MINISTRY OF HEALTH

POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO:	All health authorities
TRANSMITTAL DATE:	November 13, 2012
COMMUNIQUÉ NUMBER:	2012-17
CLIFF NUMBER:	937223
SUBJECT:	Transportation Fee Information for Patients
DETAILS:	Improves consistency of transportation fee information and its distribution to patients, including a template for health authorities to individualize
EFFECTIVE DATE:	April 1, 2013
MINISTRY CONTACT:	Executive director, Hospital & Provincial Services Branch

Graham Whitmarsh
Deputy Minister
Ministry of Health

MINISTRY OF HEALTH POLICY
TRANSPORTATION FEE INFORMATION FOR PATIENTS

Rationale

In the health care system, it is common for patients to have to travel between locations to access services. This can occur when patients are transported to hospital by ambulance, when patients are transferred between health care facilities as part of their care, and also when patients travel to access services not available in their home community. Different types of patient transportation are funded in different ways (publicly funded, patient pay, co-pay, or funded by a third party). Patients and families need clear and consistent information on this topic in order to make informed decisions, and to understand the financial implications of different situations. This policy has been developed to address a recommendation of the Patient Care Quality Review Board for all health authorities to provide clear and consistent information to patients at their health care facilities to ensure patients/families understand their financial obligations associated with patient transportation.

Policy Objective

The objective of this policy is to ensure that health authorities inform patients (or their representatives) being transferred between acute care facilities of their financial responsibilities regarding patient transportation, as appropriate. The policy outlines the minimum expectations for distribution of patient transportation fee information. Health authorities are encouraged to add information specific to the population of the region whenever appropriate.

Scope

This policy applies to all acute care facilities in British Columbia.

Policy

In order to ensure patients receive transportation fee information when relevant, health authorities/hospital societies must do the following:

Complete pamphlet template:

- Add health authority logo to the template provided in Appendix 1.
- Replace the sections marked "Each health authority to insert . . ." with the relevant information and remove the highlighting.
- Do not delete any other template text that may alter the meaning without ministry approval.
- Format the pamphlet to meet the needs of the population of the region served. This includes translation into other languages, if appropriate.

Develop and implement distribution process:

- Print copies of the completed pamphlet to ensure its availability in all appropriate offices/units.
- Develop and implement a procedure that will ensure patients being transferred between acute care facilities receive the pamphlet in a timely fashion.
- Communicate the new procedure to appropriate staff.

Submit the following to the ministry by April 1, 2013:

- A copy of the completed pamphlet.
- A summary of distribution process to be used, effective April 1, 2013.

References/Related Policies

- *Hospital Insurance Act* (RSBC 1996), 5
- *Hospital Policy Manual: Eligibility, Benefits, and Reporting,* 3.1.6
- *Medicare Protection Act* (RSBC 1996)
- Ministry of Health Services Policy Communiqué 2010-05: *Provincial Framework for Patient Ground Transfers*

Review

This policy is subject to review by December 31, 2014, or as required.

APPENDIX 1

(Health authority logo to be added to the document

What you need to know about fees for patient transportation

The following describes fees that you, as a patient, may need to pay in the event that you are transported by ambulance[1] to a hospital, transferred between hospitals, or when you are discharged from hospital. It also provides information on some of the travel assistance programs available to you if you need to travel for medical care outside of your community.

WITH B.C. Medical Services Plan (MSP) coverage:

Ambulance trips to hospital (911 calls)

When you call 911 (or someone calls for you) to ask for an ambulance to take you to a hospital:

- If you are taken to an acute care hospital (by ground or air ambulance), you will receive a bill for $80 from the BC Ambulance Service.
- If you decline the ambulance service, you will receive a bill for $50.
- If you receive Income Assistance or MSP Premium Assistance, you will not be charged.
- The information above does not apply to calls that are part of current or future WorkSafeBC claims.

Hospital to hospital trips

If you must be transferred from your present hospital to another hospital:

- There is no charge for medically necessary transfers between acute care hospitals. (Note: You will need to make your own travel arrangements to get back home when you leave the hospital, even if you are a long way from home.)

When you leave the hospital

You are responsible for your own transportation home (private residence, residential care facility, etc.) when you leave the hospital. Your costs will depend on how much medical supervision you need.

- If you require medical care, you will need to travel by ground or air ambulance (as appropriate) and will be charged $80 (fee waived if on Income Assistance or MSP Premium Assistance).
- If you do not require medical care but are not well enough to travel on private or commercial transport (e.g., bus, plane), then the hospital may recommend that you use a contracted local patient transfer service (Medi-Van, etc.). You will be charged (each health authority to insert relevant information) (fee waived if on Income Assistance or MSP Premium Assistance).
- If you are well enough to travel by private or commercial transport (e.g., bus, plane), you are responsible for organizing and paying for your journey home, even if you are a long way from home. For example, if you have been transferred by air ambulance to a Vancouver hospital for cardiac surgery, and you are discharged from there, it is your responsibility to organize and pay for your trip home. Some health authorities have travel assistance programs in place for those who require them. For information, please see the section on travel assistance for patients travelling to access medical care outside their home community, as some programs are also available to discharged inpatients returning home, or contact the (each health authority to insert relevant information) office in the hospital.
- In the unfortunate circumstance that a family member passes away while in hospital, the family is responsible for organizing and paying to have the deceased returned home. The social worker on the unit can help support the family at this time.

[1] For the purposes of this brochure, the term "ambulance" refers to the BC Ambulance Service.

***WITHOUT* MSP coverage:**

All transfers (e.g., to or from a hospital, between hospitals) will be charged to you if you do not have coverage under MSP.

- If you require medical care along the way and need an ambulance to transport you, you will receive a bill for each section of your transfer based on the type of transport:
  - Ground: $530 flat rate for each part of the transfer
  - Air ambulance (airplane): $7 per statute mile
  - Air ambulance (helicopter): $2,746 per hour
- If you do not require medical care during an inter-hospital transfer, the hospital may elect to use a contracted local patient transfer service (Medi-Van, etc.). Your fee for this service will vary (each health authority to insert relevant information).
- If you are well enough to travel by private or commercial transport (e.g., bus, plane) when you leave hospital, it is your responsibility to arrange and pay for your trip, even if you are a long way from home.
- In the unfortunate circumstance that a family member passes away while in hospital, the family is responsible for organizing and paying to have the deceased returned home. The social worker on the unit can help support the family at this time.

Payment information (including federal programs and private coverage)

- Federal programs (e.g., Veteran Affairs Canada, Aboriginal Affairs and Northern Development Canada) may cover some of these fees for their clients. You are responsible for checking for possible coverage and reimbursements.
- If you receive a bill and believe you should not be charged due to being a recipient of Income Assistance or MSP Premium Assistance, please contact the BC Ambulance Service (if ambulance fee) or the health authority (if the bill was sent by the health authority).
- Some private plans may assist with the costs of patient transportation (e.g., ICBC, WorkSafeBC, private insurer such as Pacific Blue Cross). Please check with your insurer.
- Some health authorities have hardship policies for supporting patients and their families with these fees. Please contact the Patient Care Quality Office in the health region from where you were discharged (contact information below) to request more information.
- Some health authorities also have travel assistance programs in place for those who require them. For more information, please see the section on travel assistance for patients travelling to access medical care outside their home community, as some programs are also available to discharged inpatients returning home, or contact the (each health authority to insert relevant information) office in the hospital.
- When you are charged fees, you will receive a bill in the mail from the BC Ambulance Service or from the health authority from where you were transferred.

