REPATRIATION GUIDE:

ADDENDUM

Critical Care Services Ontario | May 2019

CCSO Critical Care Services Ontario
www.criticalcareontario.ca

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

CCSO would like to thank our Provincial Life or Limb Advisory Committee and our critical care stakeholders across the province who informed the development of this document.

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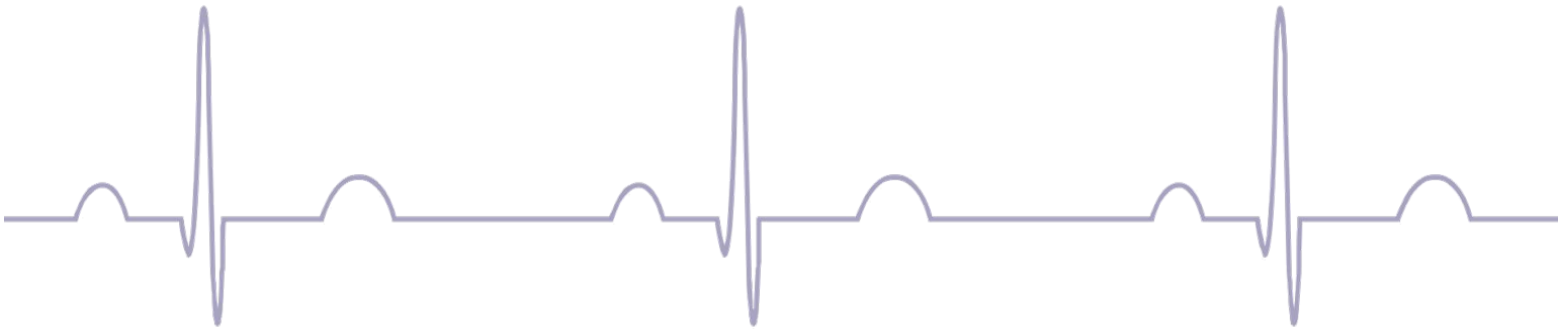

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Introduction

Every day in Ontario good will and collaboration results in many patients being successfully repatriated from subspecialty programs in larger hospitals to receive care closer to home at their home or local hospital. This promotes efficient patient flow and enables patients to be cared for closer to home. Repatriation also ensures that capacity and access to subspecialty services is maintained at those hospitals that are able to provide subspecialty services often during urgent or life threatening circumstances.

In 2014, CCSO released the Repatriation Guide. The purpose of the Guide is to outline the key steps and processes required by both a sending and receiving hospital to ensure successful repatriation of patients. This Guide is intended to facilitate the repatriation process for all patients who may have been transferred for a higher level of care or subspecialty service and who are deemed appropriate in their care journey for transfer to a hospital closer to home.

Sending hospitals are to consider the following when making decisions about the appropriate identification of patients for repatriation:

- The patient must be medically stable and have ongoing care plans and needs that can be safely continued at the hospital they will be repatriated to (home hospital or hospital closest to home).
- Hospitals are encouraged to consider the patient's care needs and minimize initiating a request for repatriation if the patient is suitable for discharge. Often a request to repatriate a patient is cancelled because a patient is actually suitable to be discharged.
- The Most Responsible Physician (MRP) is encouraged to engage the patient, family or substitute decision-maker in a conversation about repatriation as early as possible during the patient's stay to discuss the ongoing care plan and repatriation, including addressing patient/family concerns. This may assist in early identification of circumstances where a patient may express reluctance to be transferred and provide more time to address particular concerns.

Once patients have been identified as appropriate for transfer and entered in the online Repatriation Tool, the accountability for the identified repatriating hospital is to receive that patient in transfer within a best effort window of 48 hours.

