



# Annual Report 2008/09

August, 2009  
Honourable Maureen MacDonald Minister of Health  
1690 Hollis St. Halifax, NS B3J 2R8

Dear Minister MacDonald:

It is with great pleasure that EHS presents its ninth annual report to you covering the 2008–2009 fiscal year. This report provides an overview of the EHS system and its successes.

I would like to take this opportunity to thank all the people that make up the EHS system. Your efforts greatly contribute to the health & public safety of Nova Scotians and you are the reason that Nova Scotia is viewed as a world leader in out-of-hospital care.

During the 2008–2009, there were many significant accomplishments in the EHS System. These include:

- The signing of new performance based contracts for EHS LifeFlight as well as EHS Ground Ambulance/Communications & Dispatch.
- The continued participation of EHS in the MedicAlert “Continuity of Care” project
- The opening of three new EHS facilities
- Partnering with the Provincial Stroke Strategy to optimize patient care for stroke patients

I would also like to acknowledge some changes to the EHS team which occurred during 2008–2009.

First, after working with EHS for 11 years in various roles, Paula Poirier has left to meet new challenges. Most recently Paula held the position of Director of Provincial Programs and she was integral to the evolution of this portfolio. Paula’s presence in EHS will be sorely missed, however, I am happy to report that the EHS system will continue to benefit from her presence in the role of Chief Operating Officer for Emergency Medical Care Inc.

Second, EHS has welcomed a new Medical Director of Research, Dr. Alix Carter. Alix comes to us from Yale University. Her experience and skill set are valuable additions to the EHS team.

The EHS system encountered new experiences and unprecedented challenges during 2008–09. It is clear that we are continuing to learn and evolve and that our commitment to service excellence is unwavering.

Sincerely,  
Ian Bower   
A/Executive Director  
Emergency Health Services

## EHS Communications & Dispatch Services

### 2008/2009 Highlights

In 2008/2009, the EHS Medical Communication Centre received:

• 116,665 requests for ground ambulance service. Of these requests, 46,508 were emergency, 19,806 were urgent, and 50,351 were transfers.

• 872 requests for air ambulance service

In response to these requests the centre dispatched:

• Paramedic crews for 97,003 transports

• The air medical crew for 511 missions

In addition to the normal operations of a Medical Communications Centre for the province, this has been a very busy year for Communications and Dispatch Services at EHS.

The Electronic Patient Care Report (ePCR) project was transitioned into a Program this year, with the first big order of the day being the continued planning of the first major upgrade, due in early 2009–10.

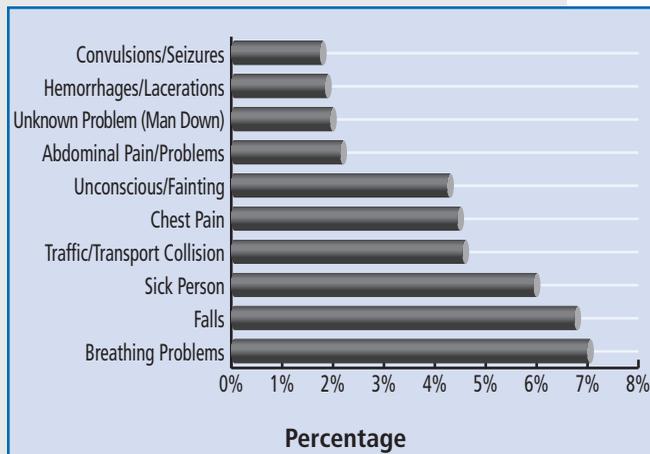
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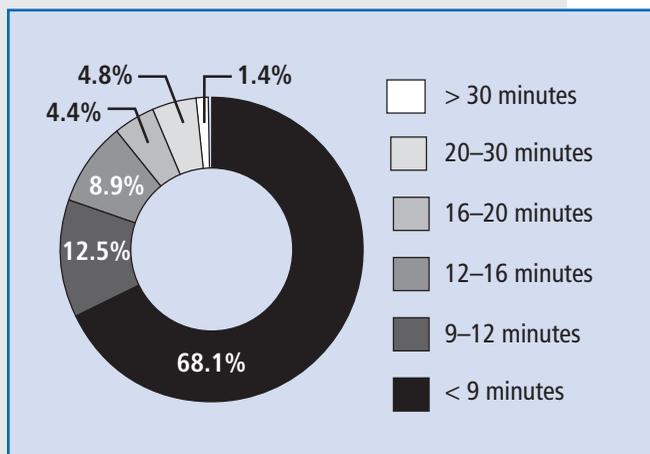
EHS also contributed to the MedicAlert “Continuity of Care” project this year. Part of this project includes the development of an interface between the EHS ePCR system and the MedicAlert database, so paramedics when responding to calls, can obtain MedicAlert information enroute to the scene, thereby assisting in the provision of care in the pre-hospital environment. Look for more updates with regards to this initiative, over the coming months as this project moves forward.