Clothing & personal items

- Please make sure you have all your personal items (e.g., clothing, identification, house keys, cash, credit or debit cards) with you when you leave the hospital. If you do not have access to your belongings, please ask your nurse if a social worker is available to assist you.

Contact information

- BC Ambulance Service: 1 800 665-7199 or www.bcas.ca/EN/main/about/fees.html
- BC Medical Services Plan: 1 800 663-7100 or www.health.gov.bc.ca/msp/
- (Each health authority to insert name here) Patient Care Quality Office: (each health authority to insert contact number here) or www.patientcarequalityreviewboard.ca/makecomplaint.html

Travel assistance for patients travelling to access medical care outside their home community

If you have a planned hospital appointment for a service not available in your community (e.g., visiting a specialist, obtaining specialized diagnostic testing), it is your responsibility to arrange and pay for your trip to and from your appointment. There are some B.C. Ministry of Health and health authority programs that may help you with some of the travel and accommodation costs.

For example:

Travel Assistance Program (TAP): This program helps eligible B.C. residents with travel costs for non-emergency care. Through TAP, the ministry partners with BC Ferries and other carriers to provide individuals covered by MSP with transportation discounts when they must travel to access health services. Generally, TAP only supports access to specialty services. However, exceptional situations may arise when primary health care services are not available locally. TAP does not provide direct financial assistance to patients for travel costs.

Health Connections Program: Four of the six health authorities (Northern Health, Interior Health, Vancouver Coastal Health and Vancouver Island Health Authority) offer the Health Connections program to assist patients with transportation options. The program varies across the health authorities, and includes regular bus services, as well as discounted travel and accommodation. The program is only available for physician-referred services. Services must be provided in B.C. to qualify for support, with the exception of residents from northeastern and southeastern British Columbia.

BC Family Residence Program: This program provides subsidized accommodation for families when their child requires medical care at BC Children's Hospital or BC Women's Hospital Neonatal program. Travel assistance is also provided through enhanced ground transportation for children through the Shriners Care Cruiser program and expanded air transportation through Hope Air – a national charity that arranges free flights for patients of all ages who cannot afford to fly to receive the medical care they require.

Contact information

- Travel Assistance program: 811 or www.health.gov.bc.ca/tapbc/tap_patient.html
- Health Connections program: 811 or www. health.gov.bc.ca/tapbc/connections.html
- BC Family Residence program: 811 or www.bcfamilyresidence.gov.bc.ca

BCEHS | BC Emergency Health Services

Title:	**Requests for Non-Medical Transport**		
Category:	Operational	Reference:	8.5
Approved by:	Senior Operations Committee	Approved: Next Review:	27 October 2016 November 2019

1. PURPOSE

BC Emergency Health Services (BCEHS) provides emergency health services and ambulance services, including inter-facility transfers and transport following discharge, for patients requiring medical care.

This policy is intended to ensure the availability of BCEHS resources to provide timely out-of-hospital care to patients requiring emergency medical services or ambulance services by eliminating non-medical transports.

This policy is aligned with the BC Ministry of Health Services Provincial Framework for Patient Ground Transfers which all Health Authorities are expected to follow.

2. POLICY

For all inter-facility transfers or requests for non-medical transport, it is the policy of British Columbia Emergency Health Services (BCEHS) to transport patients only if an ambulance has been determined to be medically necessary, unless otherwise approved by a Supervisor or Manager.

3. SCOPE

This policy applies to requests to transport patients who are identified as medically stable and who have no special care requirements pursuant to the Non-Medical Transport Algorithm (Please see Appendix).

4. DEFINITIONS

"Ambulance Services" (as defined under the *Emergency Health Services Act*) means the use of an ambulance to

a) provide emergency health services, or

b) transport an individual

i. under the care of, or

ii. who requires, or may require, a service provided by

a medical practitioner, a nurse practitioner, an emergency medical assistant or another health care provider.

"Emergency Medical Services" (as defined under the *Emergency Health Services Act*) means first aid or other health care provided in circumstances in which it is necessary to provide the first aid or other health care without delay in order to

a) preserve an individual's life,

b) prevent or alleviate serious physical or mental harm, or

c) alleviate severe pain

but does not include

d) services provided by, from, in or through a facility, or

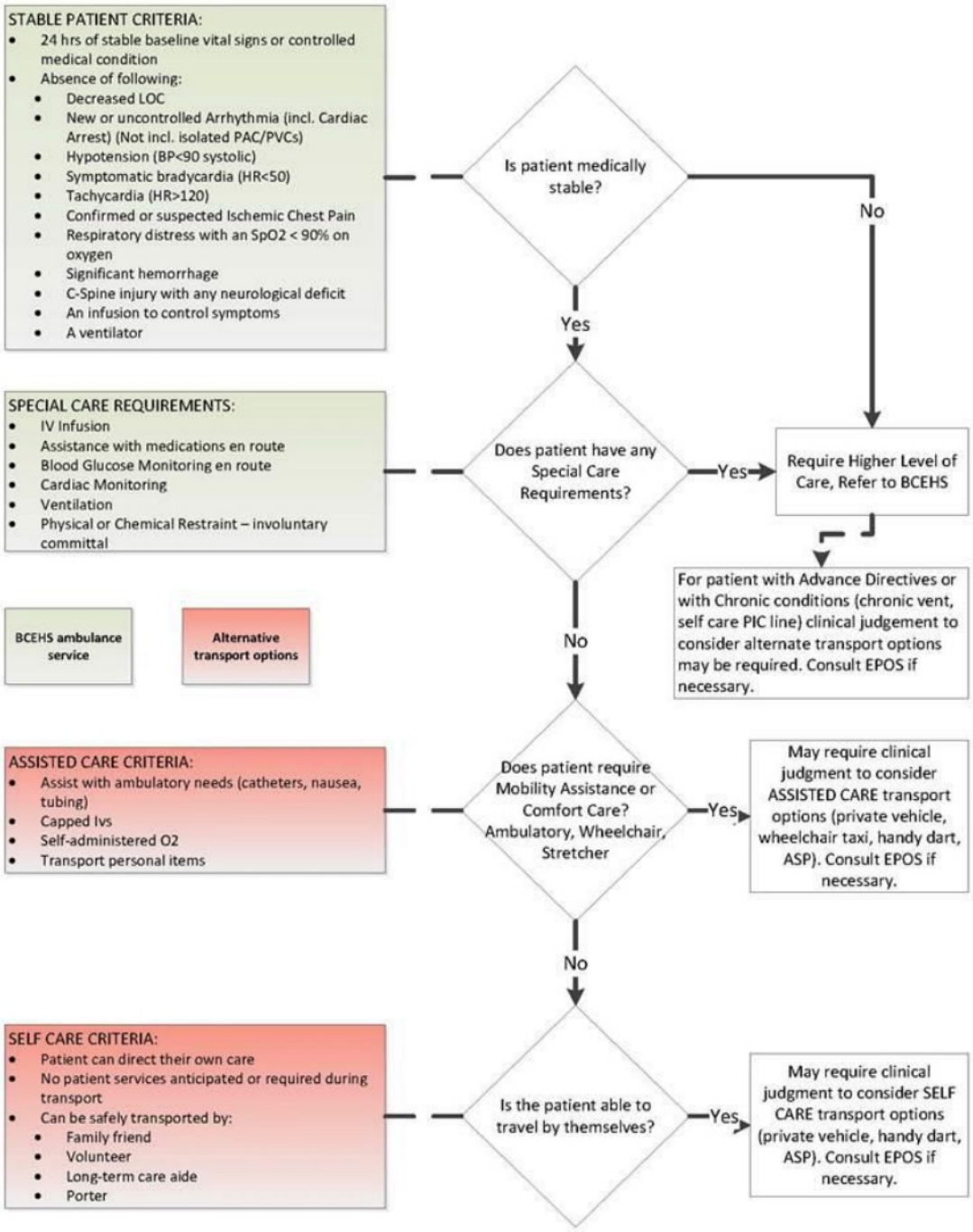
e) a service excluded by order of the minister for the purposes of this definition.

