Alberta Health Services

PROCEDURE

TITLE
PATIENT REPATRIATION

SCOPE
Provincial

DOCUMENT #
HCS-04-01

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Patient Repatriation Policy (#HCS-04)

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines.

OBJECTIVES

- To outline the procedure and timelines to be followed when a **patient** has completed their episode of care at the current acute care health facility and is determined to be ready to return to a **health care facility** near their home community.
- To support patients receiving the right care, in the right place, at the right time, for the right amount of time.
- To facilitate proactive planning and timely transfer of a patient to a health care facility closer to their home community with a focus on continuity and safety of care.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Patient and Family Involvement

1.1 The patient/**alternate decision-maker (ADM)** and with patient/ADM consent, the **family**, shall be involved as early as possible, and throughout the discussions surrounding potential or planned **patient repatriation**.

a) Patient and family expectations shall be discussed in accordance with Appendix A: *Patient and Family Expectations*.

1.2 The decision to transfer a patient between settings is made by the **most responsible health practitioner (MRHP)** and the receiving MRHP. This is to be done in consultation with the patient/ADM.

a) The patient's family should be consulted only with prior consent from the patient/ADM.

1.3 As early as possible, the patient/ADM and family will be made aware of the patient repatriation date, receiving location, time of departure and potential costs (if applicable).

2. Patient Repatriation Planning and Transfer Process

2.1 The sending health care facility will access patient repatriation assistance through **Referral, Access, Advice, Placement, Information & Destination (RAAPID)** utilizing the designated Alberta Health Services (AHS) *RAAPID Patient Repatriation Request* Form.

2.2 The main steps, roles/responsibilities and timelines to be followed for the patient repatriation process are outlined in Appendix B: *Patient Repatriation Roles, Responsibilities and Timelines*.

2.3 The sending health care facility will provide **advanced notification** to RAAPID such that RAAPID can identify an appropriate receiving site and enable that site to be prepared for the patient repatriation within 48 hours. Upon notification, RAAPID will send the AHS *RAAPID Sending Site Repatriation Checklist* to the sending site.

2.4 The sending site will ensure that medication reconciliation is completed in accordance with the AHS *Medication Reconciliation* Policy and that the AHS *Inter-Facility Patient Transfer* Form is completed and sent with the patient to the new site.

2.5 To preserve timely access for patients to urban tertiary and regional referral sites, it is expected that receiving sites receive the repatriated patient within 48 hours from when RAAPID initially notifies the receiving site.

2.6 In the event the receiving MRHP and/or healthcare facility indicates they cannot safely accommodate the patient within the 48 hours (due to site capacity or specific patient care needs), RAAPID will work with the sending and receiving MRHPs and/or site representatives to develop a specific plan within 24 hours to repatriate the patient as soon as feasible.

2.7 Issues with patient repatriations should first be escalated through the management representatives for the sending and receiving patient care units, as outlined in Appendix C: *Escalation Process*.

2.8 If unable to resolve the issue at the patient care unit level, RAAPID will escalate the issue to the next level of management as appropriate (i.e. Director, Senior Operating Officer, Chief Health Operations Officer and Zone Medical Director).

2.9 If the patient has specific care needs, requiring for example, specialized equipment, care space or allied health services, RAAPID will assist the receiving site in acquiring what is required or will identify an alternate suitable receiving facility in order to enable a safe and timely patient repatriation.

2.10 AHS Emergency Medical Services shall determine the appropriate resources for transportation of the patient, taking into consideration patient needs, timeliness and cost effectiveness to ensure transport within the parameters of AHS policy and related agreements with other provinces.

2.11 Individual health care facilities may produce more detailed governance documents (operating procedures) based on their site processes that comply with this policy suite.

3. Monitoring and Reviewing

3.1 RAAPID shall be responsible for tracking/monitoring repatriation timelines as outlined in the policy and procedure and for reviewing the data/results with zone/site operations and medical leadership, at a minimum, semi-annually.

3.2 Zone/site operations and medical leadership shall be responsible for monitoring, reviewing and discussing data/results with their teams, at a minimum, semi-annually.

