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PATIENT REPATRIATION

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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.

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OBJECTIVES

- To provide a **patient** and **family**-focused, quality health system that is accessible and sustainable for all Albertans by delivering the right care to patients, in the right place, at the right time, for the right amount of time.
- To provide a clear standardized Alberta Health Services (AHS) Patient Repatriation policy suite that optimizes the coordination of patient flow between urban tertiary, regional and rural health care facilities, and supports system flexibility and responsiveness, thereby enabling the system to provide patients with timely access to specific needed services.
- To outline a standardized approach and expected timeframes for transferring a patient who has completed their episode of care at the current acute care health facility and is assessed by the health care team to be ready to return to a **health care facility** as close to their home community as can safely accommodate the patient's health care needs.
- 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.
- To outline the expectation that **Referral, Access, Advice, Placement, Information & Destination (RAAPID)** be used to facilitate and coordinate **patient repatriations** to support consistent processes and optimize system capacity between sites.

PRINCIPLES

Collaboration: Stakeholders involved in a decision, including patients, should, to the extent reasonable and possible, be empowered to participate in the decision-making process and have their legitimate needs and preferences given due regard.

Maintaining relationships: For many, our relationships with loved ones and family are an important source of meaning and can contribute greatly to our well-being. Decisions regarding the transfer of patients will carefully consider the needs of patients to preserve their existing and supportive relationships.

Sustainability: Administrators of health systems must work to maintain that system's viability and existence over time, ensuring that it continues to be able to meet the needs of the community it serves.

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. Repatriation Planning

- 1.1 Patients shall receive care in the setting best suited to meet their care needs.
- 1.2 Repatriation planning shall occur from the time the patient enters into the acute care facility and be ongoing throughout the patient's stay.
- 1.3 Patients/alternate decision-makers (ADM), and with their consent, the family, shall be included at the earliest opportunity in the repatriation process. This shall provide the patient/ADM, families and the care team with the required information to assist in decision making.
- 1.4 Patients shall be repatriated to a health care facility closer to their home community in a timely fashion when it is deemed medically appropriate and safe to do so.

2. Out-of-Province Patient Repatriation

- 2.1 When repatriating a patient into or out of the province, the **most responsible health practitioners (MRHP)**, patient care unit/representatives and facility representatives shall work collaboratively following the AHS Patient Repatriation Policy and Procedure.

3. Other Patient Transfers

- 3.1 The *Patient Repatriation* Policy and Procedure also applies to patient transfers to a health care facility other than one closest to the patient's home community in situations such as transfers to a health care facility closer to family support.

4. Decision to Repatriate

- 4.1 The decision to transfer a patient between urban tertiary, regional and rural facilities is based on, but not limited to, the following:
- a) the patient's condition;
 - b) the patient's residence;
 - c) consultation with the patient/ADM and, if applicable and with the patient's consent, the patient's family;
 - d) the sending facility's requirement to provide continuity and safety of care; and
 - e) the ability of the receiving facility to provide safe care.
- 4.2 The decision to transfer a patient between settings is made by the MRHP and the receiving MRHP. This is to be done in consultation with the patient/ADM.
- a) The patient's family shall be consulted only with prior consent from the patient/ADM.
- 4.3 A verbal and written report shall be provided by the sending MRHP to the receiving MRHP, confirming the care plan and acceptance of the patient.
- 4.4 The receiving MRHP must express verbal agreement with the care plan and consent to accept the patient in transfer.

5. Time Frame for Patient Repatriation

- 5.1 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.
- 5.2 Proactive planning and early identification/notification by the sending site will better enable the patient, family and receiving site to be prepared for the patient repatriation within 48 hours.
- 5.3 The receiving site is expected to prioritize the patient repatriation in the same manner as other patients who may be awaiting an inpatient bed at the site, such as **emergency inpatients (EIPs)**.
- 5.4 Timely acceptance of the patient by the receiving site enables pre-booking of transport and increases the opportunity for the patient to arrive during daytime hours.
- 5.5 In the event the receiving MRHP and/or health care 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 plan within 24 hours to repatriate the patient as soon as feasible.

- 5.6 In the event a mutually acceptable plan cannot be developed, RAAPID will escalate the matter to the sending and receiving senior leadership for resolution.

6. Monitoring and Reviewing

- 6.1 RAAPID shall be responsible for tracking/monitoring repatriation timelines as outlined in this policy and related procedure and for reviewing the data/results with zone/site operations and medical leadership at a minimum, semi-annually.
- 6.2 A review of compliance with this policy and related procedure shall be conducted, at a minimum, semi-annually by zone/site operations and medical leadership.
- 6.3 Zone/site operations and medical leadership and RAAPID will continuously work together to identify and implement improvement opportunities.

DEFINITIONS

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.

Emergency inpatients (EIPs) means, for the purposes of this document, patients who have been admitted and are waiting in the Emergency Department for an inpatient bed.

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 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 and 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) means 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

- Alberta Health Services Governance Documents:
 - Patient Repatriation Procedure (#HCS-04-01)
- Alberta Health Services Forms:
 - Inter-Facility Patient Transfer Form (#09277)
 - RAAPID Sending Site Repatriation Checklist

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