"Non-Medical Transports" refers to medically stable patients with no special care requirements pursuant to the Non-Medical Transport Algorithm.

BCEHS | BC Emergency Health Services

Appendix

Non-Medical Transport Algorithm



BCEHS | BC Emergency Health Services

November 10, 2016

CLIFF: 1032455
File #: 195-20

To: All BC Health Authorities

Re: Requests for Non-Medical Transport

In order to enhance our ability to provide timely emergency patient care and/or transport, effective November 21, 2016 BC Emergency Health Services (BCEHS) will no longer accommodate transfer requests from Health Authorities for patients who do not require paramedic care during transport when an alternate service provider or other transport option can be safely utilized.

This change is aligned with the Ministry of Health Provincial Framework for Patient Ground Transfers that was implemented by all health authorities in 2010 and will help enhance emergency care for our patients throughout the province.

In 2015 BCEHS completed 48,522 low-acuity patient transfers from hospitals. About 13,703 of those were transported to an airport, home, residential care facility or assisted-living facility. When our ambulances are dispatched to transport patients who do not require paramedic care, communities are often left without paramedics available to respond to local medical emergencies.

Health authority staff members who request an ambulance to transport a patient will experience the following changes when calling BCEHS:

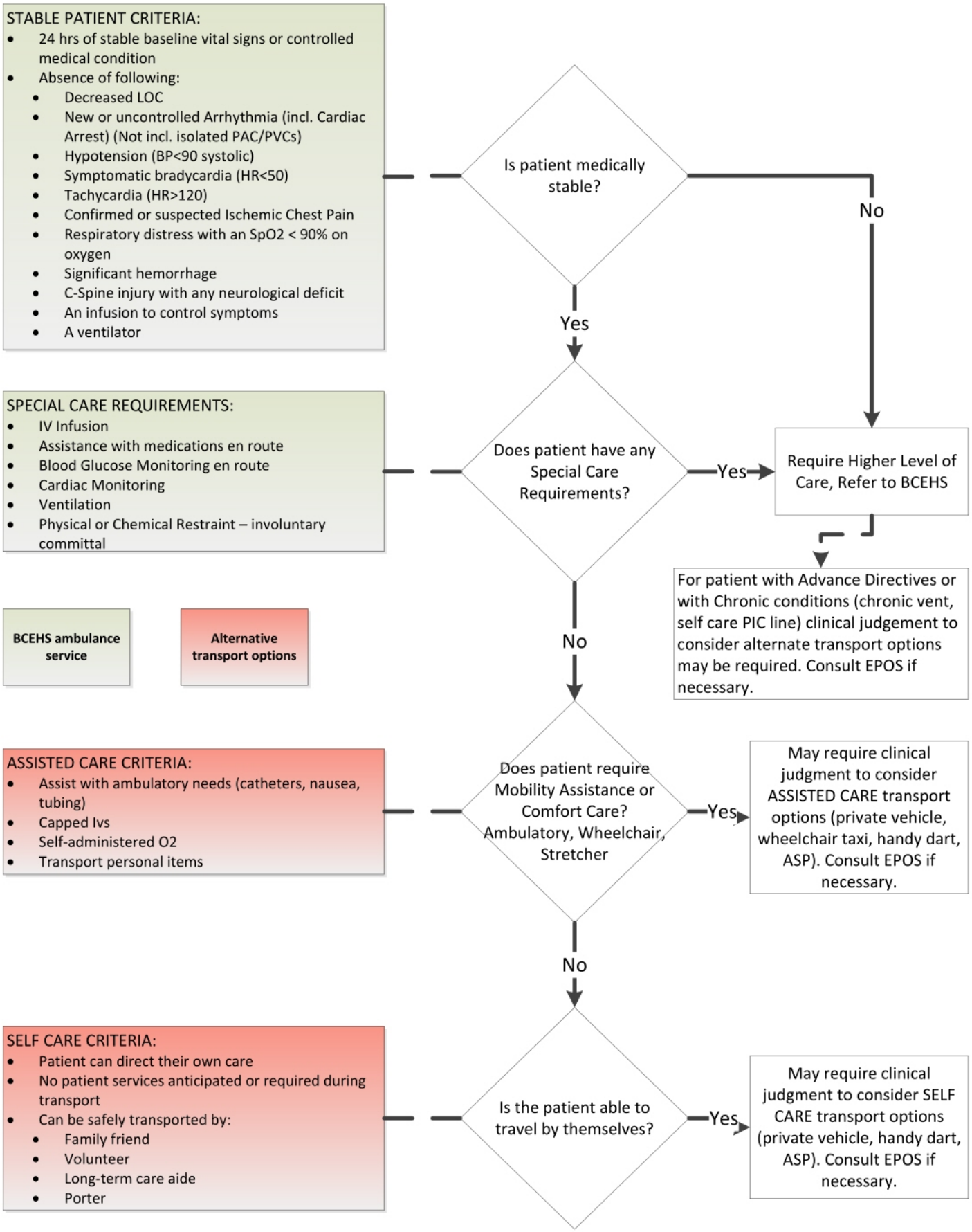
- BCEHS staff at dispatch centres and the BC Patient Transfer Network will follow the Ministry of Health Non-Medical Transport algorithm (attached) as part of the standard process for low-acuity transfer requests.
- If it is determined that paramedic care is not required during transport and an Alternate Service Provider (ASP) or another mode of transport is available, the call-taker will advise the requestor to seek other transportation options and will cancel the event.
- If there is not an ASP or another transport option available, BCEHS will schedule the transfer. BCEHS may not be able to guarantee a pickup or drop-off time due to emergency events. In those situations, BCEHS will provide updates as available to the requestor.
- If, upon arrival, a paramedic crew determines (using the Non-Medical Transport Algorithm) that paramedic care is not required to transport a patient and there are other transport options available, the paramedics will consult a BCEHS EPOS physician to confirm whether paramedic transport is required.

