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REPATRIATION GUIDE

Critical Care Services Ontario | February 2014

This document is a product of Critical Care Services Ontario (CCSO)

The **Repatriation Guide** is the result of a collaborative effort between CCSO and the Provincial Patient Repatriation Advisory Committee. The Advisory Committee was established in July 2013 to provide expert advice on issues related to repatriation and on the development of tools that hospitals can use to enhance and monitor repatriation processes. In addition, the Advisory Committee provided insight on the development of a framework for timely repatriation of patients in Ontario.

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Introduction

Everyday in Ontario there are many patients who are successfully repatriated to receive appropriate care closer to home as a result of the goodwill and collaboration of dedicated healthcare professionals. However, it is a reality that there are gaps and challenges within this process which could benefit from standardized processes and procedures.

The principles and procedures in this document support the Provincial Life or Limb Policy and build on a number of the existing repatriation agreements within the Ontario Local Health Integration Networks (LHINs). The Provincial Patient Repatriation Advisory Committee has provided valuable insights and advice, which have been incorporated into this document.

Development of this Document

This document has been developed to support the effective implementation of the Repatriation component of the Provincial Life or Limb Policy and alignment with CritiCall Ontario's Provincial Hospital Resource System (PHRS) Repatriation Tool. It has been developed following a province-wide survey that was completed in August 2012. The survey was distributed to the fourteen LHIN CEOs to understand the extent to which repatriation agreements already exist within the province/LHINs and to obtain copies of these agreements. It is to be noted that there are a number of robust, well-implemented repatriation agreements within the province. These agreements were reviewed and consistent elements were incorporated into this document.

In July, 2013 a literature review was conducted which included repatriation policies/procedures from within Canada and the United Kingdom. The results of this literature review reaffirmed the content of this guide and the accompanying algorithm.

A Provincial Patient Repatriation Advisory Committee was formed in July 2013 to provide expert advice on issues related to patient repatriation to home or referring hospitals and on the development of tools that hospitals can use to enhance or improve the repatriation process. In addition, the Advisory Committee provided oversight in the development of a framework for repatriation in Ontario.

The document then received final approval by CCSO.

Purpose and Scope of this Document

The purpose of this document is to provide guidance for the timely repatriation of patients, between acute care hospitals within Ontario, regardless of whether they were previously identified as “life or limb” cases. It is aligned with the guidelines within the Provincial Life or Limb Policy of repatriating patients back to the referring hospital and/or the hospital “closest to home” within 48 hours once the patient is deemed to be medically stable and suitable for transfer. This document is to be used as a guide in facilitating the effective and efficient access to hospital services and the most appropriate level of care for patients who are ready for repatriation. For clinical conditions with existing MOUs/policies/repatriation agreements (e.g., Ontario Stroke Network, STEMI Program, LHINs) established processes and timelines must be adhered to.¹ Many scenarios for inter-facility transfers of patients are possible and it is not the intent of this guide to be prescriptive for each scenario. For the purposes of this guide, and accountabilities under the Provincial Life or Limb Policy, patients

for consideration of repatriation include all those that are transferred to another hospital for the purposes of receiving a higher level of care or sub-specialty care. Patients transferred as a result of capacity pressures to a centre of similar level of care should be considered for repatriation in the course of the patients treatment schedule when deemed clinically appropriate between the referring and consulting physician.

1. Guiding Principles

- 1.1 The primary priorities for repatriation of patients are timely access to an appropriate level of care, patient safety and quality of care.
- 1.2 All repatriations will follow direct physician to physician conversation for appropriate transition of patient care.
- 1.3 Patients will be repatriated within 48 hours once deemed medically stable and suitable for transfer. The patient will be repatriated to the “home” hospital as long as the hospital can provide the clinical services required. If the “home” hospital cannot provide the services, then the patient should be referred to the “closest to home” hospital that can provide the required services. The receiving hospital must have the services and skills required to provide for the patient’s ongoing plan of care.
- 1.4 Repatriation can occur seven days per week and will not be limited to Monday to Friday.
- 1.5 Hospitals will manage/prioritize requests for repatriation utilizing their Critical Care Surge Capacity Management Plans and/or existing internal bed access and management policies and protocols.
- 1.6 Hospitals will utilize the CitiCall Ontario Provincial Hospital Resource System (PHRS) Repatriation Tool (please note the PHRS Repatriation Tool does not replace the need for hospitals to verbally confirm repatriation acceptances and transfer arrangements).²
- 1.7 Barriers for transfer should not be created due to pharmaceutical or patient care supply issues. The sending hospital will provide a quantity sufficient to support patient care until the receiving hospital can acquire.
- 1.8 Barriers for transfer should not be created due to perceived lack of skills or expertise. The sending and receiving hospitals should ensure that the plan of care is developed and communicated to ensure that the patient is being managed to a full scope of practice.
- 1.9 Each LHIN should develop an inventory of hospitals and the services that each can provide.
- 1.10 If the accepting Most Responsible Physician (MRP) is not on-call when the patient transfer is occurring, this should not be a barrier to patient transfer - hospitals need to develop internal procedures/ protocols to address the need for appropriately identifying an MRP in a timely manner.

