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Intra-Health Authority Repatriation

1. Introduction

1.1. Description

Direction is needed for those clients who have received Higher Level of Care (HLOC), Life, Limb and Threatened Organ (LLTO) care or another level of care outside their home community and are now ready to return to their home community/site of origin, and for those who, in rare instances, require repatriation to a facility close to relatives/family for compassionate reasons.

The purpose of this policy is to provide direction to Vancouver Coastal Health (VCH) and Providence Health Care (PHC) regarding repatriation of these clients. Expedited repatriation of clients supports the ability for clients to be cared for in the appropriate acute care facilities in their home communities and maximizes capacity in the tertiary or quaternary facilities that accepts clients requiring specialized services.

1.2. Scope

This is a joint policy between VCH and PHC. This policy applies to both VCH and PHC and is to be used by referring and receiving physicians and VCH/PHC staff. VCH/PHC will work with the BC Patient Transfer Network (BCPTN) to ensure that the respective repatriation policies and procedures align.

2. Policy

2.1 When to Repatriate

VCH/PHC will ensure clients are deemed appropriate and clinically ready and have accompanying paperwork completed for repatriation to optimize their safe transfer prior to logging their repatriation request with BCPTN. Refer to your site's Repatriation Checklist or access the generic VCH/PHC checklist (VCH/PHC Repatriation Checklist).

2.2 Access for Repatriated Clients

Clients requiring repatriation and meeting criteria will be guaranteed access without exception to a VCH/PHC facility that has the programs and services necessary to care for the client.

No clients categorized as repatriation will be refused treatment by VCH/PHC-designated hospitals/facilities except in the most extreme of circumstances (i.e. Code Orange or major infrastructure failure).

2.3 Transfer Timeframes

Clients who are identified as appropriate for repatriation must be repatriated within 48 hours of being logged with BCPTN for Intra-VCH/PHC repatriation transfers. See Appendix C: VCH/PHC Repatriation Process. Should the receiving site be unable to repatriate the client within the 48 hours, the receiving site must develop an alternate plan and/or the VCH/PHC receiving site should be identified and mutually agreed upon by the sending and receiving sites within 48 hours of the repatriation request.

Clients being transferred due to compassionate reasons will be repatriated within 72 hours of a transitional plan being established.

2.4 Additional Considerations for Repatriation

Staff must take into consideration some additional items regarding repatriation which will affect the transfer procedure and time frames for repatriation. See Appendix A: Additional Repatriation Considerations.

2.5 Initiation of Repatriation: the Sending Site

Repatriation can be initiated only by the referring physician/nurse or delegate by contacting the BCPTN at 604-215-5911 or toll free at 1-866-233-2337.

When assessing client eligibility for repatriation and which site should receive the client, VCH/PHC staff will consult Appendix B: Assessment of Eligibility: VCH/PHC Service Referral Centres and Service Capabilities Referral Centers Guideline for Repatriation for a list of service capabilities at various VCH/PHC sites and the diagnoses/clinical conditions that qualify for repatriation.

The sending site will ensure the client's significant others/family are aware of the client transfer prior to the client being transferred.

The sending site will document and communicate handover to the receiving site and prepare to send the client with required equipment, services, and medications as appropriate/if required.

The sending site will provide a final confirmation call to the receiving site just prior to client departure.

It is the responsibility of the sending site to use BCPTN as a conduit to update the receiving site on any of the above changes in client situation and transport details.

2.6 Coordination of Transfer: the BC Patient Transfer Network (BCPTN)

The BCPTN facilitates all transfers for repatriation between VCH/PHC. VCH/PHC staff will work in collaboration with BCPTN to ensure that the Service Capabilities-Referral Centres Guidelines and any existing VCH/PHC and/or provincial repatriation protocols are considered in conjunction with this policy.

When the Access Leader/designated administrator is notified by BCPTN of a repatriation transfer, the Access Leader/designated administrator will notify the appropriate care providers and coordinate the delivery of necessary resources including the initiation of site and regional contingency plans.