Please distribute this information within your organization. Please contact Emily Hamilton, Stakeholder Engagement Lead if you have any questions about this change at Emily.Hamilton@bcehs.ca.

Sincerely,

Jodi Jensen
Chief Operating Officer
BC Emergency Health Services

Non-Medical Transport Algorithm



FW: Communication from BCEHS regarding Requests for Non-Medical Transport

From:	Remington, Brian HLTH:EX <Brian.Remington@gov.bc.ca>
To:	Greenaway, Shelley E HLTH:EX <Shelley.Greenaway@gov.bc.ca>
Sent:	November 30, 2016 4:10:38 PM PST
Attachments:	1032455 - Non-Medical Transport Ltr to Health Authorities.pdf

The actual letter.

From: Ramirez, Elizabeth EHS:EX
Sent: Thursday, November 10, 2016 10:01 AM
To: 'Atsuko Tanahara '; 'Christy Townshend'; XT:Strachan, Dianne HLTH:IN; 'Jayne Stevens '; 'Jessica Campbell'; Korchinski, John HLTH:EX; 'Laura McEvoy'; 'Monica Kumar'; Byrne, Sabrina EHS:EX; 'Shaun Walz'; 'Sima.saxena@viha.ca'; Rains, Derek HLTH:EX; XT:Derksen, Beth Ann EHS:IN; XT:HLTH Hobbs, Brent; 'Dr. Colin Partridge '; 'Jon Schmid'; 'Kevin Hare'; 'Lona Cunningham'; Remington, Brian HLTH:EX; 'Ruby Syropiatko'; 'Sharon Cook'; 'Susan Seeman '; 'Todd Ring '; Lilley, Neil EHS:EX
Cc: Hamilton, Emily EHS:EX; Fitzsimmons, Barbara EHS:EX
Subject: Communication from BCEHS regarding Requests for Non-Medical Transport

Please see the attached letter dated November 10 2016 sent on behalf of Barb Fitzsimmons, Senior Provincial Executive Director, Patient Care Communications and Planning, regarding requests for non-medical transport.
This letter has also been sent to the members of the Standing Committee on Health Services and Population Health (SCHSPH).
Please distribute to the appropriate operational teams within your health authority.
Thank you,

Elizabeth Ramirez
Administrative Coordinator, Executive Assistant - Medical Programs
BC Emergency Health Services
150 - 2955 Virtual Way | Vancouver BC | V5M 4X6
Tel: (604) 660-6038 | Cell: (236) 993-7438 | Fax: (604) 660-2278

BCEHS | BC Emergency Health Services

November 10, 2016

CLIFF: 1032455
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- If, upon arrival, a paramedic crew determines (using the Non-Medical Transport Algorithm) that paramedic care is not required to transport a patient and there are other transport options available, the paramedics will consult a BCEHS EPOS physician to confirm whether paramedic transport is required.

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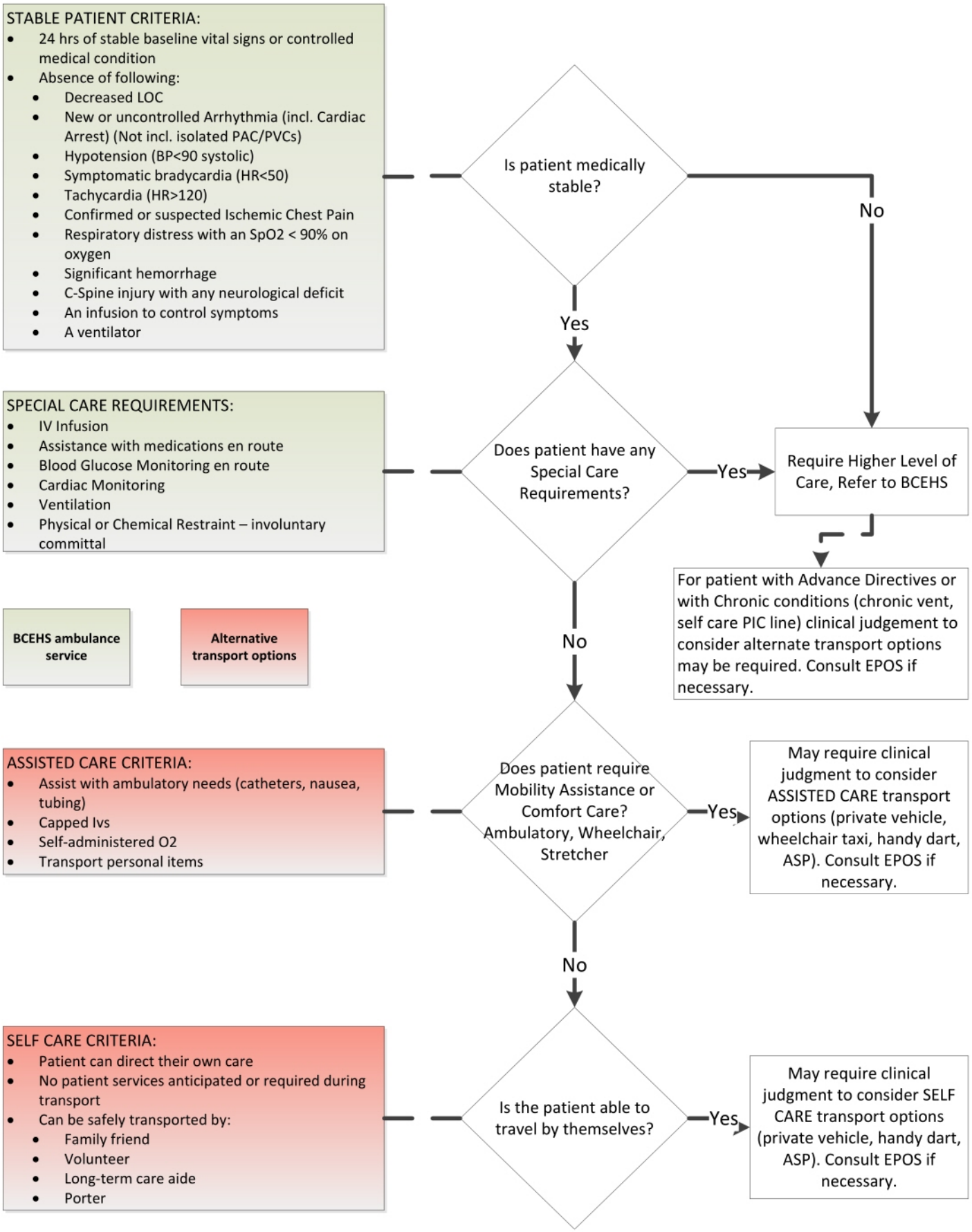
Sincerely,

Jodi Jensen
Chief Operating Officer
BC Emergency Health Services

Non-Medical Transport Algorithm



Page 15 of 56 to/à Page 26 of 56

Withheld pursuant to/removed as

s.13 ; s.17

RE: Transport Draft

From: Grass, William HLTH:EX <William.Grass@gov.bc.ca>
To: Greenaway, Shelley E HLTH:EX <Shelley.Greenaway@gov.bc.ca>
Sent: November 3, 2017 10:59:47 AM PDT
Attachments: 2017_11_02 - Transport Fee Review.docx

Work in progress!
Have a good weekend,

From: Greenaway, Shelley E HLTH:EX
Sent: Thursday, November 2, 2017 11:51 AM
To: Grass, William HLTH:EX
Subject: Transport Draft

Hello Will;
I am not sure yet, but I might s.22 If possible, could you please send me whatever draft you have tomorrow? I realize that it won't be finished, but at least I will have an idea re the project.
Thank you,

Shelley Greenaway
Senior Policy Analyst
Acute & Provincial Services Branch
Hospital, Diagnostic and Clinical Services Division
Ph: 250 952-3079

Transport Fee Review

The Canadian Context

Individuals across Canada pay user fees for certain non-medical services, such as ambulances. The user fees are variable across provinces and territories. In BC, the choice between BCAS or ASP transport and the fee paid depends on patient location and medical need.