EHS also continued to be a participant in the planning of the new emergency department at CDHA with regard to the trunked mobile radio (TMR) infrastructure, along with Bell and Motorola. The goal is to have improved TMR coverage within the new ED that does not currently exist. This is part of a long-term vision of

**Figure 1 Top Ten Chief Complaints 2008/09**



**Figure 2 Response Times for Emergency Calls 2008/2009**



EHS; to give paramedic staff the ability to communicate clearly back to the EHS Communications Centre. More to come on this, as this project moves forward.

EHS also contributed this year to the TMR Evaluation of Alternatives project, headed by the Department of Transportation and Infrastructure Renewal. This is the initiative that is looking at next generation voice communications for the province.

Look for these and other initiatives over the 2009–10 fiscal year, as EHS continues to move forward with making the Communications and Dispatch component, a vital piece of the EHS system.

## EHS Ground Ambulance and Disaster

The major initiative for 2008–2009 was the negotiation of a new contract for ground ambulance service. The existing contract with Emergency Medical Care Inc. expired on March 31, 2009. A new contract was successfully negotiated that will retain the key performance and system design features of the old contract, while enabling the EHS system to evolve with Health System Transformation.

There were a number of highlights in the ground ambulance system in 08–09, including:

### • Clinical Care

- Two new Laerdal (Advanced Life Support) ALS Simulator manikins and other learning equipment were purchased for expanded learning labs in the province. With the addition of this equipment, paramedics will have more local access to learning opportunities and not be required to travel to Halifax.
- The addition of equipment in Yarmouth and Truro, brings the total static learning labs in the province to 9
- Labs are now located in:
 

Halifax	Sydney	New Glasgow	Amherst
Kentville	Bridgetwater	Louisdale	Truro
Yarmouth			

### • Operations

- Response to 116,655 requests for ground ambulance service, which resulted in 97,003 transports
- Over 10,500,000 kilometers traveled by the EHS fleet
- 163,000 litres of gasoline burned
- 1,822,000 liters of diesel burned

### • Fleet:

- Three Patient Transport Units (PTU) were upgraded to bariatric capability. With this upgrade, bariatric transport capabilities are available in each of the 4 ambulance regions.
- A wireless data transfer system for Road Safety International driving data was implemented. This new system provides daily downloads of critical on-board vehicle data, eliminating the need to connect a laptop computer to each vehicle for access to on-board data.
- For the first time in EHS history, the life of an ambulance is extended from the regular 3 years of service, to 4 years of service. This extension, plus the upcoming remount program will save significant dollars in ambulance cost.
- EHS system vehicles as of March 31, 2009:
 

Type 1 ambulance	4	Type 3 ambulance	136
Type 3 Patient Transport Unit	8	Expedition/Supervisor	8
Fleet Services	5	Medical Command	1
Disaster Trailer	5	Gator	3

### • Facilities

- A new and modern fleet center was opened in Sydney. This new facility will ensure that all ambulances and system vehicles are stored in an indoor, secure facility.
- New Paramedic base stations were opened in:
 

Cole Harbour	Sydney ( <i>Regional Fleet and Operations Office</i> )
Woods Harbour	
- Generators were approved for and are being installed at:
 

Tantallon	Glace Bay	Springhill
Amherst	Inverness	
- Tenders were issued for a replacement fleet center in Dartmouth. Construction will begin in the spring of 2009.
- Total number of facilities with emergency/generator power = 32.