3.3 Zone/site operations and medical leadership and RAAPID will continuously work together to identify and implement improvement opportunities.

DEFINITIONS

Advanced notification means for the purposes of this document, the sending site notifying RAAPID one to two days in advance of the patient being ready for transfer and repatriation to a health care facility near their home community.

Alternate decision-maker (ADM) means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the Mental Health Act (Alberta), or an agent in accordance with a Personal Directive, or a person designated in accordance with the Human Tissue and Organ Donation Act (Alberta). This also includes what was previously known as the substitute decision-maker.

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Health care facility means acute care, non-acute care and community facilities such as Long Term Care.

Most responsible health practitioner (MRHP) means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

Patient repatriation means transferring a patient who has completed their episode of care at the current urban tertiary, regional or rural health care facility, requires further care and is determined to be ready to return to a health care facility near their home community.

Referral, Access, Advice, Placement, Information & Destination (RAAPID) is the call center which works to coordinate patient referral and repatriation within, into and out of the province in collaboration with sending and receiving sites and most responsible health practitioner (MRHP).

REFERENCES

- Appendix A: *Patient And Family Expectations*
- Appendix B: *Patient Repatriation Roles, Responsibilities and Timelines*
- Appendix C: *Escalation Process*
- Alberta Health Services Governance Documents:
  - *Patient Repatriation* Policy (#HCS-04)
  - *Medication Reconciliation* Policy (#HCS-05)
- Alberta Health Services Forms:
  - *Inter-Facility Patient Transfer* Form (#09277)
  - *Patient Repatriation Transfer* Form (#09829)
  - *RAAPID Patient Repatriation Request* Form (#18565)
    RAAPID Sending Site Repatriation Checklist

APPENDIX A

PATIENT AND FAMILY EXPECTATIONS **

The following expectations arise from discussions with the AHS Patient & Advisory Group and are expected to be included and inform discussions with the patient/alternate decision-maker (ADM) and family during repatriation.

1. In the initial planning phase for repatriation, the patient/ADM and with patient consent their family, can expect that the following will be discussed (preferably in person) as soon as possible:

- the reason(s) for patient repatriation;
- the potential patient repatriation destination(s);
- the main contact person representing the patient and/or family;
- the main contact person on the sending unit for any inquiries or information;
- the requested method by which information will be communicated (i.e. phone, e-mail, etc.);
- when and how the patient will be repatriated or transferred;
- the main contact at the receiving site, including name and phone # (if known); and
- potential costs associated with the patient repatriation/transfer.

2. In the processing phase the patient/ADM and family can expect that the following will be discussed:

- the status of the patient repatriation – updated daily;
- any change in the patient condition or repatriation plan; and
- discussion about the transfer of patient belongings and valuables that may be held at the sending site.

3. In the completion phase, the patient/ADM and family can expect the following will be communicated:

- an estimated time of arrival at the receiving site; and
- confirmation of the receiving site's main contact (name and phone number).

4. On arrival to the receiving site the patient/ADM and family can expect the following:

- the facility is ready and welcoming to the patient and family;
- the patient be settled in their new location; and
- a timely debrief occurs, outlining any happenings during transfer and information pertaining to the new site's facilities and resources.

