

Date:	April 13, 2021
To:	NH Medical Directors, Physicians, Directors of Care, Site Managers, Patient Care Coordinators
From:	Jordan Oliver, Emergency, Trauma, and Transfer Services Dr. Patrick Rowe, Emergency, Trauma, and Transfer Services
Re:	Provincial Timeframes on Higher Level of Care (HLOC) Transfers Guideline

Background:

A Provincial Timeframes on Higher Level of Care (HLOC) Transfers Guideline has been developed for the use of timeframes in patient transfers. Realistic timeframes are an essential part of coordinating a patient transfer as they aid BC Emergency Health Services (BCEHS) in the planning of transportation as well as the receiving hospital preparing for the patient's arrival. This standard operating guideline has been created in accordance with the Provincial Transfer Memorandum of Understanding: *"Patients shall be accepted and transferred within the timeframe mutually agreed upon by sending and receiving physicians or most responsible practitioner (MRP)."* The procedure for HLOC transfers will slightly change; however, it is largely meant to standardize and confirm how timeframes are used and enforced in patient transfers.

The HLOC Timeframes Guideline will be implemented as a soft launch province wide on **April 12, 2021** with a full 'Go Live' on **May 4, 2021**.

How this may affect you?

Sending MRP:

- Confers higher level of care transfer through Patient Transfers Network (PTN)
- Works with receiving MRP to determine PTN agreed upon timeframe
- Decides with receiving MRP via PTN on next steps if timeframe expires

Receiving MRP:

- Collaborates with sending MRP on establishing timeframe and next steps

Receiving Site Access/PCC Staff:

- Receives call from PTN
- Offers a bed or escalates before the expiration of the established timeframe

Patient Transfer Network:

- Logs patient details including timeframe and next steps
- Works with Access/PCC staff on receiving bed acceptance
- Organizes transport with BC Ambulance Service

BC Ambulance:

- Organizes transport and advises facilities of ETAs and any changes to the plan

If you have any questions, please contact:

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PROVINCIAL PATIENT TRANSFER SERVICES GUIDELINES

Title: Provincial Timeframes on Higher Level of Care (HLOC) Transfers			
Version: 1.0			
<u>Reference Number:</u> 20210219/001	<u>Date Approved:</u> February 18, 2021	<u>Date Implemented:</u> April 12, 2021	<u>Next Review:</u> April 12, 2022

Purpose:

This *Provincial Timeframes on Higher Level of Care (HLOC) Transfers* standard operating guideline will support health authorities and patient transfer network (PTN) to provide timely and appropriate access to higher level of care transfers across the province. When timeframes are not given or when they expire, patient care is put at risk.

Transferring patients within agreed upon timeframes from one facility to another is an integral part of the provincial transfer process. For certain clinical conditions (e.g., Major Trauma, ST Elevation MI, Hot Stroke), referral timeframes have been established by BCEHS and the local Health Authority. Otherwise, as per the Provincial Transfer MOU, “Patients shall be accepted and transferred within the timeframe mutually agreed upon by sending and receiving physicians or most responsible practitioner (MRP)”.

Procedure:

1. PTN will ask the sending and receiving MRP the agreed upon timeframes to have the patient at the receiving site:
 - If the timeframe provided is for arrival in the middle of the night, PTN will prompt the sending and receiving physician to consider adjusting it.
 - For patients that cannot stay in smaller/rural sites, the timeframe agreed upon may be now and a bed will need to be immediately offered.
 - If a timeframe cannot be agreed upon, the sending physician will escalate within their health authority.
 - Where there are established Standard Operating Procedures (SOPs) that specify referral timeframes, those criteria may inform the transport plan.
 - The sending and receiving MRPs will also select what is to occur when the timeline expires, they may choose:
 - “Send to site” within the specified timeframe.
 - “Re-conference” to confirm new timeline or send to site approved (this option may only be used once per patient, if new timeline is given, this one must be met or transfer to site will occur).
 - The patient transport request and the timeline will show on the Provincial Patient Transfer Services (PPTS) dashboard.
2. PTN will phone the receiving facility access designate, log the patient information and give the delegate the agreed upon timeframe and the action item chosen by the physicians if the timeframe was to expire.
3. If the access delegate offers a bed right away, PTN will then organize BCEHS transport if required.



