



May 7, 2008

Dear Service Provider:

In 2007, the **Timiskaming Health System CEO Roundtable**, the district planning advisory body to the North East Local Health Integration Network, recommended a review of transportation services. The overall strategy is being developed through the NE LHIN, the provincial government-appointed organization that plans, integrates and funds health services in our community.

The purpose of the review is to embark on a collaborative process whereby transportation-related needs and gaps are identified, and challenges and opportunities discussed. The planning process will provide stakeholders with a valuable opportunity to come together and share and learn about the multitude of services, work towards the development of a more coordinated and integrated transportation system, while maximizing overall capacity. The review will explore innovative solutions to be implemented as part of a Transportation Action Plan for the District of Timiskaming.

As part of the Aging at Home Strategy, the **Transportation Study** is targeted to seniors who are dealing with age-related health conditions or disabilities; as well as service providers and supports which allow family friends and neighbours to continue caring for seniors at home in their community.

To assist in accomplishing this goal, we request that your organization complete the attached Transportation Survey. If you are not the appropriate contact within your organization to provide this vital information, please forward this survey to the appropriate individual. **Please complete the survey by Wednesday, May 21<sup>st</sup>, 2008.**

Following the initial information gathering phase that this survey is intended to accomplish, we will be holding Focus Groups throughout the district to pull service providers together for the purpose of disseminating the initial results and to discuss the identified service gaps and possible opportunities for collaboration and coordination.

We look forward to sharing the final results of the Transportation Study and next steps toward a Transportation Action Plan for the District of Timiskaming.

### **Questions?**

If you require assistance, or have any questions while completing this survey, please contact Ian Rohead at (705) 568-0706, or alternately via e-mail at [ianr@ntl.sympatico.ca](mailto:ianr@ntl.sympatico.ca).

**Thank you for your time and input towards this initiative.**

## Service Provider Survey – Transportation Study

### Organizational Information

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name of person who completed this survey (if different from above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

Booking Phone Number (if different from above): (\_\_\_\_) \_\_\_\_\_

### A) Organizational Experience in Transportation

1. Does your organization provide transportation for your clients?

Yes

No (If No, please complete Sections C, F, G and H)

Would like to (Please complete Sections C, F, G and H)

2. How long have you been providing transportation? \_\_\_\_\_ Years \_\_\_\_\_ Months

3. What are the main strengths of your transportation service? N/A

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

4. Does your organization provide transportation to other agencies or clients? Yes No

If yes, which agencies or clients? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### B) Clientele

5. Who is eligible for your transportation services: (Check all that apply)

General Public regardless of age

Seniors (65 years and over)

Adults (19-64)

Children (0-18)

Other (Please specify): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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6. Do you have a criterion for eligibility? (ie. physical disability) Yes No

If yes, please explain what the criterion is:

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7. Do you have a criterion related to trip purpose? (e.g. medical trips get priority) Yes No

If yes, please explain what the criterion is:

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8. Is there a possibility of expanding your criterion for eligibility? Yes No

Please explain: \_\_\_\_\_

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**C) Service Area Profile**

9. What are the service boundaries of your catchment area?

NORTH \_\_\_\_\_ SOUTH \_\_\_\_\_  
EAST \_\_\_\_\_ WEST \_\_\_\_\_

10. Where are your offices located and what communities do they serve?

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11. Please describe your geographical service area as follows:

Population of the area your organization provides service (check the appropriate box):

- <1000
- 1001 – 10,000
- 10,001 – 20,000
- 20,001 – 30,000
- 30,001 – 40,000
- >40,000

12. Do you offer service within the surrounding area (outside the immediate community) for:

(Check all that apply)

Seniors Yes No

Persons with Physical Disabilities Yes No

Persons with Mental Health or Addictions issues Yes No

General Public Yes No

Other (Please specify): \_\_\_\_\_

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13 Do you provide service outside of the District? (ie. North Bay, Sudbury, Timmins)

Yes No ***If yes***, please specify destinations and services:

\_\_\_\_\_  
\_\_\_\_\_

14. Within your service area, what other transportation options do community residents have:

(Check all that apply)

- Public transit, or other municipal services
- Commercial transportation services (ie. taxi, limousine)
- Volunteer drivers
- Family/ friends
- Organized groups (ie: seniors groups)
- Other (Please specify) \_\_\_\_\_

