

Growing a Patient Transportation Program



How one cancer center took a pilot program and made it permanent

Transportation is often a major barrier for oncology patients who need to receive treatment at the J. Phillip Citta Regional Cancer Center, Community Medical Center, Toms River, N.J. Radiation oncology patients, for example, need to come daily from one week to as many as nine weeks, depending on their treatment protocol. In outpatient infusion, patients have varied schedules, but still transportation is often a major obstacle. Transportation is not only a practical problem, but also an emotional impediment that can cause a tremendous amount of stress and anxiety to an already overwhelmed patient. Many regions of the country have few or no transportation services for cancer patients. And while our cancer program has used the American Cancer Society (ACS) “Road to Recovery” program, it is difficult to get a volunteer driver to commit to daily transportation for a patient for one or two months.

Increased Need, Limited Options

As an oncology-certified clinical social worker, I have spent an inordinate amount of time trying to find transportation for our radiation oncology patients. And after having worked in the cancer center for approximately two years, it became clear to me that something had to be done.

In 2001, I worked out an agreement with our county public transportation program to give cancer patients priority scheduling. Unfortunately, one year into this agreement, the transportation policy changed. New Jersey received a grant from the federal government to provide free transportation for people who participated in the Temporary Assistance to Needy Families program, which replaced welfare. This program required the head of the household to actively seek work, attend a training program or school, or actually go to work. Transportation for these activities would be provided free of charge by the county or other public transportation systems. With the arrival of “work first” federal guidelines, county transportation had to prioritize providing transportation to those recipients. This change once

again left me scrambling to meet the transportation needs of our cancer patients.

My next effort involved requesting funds from our hospital’s foundation to pay for taxis for those with financial need—which included many of our patients. After about one year, the costs simply became prohibitive.

Back to square one. How was I going to meet the transportation needs of our cancer patients? Was there a better solution out there?

In 2004 I learned from the vice president of Development that our hospital had received a donated 1998 Oldsmobile sedan, and with the generous support of our hospital’s foundation and Volunteer Department, we proposed a pilot transportation program to assist our cancer patients. I also met with the director of the hospital’s Volunteer Department to gauge the feasibility of identifying two volunteers to work part-time driving cancer patients to and from treatment appointments. Two months later, with the approval of senior administration and assistance from Risk Management with issues related to driver, vehicle, and hospital liability insurance; HIPPA compliance issues; and accident and incident reporting, we were able to establish the pilot program.

Our Pilot Program

Since our cancer center is located in the midst of many retirement communities, the majority of the population we serve is over 65. These patients represent a higher than average need for transportation services due to their increased comorbidities and disabilities. On the positive side, this population provides a much larger volunteer pool because of the number of retirees who wish to remain active.

The director of the Volunteer Department recruited two retiree volunteers to drive—a morning driver who worked from 8:00 am to 12:00 pm and an afternoon driver who worked from 12:00 pm to 4:00 pm. (Our radiation oncology department hours are from 7:30 am to 4:30 pm.)

I was responsible for scheduling, coordinating, and supervising



- An oncology social worker who spent about 5 hours per week coordinating and scheduling transportation of the cancer patients
- A risk manager who worked out issues related to insurance, licenses, background checks, and HIPAA regulations
- Key support from senior hospital administration, the director of the Cancer Center, the director of the Volunteer Department (who helped supervise the volunteer drivers), and the vice president of Development.

The pilot program was very successful. Our volunteers drove approximately 6 to 10 patients round trip each day. We transported mostly radiation oncology patients; on rare occasions, we transported outpatient infusion patients.

the pilot program. These volunteers, like the ACS volunteers, did not have any medical training. They had completed the hospital's volunteer orientation program, undergone background and employment checks, and had clean driver's license records. I also oriented our driver volunteers to the cancer patients' needs and special circumstances and gave them specific instruction. In a medical emergency, for example, drivers would call 911 and the radiation oncology department would be notified.

Because the volunteer drivers did not have a medical background or a license to perform any medical activities, drivers were told that they could not provide any medical assistance or physical assistance. All patients being transported had to be able to get in and out of the car independently. The volunteer drivers could open and close the car door and wheel patients to the radiation oncology department in a hospital-owned wheel chair at arrival, but they could not assist with any transfers or ambulation. Volunteer drivers could also assist in carrying items, such as a walker or portable oxygen tank. Working together, the oncology social worker, the risk manager, the vice president of Development, and the director of the Volunteer Department developed a list of exclusion criteria for the transportation program. Specifically, our volunteer drivers could not drive patients with the following conditions:

- Pathological fractures
- Uncontrolled seizure disorders
- Late-stage dementia
- Uncontrolled psychiatric conditions
- Infectious disease
- Bleeding
- Uncontrolled pain.

