

## 3 Challenges to Non-Urgent Patient Transfer in Canada

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There are many reasons why patients need to be transported from one healthcare service location to another. A patient may need to be transported to or from a health care facility for appointments, for example. In non-urgent situations, where the patient is not in immediate danger, a variety of service options are available. Public, private, and volunteer services provide non-urgent transportation, which is usually coordinated by Local Health Integration Networks (LHINs).

Patients often need to be transferred between healthcare facilities. The majority of transfers are for routine, non-life-threatening reasons, using Emergency Medical Services (EMS). This practice diverts resources from more urgent requests.

In Ontario, several COVID-19 emergency orders intended to conserve hospital capacity during the height of the third wave are being lifted. These include allowing hospitals to resume non-urgent surgeries requiring inpatient and critical care services.

Canada's healthcare system has been challenged recently, resulting in new developments and problems to be solved for EMS services and non-urgent patient transfer services. These changes may have an effect on litigation in the near future.

### 1. Evolving Patient Consent Rules in Light of COVID-19

Hospitals can no longer transfer patients to long-term care or retirement homes without their consent, and home healthcare and other health-care staff cannot be reassigned to those homes.

According to Global News, hospitals in the province were under immense pressure in April, when they were forced to move patients between facilities, redirect staff, and cancel non-urgent procedures in order to be able to treat COVID-19 patients severely ill. (1) But now, hospitals can resume non-urgent surgeries requiring inpatient care if they meet certain criteria, including a plan for a rise in COVID-19 patients and willingness to accept transfers.

Health-care staff from hospitals can still be relocated to non-hospital facilities without the patients' consent.

## **2. Improving Efficiencies**

Non-urgent transportation is frequently required for patients, including transfers between institutions or from hospital to home and vice versa. In addition to helping to improve patient flow, safety, quality of care, and patient experience, this type of transportation can help optimize the use of resources (by avoiding the unnecessary transfer of patients). But non-urgent transportation is not without its efficiency problems in Canada.

Non-urgent transportation is currently plagued by a number of concerns. Among them, the inefficient organization of existing services and the use of urgent transportation when non-urgent transportation is more appropriate.

Transporting patients is a part of any healthcare system; however, studies highlight the burden the system is facing when it was not designed to accommodate transfers between hospitals. (2) To provide routine medical services, sophisticated, highly trained resources are needed, which are expensive and time-consuming.

## **3. Making Rural Areas More Accessible**

In rural and remote areas where large geographical areas are served by small transportation resources, one of the greatest challenges of non-urgent transportation is availability.

Patients frequently require non-urgent transportation, and the availability and use of such transportation can contribute to enhancing patient flow, patient safety, quality of care and patient experience, and can also promote efficient use of resources (especially in relation to avoiding unnecessary use of emergency transfers).

The challenge is that the availability of such models may be limited in some areas, particularly in rural and remote regions where transportation resources need to serve very large geographical areas.

Moreover, reports indicate that Emergency Medical Services (EMS) (i.e., 911) may be used for non-urgent transportation, such as in situations when a patient requiring non-urgent but time-sensitive care (such as for a surgical consult, dialysis or a diagnostic test) lives far from the care centre and has no other means of transportation. (2)

In Ontario, ambulance-related non-urgent emergency-department visits range from 0.1% (Mississauga Halton LHIN) to around 2% (North East and North West LHINs). (2)

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### Sources:

1. <https://globalnews.ca/news/7918153/covid-ontario-hospitals-policies/>
2. [https://www.mcmasterforum.org/docs/default-source/product-documents/rapid-responses/enhancing-the-efficiency-and-effectiveness-of-non-urgent-transportation-models.pdf?sfvrsn=e2657d5\\_2](https://www.mcmasterforum.org/docs/default-source/product-documents/rapid-responses/enhancing-the-efficiency-and-effectiveness-of-non-urgent-transportation-models.pdf?sfvrsn=e2657d5_2)