**D) Transportation Inventory and Utilization**

15. Please indicate the number of items you have in your transportation service?

- # \_\_\_\_\_ Electric Scooter Accessible Transport
- # \_\_\_\_\_ Manual Wheelchair Accessible Transport
- # \_\_\_\_\_ Motorized Wheelchair Accessible Transport
- # \_\_\_\_\_ Buses
- # \_\_\_\_\_ Vans
- # \_\_\_\_\_ Cars
- # \_\_\_\_\_ Parking spaces
- # \_\_\_\_\_ Paid Full-time Drivers      Please specify license classes: \_\_\_\_\_
- # \_\_\_\_\_ Paid Part-time Drivers      Please specify license classes: \_\_\_\_\_
- # \_\_\_\_\_ Volunteer Drivers      Please specify license classes: \_\_\_\_\_
- # \_\_\_\_\_ Dispatcher

16. Who owns the vehicles? (Please check all that apply)

- Your organization
- Employees
- Volunteers
- Leasing company or contractor
- Another organization that shares with us
- Other (Please explain) \_\_\_\_\_

17. Who maintains the vehicles? \_\_\_\_\_

\_\_\_\_\_

18. Do you have any vehicles that are not being used on a regular basis? Yes No

***If yes***, how many? \_\_\_\_\_

19. Do you make alternate use of your vehicles in off hours? Yes No

***If yes***, please explain: \_\_\_\_\_

\_\_\_\_\_

***If no***, what would have to change to make this possible? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. What alternate use for vehicles would you suggest? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. How many one-way trips are provided annually?  
(where round trips are counted as two one way trips) \_\_\_\_\_  
Total number of kilometers logged: \_\_\_\_\_  
Total number of hours logged: \_\_\_\_\_

**E) Scheduling & Dispatch:**

22. Do community residents have to register with you before they can access your transportation services?  
Yes No  
*If yes*, how many registered users do you have? \_\_\_\_\_  
*If no*, approximately how many people use your service annually? \_\_\_\_\_

23. Do you offer transportation services to non-residents (visitors)? Yes No  
(Please explain) \_\_\_\_\_  
\_\_\_\_\_

24. What type of transportation service level do you offer? (Check all that apply)  
Door to door  
Curb to curb  
Bus stop to bus stop  
Help inside the building  
Make sure another person is there to help the individual  
Other (please describe) \_\_\_\_\_

25. When is your transportation service available?  
24/7  
Weekdays From: \_\_\_\_\_ To: \_\_\_\_\_  
Saturdays From: \_\_\_\_\_ To: \_\_\_\_\_  
Sundays From: \_\_\_\_\_ To: \_\_\_\_\_  
Holidays From: \_\_\_\_\_ To: \_\_\_\_\_  
Peak Season \_\_\_\_\_

26. Is advanced booking for transportation required? Yes No  
*If yes*, how much advanced notice is required? \_\_\_\_\_  
\_\_\_\_\_

27. What is your (estimated) average one-way length of trip (in km)?  
Local \_\_\_\_\_  
Within District \_\_\_\_\_  
Out of District \_\_\_\_\_

28. What type of transportation scheduling do you use? (Check all that apply)  
Fixed routes (always same route and same time)  
Demand - Response (dial a bus)  
Charter Trips (one time, specific destination, group trips)  
Pre-booked /shared rides (individually booked, different destinations)  
Other (please describe) \_\_\_\_\_  
\_\_\_\_\_

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29. Do you have trips available for same day, on demand service?      Yes    No  
*If no*, why? \_\_\_\_\_  
\_\_\_\_\_

30. Who schedules your client trips and how?       Employee(s)       Volunteer(s)  
 Manually     Computer Aided     Other (Please specify \_\_\_\_\_)

31. Are your clients expected to book their own trips?      Yes    No    Varies

32. Are any of your clients required to call long distance to receive your service?      Yes    No  
Do you have a toll free number available?      Yes    No

33. How often do you have waiting lists for clients to be transported?  
Never      Often      Sometimes

34. How often does your transportation service refuse clients?  
Never      Often      Sometimes

**F) Needs Assessment**

35. Please check which types of trips you service or require (check more than one if applicable):

Primary Health Care (ie: doctor's visits, hospital, etc.)

Please specify destinations(s) \_\_\_\_\_

Community Support Services (ie: mental health, counselling, dietary appointments, etc.)

