

Scorecard to Evaluate Non-Urgent Patient Transfer Service

Developed by

John C. Hogenbirk MSc, Diana Urajnik PhD,

Julia Russell MSc, Teija Yli-Renko BA, and Stephen Ritchie PhD.

Centre for Rural and Northern Health Research (CRaNHR) – Laurentian University

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The views expressed in this document are those of the authors.

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Background

Non-urgent patients are medically stable patients who are transferred between health care facilities to receive care that is not otherwise available (interfacility transfer) or who require transport upon discharge from the hospital (discharge transfer) (**Figure 1**). Interfacility transfer occurs when patients are transferred from community hospital to a hub hospital (providing more advanced care services), and are typically transferred back to the community hospital. Services at the hub hospital can include one or more of the following: screening; diagnostic test; consultation with a specialist; or treatment (e.g., surgery). A patient may also be discharged to their home or to a nursing home, long-term care facility, or hospice, all of which are called a “receiving facility” in this document. Health care facilities use Emergency Medical (Paramedical) Services (EMS), ORNGE, contracted services, or other means to transfer non-urgent / medically stable patients.

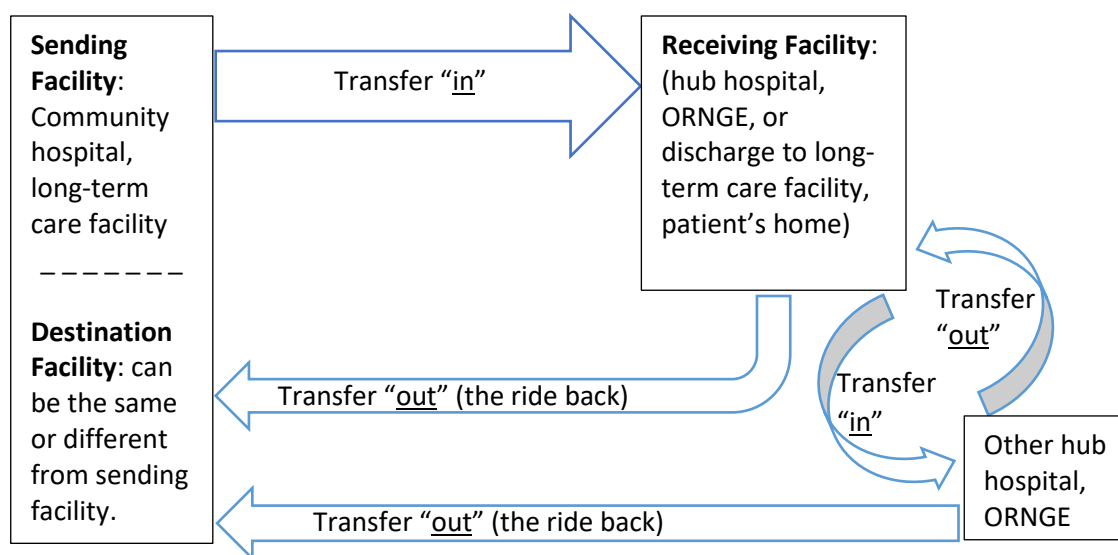


Figure 1: Flow of patient, transfer vehicle (plus driver) and patient attendant / escort.

(Based in part on the figure on page 26 in Performance Concepts Consulting. 2014. Non-urgent patient transportation in the NE LHIN: an evidence-based 3rd party review & restructuring plan.)

Methods

Scorecard development was informed by documents that included request for proposals and project reports pertaining to non-urgent patient transfer services in northern and southern Ontario as well as a limited number of articles published in peer-reviewed academic journals. The scorecard has benefited from discussions with Martin Lees, Health Sciences North, Andrea Warywoda, North West Local Health Integration Network (NW LHIN), Ron Turner, NW LHIN, and Ryan Bhopalsingh, NW LHIN.

An outline of the scorecard was distributed to Martin Lees, Ron Turner, and Ryan Bhopalsingh. A first draft was then developed and shared with key informants working in healthcare facilities, EMS, ORNGE, or non-urgent patient transfer service companies, as well as key informants working for the LHINs or for the Ontario Ministry of Health and Long-Term Care (MOHLTC). Voluntary interviews were conducted with 9 of the 12 individuals invited to participate in the study. Ethical approval to conduct the interviews was granted by Laurentian University's Research Ethics Board (file # 6017297).