NOTE: CitiCall Ontario will participate in repatriation for those patients with life or limb conditions where CitiCall Ontario was required to facilitate an out of country (OOC) transfer as per the MOHLTC OOC PA Program.³

2. Definitions

Repatriation – The process of transferring the patient to his or her referring acute care hospital or to the acute care hospital that is the “closest” to his or her home address once the patient is deemed to be medically stable and/or suitable for transfer. The receiving acute care hospital is determined based on geography and the ability for the patient to receive the required ongoing care.

MRP - Most Responsible Physician

MOU – Memorandum of Understanding

OOC – Out-of-Country

PHRS – Provincial Hospital Resource System

Receiving Hospital – The hospital to which the patient is being transferred.

Sending Hospital – The hospital where the patient is currently receiving services.⁴

3. Guidelines

- 3.1 The MRP in the sending hospital determines when the patient no longer requires specialized care and is ready for repatriation. The MRP (or delegate) determines the hospital to which a patient is repatriated as per 1.3 above.
- 3.2 The MRP (or delegate) informs the patient, family and/or substitute decision maker that the patient is ready for repatriation and about the plan for care following discharge.
- 3.3 Community Care Access Centre (CCAC) is contacted to explore the potential for discharge home if appropriate.
- 3.4 If the patient continues to require hospital care, the sending hospital enters the patient details in the Criticall Ontario PHRS Repatriation Tool.
- 3.5 If no appropriate bed is available in the identified receiving hospital then the sending hospital redirects the repatriation request to an alternate appropriate hospital utilizing the PHRS Repatriation Tool.
- 3.6 Once an appropriate bed is secured and the patient is accepted, the receiving hospital MRP is identified through the PHRS Repatriation Tool. The MRP in the sending hospital provides the MRP in the receiving hospital with clinical handover. All repatriations will follow direct physician to physician conversation.
- 3.7 Once the intended MRP in the receiving hospital has accepted the patient, the appropriate bed managers/patient flow coordinators in the sending and receiving hospitals will arrange the patient transfer within the required 48-hour timeframe.

- 3.8 Throughout the repatriation process both the sending hospital and the receiving hospital will monitor the status of the repatriation process electronically utilizing the PHRS Repatriation Tool.
- 3.9 The sending hospital will be responsible for the patient transfer arrangements including the decision regarding the most appropriate type of transport, contacting the transport dispatch and arranging for appropriate personnel to accompany the patient if required.
- 3.10 The appropriate documentation will accompany the patient at the time of transfer, including but not limited to: transfer plan outlining plan of ongoing care, a discharge summary detailing patient name, age, history, diagnosis, relevant investigations, treatment summary and the intended receiving hospital including receiving MRP.
- 3.11 If the patient's condition changes prior to repatriation, the sending physician must contact and update the MRP at the receiving hospital to determine if repatriation is still appropriate.⁵ (If repatriation is no longer appropriate then the PHRS Repatriation Tool is updated and the "ticket" is cancelled).
- 3.12 Sending Hospital to Receiving Hospital nurse - to - nurse transfer of patient information occurs.
- 3.13 The sending hospital will inform the receiving hospital when the patient has left the hospital.
- 3.14 The sending hospital will inform the family/substitute decision maker when the patient has left the hospital and the anticipated time the patient will arrive at the receiving hospital.
- 3.15 Patients whose transfer back cannot be arranged within a 48-hour timeline will be discussed between the clinical vice-presidents or the appropriate highest administrative individual in the respective hospitals. Hospitals need to have identified procedures for dealing with these types of scenarios.⁶ If required, medical Chiefs of Staff will be asked to participate in decision making to facilitate a timely repatriation.

4. Reporting

- 4.1 CitiCall Ontario will provide two monthly reports to hospitals, LHINs and specialty groups: a Summary Report and a Detail Report.
- 4.2 Information in these monthly reports will include:
 - Volume of patients repatriated by hospital and by LHIN. The Detail Report will also provide data for repatriation requests by specialty;
 - Patient distribution and flow across sites;
 - Time indicators to assess compliance within 48-hour timeline;
 - Reasons for non-acceptance, repatriation process delays and repatriation request cancellation.
- 4.3 Hospitals and LHINs are accountable to review reports and work collaboratively to address any issues or challenges.

5. Repatriation Algorithm

Please refer to Appendix A, page 11.

References

1. Critical Care Services Ontario. "Implementing Life or Limb Policy Presentation to LHINs." 2013. Retrieved: <http://www.criticalcareontario.ca/en/toolbox/pages/library.aspx>. (November 25, 2013)
2. Critical Care Services Ontario. "Implementing Life or Limb Policy Presentation to LHINs." 2013. Retrieved: <http://www.criticalcareontario.ca/en/toolbox/pages/library.aspx>. (November 25, 2013)
3. Critical Care Services Ontario. "Implementing Life or Limb Policy Presentation to LHINs." 2013. Retrieved: <http://www.criticalcareontario.ca/en/toolbox/pages/library.aspx>. (November 25, 2013)
4. Hamilton Niagara Haldimand Brant LHIN. "Repatriation Task Force Policy and Procedure: Repatriation of Patients." May 2009.
5. Hamilton Niagara Haldimand Brant LHIN. "Repatriation Protocol Algorithm." May 2009.
6. Champlain LHIN. "Patient Flow Policy Addressing Coordination and Expectations for Access." March 2010.

Appendix A

PATIENT REPATRIATION PROCESS



