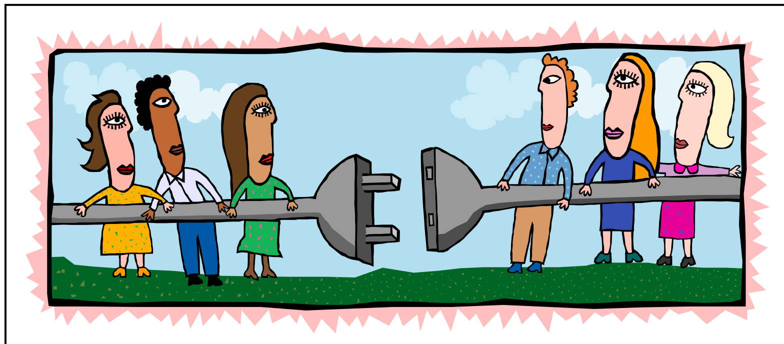
Hospital Patient Access & Flow Project – South West LHIN
Improving access through collaboration



May 3, 2011

SPECIAL BULLETIN: CEOs agree to sign "One Number" protocol agreement

April 29, 2011 – Stratford, Ontario

On Friday, April 29, 2011 at the regular meeting of the South West LHIN, Hospital and CCAC Leadership Forum [members are the CEOs of the participating organizations] a decision was made to formally support the Patient Access & Flow "One Number" protocol by signing a Letter of Agreement. The Agreement is a two year commitment – to March 31, 2013.

The Letter of Agreement spells out the roles and responsibilities of each participating organization.

Guiding Principles

a) Participating Organizations are committed to implementing a standardized protocol which will enable the efficient transfer of patients between hospitals as their care needs change
b) Participating Organizations will endeavour to accommodate hospital care which meets patient care needs closest to home.
c) The protocol will define system-wide procedures for patient transfer and repatriation
d) Principles and processes will be applied consistently by all Participating Organizations
e) Access to quality patient care that meets the patient's health care needs will be a primary referral/transfer criterion

Role and Responsibilities of Participating Organizations

a) To implement the Agreement as defined in collaboration with the Participating Organizations,

b) To take responsibility for the roles of the Participating Organizations as outlined in this Agreement and its Schedules; namely,

   i) To refer patients who are critically ill and those requiring emergent and urgent care, that cannot be served by the hospital at which they are located to the closest, most appropriate level of care they need to address their presenting health problem, using the agreed upon Hospital Patient Access & Flow protocol;

   ii) To accept patients who are critically ill (require care within four hours) that cannot be served by the hospital at which they are located, provided the clinical expertise is available to meet the clinical needs of the patient;

   iii) To accept patients who require emergent (require care within 4-24 hours) and urgent care (require care within 24-48 hours) that cannot be served by the hospital at which they are located, provided the clinical and organizational resources are available or can be made available, to meet the clinical needs of the patient;

iv) To repatriate patients back to the hospital from which they were transferred, provided that hospital can meet their clinical needs, as soon as it is clinically appropriate to do so;

v) To accept patients back to their home community hospital as soon as it is clinically appropriate to do so, provided the clinical resources are available to meet the patient's health care needs and when this is not possible, to work collaboratively with other hospitals to facilitate the transfer of the patient to a suitable hospital, as close to home as possible or to another hospital if it is in the patients best clinical interests to do so;

vi) To accept patients who are not from the home community hospital when to not do so would put access to care for critically ill patients at significant risk;

vii) To use the standardized forms to facilitate the transfer of information as agreed upon;

viii) To collect and submit information that will support on-going monitoring and evaluation of the effectiveness of the patient access and flow protocol;

ix) To participate in decision-making meetings with respect to the protocol including but not limited to opportunities to improve its effectiveness;

x) To provide both organizational and clinical leadership to ensure the effective implementation of the protocol on an on-going basis, including the resolution of issues;

xi) To assume on-going accountability for the role of the Participating Organizations as outlined in the Agreement and its Schedules;

xii) To meet at least annually to address the status of the Agreement, changes that need to be made, and any other related matters that need to be addressed.

In addition, specific statements in the Agreement spell out the role of the London Health Sciences Centre (LHSC) since LHSC has agreed to be the employer of a regional staff role that will be hired to support the protocol. All participating hospitals, the CCAC and the South West LHIN have contributed to the funding of this role for a two year period.

The "One Number" protocol has been in operation since May 4, 2010 and has been successful in improving access to care for adults with physical health problems whose immediate medical needs cannot be addressed by the hospital in which they are located. Responses include rapid access to a consulting physician or patient transfer.

If patients are critically ill or need to be transferred within 24 hours then CritiCall Ontario is the first point of contact. If patients need to be transferred with 24-48 hours then a direct hospital to hospital call is made.

Paul Collins, President and CEO, St. Thomas Elgin General Hospital and Chair of the Patient Access & Flow "One Number" Steering Committee

> *As Chair of the Steering Committee I have seen this protocol evolve from being an idea and a concept to reality. I know it's making a real difference to the lives of patients, physicians and hospital staff. Having this Agreement in place will solidify what we have done as a system and it will allow us to grow and build. Everyone involved should feel really proud. Having the Agreement in place is the icing on the cake!*

For more details about the protocol visit the South West LHIN web site.