Stages in the transfer of non-urgent / medically stable patients

This document describes a scorecard approach to evaluating non-urgent patient transfer (NUPT) services. The scorecard focuses on the travel stage of the transfer event, with consideration given to key events that influence travel. Four stages are identified: (1) Pre-travel: From Request for transfer to Pick-up; (2) Travel: From Pick-up to Arrival at Facility; (3) Post-travel: From Arrival to Patient Delivery; and (4) Care Services: From Delivery to Request for Return Transfer (**Figure 2**). Stage 4: Care Services only applies to interfacility transfers. The scorecard adopts EMS timestamps already in use (**Table 1**).

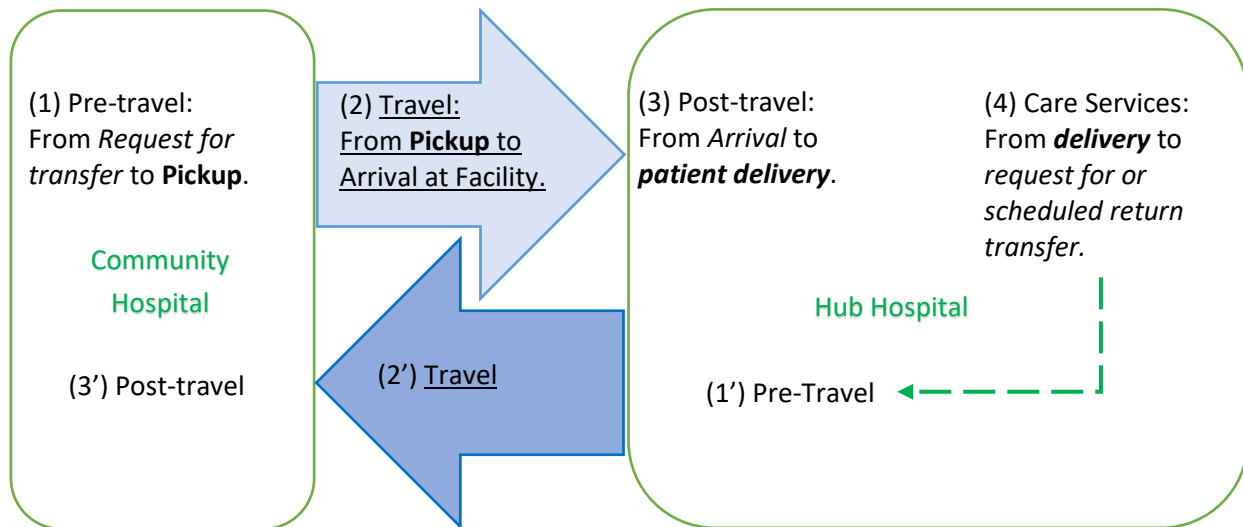


Figure 2: Stages in patient transfer. Stages 1', 2', and 3' represent the return journey. Focus is on Stage 2 (2').

Table 1: EMS Timestamps and potential NUPT service timestamps

EMS Timestamp	EMS legend	NUPT service legend	Stage
T0	Call received by CACC call taker asks, "What is your emergency"	NUPT coordinator receives request from most responsible physician (MRP) to initiate non-urgent patient transfer (or discharge).	Pre-Travel
T1	Call taker does call triage, dispatcher selects ambulance	NUPT coordinator schedules service with the NUPT service provider.	
T2	Paramedics notified given priority and pick up location	Service provider is notified of the time, date, Dispatch Code, and pickup location.	
T3	Travel time to call	Service provider departs from station time.	
T4	Arrived scene time	Service provider arrives at pickup location time.	
T5	Depart scene travel to hospital	Service provider departs pickup location time.	Travel
T6	Arrive at hospital	Service provider arrives at hospital time.	Post-Travel
T7	Depart hospital	Service provider departs hospital time.	
T Max (T8)	Arrive at station	Service provider arrives at station time.	

Scorecard Dimensions and Context

The scorecard has three broad dimensions, each containing several metrics. The main dimensions are: (1) patient experience; (2) service delivery; and (3) system outcomes (**Figure 3**). Characteristics of the patient and of the transfer event provide the context for these dimensions and the metrics within. The following pages start with an explanation of the metrics used to describe the patient and the transfer event and then an explanation of each broad dimension.

