

# Discussion with the BC Patient Transport Network



## Proceedings

Friday September 28<sup>th</sup> 2018

11:45-1:00

St Paul's Emergency Update Conference, Whistler



## INTRODUCTION

### **BACKGROUND**

The BC Emergency Medicine Network (EM Network) provides support to emergency practitioners in BC by connecting practitioners with each other and with relevant resources. Improving patient transfer has been identified by Network members as a high priority. The EM Network, although not a service provider can be an advocate and broker to facilitate discussions between the emergency medicine community and the patient transfer service providers (Patient Transfer Network, BC Emergency Health Services). A one hour panel discussion was convened in Whistler on September 30<sup>th</sup> during the St. Paul's Emergency Medicine Update Conference (See Agenda, Appendix A). Forty-seven participants attended from various sites across BC (see Participant List, Appendix B). Participants included rural and urban physicians, nurses, EPOS physicians, and BC Emergency Health Services and Provincial Patient Transfer Services management and leadership.

This document provides a brief summary of the meeting.

### **MEETING OBJECTIVES**

1. Update you on the latest initiatives in patient transfer that may impact your clinical practice.
2. Solicit audience feedback to recognize common rural user needs not met by patient transfer services
3. Expose common misinformation about patient transfer in British Columbia and clarify the current capabilities and capacity.
4. Identify feasible solutions, with a list of objectives to improve service and help you in your daily practice.

### **PANELISTS**

**Trina Larsen Soles**, Transport Lead, Rural Coordination Centre of BC

**Sandra Jenneson** Regional Medical Director, Medical Programs, BC EHS (absent)

**Philip Yoon**, Medical Director, EMS Physicians Online Support (EPOS)

**John Tallon** - Vice-President, Clinical and Medical Programs at BC Emergency Health Services

**Don Elzinga** – Program Manager, Patient Transfer Services, BC Emergency Health Services

Facilitator: Jim Christenson, BC Emergency Medicine Network; Coordinator: Sharla Drebit, BC Emergency Medicine Network

## SUMMARY OF PANEL PRESENTATIONS

*Jim Christenson (BC Emergency Medicine Network) welcomed participants and introduced the panelists.*

*Dr. Trina Larsen Soles*

Trina introduced a review written by Jude Kornelson in 2016 on rural patient transport (reference below) which outlines several system-level recommendations arising out of a review of best practices in international model of transport for rural patients. Participants were asked to reflect on which of those recommendations are of priority and to brainstorm on how to turn these recommendations into practical solutions. Additionally, she informed the group on the Rural Patient Transport Working Group under the Ministry which has a two year mandate to improve the transport system. Part of the process is getting feedback from people working in the system through venues such as these.

### Reference:

Rural Patient Transport and Transfer: Finding from a Realist Review

By: Jude Kornelsen, PhD (Director), Kevin McCartney (Lead Analyst), Lana Newton (Research Analyst), Emma Butt (Research Analyst), and Marieka Sax.

<https://www.divisionsbc.ca/sites/default/files/Divisions/Rural%20and%20Remote/Rural%20Patient%20Transport%20Report%20-%20FINAL.pdf>

*Don Elzinga*

Don Elzinga presented to the group on the role of the Patient Transfer Network and some challenges they are facing. Summary of the key points:

- There are two main roles for PTN: 1) Facilitating a conference call with the Health Authorities; 2) Triageing the Transfer for BC Ambulance resources.
- The steps for transporting a patient are currently as follows:
  - Step #1: Sending Facility calls PTN
  - Step #2: PTN brings on BCEHS (clinical rep)
  - Step #3: PTN contacts receiving physician and facilitates a conference call
  - Step #4: Transfer is triaged and timelines given