VCH/PHC staff will collaborate with BCPTN on the most appropriate transport mode which includes, but is not limited to, BC Ambulance Service (BCAS) and Alternate Service Providers (ASP).

2.7 Receiving the Repatriated Client: the Receiving Site

Ensuring safe and quality care of a client, the receiving site must accept the referral of a repatriation client when the services are no longer needed for the client at the sending site and the receiving site can accommodate the level of service required. When VCH/PHC physicians or surgeons receive a repatriation referral from the BCPTN, the physician or surgeon will accept the client. The receiving/accepting physician (the Most Responsible Physician) will determine the receiving site level of care required (medical/surgical inpatient unit, Intensive Care Unit, palliative care unit, rehabilitation, Mental Health inpatient unit, etc.).

The Access Leader/designated administrator will coordinate with BCPTN the repatriation of the client within the repatriation timeline of 48 hours. This will include: date/time of bed availability, location of receiving department, dissemination of transfer documentation (including the physician discharge summary) to the appropriate staff at the receiving facility.

The receiving site will document and communicate handover received from the sending facility and prepare to accept the client with the required equipment, services, and medications.

2.8 Refusing a Transfer

There shall be no refusal of a repatriation unless the receiving site identified cannot provide the care required. In situations where the VCH/PHC site cannot provide the service requested, the VCH/PHC site will proactively alert BCPTN that the service is not available, and collaborate and coordinate with the sending site and BCPTN to develop an alternate plan to meet the timeline for repatriation outlined within this policy. If a plan cannot be developed, the receiving site Access Leader/designated administrator will escalate the client case. See Appendix D: VCH/PHC Intra-Health Authority Repatriation Policy Escalation Process.

2.9 Responsibilities

2.9.1. VCH/PHC Staff

VCH/PHC staff will manage sending and receiving processes and information requirements as outlined in this policy in a timely and professional manner,

providing clear, concise, and up-to-date information to the BCPTN as required. VCH/PHC staff will identify the site-specific point of contact person.

If VCH/PHC staff identify client repatriation transfer issues or incidents, the staff will log the case on the Patient Safety Learning System (PSLS) and with the BCEHS Patient Care Quality Office (contact information: pcqo@bcehs.ca or 1-855-660-2757).

2.9.2. BCPTN

The BCPTN has outlined its responsibilities regarding collaborating and coordinating with health authority staff (including VCH/PHC) on repatriation transfers, and will follow those accordingly.

2.10 Compliance

Compliance with this policy will be monitored by the VCH/PHC Access and Flow programs and/or committees, and the Regional Access and Flow Committee.

Reports of all transfers will be monitored by VCH/PHC with the assistance of BCPTN through its e-Transfer management system.

VCH/PHC staff can refer to Appendix D: VCH/PHC Intra-Health Authority Repatriation Policy Escalation Process, should timeframes for repatriation be unmet with no plan for resolving the repatriation request.

3. Supporting Documents and References

3.1. Related Policies

BC Mental Health Act

Provincial Maternal Newborn Transfer Network: Principles and Processes (Perinatal Services BC)

VCH/PHC Higher Level of Care (HLOC) Transfer policy

VCH/PHC Life, Limb and Threatened Organ (LLTO) Transfer policy

3.2. Tools, Forms and Guidelines

- BC Patient Transfer Network (BC Emergency Health Services)

3.3. VCH/PHC Service Capabilities Referral Centers Guideline for Repatriation

3.4. Standards/Guidelines/Forms

- VCH/PHC Repatriation Checklist

- VCH/PHC Repatriation Process
- VCH/PHC Escalation Process

3.5. Appendices

- Appendix A: Additional Repatriation Considerations
- Appendix B: Assessment of Eligibility: VCH/PHC Service Referral Centers
- Appendix C: VCH/PHC Repatriation Process
- Appendix D: VCH/PHC Intra-Health Authority Repatriation Policy Escalation Process

3.6. Definitions

"**Compassionate**" means to give consideration to the comfort and desires of client and relations.

"**Contingency Plan**" means a plan devised for an outcome other than in the usual plan.