• Disaster

- Disaster trailer inventory was reviewed and updated with additional equipment and supplies.
- Trailers deployed to each of the regions for quick disaster response.
- One new disaster F250 truck was deployed for the large disaster trailer in the Cape Breton area.

## EHS Provincial Programs

EHS Provincial Programs consists of the following four programs:

- EHS LifeFlight
- EHS Atlantic Health Training and Simulation Centre
- EHS Nova Scotia Trauma Program
- EHS Medical First Response Program



## EHS LifeFlight

EHS LifeFlight continued its mission this past year, providing excellent critical care to patients through coordinated and professional health care and dedicated highly skilled medical and aviation crews. The entire EHS LifeFlight team is excited and committed to supporting this important link in Nova Scotia's response to the transport of critical care patients.

Management of EHS LifeFlight transitioned to Emergency Medical Care (EMC) on May 12, 2008. EMC is now responsible for operations management of the air service and employment of the adult air medical team and administration team. Throughout the transition, recruitment and training programs were very successful as new medical crew joined the team. As the first dedicated rotor wing air medical transport program under EMC, EHS LifeFlight completes a truly integrated air and ground EMS system within Nova Scotia.

In addition to the adult air medical team, EHS LifeFlight has a medical team stationed at the IWK Health Centre. The IWK has a partnership agreement with the program to provide this team to transport neonatal, pediatric and high-risk obstetrical patients. The team consists of a Neonatal/Pediatric Flight Nurse and Flight Respiratory Therapist, with the addition of a Flight Obstetrical Nurse from the IWK Birth Unit when required.

EHS LifeFlight's Medical Advisory Committee (MAC) was formed this year to make recommendations to the program's Medical Directors and the EHS Provincial Medical Director on aspects of air medical and critical care transport. This forum consists of physicians from EHS LifeFlight, Cardiology, Intensive care, Trauma and the Medical Directors from the adult and children's services teams. MAC will also serve as a forum whereby information regarding medical initiatives of EHS LifeFlight can be disseminated among the member's districts and organizations.

EHS LifeFlight has a newly developed medical simulator training room at the airport base. This simulator provides realistic helicopter, ground ambulance, and emergency room settings and patient simulators to enhance the learning environment of the air medical crew.

Research initiatives this year included participation in "Rapid Sequence Intubation by Non-Physician Air Medical Crews: An Eight Year Province-Wide Evaluation", and "CCT CORE Airway Project".

### EHS LifeFlight Statistics

Figure 3 Air Medical Transports by Mission Type (511 air medical transports in 2008/09)

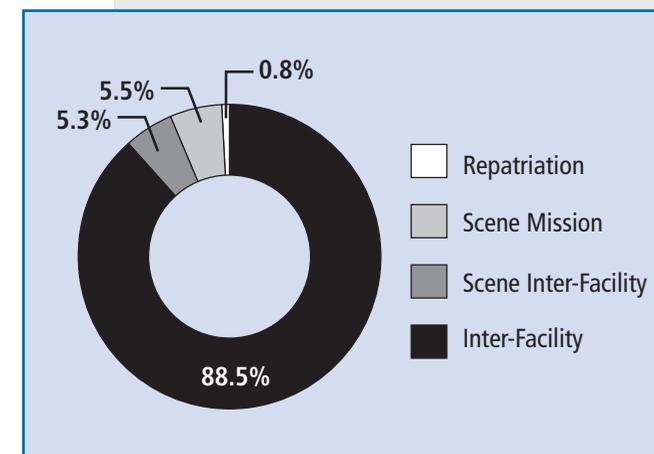


Figure 4 Air Medical Transports by Patient Category (511 air medical transports in 2008/09)