Simplified Patient Costs in BC

Type of Transport	Cost
BCAS Ground	**Resident:** $80 **Resident no trip**: $50 **Non-MSP:** $530
ASP Ground	$50-$80 depending on location and medical need Resident/non-resident rates unknown
Fixed Wing	**Resident:** $80 **Non-MSP:** $7 /statute mile
Helicopter	**Resident:** $80 **Non-MSP:** $2746 / hour

Ground Ambulance Patient Costs (not inter-facility) in other Jurisdictions

Jurisdiction	Cost
Manitoba	**Resident w/ Coverage**: $425 or the pre-existing base fee established by the service provider, whichever is lower
Ontario	**Resident w/ Coverage**: $45 if medically necessary $240 if not medically necessary or uninsured
Quebec	**Resident w/ Coverage**: $125 for the pickup, plus $1.75 per kilometre travelled to the hospital. A fee of $35 is charged for any additional patient. **Non-resident**: $400 for pickup, plus $1.75 per kilometre travelled. No additional patient fee
Newfoundland & Labrador	**Resident w/ Coverage**: $115
New Brunswick	**Resident w/ Coverage**: $130.60
Nova Scotia	**Resident w/ Coverage:** 146.55 Non-Resident: $732.95 Non Canadians or New Canadians: $1,099.35
Saskatchewan	**Resident w/ Coverage:** $245 or $325 $2.30/km for rural residents $50 to $100 hourly waiting fee
Alberta	**Resident w/ Coverage** $250 if treated on scene **Resident w/ Coverage** $385 if transported to hospital Non-Resident: Additional $200 surcharge on above
Yukon Territory	No out-of-pocket charge to patients
Nunavut	**Resident**: no cost* *note: much ambulance use is air based, which is subsidized for residents, who pay a $250 deductible for round trip airfare
Northwest Territories	No info

The BC Context

Possible Patient Paths

Origin	Destination	Nature	Type	Method	Path	Resident Fee	Non-use Fee	True Cost
VIHA Owned/Contracted Residential Facility	Acute Care Facility	Emerg	Inter-Facility Transfer	BCAS	Ground	0	Unknown	s.17
VIHA Owned/Contracted Residential Facility	Acute Care Facility	Emerg	Inter-Facility Transfer	BCAS	Fixed Wing	0	Unknown	
VIHA Owned/Contracted Residential Facility	Acute Care Facility	Emerg	Inter-Facility Transfer	BCAS	Helicopter	0	Unknown	
Private Residential Care Facility	Acute Care Facility	Emerg	Inter-Facility Transfer	BCAS	Ground	80	50	
Private Residential Care Facility	Acute Care Facility	Emerg	Inter-Facility Transfer	BCAS	Fixed Wing	80	Unknown	
Private Residential Care Facility	Acute Care Facility	Emerg	Inter-Facility Transfer	BCAS	Helicopter	80	Unknown	
HA Owned/Contracted Residential Facility	Acute Care Facility	Emerg	Inter-Facility Transfer	BCAS	Ground	80	Unknown	
HA Owned/Contracted Residential Facility	Acute Care Facility	Emerg	Inter-Facility Transfer	BCAS	Fixed Wing	80	Unknown	
HA Owned/Contracted Residential Facility	Acute Care Facility	Emerg	Inter-Facility Transfer	BCAS	Helicopter	80	Unknown	
Acute Care Facility	Acute Care Facility	Emerg	Inter-Hospital Transfer	BCAS	Ground	0	N/A	
Acute Care Facility	Acute Care Facility	Emerg	Inter-Hospital Transfer	BCAS	Fixed Wing	0	Unknown	
Acute Care Facility	Acute Care Facility	Emerg	Inter-Hospital Transfer	BCAS	Helicopter	0	Unknown	
Workplace	Acute Care Facility	Emerg	Transport	BCAS	Ground	80	50	
Workplace	Acute Care Facility	Emerg	Transport	BCAS	Fixed Wing	80	Unknown	
Workplace	Acute Care Facility	Emerg	Transport	BCAS	Helicopter	80	Unknown	
Private Residence	Acute Care Facility	Emerg	Transport	BCAS	Ground	80	50	
Private Residence	Acute Care Facility	Emerg	Transport	BCAS	Fixed Wing	80	Unknown	
Private Residence	Acute Care Facility	Emerg	Transport	BCAS	Helicopter	80	Unknown	
BCAS Inaccessible Public Space	Acute Care Facility	Emerg	Transport	SAR / BCAS	Air SAR to BCAS Ground	80	Unknown	
BCAS Inaccessible Public Space	Acute Care Facility	Emerg	Transport	SAR / BCAS	Air SAR to BCAS Fixed Wing	80	Unknown	

Origin	Destination	Nature	Type	Method	Path	Resident Fee	Non-use Fee	True Cost
BCAS Inaccessible Public Space	Acute Care Facility	Emerg	Transport	SAR / BCAS	Air SAR to BCAS Helicopter	80	Unknown	s.17
BCAS Inaccessible Public Space	Acute Care Facility	Emerg	Transport	SAR	Air SAR	Unknown	Unknown	
BCAS Accessible Public Space	Acute Care Facility	Emerg	Transport	BCAS	Ground	80	50	
BCAS Accessible Public Space	Acute Care Facility	Emerg	Transport	BCAS	Fixed Wing	80	Unknown	
BCAS Accessible Public Space	Acute Care Facility	Emerg	Transport	BCAS	Helicopter	80	Unknown	
Private Residential Care Facility	Acute Care Facility	non-Emerg	Inter-Facility Transfer	ASP	Ground	50 to 60; max of 80	Unknown	
Private Residential Care Facility	Acute Care Facility	non-Emerg	Inter-Facility Transfer	Taxi / Own	Ground	Provider Rate	Provider Rate	
HA Owned/Contracted Residential Facility	Acute Care Facility	non-Emerg	Inter-Facility Transfer	ASP	Ground	50 to 60; max of 80	Unknown	
HA Owned/Contracted Residential Facility	Acute Care Facility	non-Emerg	Inter-Facility Transfer	Taxi / Own	Ground	Provider Rate	Provider Rate	
Acute Care Facility	Private Residence	non-Emerg	Inter-Facility Transfer	BCAS	Ground	80	Unknown	
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Acute Care Facility	HA Owned/Contracted	non-	Inter-Facility	Taxi /	Ground	Provider	Provider	