4. If the access delegate does not offer a bed right away, Access will let PTN know the patient is on the waitlist and PTN will wait for Access to offer a bed.
5. Once Access confirms a bed, they will notify PTN who will then organize BCEHS transport if required.
6. BCEHS will notify sending and receiving sites of ETAs and any changes.
7. If sending site calls to offer or confirm a bed, PTN will ask sending to have the receiving access delegate contact PTN as PTN can only take bed offers from receiving sites or health authority delegates.
8. Once a timeframe is going to expire, it is the responsibility of the access delegate to contact PTN with next steps **before** the timeframe expires. It is expected that Access will contact the receiving physician before timeframe expires for direction.
 - If the timeframe does expire without receiving site notifying PTN, in the interest of patient care, PTN will contact the receiving site to determine next steps
 - PTN will notify health authority PPTSOC attendees of breach of procedure for internal accountability
9. The steps the access delegate can ask PTN are:
 - Offer a ward/ICU bed.
 - Ask PTN to organize BCEHS transport at this time to the emergency department while Access is working on getting a bed.
 - After consultation with the sending or receiving physician ask PTN to initiate a second physician to physician conference.
10. If a second conference is initiated, PTN will contact receiving access with new instructions. If this is a new timeframe, it is the responsibility of the access delegate to contact PTN with next steps **before** the **new** timeframe expires. It is expected that Access will contact the receiving physician and receiving management/escalation before this next timeframe expires for direction.
 - If the timeframe does expire without receiving site notifying PTN, in the interest of patient care, PTN will contact the receiving site to determine next steps.
 - Further conferencing at this point is not advised as it has been known to result in patient safety events, transfer to site is advised.
 - If the second timeline expires, PTN will notify the accepting MRP that the patient will be sent. This notification will give the MRP the ability to plan for patient care on arrival.

Roles of Stakeholders Involved:

- a) Sending Health Authority/Facility
 - To conference higher level of care transfer through PTN
 - Sending MRP to work with receiving MRP to give PTN agreed upon timeframes
- b) BC Patient Transfer Network (BCPTN)
 - Log the patient in the BCPTN system
 - To record establish timeframes (patients' status and timeframes will be shown on provincial patient transfer dashboard)
 - To log the call with the receiving site and give the established timeframes
 - To wait for receiving sites on next steps
 - To organize transport with BCEHS if required



- c) BC Ambulance Service
 - Coordinate transfer logistics (air and ground) and transfer to the receiving facility based on timeframes and resource availability
 - Advise sending and receiving facilities of ETAs

- d) Receiving facility:
 - Receiving MRP to work with sending MRP on establishing timeframes
 - Record information from PTN
 - To offer a bed or escalate before the expiration of the established timeframe

Definitions

N/A

Appendices



HLOC Transfer Flow
vDRAFT 012021.pdf

Approvals

See sign off sheet on next page



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<p><u>BC Emergency Health Services</u> Name: Don Elzinga Position: Director Patient Transfer Services Date: January 12, 2021 Signature: Approved via email</p>	<p><u>Fraser Health Authority</u> Name: Dr. Neil Barclay Position: Executive Medical Director, Access + Flow, Date: January 14, 2021 Signature: Approved via email</p>
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<p><u>Vancouver Coastal Health Authority</u> Name: Susan Seeman Position: Director, Strategic Initiatives, Care Management, Patient Flow Vancouver - Acute Services Date: January 12, 2021 Signature: Approved via email</p>	<p><u>Providence Health Authority</u> Name: Claudia Friess Position: Corporate Director, Acute Care Date: February 17, 2021 Signature: Approved via email</p>
<p><u>Ministry of Health</u> Name: N/A Position: Date: Signature:</p>	<p><u>First Nations Health Authority:</u> Name: Gary Housty and Dr. Jeff Beselt Position: Director, Nursing Operations and Contractor, Clinical Support Date: January 13, 2021 Signature: Approved via text</p>



<p><u>Vancouver Island Health Authority</u> Name: Matthew Erickson Position: Director, Acute Flow and Utilization Date: January 12, 2021 Signature: Approved via email</p>	<p><u>Other Health Agency:</u> Name: Dr. Jel Coward/Dr. Trina Larson-Soles Position: RCCbc, Rural Physicians Date: February 8, 2021 Signature: Approved via email</p>
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