Inter-Facility Patient Transfer and Repatriation

Memorandum of Understanding

Between

British Columbia Emergency Health Services (hereinafter referred to as BCEHS)

and

Provincial Health Services Authority (hereinafter referred to as PHSA)

and

Northern Health Authority (hereinafter referred to as NHA)

and

Interior Health Authority (hereinafter referred to as IHA)

and

Vancouver Coastal Health Authority (hereinafter referred to as VCHA)

and

Fraser Health Authority (hereinafter referred to as FHA)

and

Vancouver Island Health Authority (hereinafter referred to as VIHA)

This Memorandum of Understanding (MOU) sets forth the terms and understanding between BCEHS and PHSA and NHA and IHA and VCH and FHA and VIHA to establish and outline accountabilities of all parties to this MOU regarding the appropriate transfer of patients involving more than one health authority.

Inter-Facility Patient Transfer and Repatriation

Background

Providing quality, appropriate patient and family-centered care throughout British Columbia requires collaboration between all health authorities and BC Emergency Health Services (BCEHS). This collaboration is needed to ensure patients can access care in facilities providing tertiary or quaternary care when required. To maximize capacity in these specialized facilities and thereby ensure access for those in greatest need, there must be timely transfer of patients who no longer require tertiary or quaternary care, to appropriate acute care facilities in their home health authority. In addition, timely transfer is also required for inpatients that require inter-facility transfer between acute care facilities for compassionate reasons (i.e. based on patients' psychosocial and medical needs). This collaborative approach supports patients, families and care providers in determining the most suitable facility (usually as close to the patient's home as possible) for the required patient care, and facilitates timely access to services.

Scope

This MOU applies to all inter-facility transfers of acute care facility inpatients when more than one health authority is involved and the transfer is necessary in order for the patient to access a higher level of care or for repatriation (including patients with mental health and substance use issues and compassionate transfers). This MOU only applies to inpatients transferred between acute care facilities. It does not apply to out-of-province or out-of-country patient transfers.

Objectives

- To improve the overall coordination of acute care resources and support appropriate access and utilization of acute care beds, services and resources within the province;
- To improve patient flow when accessing higher levels of care or specialized acute care services;
- To facilitate proactive and timely repatriation of inpatients to acute care facilities in their home health authorities as soon as appropriate; and,
- To improve the coordination of compassionate transfers that will support patients/families in their choices regarding where they receive care (e.g. close to family).

The above goals will be accomplished by undertaking the following activities:

1. Requirements of All Acute Care Facilities in BC

1.1 Use of BC Patient Transfer Network (BCPTN):

Health authorities and all associated privileged most-responsible practitioners are required to use BCPTN to coordinate inter-facility transfers between health authorities that require medical oversight. This includes patients who are being transferred because they require tertiary and quaternary care, patients who are being repatriated to an equal or lower level of care in their home health authority, and patients being transferred to another health authority for compassionate reasons. Inter-facility transfers not requiring medical oversight during transport should utilize an Alternative Service Provider (with the exception of NHA); the BCPTN will assist with the coordination of such transfers, but the arrangement of the transfer itself is the sending HAs responsibility. All efforts should be made to ensure that transfers (regardless of program, care required, or service) will be planned for and accepted within the timeframe specified in this MOU.

1.2 No Refusal:

- When requested by the BCPTN, health authorities are required to accept patients that:
  a) require access to higher-level services;
  b) no longer require higher level of care, need further hospital care, are residents of the receiving health authority;
  c) are inpatients being repatriated for compassionate reasons (compassionate repatriations are to be completed within 72 hours of a transitional plan being put in place); or
  d) require transfer to a maternity facility that provides post-partum care to mothers whose babies are transferred at birth unexpectedly for higher level of care. Such reunification of the mother baby dyad ("Mother Baby Compassionate Transfers") would ideally take place within 24 hours.

- Patient acceptance and transfer must comply with timeliness expectations laid out below.

1.3 Timely Transfers to a Higher Level of Care:

Patients shall be accepted and transferred within the timeframe mutually agreed upon by sending and receiving physicians or most responsible practitioner.

1.4 Health Authority Self-sufficiency:

Health authorities shall exhaust all capacity within their own region before consideration is given to diverting patients to other health authorities. The exceptions to this are if:

a) the patient requires specialized services only available at a specific site in another health authority;

b) the specialized service is temporarily unavailable in the sending region, and the approved contingency plan requires patient transfer to another health region; or

c) the transfer to a facility in another health authority is more appropriate for the patient's care.

1.5 Real-time Escalation:

Health authorities shall establish a real-time escalation process to address transfer issues on a 24/7 basis, and avoid patient transfers out of the health authority wherever possible, unless doing so compromises patient care. This process shall involve a Senior Executive member as a final point of contact. If there are issues, the escalation process shall be engaged prior to a patient being transferred outside of the health authority. The escalation process may be triggered by the sending or receiving sites or by the BCPTN.