Origin	Destination	Nature	Type	Method	Path	Resident Fee	Non-use Fee	True Cost
	Residential Facility	Emerg	Transfer	Own		Rate	Rate	s.17
Acute Care Facility	VIHA Owned/Contracted Residential Facility	non-Emerg	Inter-Facility Transfer	BCAS	Ground	0	Unknown	
Acute Care Facility	VIHA Owned/Contracted Residential Facility	non-Emerg	Inter-Facility Transfer	BCAS	Fixed Wing	0	Unknown	
Acute Care Facility	VIHA Owned/Contracted Residential Facility	non-Emerg	Inter-Facility Transfer	BCAS	Helicopter	0	Unknown	
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Private Residence	Acute Care Facility	non-Emerg	Transport	ASP	Ground	50 to 60; max of 80	Unknown	
Private Residence	Acute Care Facility	non-Emerg	Transport	Taxi / Own	Ground	Provider Rate	Provider Rate	
BCAS Accessible Public Space	Acute Care Facility	non-Emerg	Transport	ASP	Ground	50 to 60; max of 80	Unknown	
BCAS Accessible Public Space	Acute Care Facility	non-Emerg	Transport	Taxi / Own	Ground	Provider Rate	Provider Rate	

Research Questions

An earlier review of research did not yield many results on the following topics. Research does not definitively support or refute user fees for ambulance services; authors often concluded with a call for further investigation into the effects of fees. Research from beyond Canada is difficult to use for comparative purposes due to the difference in healthcare systems from country to country.

1. **Are patient fees an effective method of cost recovery?**

Patient fees represent a significant source of revenue for HAs.

Each year, BC health authorities in total are owed about $8,000,000 in unpaid inpatient and outpatient fees[1]. The individuals owing area mix of BC residents, Canadians, and non-Canadians. Each HA has a different amount of unpaid bills. If bills are uncollected for over 18 weeks, the bills are then forwarded to Revenue Services of B.C. for further collection[2]. Unpaid bills have been an issue for more than a decade; in 2006, the Ministry of Health reported that the unpaid bills of foreign visitors to BC and obtain hospital care amounts to $10-million[3]. Between 2010 and 2013, 12% of fees charged to patients for transport were not paid, amounting to $9.3 million[4]. Between 2012 and 2017, The B.C. Ambulance Service wrote off $7.8 million from non-resident patients but collected $36 million[5].

2. **Do patient fees have any effects on user behaviour?**

Some studies indicate eliminating fees for emergency transport does not lead to a significant increase in requests for service, while other sources identified some usage increases[6] [7]. Other research indicates that the price patients are willing to pay for a fee is more elastic the less serious their need is; in other words, if the matter is urgent, patients are likely to pay whatever fee exists[8]. Anecdotal evidence indicates a fee for ambulance use may act as a disincentive for people to seek care when they need it[9].

3. **Are there appropriate and/or inappropriate patient fees?**

As healthcare stakeholders move to patient outcome oriented economic models of care, user fees may no longer be an appropriate means to recover costs[10].

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[1] http://www.timescolonist.com/news/local/b-c-health-going-after-millions-in-unpaid-bills-1.864471
[2] http://bc.ctvnews.ca/riding-on-fumes-9-million-in-unpaid-ambulance-rides-1.1135069
[3] https://beta.theglobeandmail.com/news/national/officials-look-to-recover-foreigners-medical-bills/article4109360/?ref=http://www.theglobeandmail.com&
[4] http://bc.ctvnews.ca/riding-on-fumes-9-million-in-unpaid-ambulance-rides-1.1135069
[5] http://vancouversun.com/news/local-news/b-c-election-2017-non-resident-patients-skip-out-on-75-million-in-hospital-bills
[6] Tippett et al., 2005
[7] Ting, & Chang, 2006
[8] Ohshige, Kawakami, Kubota, & Tochikubo, 2005
[9] See: CBC Research Toronto. (2014). Marketplace Ambulance Survey. Canadian Broadcasting Corporation. Retrieved from: http://www.cbc.ca/marketplace/blog/survey-ambulance-fees
[10] Zavadsky & Hooten, 2017: 12

MOU

From:	Paul, Ruth C HLTH:EX <Ruth.Paul@gov.bc.ca>
To:	Greenaway, Shelley E HLTH:EX <Shelley.Greenaway@gov.bc.ca>
Sent:	March 22, 2019 1:02:18 PM PDT
Attachments:	MoU-Interfacility Patient Transfer and Repatriation DRAFT Jan 29 2017.pdf

s.15

Page 34 of 56 to/à Page 43 of 56

Withheld pursuant to/removed as

s.13 ; s.17

Fwd: Question re: s.13; s.17

s.13; s.17

From: Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>
To: Greenaway, Shelley E HLTH:EX <Shelley.Greenaway@gov.bc.ca>
Sent: October 25, 2019 11:34:27 AM PDT
Attachments: s.13; s.17

Shelley,

Are you aware of status of this file - s.13; s.17 ... why would it be different?

s.13; s.17

Not a rush... any light you can shed on it would be great - thanks:)

Darlene

Begin forwarded message:

From: "van der Leer, Gerrit HLTH:EX" <Gerrit.vanderLeer@gov.bc.ca>
To: "Therrien, Darlene HLTH:EX" <Darlene.Therrien@gov.bc.ca>
Cc: "Hayward, Ross HLTH:EX" <Ross.Hayward@gov.bc.ca>
Subject: FW: Question re: s.13; s.17
s.13; s.17

Hello Darlene, I'm getting some enquiries from the regional health authorities, s.13; s.17
s.13; s.17

Gerrit van der Leer
Director
Mental Health and Substance Use
Specialized Services Division
Ministry of Health
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1282
Email: Gerrit.vanderLeer@gov.bc.ca
Administrative Assistant: Alexis Leak
E-mail: Alexis.Leak@gov.bc.ca

From: McDowell, Meryl <Meryl.Mcdowell@fraserhealth.ca>
Sent: October 22, 2019 5:44 PM
To: van der Leer, Gerrit HLTH:EX <Gerrit.vanderLeer@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Cc: XT:HLTH Houde, Denyse <denyse.houde@fraserhealth.ca>

Subject: FW: Question re: s.13; s.17
s.13; s.17

Hi Ross and Gerrit.

Can either of you advise with relation to next steps for s.13; s.17
s.13; s.17 I may have missed some critical information during my transition into the ED role but
s.13; s.17

Many thanks.