Accordingly, I carefully screened patients before accepting them into our pilot transportation program.

In addition to the two drivers from the hospital's Volunteer Department and the car donated by the hospital's foundation, the pilot transportation program included:

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...the foundation hosted specific fundraising events where monies raised were earmarked to fund the transportation program.

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Making It Permanent

In 2005, after one year of the pilot transportation program, I proposed a permanent paid program that would provide transportation for radiation oncology patients and outpatient infusion patients in need. Fortunately, I had an administrative ally—the assistant vice president for Patient Care Services. She was an oncology nurse, and had worked for many years as the oncology unit director and then as cancer center director. Both she and the vice president of Development understood the importance of and need for this program.

Together, we championed the program and presented our proposal to the hospital's chief operating officer (COO). We came armed with statistics from the pilot program, as well as the costs associated with the prior taxi program. The COO approved our proposal as long as the hospital's foundation would be responsible for the program's costs.

Fortunately, the hospital's foundation, which comes under the vice president of Development, agreed to fund a new vehicle for the program, as well as salaries for two part-time drivers. To support this effort, the foundation hosted specific fundraising events where monies raised were earmarked to fund the transportation program.

Finally! A long-term, viable solution to meet the transportation needs of our cancer patients.

I must emphasize how important it was to have senior administration champions. The assistant vice president for Patient Care Services and the vice president of Development were instrumental in making our transportation program a success. Without their support and efforts, I do not believe our transportation program would have been approved.

In 2006 the hospital's foundation purchased a Toyota Rav4. This car—along with our 1998 Oldsmobile sedan—made up our transportation fleet. We hired two part-time drivers who mainly used the Rav4. At particularly busy times, however, both drivers would occasionally work simultaneously. Drivers must have very flexible schedules because patients' schedules are always changing: emergencies arise, weather and traffic problems come up, patients' medical conditions may change, etc.


In 2013 the hospital's foundation purchased another car, a Ford Escape, which allowed us to retire the Oldsmobile. Today both the Ford Escape and the Rav4 are used simultaneously as both drivers' hours overlap at busy times in the schedule. Even better, our cancer center is now able to drive patients to both radiation oncology and outpatient infusion appointments. We average approximately 8 to 15 patients per day, round trip. While most of our patients are transported from their homes, we also provide the driver transport service to patients from nursing homes (if they are physically able), assisted living facilities, rehabilitation hospitals, and group homes.

Today the cancer center's transportation program team includes:

- Two salaried drivers who work part-time, 4 to 6 hours a day. One driver is scheduled for morning and the other for afternoon, with some overlap as needed. These drivers are also responsible for vehicle maintenance and repair. (Costs are paid for by the hospital's foundation.)
- The program coordinator (an oncology social worker) who screens and schedules patients, writes policies and procedures, and supervises the part-time drivers.
- The vice president of Development, who administers the program, funds the program, organizes fundraising events, helps to supervise the part-time drivers, and oversees vehicle purchases.
- A risk manager who handles insurance issues, vehicle and driver regulations, and compliance issues.
- Oncology nurses and radiation therapists who assist with patient scheduling.

For cancer programs looking to implement a similar transportation program, here are some practical tips to get started:

- Map out the geographical area(s) your transportation program will serve.
- Factor the number of patients your transportation program can accommodate per day.

- Determine the types of patients who need and would be eligible for the transportation program.
- Develop criteria for patient inclusion and exclusion.
- Gather credentials and conduct background checks for potential drivers.
- Identify a reliable funding source for vehicles and drivers.
- Identify personnel (staff members) to coordinate and administer the transportation program and clearly delineate their duties and responsibilities. Involve program champions who can ensure buy-in support from senior administration. 

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Stark Issues

With regard to Stark legislation, the cancer center does not advertise its transportation program, nor does it in any way offer the transportation program as an incentive to any patients. The transportation program is only offered to patients who have already come to the cancer center for consultation or treatment and who have expressed a need for transportation in order to make treatment appointments. In other words, patients have already made their decision to be treated at our cancer center prior to obtaining transportation service.

Our Program At-a-Glance

The J. Phillip Citta Regional Cancer Center is a community hospital with 1,500 analytic cases per year. Our cancer center has been designated as a Community Hospital Comprehensive Cancer Program by the American College of Surgeons' Commission on Cancer (CoC) since 1986. The hospital is part of the Barnabas Health System, which is the largest healthcare provider in New Jersey. The cancer center is a network partner of the Abramson Cancer Center, University of Pennsylvania.

The success of the cancer center's transportation program has been an asset to our patients *and* program, and will hopefully continue to grow with the cancer center.

