

From last in class to best in class

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In 1989, I was working at the Lamèque Hospital. Faced with enormous difficulties regarding the urgent transfer of patients, I started studying the situation. Studies showed that the transfers took as much time as they did during the First World War.

Following these disastrous results, I started working with the government to implement an air ambulance service in New Brunswick. A meeting took place between Raymond Frenette (Health Minister at the time), Gastien Godin (*Association des pêcheurs professionnels acadiens* [APPA]) and myself. In February 2015, 26 years later, I ran the study again to see if anything had changed.

Delays and traumas

Delays reduce chances of survival. The main cause of traumas is car accidents, which are also the main cause of death among young people and an important cause of death among people of all ages in New Brunswick. These accidents are very costly in medical terms, so working to resolve delays and prevent traumas is justified economically.

Ideal solution

Specialized hospitals face four problems: access, location, distance and transfer wait times. There are two ultra-specialized hospitals in New Brunswick (Moncton and Saint John); it would be preferable to have more, but that requires a minimum population. However, everyone should have equal rights to access. That is the problem in New Brunswick.

In the beginning

Realizing its unenviable situation, New Brunswick got to work and in 1991 an air ambulance service was proposed. PEI and NS were originally partners, but the partnership ran into problems; PEI could not participate due to budget constraints, while NS opted for a helicopter. The NB air transfer service (using an airplane) came into being in 1996.

Transfers

There are currently two ways to be transferred in New Brunswick—by land or by air ambulance. The efficiency of the system relies on a global approach. In 2013–2014, NB's 134 ambulances made an impressive 96,492 transfers, while the air ambulance made 499.

Trauma network

In 2010, a 24-hour toll-free telephone line was established, allowing for the triage, referral and coordination of trauma cases that could then be transferred to the right establishment at the right time. The referral system is so effective that few patients have to be transferred more than once.

Global system

In order to optimize treatment, New Brunswick set up a system where every step of the way is managed, starting from the moment the accident happens. As soon as the ambulance arrives, the patient is evaluated and treatment is begun; the patient is then referred to the appropriate hospital. Twenty hospitals are part of the network: 12 are not specialized, six are somewhat specialized and two (Moncton and Saint John) are very specialized. If an inter-facility transfer is needed, doctors have access to a trauma line through the referral system, which allows them to contact a trauma specialist who will help refer the case to the appropriate hospital.

Continued medical education

The quality of ambulance services at ANB is upheld through refresher courses to its personnel. ANB also gives CPR courses to the public. Few people survive cardiac arrest outside of a hospital by reason of passersby's ignorance. A witness can make all the difference in the world by giving a simple cardiac massage while waiting for the ambulance.

Traumatology

The New Brunswick Traumatology program oversees everything concerning traumatology. It collaborates with the Department of Health, Horizon and Vitality networks and ANB in order to pursue its goals of excellence, prevention, education and research. It also aims to prevent falls among young children, falls among seniors and traumas connected to alcohol and risk behaviours among young people. The program also maintains a provincial trauma register whose data leads to the improvement of many trauma components.

Conclusion

It's important to be critical, but we must also give credit where credit is due. The important point is not to have an air ambulance service, but to maintain a coordinated whole, where each step of the way is optimized in order to provide the best possible care to the patient. NB aimed for a cohesive approach in order to ensure quick access to hospitals. There is still no specialized hospital in the North, and the distance to reach the ones in the South is the same as in 1989. But this is mitigated by a modern approach to access to specialized care. From last in class, New Brunswick is now best in class in terms of traumatology. Distance is now no match for the efficiency of the system. It appears that the choice of a global trauma network represents the height of the underlying trauma philosophy. NB could hardly have made a better choice.