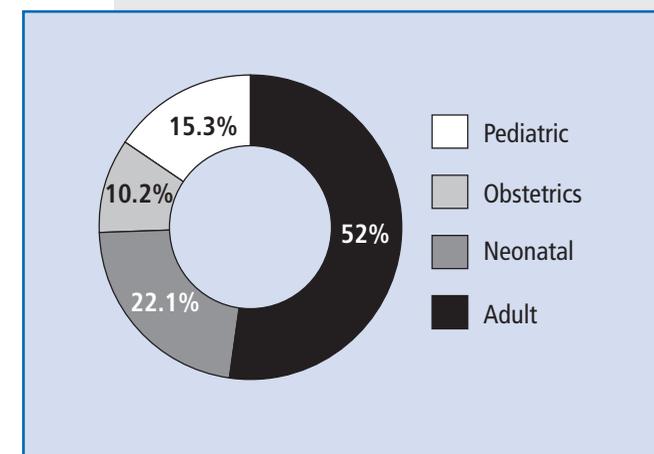
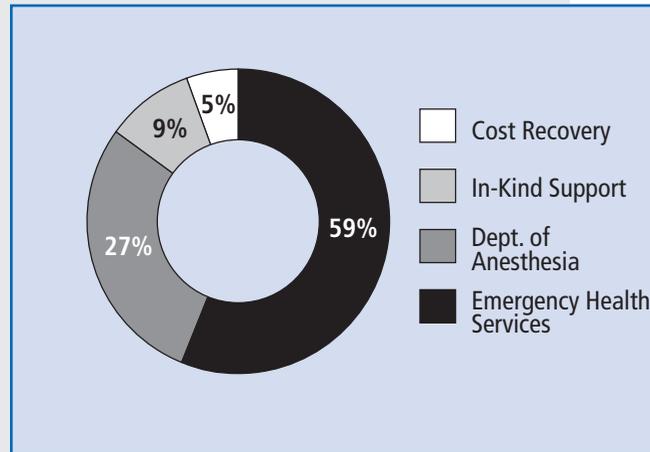


Figure 5 EHS Atlantic Health Training and Simulation Centre Funding 2008/09



## EHS Atlantic Health Training and Simulation Centre

### Our Partners

Through partnership with the Capital District Health Authority (CDHA), the Departments of Anesthesia, and in conjunction with the Departments of Emergency Medicine, Anatomy and Neurobiology, the Centre for Clinical Skills and the Division of Critical Care at Dalhousie University, Emergency Health Services Nova Scotia continues to provide experiential learning and competency maintenance opportunities, as well as high stakes competency assessment and educational research opportunities to a broad spectrum of health care practitioners utilizing leading-edge simulation based clinical platforms.

### Our Funders

Though the bulk of the program's operational support continues to flow from Emergency Health Services, our expanding partnership with the Department of Anesthesia has allowed for greater latitude in the services that can be provided. This, combined with the in-kind support received from the CDHA, and fees for utilization of the centre and its resources continues to support the efforts of the staff and faculty of the centre in providing high-quality learning and evaluative services for a variety of clinical groups.

### Whats New?

Donna Warren, a Critical Care Paramedic and paramedic educator has joined our program as the Simulation Services Coordinator. Donna's clinical acumen and customer service focus is a welcome addition to our program. You can contact her by phoning (902) 473-3199, or by email at donna.warren@cdha.nshealth.ca.

## EHS Nova Scotia Trauma Program

### Our Program

Emergency Health Services continues to strive for excellence in trauma system design, trauma care, injury surveillance and research, trauma education, and networking in Nova Scotia, all the while maintaining a prominent regional and national profile through our various memberships, alliances, and partnerships.

### Whats New?

#### The Nova Scotia Trauma Registry

This year, the Trauma Registry issued a three-year report on injury in Nova Scotia (<http://www.cdha.nshealth.ca/default.aspx?page=DocumentRender&doc.Id=4513>). If you would like further information on the report, or the registry in general, please contact our Registry Coordinator, Beth Sealy at (902) 473-5949, or by email at beth.sealy@cdha.nshealth.ca.