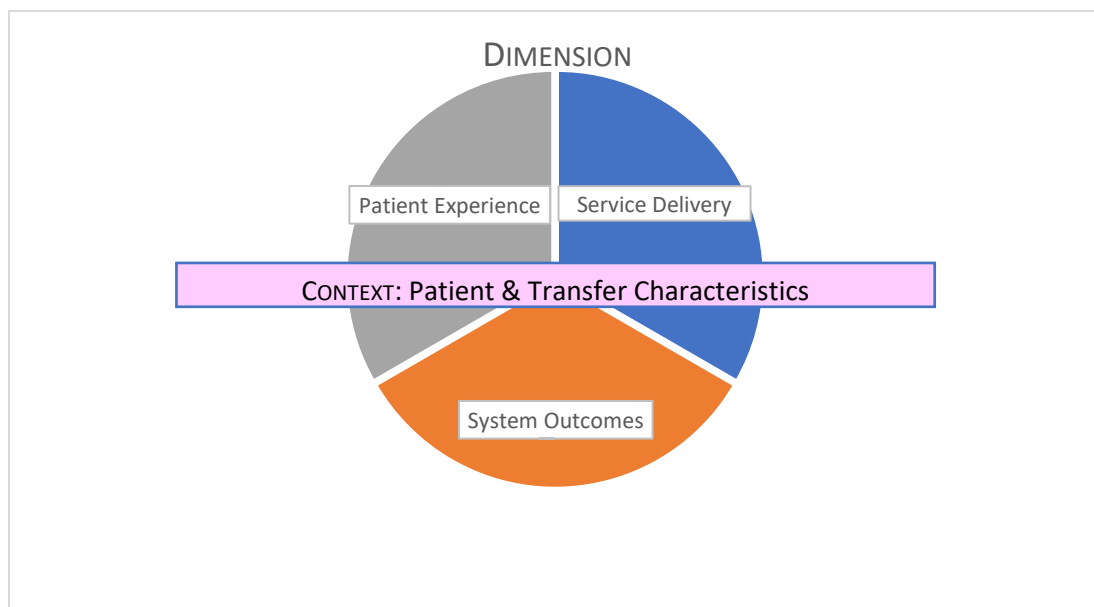


Figure 3: Scorecard dimensions, contextualized by patient and transfer characteristics.

Technical Notes

Scorecard development is driven by the nature of the interfacility transfer pilot projects in Northern Ontario, but is intended to be used more broadly for all non-urgent/medical stable patient transfers and for all of Ontario. As such, some data and metrics may not be available nor applicable in all regions and for all service providers. For example, some metrics are more applicable if EMS delivers the NUPT service.

Data are to be recorded in real-time and metrics are to be compiled each week, with quarterly and annual reviews. Whenever possible, metrics are to be populated with data from existing databases and use existing data collection mechanisms.

The main source for data to populate these metrics would be the service provider information systems (SP-IS) or EMS information systems (EMS-IS), augmented by the facilities' electronic medical records (EMR) (e.g., Meditech). Other sources include the Ambulance Dispatch Reporting System (ADRS), Computer Aided Dispatch (CAD) System, Provincial Transfer Authorization Centre (PTAC), as well as other information systems in ORNGE vehicles and, perhaps, CritiCall Ontario databases.

Collection priority "1" indicates data that are readily available or can easily become readily available through the SP-IS or EMS-IS. Collection priority "2" specifies data that are available from other databases such as EMR, ADRS, CAD, or PTAC. Collection priority "3" categorizes data for which data collection tools and methods need to be developed (e.g., patient satisfaction survey, staff feedback survey).

CONTEXT: Patient and Transfer Characteristics

Transfers are not assessed on the metrics listed in the following table. Instead, the dual purpose of Patient and Transfer descriptors is to provide the context for the 3 dimensions of the scorecard and to allow comparison (e.g., by main reason for transfer).

Data are generated for each 1-way transfer event. For example, 3 patients travelling at the same time in the same vehicle would generate 3 records. One patient travelling from a community hospital to a hub hospital and back to the community hospital would generate 2 records.

There are 13 metrics intended to put the transfer in context and permit meaningful comparisons. Ten metrics are Collection Priority 1 and three are Collection Priority 2.

Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
Patient characteristics	<ul style="list-style-type: none"> • Age • Gender • Weight • Needs Isolation? Yes / No • Involuntary? Yes / No • DNR? Yes / No 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • EMR • SP-IS 	1	<ul style="list-style-type: none"> • Patient's weight and whether the patient needs to be isolated or is an involuntary transfer (under the mental health act) can influence choice of vehicle or number of patients in vehicle.
Patient's mobility	<ul style="list-style-type: none"> <input type="checkbox"/> Ambulatory <input type="checkbox"/> Ambulatory with walker, crutches, etc. <input type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other device, specify <input type="checkbox"/> Other mobility concern, specify 	<ul style="list-style-type: none"> • Other information on patient's mobility 	<ul style="list-style-type: none"> • EMR • SP-IS 	1(2?)	<ul style="list-style-type: none"> • Patient's mobility influences choice of vehicle or number of patients in vehicle. • "Other device, specify" should include details of whether patient has any other accompanying device (e.g., IV pole, oxygen mask and tank, cast or sling). • Pick all that apply

Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
Main reason for transfer: service requested	<input type="checkbox"/> Discharge <input type="checkbox"/> Screening / Assessment <input type="checkbox"/> Diagnostic Test <input type="checkbox"/> Consultation <input type="checkbox"/> Treatment <input type="checkbox"/> Other, specify	<ul style="list-style-type: none"> Any other reason for transfer 	<ul style="list-style-type: none"> EMR 	1	<ul style="list-style-type: none"> Discharge to home, long-term care facility, etc. For interfacility transfer, typically the reason is based on medical care service needed. Consider using Canadian Classification of Health Intervention (CCHI) code. Consider adding “chief complaint” based on International Classification of Disease (ICD) version code. Pick all that apply.
Patient transfer frequency	<input type="checkbox"/> Single transfer for acute condition or one-time service. <input type="checkbox"/> Multiple transfers for chronic condition (e.g., dialysis) <input type="checkbox"/> Multiple transfers for different services <input type="checkbox"/> Other, specify	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> EMR 	2	<ul style="list-style-type: none"> Differentiate by frequency of travel. Further differentiate multiple transfers by identifying patients for whom multiple trips <u>could</u> be reduced by improved scheduling. Pick all that apply
Patient is “treat & return”	<input type="checkbox"/> Yes, same day <input type="checkbox"/> Yes, overnight <input type="checkbox"/> No	<ul style="list-style-type: none"> Other pertinent information 	<ul style="list-style-type: none"> EMR, SP-IS 	1	<ul style="list-style-type: none"> Pick one only.
Facility (name, grouped by sending or receiving, and by type)	<ul style="list-style-type: none"> Name of Sending facility Name of Receiving facility 	<ul style="list-style-type: none"> If ORNGE, then specify Airport or transfer location. 	<ul style="list-style-type: none"> EMS-IS SP-IS 	1	<ul style="list-style-type: none"> Grouped by type of facility (e.g., community hospital, hub hospital, long-term care facility, patient’s home, other) Facility name (grouped by type) of the Sending and Receiving facilities can be the rows and columns, respectively, in a summary table.

Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
Transfer is Short Haul (Local) or Long Haul	<input type="checkbox"/> Short Haul <input type="checkbox"/> Long Haul	•	•	1	<ul style="list-style-type: none"> • This need to be defined a priori (Time-based? Distance-based?) • Should it be defined consistently across the north? Across the province? • Pick one only.
Resources used	<u>Vehicle</u> <input type="checkbox"/> unit # ____ <input type="checkbox"/> EMS (Base / Region: ____) <input type="checkbox"/> ORNGE <input type="checkbox"/> Contractor <input type="checkbox"/> Other, specify <u>Staff</u> <input type="checkbox"/> Driver <input type="checkbox"/> Escort, specify <input type="checkbox"/> Other, specify	•	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	1	<ul style="list-style-type: none"> • Clearly identify Service provider • Record the number and role / responsibility of each staff member (e.g., driver, patient attendant). • Identify type of patient escort: nurse, transfer attendant, other staff (specify), family member / friend, etc.
Dispatch Priority code	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other, specify	•	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	1	<ul style="list-style-type: none"> • EMS Dispatch Codes: 1-Deferrable; 2-Scheduled; 3-Prompt; 4-Urgent • Codes 8-Standby or 9-Maintenance seem unlikely. • Note that new code definitions may be coming.
First Dispatch Priority code	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other, specify	•	•	2	<ul style="list-style-type: none"> • What was the very first dispatch code assigned to the transfer request? • Was it 3 or 4 versus 1 or 2? Or vice versa?
EMS Timestamp	• T0 to T8	•	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	1	<ul style="list-style-type: none"> • Refer to Table 1. • T3 or T8 may not always be relevant. • <u>Map to service provider timestamps.</u> • Can also be used to group transfers by day of the week, time of the day, or season, and identify holidays.

Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
km travelled	<ul style="list-style-type: none"> Road and/or air distance 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> EMS-IS SP-IS 	1	<ul style="list-style-type: none"> Road distance between facilities [calculated using Geographic Information System or Global Positioning System].
Other patients in vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> EMS-IS SP-IS 	2	<ul style="list-style-type: none"> If needed, this “flag” can be used in conjunction with other metrics to identify the number of patients in a given vehicle at any one time.

DIMENSION: Patient Experience

This dimension provides information on the quality of patient care, patient safety, and patient satisfaction. There are six metrics in total, one is Collection Priority 1 and one is Collection Priority 2. Four metrics listed as Collection Priority 3 were identified as important by key informants, but the measures and methods for collection need to be developed.

Reporting Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
Mean, median, and total time (in minutes), for selected Timestamps	<ul style="list-style-type: none"> Time (in minutes) for T4 to T6 	<ul style="list-style-type: none"> Time (in minutes) for T0 to T4, plus Stage 4: Care Services 	<ul style="list-style-type: none"> EMS-IS SP-IS 	1	<ul style="list-style-type: none"> Report to whole number (e.g., 63 minutes) Identify key timestamps from the patient's perspective.
Total number and type of changes in patient status	<ul style="list-style-type: none"> To be determined 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	3	<ul style="list-style-type: none"> Intended to measure changes in patient status, if any, within and between different stages of the transfer. For instance, did the patient's status worsen, stay the same, or improve while waiting for transfer, while in transit, etc. Who decides or how "change" is decided needs to be determined.
Total number of adverse patient-events during transfer	<ul style="list-style-type: none"> Adverse patient-event 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	3	<ul style="list-style-type: none"> Consider adverse events defined by EMS Who decides or how this is decided needs to be determined. See next item
Total number of interventions during transfer, for each Timestamp	<ul style="list-style-type: none"> Intervention events 	<ul style="list-style-type: none"> Type of intervention Reason for intervention 	<ul style="list-style-type: none"> EMS-IS 	2	<ul style="list-style-type: none"> Did the patient require any intervention during the trip? Who decides or how this is decided needs to be determined. Do not count interventions (e.g., IV) that were started before transport
Patient satisfaction	<ul style="list-style-type: none"> To be determined. 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	3	<ul style="list-style-type: none"> Consider questions from the Canadian Patient Experiences Survey — Inpatient Care (https://www.cihi.ca/en/patient-experience). Consider using ORNGE patient satisfaction survey. See next item.

Reporting Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
Patient feedback	<ul style="list-style-type: none"> • What worked well? • What could be improved? • Did the patient think that the trip was necessary? • What was their comfort level during the transfer? 	<ul style="list-style-type: none"> • Did the patient think that he / she could have travelled on their own or with friends / family? • Satisfaction with co-pay? 	<ul style="list-style-type: none"> • 	3	<ul style="list-style-type: none"> • Consider sending a survey to patient 3-5 days after trip. • To be completed by patient, with / without the help of (a) family / informal caregiver, or (b) staff at a long-term care facility. • Include a set of questions specific to the experience of the family escort. • Consider asking if the patient is (a) aware of the Ontario Telemedicine Network (OTN), and (b) would they have used OTN.

Note: surveys of patient satisfaction and feedback would not necessarily be linked to a specific transfer event so as to maintain patient confidentiality and encourage unbiased response.

DIMENSION: Service Delivery

Metrics in this dimension provide information on the transfer service delivery. There are eleven metrics in total, six are Collection Priority 1, four are Collection Priority 2, and one is Collection Priority 3.