Please specify destinations(s) \_\_\_\_\_

Recreational Activities/ Social Clubs

Shopping / Personal Business (ie: banking)

Work/ Volunteer Work/ Education

Other (please specify) \_\_\_\_\_

36. Are you able to meet current demand for transportation services in your service area?

Yes (*If yes, please go to question 41*)

No (*If no*, what is the amount of unmet demand in your service area?) (ie. how many one-way trips per week can not be met) \_\_\_\_\_

37. Who primarily comprises the unmet demand? (Seniors, persons with disabilities, general public, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

38. What is the cause of the unmet demand? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. What is usually the trip purpose of the unmet trips? (Medical, recreational, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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40. Do you expect unmet demand to change in the future?      Yes    No  
*If yes*, do you expect a:                    decrease      increase  
*If yes*, proportionally, how much do you expect it to change in (in %):  
Short-term? (1 – 2 years) \_\_\_\_\_  
Medium-term? (3 – 5 years) \_\_\_\_\_  
Long-term? (6 – 10 years) \_\_\_\_\_

41. Do you expect demand to change in the future?      Yes    No  
*If yes*, do you expect a:                    decrease      increase  
*If yes*, proportionally, how much do you expect it to change in (in %):  
Short-term? (1 – 2 years) \_\_\_\_\_  
Medium-term? (3 – 5 years) \_\_\_\_\_  
Long-term? (6 – 10 years) \_\_\_\_\_

42. If you expect demand to increase, will you be able to meet this future demand?      Yes    No  
*If no*, what will limit your ability to meet this future demand? \_\_\_\_\_  
\_\_\_\_\_

**G) Financial & Staffing Resources**

43. Is transportation a line item in your budget?      Yes    No  
*If no, please go to question 56.*  
*If yes*, what is your annual transportation budget for the current fiscal year? \$ \_\_\_\_\_  
What is your operating cost per kilometre? \$ \_\_\_\_\_

44. Do you forecast any changes in budgeting requirements for upcoming years (ie: price of gas)?  
Increase \$ or % \_\_\_\_\_  
Decrease \$ or % \_\_\_\_\_  
Same

45. Do you have staff directly involved in transportation service (this includes paid and volunteers)?  
Yes    No    *If yes*, how many paid staff? \_\_\_\_\_ How many unpaid staff? \_\_\_\_\_

46. Do you purchase transportation from other organizations or providers?      Yes    No  
*If yes*, please explain: \_\_\_\_\_  
\_\_\_\_\_

47. Do you pool or barter transportation services with other organizations?      Yes    No  
*If yes*, with whom? \_\_\_\_\_  
\_\_\_\_\_

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48. How are your transportation services financed? (Please check all that apply)

Capital Cost

Operating Cost

- Municipal support
- Provincial Support
- Federal Support
- Service Club Donation
- Private Contribution
- Fund Raisers
- Other (Please Specify) \_\_\_\_\_

49. Do you charge a fare for your transportation services? (ie: rate per km or trip)

Yes

No

Varies

If yes, how much are your fares? (Please note if your fares are based on distance)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

50. Are your fares subsidized?                      Yes    No

If yes, what percentage of the fare is subsidized? \_\_\_\_\_%

If yes, what percentage of transported clients are subsidized? \_\_\_\_\_%

If yes, how is the subsidy obtained? \_\_\_\_\_

\_\_\_\_\_

51. Who provides insurance on the drivers and vehicles used for your transportation needs?

Through a broker

Directly with insurer(s) (If yes, how many insurers) \_\_\_\_\_

Driver(s) provide own insurance when using their own vehicle

**(Additional liability insurance available to drivers in above case)**

Yes    No

Comments: \_\_\_\_\_

\_\_\_\_\_

52. Is your transportation insurance integrated with other insurance?    Yes    No

53. What impact do insurance policies have on your organization?

We have been increasing our liability coverage.    Yes    No

We have been increasing our deductible(s).    Yes    No (Please specify) \_\_\_\_\_

We have integrated all our insurance(s) through one broker to achieve cost savings and improved coverage.    Yes    No (Please specify) \_\_\_\_\_

\_\_\_\_\_

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54. Do your insurance policies cover volunteer drivers transporting clients in your vehicles? Yes No

55. Do your insurance policies cover drivers / volunteers transporting clients in their own vehicles?  
Yes No

Additional comments regarding insurance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

56. If you know of other agencies (including commercial/ private transportation companies) who may be interested in participating in this survey, we encourage you to note them here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

57. Would you be interested in participating in a follow-up focus group to discuss the transportation based service gaps and opportunities within the region that are identified through responses to this survey?

Yes No

**If yes**, Please select a Focus Group to attend:

North Group  
(KIRKLAND LAKE)

Central Group  
(ENGLHART)

South Group  
(TEMISKAMING SHORES)

**H) General Comments**

Please provide any comments here that have not been addressed throughout this survey:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We encourage you to attach the following to your completed survey, related to transportation:

- Application forms
- Operational documents
- Policy documents
- Statistical information

**We plan to share the results of the Transportation Study with you.**

**We are working hard to ensure that the transportation services provided in your community are reflective of the needs of the residents.**

**Thank you for your assistance in this process!**