#### TAC 2010

Nova Scotia will host the Trauma Association of Canada's Annual Scientific Symposium on May 5-7 of 2010. A local organizing committee has been hard at work over the past year preparing to host this premier event in our province. If you would like more information on how you can become involved in helping to organize this event, how you or your organization can sponsor this event, or how to attend, please contact our program's administrative professional, Linda Warden at (902) 473-7157, or by email at Linda.warden@cdha.nshealth.ca.

#### Education

This year saw an update to the Advanced Trauma Life Support (ATLS™) program, which is provided several times each year by the Trauma Program, in addition to other clinical and faculty development opportunities such as our Mobile Trauma Simulation Sessions, and our monthly Trauma Tele-health sessions. For additional information on any of our program offerings, please contact our Education Coordinator, Kathy Hartlen at (902) 473-3778, or by email at kathy.hartlen@cdha.nshealth.ca.

## Website

For more information on any of our individual program areas, you can go to the EHS website at [www.gov.ns.ca/health/ebs](http://www.gov.ns.ca/health/ebs), or through the Capital District Health Authority's website at [www.cdha.nshealth.ca](http://www.cdha.nshealth.ca), click on the 'CAPITAL HEALTH A-Z' alphabetical listing, and scroll down to the 'Nova Scotia Trauma Program' link.

## EHS Medical First Response Program

### Vision

A provincial network of volunteer, community support, medical first response teams adequately resourced and competently staffed.

### Mission

Enhance a community's ability to provide safe, effective, reliable first aid through participation in the provincial medical first responders program.

Total MFR Agencies: 190

During this fiscal year the following MFR Agency applied and received EHS MFR Sponsorship:

- Cheticamp Volunteer Fire Department (April 2008)
- Collingwood & District Volunteer Fire Department (June 2008)
- Wallace Volunteer Fire Department (June 2008)
- Eelbrook & District Volunteer Fire Department (December 2008)
- Sherbrooke & Area Volunteer Fire Department (December 2008)
- Havelock & Area Fire Department (January 2009)

### Number of EHS registered Medical First Responders:

As of today we have 2,614 active MFR members in our database.

We also have 91 paramedics registered as medical first responders.

Check out our revised website [www.ehsmfr.ca](http://www.ehsmfr.ca)

Soon on [www.ehsmfr.ca](http://www.ehsmfr.ca), Medical First Responders will be able to complete the Triage course study guide and test which will automatically be evaluated. The medical first responder along with our office will receive a message indicating a pass or fail mark. This is 1 of the 6 mandatory EHS MFR essential competencies.

### Refresher Training Sessions

The MFR Services Staff have certainly been busy with the session planning process, equipment allocation, certificates of attendance and related database work related to each and every session, medical first responders attendance and our volunteer paramedic facilitators. During the past 12 months over 200 refresher training sessions were delivered by our 40 active volunteer paramedic facilitators.

### Patient Care Reports

At present, we have 60% of EHS Registered MFR Agencies submitting patient care reports on a regular basis.

### Defibrillator Initiative

MFR Services received funding approval from EHS and 160 Philips FRx AEDs were ordered and received. This is a huge initiative for EHS MFR Services. A plan is being implemented to ensure we have an excellent QA process on each device, from the time it leaves our office, to the time it is delivered by an EHS paramedic to an EHS Registered and Fully Sponsored MFR Agency. Each MFR Agency will also receive an in-service on the Philips FRx device.

### 2008 Annual Report

We are pleased to report that our EHS Medical First Response Program 2008 Annual Report is being printed. This report will be delivered to all EHS Registered and Sponsored MFR Agencies, Bases and Fleet Centres.