- Step #5: PTN contacts access for a bed
- Step #6: PTN waits for a bed
- Step #7 Bed offered, Resources deployed
- PTN does not find a bed. An algorithm is followed to determine which specialist of call with the goal to keep the patient close to community in the closest facility that has the needed service. Each health authority has its own guidelines for referrals/receiving hospitals.
- Challenges arise when sending physicians have already arranged a transfer with a receiving physician:
  - A) This creates more time spent on the phone repeating the story as you will have to repeat the story to BCEHS
  - B) Calling the wrong location from the health authority referral pattern. Having to possibly start again and then more time spent on the phone
  - C) BCEHS is not able to triage the transfer appropriately. Or get the full picture
  - D) PTN also has to follow up with the receiving facility to confirm timelines and speak to the specialists again after they had already spoken to the sending
  - E) Even if you may believe this is only going to be an advice call and may not result in a transfer, going through PTN is still acceptable and if it does turn into a transfer request, less time needed on the phone to repeat the whole story
  - F) If you require a conversation with another physician and choose not to go through PTN, that is ok, as long as you are aware of the challenges that PTN faces and you may need to repeat conversations
- Many of the delays are due to waiting for a bed. PTN does not have any control over receiving beds and PTN can't move a bed without the Health Authority confirming an accepting hospital. Yesterday there were 92 patients waiting for a bed.
- Transport resources:
  - 2 helicopters in Vancouver; 1 in Prince Rupert; 1 in Kamloops
  - There is access to ad hoc private helicopters across province
  - 1 jet in Vancouver and 1 turbo prop in Vancouver; 1 turbo prop in Kelowna; 1 turbo prop in PG and 1 in Fort St John
  - One issue is that often helicopters/planes are flying empty one way - can we be more efficient?
- BCEHS and the Provincial Patient Transfer Services Advisory Committee are working on several new initiatives:
  - BCEHS
    - Provide further education to primary care paramedic staff
    - Looking at deployment models for both air and ground
    - Reviewing clinical response model (CRM)

- Community paramedics
- Creating an online dashboard to see patient movement in real time
- Provincial Patient Transfer Services advisory committee
  - Referral patterns
  - Roles and responsibilities
  - Education back to “all” front staff
  - Standardizing processes
  - Creating new processes where they don’t exist
  - Joint procedures and Standard Operating Procedures.

## **GROUP DISCUSSION**

*Audience was asked to brainstorm at their tables the top three issues and priorities to address in addition to those previously mentioned in the Pre-Survey.*

### **Issues Identified in Pre-Survey\*:**

1. Staff needing to leave their EDs to accompany patients in transfer when already understaffed
2. Time on the phone spent dealing with the transfer process rather than patient care
3. Having to repeat the same information multiple times to multiple people
4. BC/Alberta border – which patients should go where?
5. Rigid adherence to EMS protocols with no flexibility

*\* A list of all comments can be found in Appendix C*

### **Additional Issues/Priorities Identified During Table Discussions**

1. Important to have an accurate estimated time of arrival for ambulance
2. When patient are admitted before they are transferred the MRP changes – how do we help PTN call the correct doctor?
3. Importance of having ability to make direct calls outside of PTN for low acuity patients.
4. Need for more specialised services in the region (e.g. cardiac lab) to avoid transfers.
5. Referral patterns often don’t meet the needs of the patient or physicians.

6. Not enough planes who have capability to fly at night, leads to having to hold patients overnight.
7. Need detailed feedback after a critical incident review and clarity on the current process for reviewing critical incidents/PSLS's.
8. Communication of time delays to allow for contingency planning.
9. Is EPOS able to coordinate the transfer and call us back rather than needing to stay on phone? This is similar to STARS model.
10. Our current culture of "Stay and Play" vs STARS culture of "Scoop and Go" leads to delays.
11. Receiving centres should be able to be more flexible and understand the limitations of smaller hospitals. Should we have a no refusal policy?
12. No refusal policy leads to overcrowding in Royal Columbian.
13. Using ED staff to transfer for BCEHS leaves the hospital short staff and is problematic as the doctors and nurses are not trained for the transport environment.
14. Not enough ALS in rural areas.
15. There is Poor geographical knowledge of people taking calls.
16. Clinicians are not aware of the health authorities' referral policies.

### **Top Priorities Identified**

**Reduce time spent on the phone with PTN**

**Receive more communication on transport arrival times or time delays**

**Review current referral patterns to better meet the needs of patients and providers**

**Receive detailed feedback on critical incidents**

## **FINAL REMARKS & NEXT STEPS**

*Dr. Trina Larsen Soles and Don Elzinga*

Don concluded the session by informing participants that EHS is working to break down the silos between health authorities and bring everyone under one roof for discussions, including FNHA and PHSA. Furthermore, all Health Authorities will be reviewing their referral patterns and EHS will also be working with Alberta. Additionally, a dashboard will be available in early 2019 to enable hospital staff to see incoming and outgoing patients, and ambulance times; this should help with communication. Improving communication with referring physicians will be a focus of improvement for EHS.