In 2018-19, CCSO was provided with direction from the Ministry of Health and long-Term Care to strengthen the repatriation guidelines and ensure that there is a process in place to identify the accountabilities of hospitals to repatriate patients. CCSO leveraged the Provincial Life or Limb Advisory Committee and critical care practitioners across the province to further examine the repatriation process and hospital accountabilities. In

response to these discussions, CCSO has developed this addendum, to the Repatriation Guide, that outlines hospital accountabilities to facilitate the repatriation process for all patients who may have been transferred for a higher level of care.

Hospital Accountabilities

Hospital Accountabilities	
Monitor and manage patient flow	Hospitals are accountable to ensure that policies and procedures are in place to facilitate repatriations within a best effort window of 48 hours. In examples where no "Hospital A" is identified (e.g., bypass protocols for trauma or stroke) the patient's "home hospital", or hospital "closest" to home or "closer" to home that can provide the clinical services required for an ongoing plan of care will be accountable to accept the patient (Please refer to **Appendix A** for options for the repatriation of patients where there is no "Hospital A" or the need to bypass a Hospital A, e.g. a transfer protocol). Hospitals will: • Identify a senior executive leader who is responsible for patient flow and the regular review of repatriation performance reporting. • Develop a process for identifying the most appropriate service / MRP to assume the care of the patient in transfer. • Develop a process to prioritize cases that have not been repatriated within 48-hours between hospitals (appropriate highest administrative individual).
Facilitate direct physician to physician conversation	Direct physician-to-physician conversation is required to ensure review of patient care needs, to discuss acceptance of care and for transfer of accountability of patient care. The PHRS Repatriation Tool does not replace the need for physicians and care teams to verbally discuss the needs of the patient, confirm these care needs can continue to be met, confirm repatriation acceptances, transfer arrangements and the plan of care.

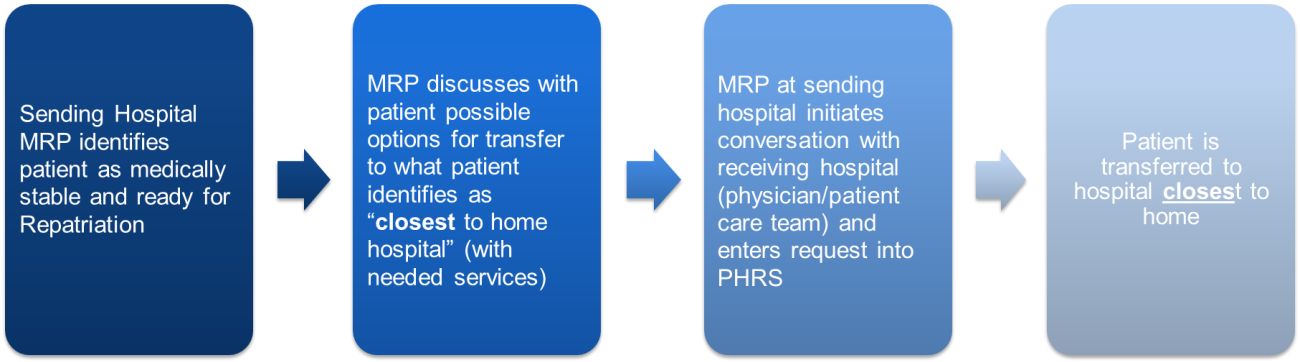
Address barriers to transfer	Barriers for transfer should not be created due to:
	
	• Changes to the MRP including:
	  ○ MRP not on-call when the patient transfer is occurring
	  ○ MRP changes and the new MRP declines to repatriate the patient.
	• Pharmaceutical or patient care supply issues.
	• Perceived lack of skills or expertise.
	
	Hospitals continue to be accountable to repatriate patients and develop internal procedures and protocols to address the need for identifying the

Hospital Accountabilities	
	MRP in a timely manner. The sending and receiving hospitals will establish and communicate a plan of care to ensure the patient is being managed to a full scope of practice, including pharmaceuticals and/or a sufficient quantity of patient care supplies to support the patient until the receiving hospital can acquire what is needed.
Facilitate Patient/Family engagement	The MRP (or delegate) will discuss the patient's plan for care and repatriation with the patient, family or substitute decision-maker as close to admission as possible. This will ensure that the patient/family is engaged in the conversation, can discuss their concerns and help to minimize repatriation cancellations.