"**Higher Level of Care (HLOC)**" means that a client's care needs exceed the service capabilities that are currently provided at a site and that the client needs to be transferred to another site that can provide the required service.

"**Life, Limb and Threatened Organ (LLTO)**" means that a client's life, limb or organ condition are deemed to be life threatening and require immediate transfer to a facility providing care to remediate utilizing extraordinary measures if necessary.

"**Most Responsible Physician**" means the physician accepting care of the client.

"**BC Patient Transfer Network (BCPTN)"** means the provincial service that provides the coordinated approach for all inter-facility transfers of clients in B.C.

"**Repatriation**" means returning the client to a site of origin, home community, or in rare circumstances, to the community of a client's family (Compassionate Transfer) to provide ongoing care and support.

"**Staff**" means all employees (including management and leadership), medical staff (including physicians, midwives, dentists and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH/PHC.

3.7. Questions

Contact: Regional Emergency Services Program (Emergency-RESP@vch.ca)

Appendix A: Additional Repatriation Considerations

- Alternate Level of Care clients: Where discharge planning can occur at the sending site to have the client be received directly home or to the ALC facility, the sending and receiving community teams will work together on discharge planning for the client to be repatriated directly to home or the ALC facility.

  In the event that the direct transfer of ALC clients cannot be repatriated directly to appropriate facility within the repatriation time frame of 24 hours, the sending facility should explore the ability to access the first available residential care bed in the sending community and secondarily transfer to their home community of care. Where access to the first available bed is going to be delayed by more than 72 hours it is expected that the client would be returned to the most appropriate acute facility in their home community within the 48 hour timeframe if it is within the client's best interest.

- Compassionate Transfer: a care conference will be arranged between the sending and receiving sites and communities of care to determine and agree upon the most appropriate transfer plan prior to the client being logged with BCPTN.

- Complex cases: Identify if a case conference is required to determine appropriate receiving facility and additional considerations that may delay the repatriation of the patient within 48 hours of being logged with BCPTN.

- LLTO/HLCO Clients will be repatriated to their initial sending Health Authority or Home Community when client no longer requires quaternary or tertiary services in VCH/PHC. VCH-PHC staff will collaborate with BCPTN to coordinate the repatriation of these clients.

  For sites sending clients for HLOC/LLTO services, case management must be considered from date of original transfer to anticipate date of repatriation from the tertiary/quaternary site. Not all clients sent for HLOC or LLTO services will require repatriation.

- OOC or OOP: For critically ill clients requiring transfer to an Intensive Care Unit (ICU) due to the fact that illness or injury occurred out of their Province or Out of Country of origin, transfer should be to a site that can provide the level of care required and is as close to their home community as is possible. This is determined using the Service Capabilities - Referral Centers Guideline.

- Perinatal (Maternal/Newborn) and High Risk Pediatrics: All repatriations must be initiated through the BCPTN single access number and identified as "specific population".