Reporting Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
Total hours of NUPT service provided	<ul style="list-style-type: none"> • EMS Timestamps T4 to T7 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	1	<ul style="list-style-type: none"> • Map to equivalent service provider timestamps. • Report to 1 decimal place (e.g., 5.8 hours).
Total number of 1-way trips with patients	<ul style="list-style-type: none"> • Count 1-way trips with patient 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	1	<ul style="list-style-type: none"> •
Total number of 1-way trips <u>without</u> patients	<ul style="list-style-type: none"> • Count 1-way trips <u>without</u> patient 	<ul style="list-style-type: none"> • Reason for “empty vehicle” (see next item). 	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	1	<ul style="list-style-type: none"> •
Reason for “empty vehicle”	<ul style="list-style-type: none"> <input type="checkbox"/> Discharge <input type="checkbox"/> Death <input type="checkbox"/> Return is unscheduled <input type="checkbox"/> Return is delayed <input type="checkbox"/> Return is canceled <input type="checkbox"/> Vehicle needed elsewhere <input type="checkbox"/> Other, specify 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	2	<ul style="list-style-type: none"> • Intended to identify “empty vehicle” return trips that <u>could</u> be avoided by improved scheduling. • Pick all that apply.
Total number of transfer requests.	<ul style="list-style-type: none"> • Count transfer requests 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	1	<ul style="list-style-type: none"> • This is the denominator for many comparisons, percentages, and indices. "Treat & Return" trips count as 2, 1-way trips.
Total number of completed transfers	<ul style="list-style-type: none"> • Count completed transfer requests 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	1	<ul style="list-style-type: none"> •
Total number of <u>unfulfilled</u> transfers	<ul style="list-style-type: none"> • Count unfulfilled transfer requests 	<ul style="list-style-type: none"> • Reason for unfulfilled request (see next item). 	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	1	<ul style="list-style-type: none"> •

Reporting Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
Reason for unfulfilled transfer	<input type="checkbox"/> Patient refused <input type="checkbox"/> Patient is delayed <input type="checkbox"/> Patient's condition changed (no longer medically stable) <input type="checkbox"/> Patient died <input type="checkbox"/> Sending facility cancelled transfer <input type="checkbox"/> Receiving facility cancelled appointment <input type="checkbox"/> Transfer vehicle not available <input type="checkbox"/> Transfer staff not available <input type="checkbox"/> Escort not available <input type="checkbox"/> Other, specify	•	<ul style="list-style-type: none"> • EMS-IS • SP-IS 	2	<ul style="list-style-type: none"> • Pick main reason(s): multiple reasons can be selected. • Consider adding sub-categories to describe why the patient is delayed.
Transfer service staff feedback	<ul style="list-style-type: none"> • What worked well • What could be improved 	•	•	2	<ul style="list-style-type: none"> • These questions could be asked via a smart phone or tablet in a weekly de-briefing of service provider staff.
Facility staff feedback: sending and receiving sites	<ul style="list-style-type: none"> • What worked well • What could be improved 	•	•	3	<ul style="list-style-type: none"> • Consider asking these questions in a 30-45 minute focus group at each facility. • Conduct focus groups in the first year and then every other year at each site.

Reporting Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
OTN	<input type="checkbox"/> Yes, all or most of the visit could have been done via OTN <input type="checkbox"/> Yes, some of the visit <input type="checkbox"/> Yes, some or all, but OTN was not available <input type="checkbox"/> No, none of the visit	•	•	2	<ul style="list-style-type: none"> • Could the visit have been conducted via the Ontario Telemedicine Network (OTN)? • Ask the (1) Sending facility Most Responsible Physician (MRP) and (2) Receiving facility MRP.

Note: service provider feedback or facility staff feedback would not necessarily be linked to a specific transfer event.

DIMENSION: System Outcomes

This dimension of the scorecard measure the impact on parts of the larger health care system focussed on the transfer of medically stable / non-urgent patients. There are eight metrics in total, with two Collection Priority 1 metrics, four Collection Priority 2 metrics and two Collection Priority 3 metrics.

