the long-haul model. The RFP group included looking at minimum requirements for service delivery and key performance indicators and reporting. The second work group is focused on coordination of Paramedic/EMS and non-EMS non-urgent transportation.

### **System Funding**

The funding remains the most significant outstanding issue to fund the new model of NUPT. The LHIN estimated that a partial implementation (four higher volume routes) would cost \$3.6M annually. The NE-LHIN funding strategy recommends the eight Paramedic Services in NE Ontario be responsible for 25% of the total funding costs (\$900K). The NE-LHIN will cover 25% (\$900K) with the remaining 50% being funded by the hospitals (\$1.8M).

The NE-LHIN has asked the City of Greater Sudbury to contribute funds (estimated at \$100K annually over multiple years) in June 2015, March 2016 and most recently in October 2016, we have declined these requests for funding. This response is based on the following rationale:

- It is inappropriate to download costs to the local municipal tax base to deliver a regional (provincial) transportation system.
- Centralization of specialty health care services into HUB hospitals contributes to increased demand for NUPT services. Therefore, the NUPT should be funded by the MOHLTC.
- Greater Sudbury Paramedic Services has identified operational needs to address service delivery challenges within our municipality; however, we lack the funds to address.
- This NUPT system will not result in any reduction in the City's required deployed resources; in fact, we have been seeking funding enhancements to address emergency response needs.
- Paramedic Services, to our knowledge, are not funding NUPT by private providers anywhere else in the province. In most other urban centres in Ontario, private companies are delivering NUPT needs and being funded through the hospitals using these services. Why would we treat Northern Ontario any differently?

The LHIN has indicated in their latest request that three Northern District Social Service Boards (Paramedic/EMS) have committed \$100K per year over three years of funding. The City responded indicating Greater Sudbury's position remains unchanged from our response letter of March 3, 2016 (attached). The MOHLTC has identified Non-Urgent Transportation as a Provincial issue placing it on the work plan of the Enhancing Emergency Services Ontario table reinforcing the City's position that the funding should not be on local tax levy but at the provincial level. Recent discussions suggest there may be funding available within the MOHLTC Home and Community Care Branch that will take some political will to direct this project.

While the City appreciates the contributions invested to maintain patient flow out of HSN improving their operational effectiveness, the City continues to navigate our own financial and operational challenges in delivering quality Paramedic services across such a vast geography.

## **Communications**

Communications are aimed at improving stakeholder understanding of the reviews change management strategy to improve buy-in. Communications outline strategies/messages that can be implemented for a variety of key target audiences (e.g. the public, community, and HUB hospitals, hospital administration, frontline staff and EMS providers, Ornge, and Central Ambulance Communication Centres). The review report sets out a three-year critical path for implementing change/restructuring. The critical path activities are categorized as do now (Year 1), do soon (Year 2), do Later (Year 3).

The NE-LHIN NUPT Leadership Committee has been planning on how to fund and operationalize this plan for about one year including the tender process for the transportation routes included in the restructuring plan, which will define the vehicles and the staff required for each route, and recommend the ongoing operating model.

The following link provides access to additional information on this review:

<http://www.nelhin.on.ca/en/transportation.aspx>

March 3, 2016

Mr. Philip Kilbertus  
Senior Officer, NELHIN  
555 Oak Street East  
North Bay, ON P1B 8E3

**Re: Non Urgent Patient Transportation Funding Strategy**

Dear Mr. Kilbertus

The City of Greater Sudbury, as requested, has reviewed the North East Local Health Integration Network Non Urgent Patient Transportation (NUPT) Funding Strategy, January 22, 2016.

The City of Greater Sudbury has been fully engaged in the Non Urgent Patient Transportation Project since the Fall of 2012. The City is one of three (3) services to be funded for a NUPT demonstration pilot project and continues to deliver this NUPT service with the Community Flow Car in support of the patient flow needs of Health Sciences North. Our Deputy Chief, Joseph Nicholls, continues to participate on the NELHIN Leadership Steering Committee advocating on behalf of the Paramedic Services in North Eastern Ontario and a Non Urgent Transportation solution.

The City recognizes the importance of NUPT to Northern Ontario communities along with the unique challenges resulting from our vast geography and limited availability of specialized diagnostic and treatment hospitals.

However, the City of Greater Sudbury does not support Paramedic or Emergency Medical Services being responsible to fund the NUPT project. The key points related to our funding position are as follows:

1. It is inappropriate to download costs to the local municipal tax base to deliver a regional health care transportation system.
2. The centralization of specialty health care services into hub hospitals contributes to increased demand for Non Urgent Patient Transportation services. The NUPT should, therefore, be funded by the MOHLTC.
3. Greater Sudbury Paramedic Services has identified operational needs to address service delivery challenges within our municipality; however, we lack the funds to do so.

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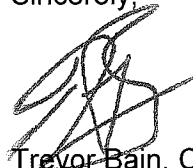
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4. A new NUPT delivery model will not result in any reduction in the City's required deployed resources, in fact we have been seeking funding enhancements to service emergency response needs.
5. Paramedic Services, to our knowledge, are not funding Non Urgent Patient Transportation by private providers anywhere else in the province. In most other urban centers in Ontario private companies are delivering NUPT needs and being funded through the hospitals using these services. Why would we treat Northern Ontario any differently?
6. Finally, during our teleconference of June 1, 2015 the City, at that time, indicated we would not be financially supporting a NUPT system for the reasons provided above.

In closing, the City of Greater Sudbury continues to support the need for a NUPT solution for the North and remains hopeful that a funding strategy that does not include municipal financial contributions can be achieved.

Sincerely,



Trevor Bain, Chief  
Fire and Paramedic Services  
City of Greater Sudbury

TB/jn

CC: Kevin Fowke, Chief Administrative Officer  
Aaron Archibald, Deputy Chief  
Joseph Nicholls, Deputy Chief