Meryl

Meryl McDowell
Executive Director, Clinical Program & Operations
Mental Health and Substance Use

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Office: 604.587.4460 (ext. 764460)
Phone: 604.614.3252
Fax: 604.587.4640
www.fraserhealth.ca
Administrative Assistant: Christine Intile
Email: christine.intile@fraserhealth.ca

From: O'Callaghan, Teresa
Sent: Tuesday, October 22, 2019 7:23 AM
To: Kipper, Dan <Dan.Kipper@fraserhealth.ca>
Cc: Intile, Christine <Christine.Intile@fraserhealth.ca>; Houde, Denyse <Denyse.Houde@fraserhealth.ca>; McDowell, Meryl <Meryl.Mcdowell@fraserhealth.ca>
Subject: RE: Question re: s.13; s.17
s.13; s.17

Hi Dan,

s.13; s.17

Teresa O'Callaghan BScN, MBA, CMSN, CHE (c)
Executive Director
White Rock/ South Surrey and Delta Health Services & Peace Arch Hospital and Delta Hospital Regional Access & Flow Network
(cell) 604-614-0956
PAH Office 604-542-4077
DH Office 604-940-3421
Fax 604-542-4032

Assistant: Karen L. McIntyre
Telephone 604-538-4238
KarenL.McIntyre@fraserhealth.ca

From: Kipper, Dan
Sent: Monday, October 21, 2019 7:07 PM
To: O'Callaghan, Teresa
Cc: Intile, Christine; Houde, Denyse; McDowell, Meryl
Subject: RE: Question re: s.13; s.17
s.13; s.17

Hi Teresa,

I have checked with Meryl and there is not yet a s.13; s.17
s.13; s.17

Dan

From: McDowell, Meryl
Sent: Monday, 21 October, 2019 4:41 PM
To: Kipper, Dan
Cc: Intile, Christine; Houde, Denyse
Subject: RE: Question re: Provincial Repatriation agreement for MHSU patients between Health Authorities

s.13; s.17 . Meryl

Meryl McDowell
Executive Director, Clinical Program & Operations
Mental Health and Substance Use

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Office: 604.587.4460 (ext. 764460)
Phone: 604.614.3252
Fax: 604.587.4640
www.fraserhealth.ca
Administrative Assistant: Christine Intile
Email: christine.intile@fraserhealth.ca

From: Kipper, Dan
Sent: Monday, October 21, 2019 4:30 PM
To: McDowell, Meryl <Meryl.Mcdowell@fraserhealth.ca>
Cc: Intile, Christine <Christine.Intile@fraserhealth.ca>; Houde, Denyse <Denyse.Houde@fraserhealth.ca>
Subject: Question re: s.13; s.17

Hi Meryl,

I attended the Access and Flow tcon meeting with Teresa O'Callaghan this afternoon, s.22
s.22 Teresa asked a question regarding s.13; She was asking if you had heard if there was any discussion and sign off at a Provincial Level s.13; s.17
s.13; s.17 s.13; s.17
s.13; s.17

s.13; s.17

Thanks

Dan

Inter-Facility Patient Transfer and Repatriation

Memorandum of Understanding

Between

British Columbia Emergency Health Services (hereinafter referred to as BCEHS)

and

Provincial Health Services Authority (hereinafter referred to as PHSA)

and

Northern Health Authority (hereinafter referred to as NHA)

and

Interior Health Authority (hereinafter referred to as IHA)

and

Vancouver Coastal Health Authority (hereinafter referred to as VCHA)

and

Fraser Health Authority (hereinafter referred to as FHA)

and

Vancouver Island Health Authority (hereinafter referred to as VIHA)

This Memorandum of Understanding (MOU) sets forth the terms and understanding between BCEHS and PHSA and NHA and IHA and VCH and FHA and VIHA to establish and outline accountabilities of all parties to this MOU regarding the appropriate transfer of patients involving more than one health authority.

Inter-Facility Patient Transfer and Repatriation

Background

Providing quality, appropriate patient and family-centered care throughout British Columbia requires collaboration between all health authorities and BC Emergency Health Services (BCEHS). This collaboration is needed to ensure patients can access care in facilities providing tertiary or quaternary care when required. To maximize capacity in these specialized facilities and thereby ensure access for those in greatest need, there must be timely transfer of patients who no longer require tertiary or quaternary care, to appropriate acute care facilities in their home health authority. In addition, timely transfer is also required for inpatients that require inter-facility transfer between acute care facilities for compassionate reasons (i.e. based on patients' psychosocial and medical needs). This collaborative approach supports patients, families and care providers in determining the most suitable facility (usually as close to the patient's home as possible) for the required patient care, and facilitates timely access to services.

Scope

This MOU applies to all inter-facility transfers of acute care facility inpatients when more than one health authority is involved and the transfer is necessary in order for the patient to access a higher level of care or for repatriation (including patients with mental health and substance use issues and compassionate transfers). This MOU only applies to inpatients transferred between acute care facilities. It does not apply to out-of-province or out-of-country patient transfers.

Objectives

- To improve the overall coordination of acute care resources and support appropriate access and utilization of acute care beds, services and resources within the province;
- To improve patient flow when accessing higher levels of care or specialized acute care services;
- To facilitate proactive and timely repatriation of inpatients to acute care facilities in their home health authorities as soon as appropriate; and,
- To improve the coordination of compassionate transfers that will support patients/families in their choices regarding where they receive care (e.g. close to family).

The above goals will be accomplished by undertaking the following activities:

1. Requirements of All Acute Care Facilities in BC

   1.1 Use of BC Patient Transfer Network (BCPTN):

Health authorities and all associated privileged most-responsible practitioners are required to use BCPTN to coordinate inter-facility transfers between health authorities that require medical oversight. This includes patients who are being transferred because they require tertiary and quaternary care, patients who are being repatriated to an equal or lower level of care in their home health authority, and patients being transferred to another health authority for compassionate reasons. Inter-facility transfers not requiring medical oversight during transport should utilize an Alternative Service Provider (with the exception of NHA); the BCPTN will assist with the coordination of such transfers, but the arrangement of the transfer itself is the sending HAs responsibility. All efforts should be made to ensure that transfers (regardless of program, care required, or service) will be planned for and accepted within the timeframe specified in this MOU.

1.2 No Refusal:

- When requested by the BCPTN, health authorities are required to accept patients that:
  a) require access to higher-level services;
  b) no longer require higher level of care, need further hospital care, are residents of the receiving health authority;
  c) are inpatients being repatriated for compassionate reasons (compassionate repatriations are to be completed within 72 hours of a transitional plan being put in place); or
  d) require transfer to a maternity facility that provides post-partum care to mothers whose babies are transferred at birth unexpectedly for higher level of care. Such reunification of the (mother baby dyad ("Mother Baby Compassionate Transfers") would ideally take place within 24 hours.

- Patient acceptance and transfer must comply with timeliness expectations laid out below.

1.3 Timely Transfers to a Higher Level of Care:

Patients shall be accepted and transferred within the timeframe mutually agreed upon by sending and receiving physicians or most responsible practitioner.

1.4 Health Authority Self-sufficiency:

Health authorities shall exhaust all capacity within their own region before consideration is given to diverting patients to other health authorities. The exceptions to this are if:

a) the patient requires specialized services only available at a specific site in another health authority;

b) the specialized service is temporarily unavailable in the sending region, and the approved contingency plan requires patient transfer to another health region; or

d) the transfer to a facility in another health authority is more appropriate for the patient's care.

1.5 Real-time Escalation:

Health authorities shall establish a real-time escalation process to address transfer issues on a 24/7 basis, and avoid patient transfers out of the health authority wherever possible, unless doing so compromises patient care. This process shall involve a Senior Executive member as a final point of contact. If there are issues, the escalation process shall be engaged prior to a patient being transferred outside of the health authority. The escalation process may be triggered by the sending or receiving sites or by the BCPTN.