**Developed in collaboration with the AHS Patient & Family Advisory Group

APPENDIX B

PATIENT REPATRIATION ROLES, RESPONSIBILITIES AND TIMELINES

	Pre-planning until final decision made to repatriate patient	**Patient is ready for repatriation & receiving MRHP accepts care**	**Receiving site notified**	**Transport arranged**	**Notification to the sending site**	**Patient arrives at the receiving site**
Time	**Pre-work**		**0**	**1 hours**	**1.5 hours**	**Within 48 hours**
Patient/ADM and Family	Discuss repatriation options with the MRHP / care team. Identify family or community practitioner.					
Sending Site representative	RAAPID paperwork completed and sent to RAAPID in advance of the patient being ready for repatriation.		Send current Medication Administration Record (MAR) and discharge summary/transfer note to RAAPID. Medication Reconciliation is to be completed in accordance with AHS *Medication Reconciliation* Policy.		Notify the patient, family and MRHP of repatriation date/time. Receive and review elements to send with patient. Complete and send *Inter-Facility Patient Transfer* Form with patient.	When patient leaves sending site, send patient discharge/transfer documents as per the *RAAPID Sending Site Repatriation Checklist*. Conduct a nurse to nurse telephone report with receiving site.
Sending MRHP	Discuss repatriation options with the patient/ADM and with patient consent, the family. Identify family or community practitioner.	Complete MRHP to MRHP conference to discuss integrated plan of care and document acceptance of care.			Complete a discharge summary/transfer note.	If receiving MRHP has changed since initial report, complete MRHP to MRHP communication to discuss integrated plan of care.

APPENDIX B Cont'd

PATIENT REPATRIATION ROLES, RESPONSIBILITIES AND TIMELINES

	Pre-planning until final decision made to repatriate patient	**Patient is ready for repatriation & receiving MRHP accepts care**	**Receiving site notified**	**Transport arranged**	**Notification to the sending site**	**Patient arrives at the receiving site**
Time	**Pre-work**		**0**	**1 hours**	**1.5 hours**	**Within 48 hours**
RAAPID	Receive the repatriation request. Clarify/validate any further requirements.	Conference the sending and receiving MRHP to MRHP to discuss integrated plan of care.	Notify receiving site about patient repatriation. Fax *RAAPID Sending Site Repatriation Checklist* to sending site.	Submit iRequest for EMS/Inter facility Transport based on identified timeframe by the sending and receiving sites – for same day or pre-book for 0700hr transport following morning.	Provide sending site phone number for report, and fax number to send MAR, discharge summary/transfer note, etc. if not done previously.	Conference the sending and receiving MRHP to MRHP to discuss integrated plan of care (as necessary).
Receiving Site Representative			Accept patient in same manner as other planned admissions. May need to waitlist, add to EIP list, etc.). Identify time to send (same day, next day)			Receive nurse report from the sending site nurse at time of transfer. Notify ADM, family and MRHP that patient arrived.

APPENDIX B Cont'd

PATIENT REPATRIATION ROLES, RESPONSIBILITIES AND TIMELINES

	Pre-planning until final decision made to repatriate patient	**Patient is ready for repatriation & receiving MRHP accepts care**	**Receiving site notified**	**Transport arranged**	**Notification to the sending site**	**Patient arrives at the receiving site**
Time	**Pre-work**		**0**	**1hours**	**1.5hours**	**Within 48hours**
Receiving MRHP		Complete MRHP to MRHP communication to discuss integrated plan of care. Accept care and document same.				Review discharge summary/transfer note. If receiving MRHP has changed since initial report, complete MRHP to MRHP communication to discuss integrated plan of care.
AHS Dispatch Center				Receive iRequest, assign/schedule the inter facility transfer. Make every attempt to book transport such that patient arrives at receiving site prior to 1800hrs.	Provide sending site with an estimated time of arrival for pick up.	

APPENDIX C

ESCALATION PROCESS

Trigger	Receiving Site is unable to meet the 48hour timeline	Conference at manager level yielded no plan	Conference at director level yielded no plan	
Timeframe	**0**	**Within 4 hours**	**Within 24 hours**	**Within 48 hours**
RAAPID Nurse	Conference the sending and receiving site/bed managers to develop a plan.			
RAAPID Manager or designate		Conference the sending and receiving site directors to develop a plan.	Conference the sending and receiving Senior Operating Officer / Executive Director / Chief Zone Officer / Zone Medical Director to develop a plan.	

The following considerations may assist the sending and receiving sites in developing an effective repatriation plan:

- patient/alternate decision-maker wishes;
- current site-based flow challenges at sending and/or receiving site (Emergency patients, OR slate, overall site capacity);
- recent number of referrals out of and repatriations into each site;
- total number of requested repatriations into one site and alternate site options;
- total number of requested repatriations out of one site;
- special equipment, medication or other resource requirements (such as OT, PT); and
- staffing coverage.