Reporting Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
Average cost per transfer	<ul style="list-style-type: none"> Number of completed transfers Total applicable cost 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> EMS-IS SP-IS 	1	<ul style="list-style-type: none"> Based on contracted cost of NUPT service provider. Based on cost of actual time of EMS from T3 to T7. Based on actual cost of ORNGE
Unit Hour Utilization (UHU), by service provider	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> EMS-IS SP-IS 	2	<ul style="list-style-type: none"> This needs to be standardized for use by all service providers for interfacility and discharge transfers.
Number of overlapping EMS Dispatch Codes 1 or 2 with EMS Dispatch Codes 3 or 4.	<ul style="list-style-type: none"> EMS Dispatch Codes 1 or 2 overlapping with EMS Dispatch Codes 3 or 4 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> EMS-IS SP-IS 	1	<ul style="list-style-type: none"> For the EMS region of the sending facility EMS Dispatch Code 1 can be used when non-EMS provides service. How many Code 3 or 4 occurred when transfer vehicle is on Code 1 or 2?
Disparity between Dispatch code & patient need.	<ul style="list-style-type: none"> EMS dispatch code Patient is ambulatory vs bariatric 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> EMS-IS SP-IS 	3	<ul style="list-style-type: none"> Did dispatch code <u>match</u> with patients' condition / need for transport? "Match" to be defined. Who decides or how "match" is decided will need to be determined. Patient need based on...? <ul style="list-style-type: none"> Ambulatory / Bariatric IV, oxygen, etc., prior to transport
Impact on ORNGE	<ul style="list-style-type: none"> Missed / cancelled transfers Delayed transfers 	<ul style="list-style-type: none"> Reason 	<ul style="list-style-type: none"> PTAC 	3	<ul style="list-style-type: none"> Can be combined with land or flight costs (vehicle / aircraft, staff), tarmac / detention fees, etc., to estimate financial impact.

Reporting Metric	Primary Measurements	Secondary Measurements	Source	Collection Priority	Notes
Impact on hub hospital	<ul style="list-style-type: none"> Number of NUPT patient admitted / staying overnight 	<ul style="list-style-type: none"> Reason 	<ul style="list-style-type: none"> EMR 	2	<ul style="list-style-type: none"> Can be combined with hospital per diem to estimate financial impact. Consider the effect on bed-capacity at Hub. (At community hospital?)
Total number of care services at receiving facility that need to be cancelled / re-scheduled due to transfer delays or cancellations.	<ul style="list-style-type: none"> Count care services that are cancelled / re-scheduled at receiving facility (e.g., hub hospital). 	<ul style="list-style-type: none"> See next item: reason for cancellation / re-scheduling 	<ul style="list-style-type: none"> EMR 	2	<ul style="list-style-type: none"> Can be combined with hospital equipment depreciation, and staff costs to estimate financial impact.
Reason for cancellation / rescheduling of care services at receiving facility.	<ul style="list-style-type: none"> <input type="checkbox"/> Patient was not transferred (refer to reasons listed for unfulfilled transfer requests) <input type="checkbox"/> Transfer was delayed (specify reason) <input type="checkbox"/> Other, specify 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> EMS-IS SP-IS 	2	<ul style="list-style-type: none"> Pick one <u>or</u> pick one plus "Other, specify".

In-Scope / Out-of-Scope and Next Steps

The scorecard focused on the ***travel stage of the transfer event***, with consideration given to a select few key events occurring before and after travel that can influence transfer quality and success. It should be noted that the scorecard was not designed to assess the transfer scheduling process nor consider other aspects of patient flow. Scorecard development was informed by interfacility NUPT pilot projects in Northern Ontario and was expanded to include discharge transfers and is intended to cover all regions of the province.

In addition, the scorecard may not measure the full need for NUPT services. For instance, the scorecard does not measure interfacility or discharge transfers that are filled by family or friends, unless a formal request for a NUPT service has been made and cancelled. More generally, the scorecard does not capture the need for transfer services generated by medically stable patients living at home or in long-term care facilities who require assisted transport to attend a medical or health services appointment. To be clear, it should be possible to apply many of the scorecard metrics to these types of transfers, but current data sets or information systems may not record these requests.

Any benchmarks developed for these metrics may need to be placed in a larger context. For example, it may be useful to compare the rate of cancelled non-urgent patient transfers against the rate of patient no-shows for regular hospital appointments in which the patient is fully responsible for their attendance.

Scorecard metrics, measurements, data sources and collection priorities should be reviewed and modified as needed by the NUPTS System Advisory Committee in the NE and NW LHINs and by any other organization seeking to implement the scorecard tool. EMS, ORNGE, and other NUPTS service providers may wish to work with the Committee to implement data collection for a modified scorecard containing only Collection Priority 1 items. These Collection Priority 1 items should be evaluated and thought should be given as to whether the scorecard needs to be balanced by assigning different weights to metrics or by standardizing the number of items. In addition, after an evaluation, careful consideration should be given to whether the scorecard is reinforcing desired and discouraging undesired NUPT service outcomes.

Concluding Remarks

Health care facilities use EMS, ORNGE, contracted services, or other means to transfer non-urgent patients. The scorecard presented in this document provides a method by which to monitor the safety, timeliness, and effectiveness of common transport modalities for these medically stable patients.

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