1.6 Repatriation:

- When a clinical assessment determines a patient in an acute care unit could appropriately be cared for at a facility providing an equal or lower level of care in the home health authority, and the patient is ready for transfer, a plan shall be agreed upon to receive the patient within less than 48 hour notice from the BCPTN. Whenever possible, input from the patient or patient's family regarding the most suitable facility should be considered.
- If the intended receiving facility is unable to repatriate the patient within the 24-48 hour timeframe, the intended receiving health authority shall work with BCPTN to find another facility within the patient's home health authority that has the appropriate services to meet the patient's needs and receive the patient within 48-hours of the initial request. However, a patient should not be transferred to a new facility if the patient is expected to be discharged within 48 hours.
- An effort should be made by the sending HA to find an Alternative Service Provider (ASP) if medical oversight is not required during transfer (with the exception of NHA). Sending HA should work with BCPTN to coordinate the care conversation for this type of transfer; however, the arrangement of the ASP is the sending HA's responsibility.
- As identified in the College of Physicians and Surgeons of BC policy[1], the sending physician, or most responsible practitioner, shall ensure that the necessary documentation for safe transfer (e.g. the transfer summary, transfer plan and other necessary materials) accompanies the patient during the handover of care.

[1] College of Physicians and Surgeons of BC, 2008. Professional Standards and Guidelines Expectations of the Relationship between the Primary Care/Consulting Physician and Consultant Physician. Accessed on Dec 18, 2014 at https://www.cpsbc.ca/files/pdf/PSG-Expectations-of-the-Relationship-Between-Physicians.pdf

- The sending facility has the responsibility to notify the BCPTN of expected patient needs at the new facility, including equipment, medications, allied health services and any potential staff training that may be required. This shall be discussed in advance with the receiving site, as part of the transfer planning, to ensure they have the necessary equipment/supplies to care for the patient.
- BCPTN has the responsibility of coordinating the care conversation between the sending and receiving facilities to ensure that patient care needs can be met in the receiving facility.

1.7 Reporting to BCEHS:

Health authorities will participate in daily calls with BCPTN to help coordinate patient transfers.

2. Requirements of BCEHS:

- To support patient transfers, BCPTN will provide the following services as needed:
  a) In collaboration with the receiving health authority, locate a facility that offers the required services closest to the patient's home community (based on health authority referral patterns and input from the patient or patient's family, when possible);
  b) Arrange a teleconference with sending and receiving physicians, or most responsible practitioners, and other health authority staff as required;
  c) Arrange transport with BC Ambulance Service (BCEHS), or, when no medical/clinical care is required during transport, the BCPTN will refer the sending health authority to find an appropriate ASP (with the exception of NHA). An ASP is limited to the transfer of patients who have been classified using the non-medical transport algorithm, as outlined in the Policy Communiqué (2010-05) *Provincial Framework for Patient Ground Transfers*;
  d) Notify sending and receiving sites of details of patient transfer plan, including planned date and time;
  e) Coordinate daily Access and Flow provincial repatriation teleconferences with Access and Flow leaders from the HAs to pre-plan inter health authority repatriations;
  f) Monitor transfer process and let parties know if anything changes;
  g) Proactively plan for repatriation; and
  h) Manage repatriation transfer using processes described above.
- BCEHS will coordinate daily calls with all health authorities to plan patient

transfers.

- BCEHS is responsible for organizing and executing transfers of patients when an ambulance is medically necessary for transportation between health authorities within the agreed time frames (24-48 hours).
- BCEHS physicians have ultimate responsibility for determining the mode of transportation in consultation with sending physicians, or most responsible practitioner. Additionally, the BCEHS physician must prioritize transfers if there are multiple demands.
- BCEHS is responsible for organizing and executing all transfers of patients originating in NHA, due to the absence of Alternate Service Providers in the region.

3. Monitoring and Review of Performance:
   - All health authorities and BCEHS will monitor patient transfers to ensure compliance with this MOU. Health authorities will review all cases of refusal, non-compliance with expected timelines, and inappropriate transfers. BCEHS and health authorities will work together to conduct quality reviews as required.
   - The BCPTN will collect information on the performance of all parties involved in cross-health authority patient transfers (i.e. BCPTN, health authorities, BCEHS) and provide reports to these parties and as requested by the Ministry of Health if performance metrics are available for the respective request.
   - The Provincial Access and flow Working Group will be accountable for developing performance indicators.

Funding
This MOU is not a commitment of funds.

Accountability
Senior health authority executives are accountable for their health authority's compliance with this MOU.

Duration
This MOU may be modified by mutual consent of authorized officials from the Partnering Organizations. This MOU shall become effective upon signature by the authorized officials from the Partnering Organizations and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from the Partnering Organizations this MOU shall be reviewed at the request of any of the authorized officials from the Partnering Organizations.

Contact Information:

BCEHS:
Partner representative Barbara Fitzsimmons
Position Chief Operating Officer
Address 2955 Virtual Way, Vancouver, BC
Telephone 604-660-6157
Fax
E-mail Barbara.Fitzsimmons@bcehs.ca

Date: Oct. 13/17
(Partner signature) BFitz
(Partner name, BCEHS, position)
Barbara Fitzsimmons
Chief Operating Officer
BC Emergency Health Services

Provincial Health Services Authority:
Partner representative : Susan Wanamaker
Position : President, BC Children's + Women's Health
Address : B23-4500 Oak Street, Vancouver, B.C. V6H-3N1
Telephone : 604-875-2643
Fax : 604-875-3456
E-mail : susan.wanamaker@cw.bc.ca

Date: Sep 20, 2017

Susan Wanamaker
President, BC Children's and Women's Health; VP, PHSA

(Partner name, Provincial Health Services Authority, position)

Vancouver Coastal Health Authority:
Vivian Eliopoulos
Chief Operating Officer – Vancouver Acute
855 West 12th Avenue, Vancouver, BC
604-875-5751
vivian.eliopoulos@vch.ca

Date: September 12, 2017

(Vivian Eliopoulos)
(Partner name, Vancouver Coastal Health Authority, position)

Inter-Facility Patient Transfer and Repatriation

Fraser Health Authority:
Partner representative LAURIE LEITH
Position VP REGIONAL HOSPITALS
Address 13450 102 AVE, SURREY BC
Telephone 604 587-4416
Fax
E-mail laurie.leith@fraserhealth.ca

L Leith Date: Sept 14/17
(Partner signature)
(Partner name, Fraser Health Authority, position)

Interior Health Authority:
Partner representative Susan Brown
Position VP & COO, Hospitals & Communities
Address 505 Doyle Ave, Kelowna
Telephone 250-469-7070 ext 12809
Fax 250-862-4201
E-mail Susan.brownVP@InteriorHealth.ca

S. Brown Date: Sept 18, 2017
(Partner signature)
(Partner name, Interior Health Authority, position)

Vancouver Island Health Authority:
Partner representative
Position
Address
Telephone
Fax
E-mail

Date:
(Partner signature)
(Partner name, Vancouver Island Health Authority, position)

Northern Health Authority:
Partner representative
Position
Address
Telephone
Fax
E-mail

_____ Date: December 20, 2017.
(Partner signature)
(Partner name, Northern Health Authority, position)