Trina thanked everyone for their thoughtful feedback and contributions. She remarked that although there is still a long way to go in making an optimal patient transport system, conversations like these today are a step in the right direction. Further discussions are needed with the rural communities, government and Emergency Health Services. Trina posed the question to the audience whether there was an appetite to hold another session and whether people were willing to participate in future. Participants felt it is an important topic that requires more discussion and were keen to be involved moving forward.

The summary of the meeting will be shared on the EM Network website and with the Rural Transport Working Group.

## APPENDIX A

### AGENDA

11:45 – 11:55	Participants gather lunch
11:55 – 12:00	Welcome & introductions (Jim)
12:00 – 12:05	Current initiatives in patient transport (Trina)
12:05 - 12:20	Patient Transfer Services: current and future changes (Don)
12:20 – 12:35	Table discussions to add any other significant issues (pre-survey results on table)
12:35 – 12:55	Open forum to agree on the top three priorities and potential solutions (Jim to facilitate)
12:55 – 13:00	Summary of next steps to start addressing them (Trina)

## APPENDIX B

### **PARTICIPANT LIST**

Abayomi Adetola - Ashcroft  
Adam Pankalla - Victoria  
Adam Watchorn - Golden  
Akolisa Anyaduba - Edmonton  
Ana Gomez - Vancouver  
Andrew Kang - Vancouver  
Anne-Marie Baribeau - Nelson  
Charlotte Philippon - Sechelt  
Chinmay Dalal - Sechelt  
Christina Walker - Nanaimo  
Courtney Crowell – Roberts Creek  
Daniel Zawyrucha - Vancouver  
Daniel Obaseki – Dawson Creek  
Don Elzinga - Vancouver  
Donna Epondulan – Port Moody  
Dr Atma Persad - Creston  
Gareth Mannheimer - Invermere  
James Heilman - Cranbrook  
James Vanderhorst - Chilliwack  
Jan Trojanowski - Vancouver  
Jim Christenson - Vancouver  
Jim Fuller - Pemberton  
John Tallon - Vancouver  
Julie Baxter - Sechelt  
Justin Flynn - Smithers  
Karen Schnaar-Campbell  
Lynne Mahlman - Surrey  
Michael Abayomi – Shuswap  
Michael Dussault - Victoria  
Michele Leslie - Masset  
Mohammed Zafarullah - Victoria  
Nick Balfour - Kelowna  
Nina He - Vancouver  
Oladipo Oladayo - Regina  
Osayuwame Igbinosa - Ladysmith  
Oyegoke Oyetola - Nakusp  
Peter Boronowski – Powell River  
Philip Yoon - Vancouver  
Riyad Abu-Laban - Vancouver  
Shaira Somani - Whitehorse  
Sharla Drebit - Vancouver  
Stephan Samoyloff - Penticton  
Stuart Johnston - Oliver  
Tarun Soni - Abbotsford  
Tasha Rachelle Maheu Cambell River  
Trina Larsen Soles - Golden  
Zoe Zimmerman - Victoria

## APPENDIX C

### PRE-SURVEY RESULTS (n=11)

#### Issues:

1. Staff needing to leave their EDs to accompany patients in transfer when already understaffed
2. Time on the phone spent dealing with the transfer process rather than patient care
3. Having to repeat the same information multiple times to multiple people
4. BC/Alberta border – which patients should go where?
5. Rigid adherence to EMS protocols with no flexibility

#### Questions:

1. What are the latest initiatives in patient transfer for rural and urban areas?
2. Perhaps a BCAS question... why does BC have so few aircraft? (i.e, vs Alberta)
3. How do you triage calls. What weather affects your flights?
4. What are the administrative challenges PTN faces daily and how do they impact the effectiveness of their work?
5. Why do physicians & nurses need to leave their emergency departments and get in the ambulance to transfer patients?
6. Do you have a checklist that could help our nurses prepare the patient for you?

#### Potential Solutions:

1. Create online site to log active cases and get real time updates on transfer process
2. Allow paramedics greater level of care on transfers to reduce stripping nurses and physicians out of small rural communities and reducing their ER capabilities
3. Have checklist that could help our nurses prepare the patient for you