

# Rocky View Regional Handibus Society

*Transportation for Community Needs*

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Iris Evans  
Minister of Health and Wellness  
107 Legislature Building  
10800 - 97 Avenue  
Edmonton T5K 2B6

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Dear Minister

It has come to my attention that different Alberta Ministries apply different standards of service. Most Alberta services start at the door of the facility or the outreach office. Alberta residents are responsible to gain access to the premises to access services.

One exception is Alberta Learning. If a student lives greater than a specified distance to a school, the school authority is responsible to provide transportation to school. Thus Alberta Learning responsibility for its constituents starts at the door or curbside of the Albertan. The pending plan to incorporate ground ambulance services into the Health Authorities will emulate the school board. With ground ambulance, an Albertan's access to health care starts at their door. Upon discharge they are responsible for their own transportation. The question arises whether access to post hospital therapy (dialysis, chemo, physio) begins at the hospital door or from the resident's curb

The Alberta Health website indicates that "transportation – including ambulance transport – for prescribed services" is provided by the province for persons in long-term care institutions (<http://www.health.gov.ab.ca/ahcip/benefits/longterm.html>). Albertans under self-managed care or other care in the community programs are a form of long-term care facilitated by Alberta Health. Persons in "home care" programs require post hospital follow-up for prescribed services such as dialysis, chemo, physio, specialist assessment, etc. Transportation is the patient's responsibility. As a side note, I should point out that policy is incorrect as Alberta Health does not support community transportation services in the Calgary region for nursing home to hospital follow-ups (we can provide stats from major Alberta cities to confirm this).

Every day that a patient can remain out of the hospital, your department saves roughly \$500. Unfortunately responsibility to attend post-hospital follow-up remains that of patients to find their own transportation or contact local efforts. Responsibility for local community transportation efforts is that of the local municipality or local service groups. Thus local providers and Alberta Health consumers must expend the resources that facilitate Alberta Health savings through short-hospital stay.

The savings are significant. In 2003 we identified a small number of our passengers that saved Alberta Health \$250,000 by transporting to facilities on a twice/thrice weekly basis. This was not a part of our regular work, we could easily cover these trips with an underutilized single bus. If 75 other providers in small cities and rural communities (i.e. exclude Calgary and Edmonton) experienced similar results, your department saved at least \$19 million dollars in 2003. The cost to lavishly supply a full-time bus in each of these 75 communities would be about \$5 million. Alberta would see a net saving of 14 million dollars and realize incredible excess capacity to provide thousands of other health related trips to facilitate care in the community if Alberta Health invested in local groups.

Your department is the most vulnerable should the community transportation services fail. The Calgary Health Region operates 2 shuttle buses for staff parking, yet we are forced to fund-raise to get rural Albertans to dialysis. The Alberta Breast Screen runs a handibus vehicle while we have to struggle to get a rural resident in a wheelchair to her MRI.

The Alberta Government reaps significant dollars from the efforts of municipalities and volunteer groups. Demand from Alberta Health authorities is increasing. Resources for volunteer groups are diminishing. Groups in smaller communities are staggering under the strain of demand and lack of provincial support. The Premier still promises that the three-year-old review of special transportation funding is immanent. Will your department be able to cover the costs if a lack of transportation prevents early discharge? What will be done to investigate Alberta Health's dependence on non-government funded transportation sources?

Sincerely,

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Paul Siller  
Transportation Manager