1.6 Repatriation:

- When a clinical assessment determines a patient in an acute care unit could appropriately be cared for at a facility providing an equal or lower level of care in the home health authority, and the patient is ready for transfer, a plan shall be agreed upon to receive the patient within less than 48 hour notice from the BCPTN. Whenever possible, input from the patient or patient's family regarding the most suitable facility should be considered.
- If the intended receiving facility is unable to repatriate the patient within the 24-48 hour timeframe, the intended receiving health authority shall work with BCPTN to find another facility within the patient's home health authority that has the appropriate services to meet the patient's needs and receive the patient within 48-hours of the initial request. However, a patient should not be transferred to a new facility if the patient is expected to be discharged within 48 hours.
- An effort should be made by the sending HA to find an Alternative Service Provider (ASP) if medical oversight is not required during transfer (with the exception of NHA). Sending HA should work with BCPTN to coordinate the care conversation for this type of transfer; however, the arrangement of the ASP is the sending HA's responsibility.
- As identified in the College of Physicians and Surgeons of BC policy[1], the sending physician, or most responsible practitioner, shall ensure that the necessary documentation for safe transfer (e.g. the transfer summary, transfer plan and other necessary materials) accompanies the patient during the handover of care.

[1] College of Physicians and Surgeons of BC, 2008. Professional Standards and Guidelines Expectations of the Relationship between the Primary Care/Consulting Physician and Consultant Physician. Accessed on Dec 18, 2014 at https://www.cpsbc.ca/files/pdf/PSG-Expectations-of-the-Relationship-Between-Physicians.pdf

- The sending facility has the responsibility to notify the BCPTN of expected patient needs at the new facility, including equipment, medications, allied health services and any potential staff training that may be required. This shall be discussed in advance with the receiving site, as part of the transfer planning, to ensure they have the necessary equipment/supplies to care for the patient.
- BCPTN has the responsibility of coordinating the care conversation between the sending and receiving facilities to ensure that patient care needs can be met in the receiving facility.

1.7 Reporting to BCEHS:

Health authorities will participate in daily calls with BCPTN to help coordinate patient transfers.

2. Requirements of BCEHS:

- To support patient transfers, BCPTN will provide the following services as needed:
  a) In collaboration with the receiving health authority, locate a facility that offers the required services closest to the patient's home community (based on health authority referral patterns and input from the patient or patient's family, when possible);
  b) Arrange a teleconference with sending and receiving physicians, or most responsible practitioners, and other health authority staff as required;
  c) Arrange transport with BC Ambulance Service (BCEHS), or, when no medical/clinical care is required during transport, the BCPTN will refer the sending health authority to find an appropriate ASP (with the exception of NHA). An ASP is limited to the transfer of patients who have been classified using the non-medical transport algorithm, as outlined in the Policy Communiqué (2010-05) *Provincial Framework for Patient Ground Transfers*;
  d) Notify sending and receiving sites of details of patient transfer plan, including planned date and time;
  e) Coordinate daily Access and Flow provincial repatriation teleconferences with Access and Flow leaders from the HAs to pre-plan inter health authority repatriations;
  f) Monitor transfer process and let parties know if anything changes;
  g) Proactively plan for repatriation; and
  h) Manage repatriation transfer using processes described above.

- BCEHS will coordinate daily calls with all health authorities to plan patient

transfers.

- BCEHS is responsible for organizing and executing transfers of patients when an ambulance is medically necessary for transportation between health authorities within the agreed time frames (24-48 hours).
- BCEHS physicians have ultimate responsibility for determining the mode of transportation in consultation with sending physicians, or most responsible practitioner. Additionally, the BCEHS physician must prioritize transfers if there are multiple demands.
- BCEHS is responsible for organizing and executing all transfers of patients originating in NHA, due to the absence of Alternate Service Providers in the region.

3. Monitoring and Review of Performance:
   - All health authorities and BCEHS will monitor patient transfers to ensure compliance with this MOU. Health authorities will review all cases of refusal, non-compliance with expected timelines, and inappropriate transfers. BCEHS and health authorities will work together to conduct quality reviews as required.
   - The BCPTN will collect information on the performance of all parties involved in cross-health authority patient transfers (i.e. BCPTN, health authorities, BCEHS) and provide reports to these parties and as requested by the Ministry of Health if performance metrics are available for the respective request.
   - The Provincial Access and flow Working Group will be accountable for developing performance indicators.

Funding
This MOU is not a commitment of funds.

Accountability
Senior health authority executives are accountable for their health authority's compliance with this MOU.

Duration
This MOU may be modified by mutual consent of authorized officials from the Partnering Organizations. This MOU shall become effective upon signature by the authorized officials from the Partnering Organizations and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from the Partnering Organizations this MOU shall be reviewed at the request of any of the authorized officials from the Partnering Organizations.

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Inter-Facility Patient Transfer and Repatriation

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