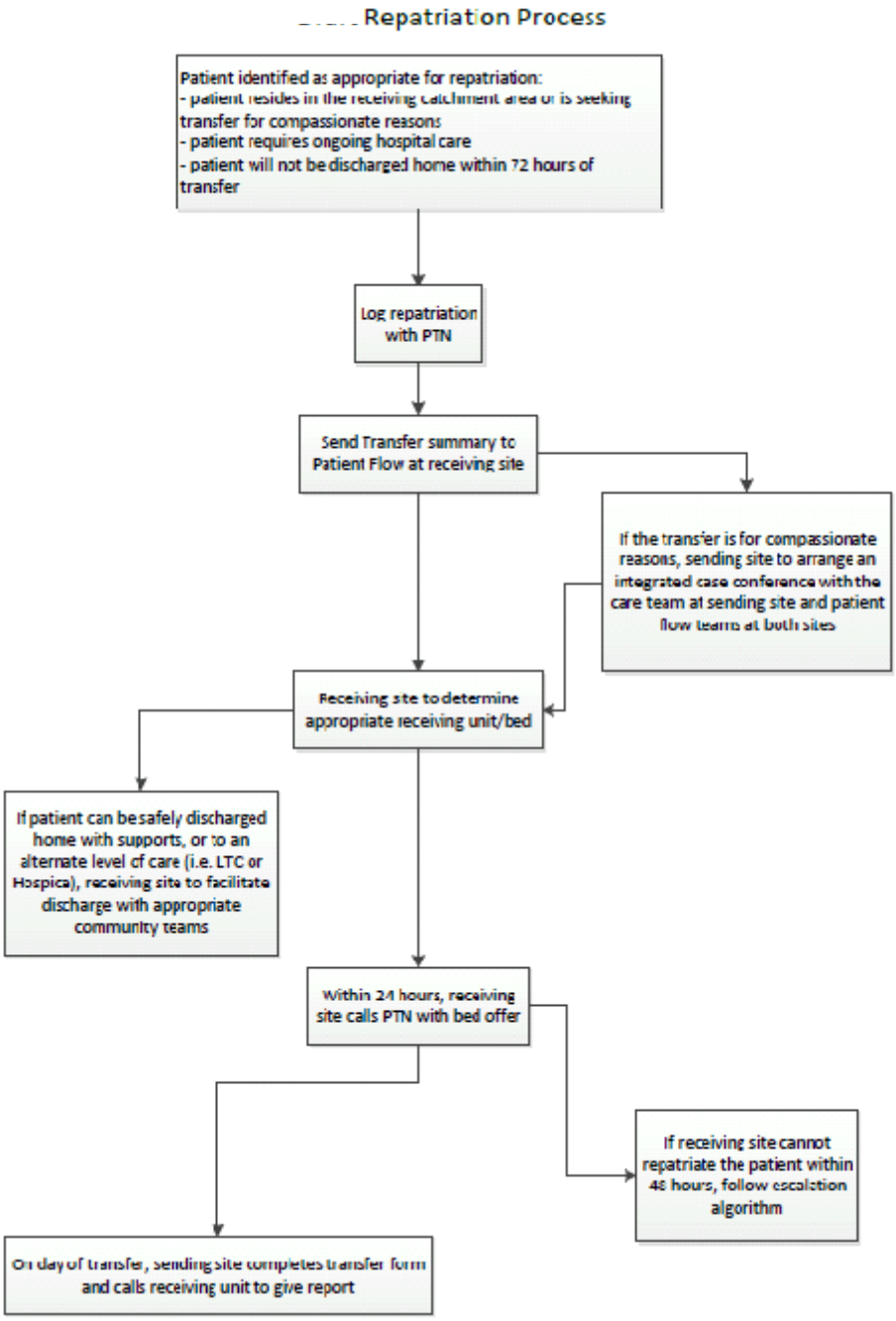
- Transportation timeline and availability: Due to availability of BCAS resources and other factors affecting transfer (e.g. weather conditions), the timeline for transfer of patient to a receiving site may extend beyond the 48 hour repatriation timeframe.

  BCPTN in collaboration with BCAS will propose the optimal mode of transport considering client condition, resource/geographic constraints and weather. The sending site must consider Alternate Service Providers (ASP) for transport where the client condition permits.

Appendix B: Assessment of Eligibility: VCH/PHC Service Referral Centers

- Proactively (2-3 days in advance) engaged the receiving site on the impending request for repatriation in order for the receiving site to prioritize repatriations. This should occur within the HA-BCPTN daily 11am teleconference.
- Client readiness based on medical assessment and order.
- On-going services required and available at receiving site.
- Complexity of discharge planning required: Consider a multidisciplinary care plan conference with sending & receiving sites in advance of listing client for repatriation.
- For a client being considered for ALC or who is Long Length of Stay (LLOS), care conferencing is expected prior to being listed for repatriation with BCPTN.
- Clients will be repatriated to most appropriate level of care within VCH/PHC according to the capabilities as outlined in the Service Capabilities – Referral Centers Guideline document
- Length of time the client requires on-going care. If the client can be discharged within 24-48 hours, repatriation must not be considered. Instead, discharge client directly from sending facility.

Appendix C: VCH/PHC Repatriation Process



Appendix D: VCH/PHC Intra-Health Authority Repatriation Policy Escalation Process