

05. CREATION OF A REGIONAL PATIENT TRANSPORT PLATFORM

Franck Bastaert, Director of Care

Jean-Yves Gerbet, Head of Patient Transport Department

CHU Dijon Bourgogne, France

Hicham Tamsamani, CIMS Manager, Cardinal Health, France



BACKGROUND:

In France, external patient transport is fully covered by health insurance. However, demand is constantly growing, and patient transport is currently the third highest health expense item. The healthcare authorities have asked CHU Dijon Bourgogne to extend its management platform for internal and external transport to all hospitals in the Burgundy region to improve transport efficiency.

OBJECTIVES:

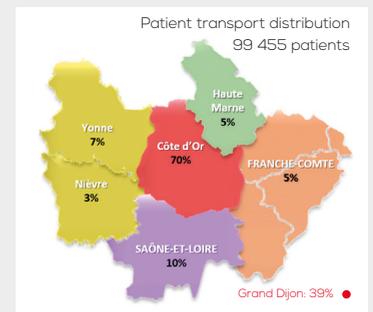
- Contain costs by better negotiating rates with external providers, and by absorbing runaway cost increase
- Reproduce CHU Dijon Bourgogne's internal scheduling strategies at inter-hospital level
- Facilitate and accelerate patient exchanges and flows

METHODS:

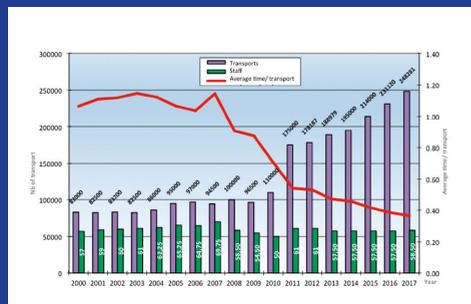
The new strategy adopted as part of this project has been implemented in several successive steps:

1. Single-point centralisation of all internal transport information flows
2. Obligation for all to use the same dematerialised transport request
3. Added mobile communication with porters for real-time tracking
4. Once the model had been validated and adopted internally, it was extended to external transport
5. New model extension to all hospitals in the region

Since we are constantly involved in a service production process, 'We say what we do and we do what we say'. KPIs were put in place to enable everyone to measure in real time the benefits provided by the solution and the achievement of the assigned objectives.



Regional patient transport distribution in the Greater Dijon area. Source: CHU Dijon Bourgogne



Increased transport load capacity 2000-2017. Source: CHU Dijon Bourgogne

RESULTS:

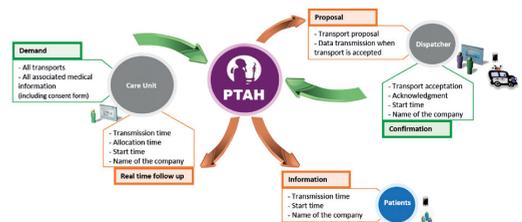
What has been achieved?

- ✓ **For departments/companies**
 - Fair dispatching
 - Flexibility and simplification
 - Valued image and credibility
- ✓ **For patients**
 - Security and safety
 - Comfort and reduced waiting time
 - Simplicity and transparency
- ✓ **For clinicians**
 - More time for patients
 - Control and real-time follow-up
 - Unique process
- ✓ **For management/healthcare authorities**
 - Continuous service
 - Cost control (60%)
 - Shared transport
- ✓ **For ALL**
 - Equity in patient transport
 - Resource optimisation
 - Compliance
 - Efficiency

TAKE-AWAYS:

What worked well?

- ✓ Obtaining the commitment and support from general management
- ✓ Involving clinicians in change management
- ✓ Involving users in every step to build trust
- ✓ Appointing a Project Manager to manage the overall process
- ✓ Outsourcing a model first proven and used by all internally
- ✓ Benefiting from a coherent strategy accepted by all throughout the project (>10 years)
- ✓ Sharing information, and measuring results and benefits in real time
- ✓ Ensuring ongoing support from senior management and user service buy-in, to give legitimacy and momentum to take the next step



Overview of patient flow. Source: CHU Dijon Bourgogne



organized by