Figure 6 Service Inquiries by Year

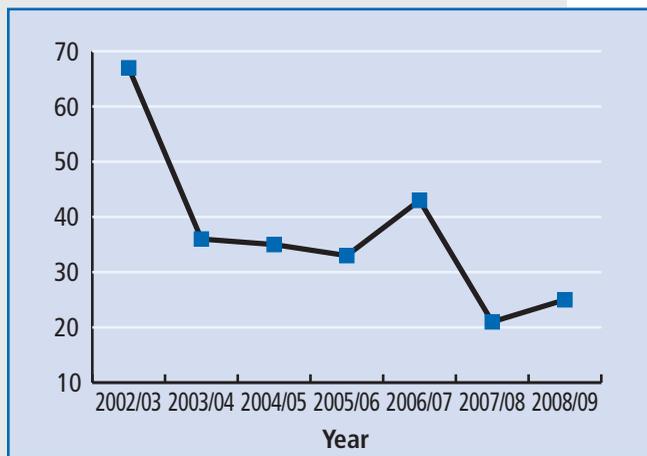
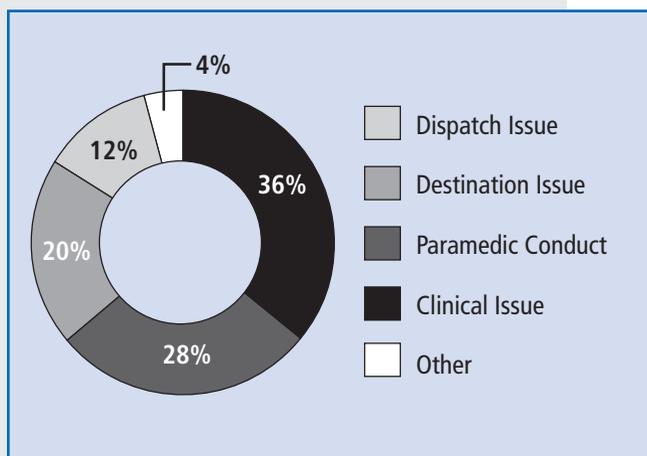


Figure 7 Service Inquiries by Nature 2008/09



## Medical Oversight

The Office of the Provincial Medical Director (PMD) has the overall responsibility for managing and directing the clinical activities of all EHS programs. The PMD ensures the quality of medical care received by all patients in emergency pre-hospital settings.

A contemporary definition and what actually defines 'medical oversight' can be shown by the following examples:

- **Prospective Medical Oversight** - this involves such aspects as education, registration, re-registration, equipment and protocol development.
- **Concurrent or Immediate Medical Oversight** - this involves "off line"—the provision of written policies and protocols and "on line"—the availability of physician advice in real time.
- **Retrospective Medical Oversight** - this involves a continuous quality improvement program that strives to improve patient care and outcomes.

The foundation of pre-hospital care is predicated on our Evidence-Based Pre-hospital protocols. These protocols involve a contemporary knowledge translation strategy which has grown nationally, been presented internationally and served as a foundation for evidence-based practice for various EMS agencies across the globe (<http://www.gov.ns.ca/ehs/> or <http://emergency.medicine.dal.ca/ehsprotocols/protocols/toc.cfm>).

Novel programs have included the implementation of the **RESTORE** (PRovincial PrEhospital STEMI Reperfusion StratEgy) pre-hospital fibrinolysis program in DHA 8, and pre-hospital triage to the PCI lab in CDHA. EHS has also partnered with the Provincial Stroke Strategy implementing pre-hospital destination protocols for patients identified with stroke thereby optimizing their time to definitive care. EHS has also continued the collaborative Community Paramedicine Program in Long and Brier Island and is currently evaluating the opportunity for other unique models of utilizing paramedics in chronic disease management and primary care. Another novel program has been the implementation of practices of approaching patients who have died in the out-of-hospital setting to offer to families the ability to consider tissue donation. This practice has significantly increased the tissue donation rate and has led to new collaborative relationships with the Provincial Donation Program. EHS has conducted a robust quantitative and qualitative research activities and has been actively involved in publishing and translating these results to patient care. Moreover, EHS has been a contributing member to such groups as: the International Liaison Committee on Resuscitation; the Canadian National Stroke Strategy; and the Canadian Cardiovascular Society.

## EHS System Inquiry Process

EHS uses the system inquiry process to establish trends in customer satisfaction. Due to the small number of formal inquiries received, it will require several years of data collection to reach definitive conclusions regarding particular trends or concerns. Figure 6 shows the number of inquiries per year from 2002/03–2008/09.

In 2008/09, EHS received a total of 25 formal inquiries. There are a variety of reasons for making a system inquiry. These include: questions/comments regarding medical procedures and protocols, paramedic performance, patient transfer questions and response times. Figure 7 demonstrates the breakdown of inquiries by the nature of the inquiry.