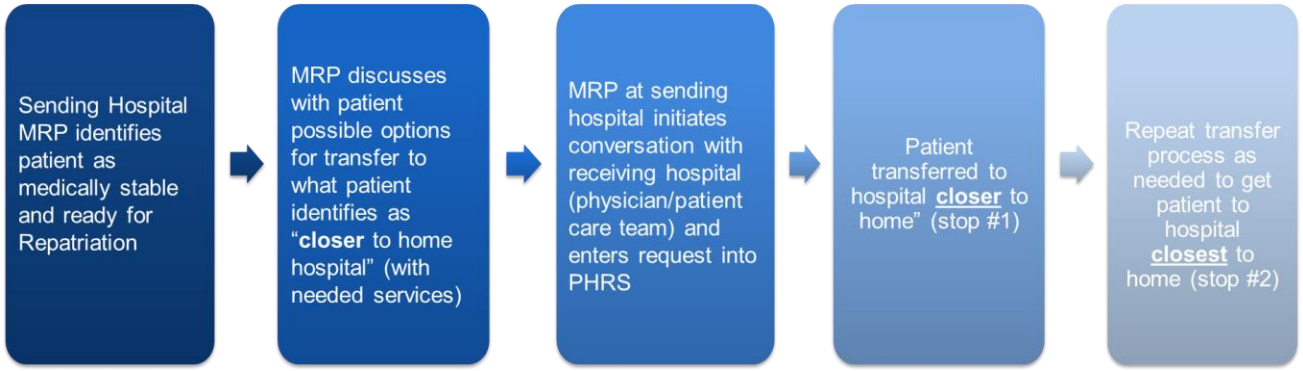
Hospitals will use the CritiCall Ontario Provincial Hospital Resource System (PHRS) online Repatriation Tool to enter all repatriation requests.

Appendix A

Proxy for Hospital A (1 Stop)

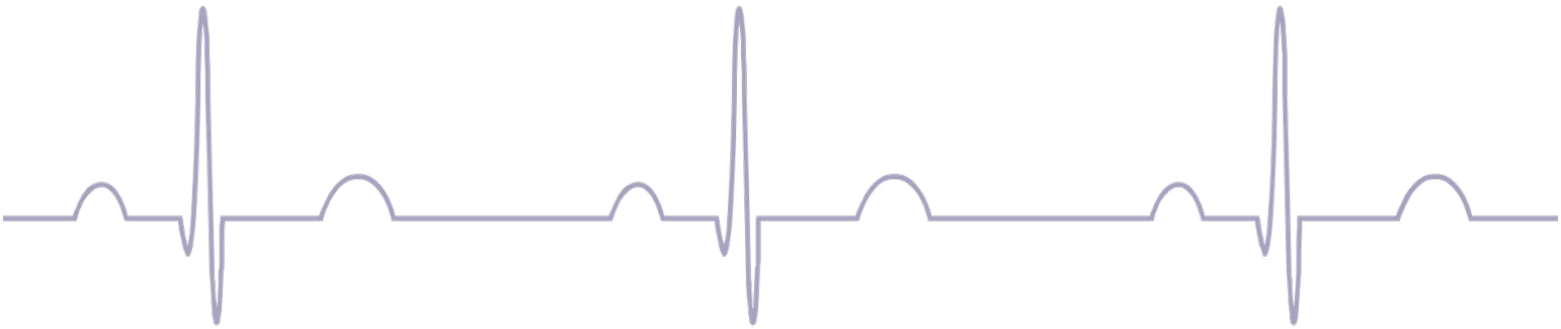


Proxy for Hospital A (2 Stops)



Version Control

Version	Date	Change Reference
1.0	2019-05-29	Original document



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