The system inquiry process is open to all citizens of Nova Scotia. For more information on the process and the form to fill out, visit the EHS website at [www.gov.ns.ca/ehs](http://www.gov.ns.ca/ehs).

## Financial

The Nova Scotia Department of Health provides EHS with the resources to run emergency health services in the province. Figure 8 shows the actual expenditures for the last eleven fiscal years.

The Department of Health's budget for 2008/09 was \$3.21 billion, of which the EHS budget was 2.91%. The EHS budget for 2008/09 was estimated to be \$93.2 million, with actual expenditures of \$93.3 million, for a variance rate of 0.09%.

Approximately 80% of the dollars spent are for paramedic, nurse, physician and other health professionals' salaries. The remaining 20% cover operational costs.

## Ground Ambulance Service Fees

The cost of ambulance services is not and has never been an insured service. Each province determines the amount and the circumstances under which it will subsidize its services.

For Nova Scotia residents, that is, individuals with a valid Nova Scotia Health Card, the government covers all costs associated with the care given by paramedics during an ambulance transport between approved facilities, i.e., between hospitals.

For medically essential transports, with a valid Nova Scotia Health Card, from place of residence to an approved health facility or scene to an approved health facility a service fee of \$134.52 is charged.

In those instances where an individual does not have a valid Nova Scotia Health Card; is eligible for third-party payment (insurance); or the ambulance trip is not medically essential, an unsubsidized rate is charged. The following fee schedule outlines the service categories and corresponding fees.

The revenue collected for service fees during the fiscal year 2008/2009 was approximately \$8.0 million.

EHS Ground Ambulance Service Fees (As of April 1 <sup>st</sup> , 2009)		
Category	Medically Essential Transportation	Inter-facility Transportation
Most Nova Scotians with a valid health card	\$134.52	\$0.00
Non-Nova Scotians	\$672.57	\$0.00
Non-Canadians and New Canadians	\$1008.84	\$1008.84
People who are third party insured (This includes people covered by motor vehicle insurance, Worker's Compensation, or the federal government.)	\$672.57	\$672.57
Nova Scotians who are mobility challenged	\$168.14	N/A

Source: Ambulance Fee Regulations

## EHS Organizational Profile

Emergency Health Services (EHS) is a branch of the Department of Health. EHS continually develops, implements, monitors and evaluates out of hospital emergency health services in the province.

### Vision:

Centre of excellence in emergency health services.

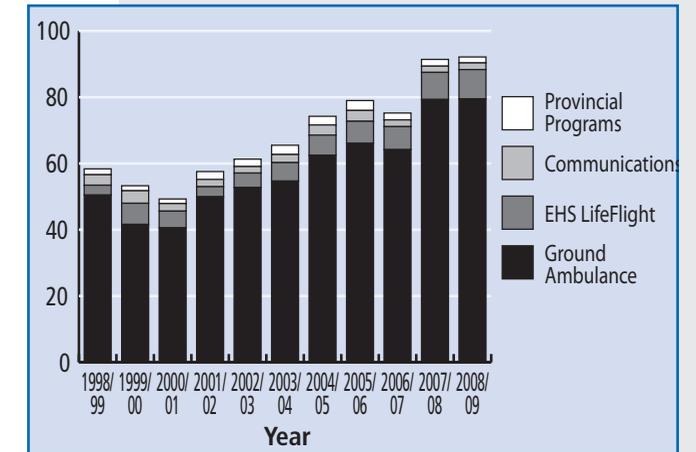
### Mission:

EHS assures best practices in out of hospital emergency services to the communities we serve through regulation, prevention, education and research.

### Strategic Directions:

- EHS provides evidence-based, high quality, safe patient care.
- EHS provides innovative programs and services in an integrated health care system.
- EHS promotes excellence in sustainable programs and services through leadership, regulation and contract management

Figure 8 Financial Summary by Program (Millions of Dollars) 2008/09



# Contacts at EHS

## General Inquiries

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### Simulation Services Coordinator

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