

# Local physicians once again looking for answers on the local ambulance situation

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Mr. Jeff Yurek  
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Dear Mr. Yurek,

Thank you once again for your visit to our small northern community of Chapleau, Ontario. It was refreshing to see a group of politicians willing to take the time out of their busy schedules and listen to the healthcare needs of Ontario's northern communities. During our meeting we touched on many serious issues that have not been adequately addressed for many years by our present government including lack of mental health resources, healthcare recruitment and retention, inadequate healthcare facilities, and issues related to our aging population only to name a few.

As you are aware, Chapleau is a very isolated northern community with a small rural hospital. Chapleau has a population of approximately 2200 people. There are three First Nation Communities in close approximation to the community. Our primary industry is lumber and the railway. Recently a significant gold discovery was made and mine development is proceeding with the hopes of creating over 200 additional jobs. As most know the lumber and mining industry are inherently high risk of injury occupations.

A problem that has been plaguing Chapleau for many years now is inadequate ambulance transportation services. I believe this deficiency has placed members of our community in a very vulnerable position. Presently, Chapleau has one dedicated team of paramedics to service our entire population. Given Chapleau has no specialty services provided in house or advanced imaging (CT scanner or MRI), we are required to transport patients out to larger centers for assessment, imaging and care. This occurs on both an urgent and emergent basis. As a physician and a community member I firmly believe that patients in the north deserve equal access to such services in a timely manner.

We have two options when transporting patients out: land or air ambulance. Our nearest tertiary center is Timmins, Ontario. In 2015, we transferred 39 patients to Timmins via land ambulance and 8 via air ORNGE. In 2016, we completed 37 transfers to Timmins via land and no air transfers. When we send our patients out via land transfer our community is left for a minimum of 6 hours to 12 hours without land ambulance coverage. The closest ambulance station from Chapleau is approximately 60 minutes away in Foleyet. In any given year Chapleau is left without ambulance services almost 30 days per year. Eventually a tragedy is going to occur under this present system. In fact, we have had a patient transported to our hospital in the back of fire trucks when our ambulance has been out of town on patient transfers. Recently while our ambulance was on an urgent transfer to Timmins a three vehicle collision occurred. It took over an hour for Foleyet ambulance services to respond. Clearly this is not or at least should not be acceptable in this province.

Many will argue that we should be utilizing air transport for these transfers and have our ambulance remain within the community. This is an argument that our district ambulance provider argues on a regular basis. There are several obvious problems with this approach. First, given the fact that we live in northern Ontario and the weather is very unpredictable often air transport is not an option in a timely manner. We have seen delays of 7 days in getting patients transported out via air due to weather.

Second, land transfers are the quickest and easiest mode of transportation. When we transfer by air to Timmins we must transport the patient to our airport which is about 15 minutes outside of town. When loading and unloading is taken into account this can easily extend beyond 30-45 minutes. This time estimate only accounts for transporting the patient to the airport not to mention the ambulance returning to its ambulance bay. Then upon arrival in Timmins another ambulance crew is sent out to the Timmins airport to retrieve the patient and transfer them to the hospital. This is another 30-45 minutes in one direction. We are now at 90 minutes in ambulance transfers with no flight time taken into account not to mention any delays in arranging the air transport. Total ambulance time away from the ambulance bay I would estimate could easily extend beyond three hours. Transferring a patient from Chapleau to Timmins takes about two hours (199 km) by land ambulance. In critical healthcare situations that hour time savings can be the difference between life and death for the patient.

The third reason would simply be the cost of air transport versus land transfers. I appreciate that it is very difficult to obtain actual flight costs when transporting by air, but estimates I have seen run from \$5000-10,000 or much higher per flight. Given the number of transfers that are made we are looking at a very conservative cost of \$185,000- 370,000 per year. I would argue that land transfers are much more cost effective. In the present condition of health care financial restraints, healthcare cost savings is something that we must always consider when spending our taxpayers money.

Fourth and probably the main reason, as a physician in a small community, I try and reserve ORNGE transfers for the most serious of situations. I realize that there are many isolated communities throughout the north that require urgent air ORNGE services and utilizing such a resource for imaging or consults in my opinion is not appropriate given the scarcity of this valuable resource. Especially when the distance is short and land transfers would be quicker and a more economical alternative.

At the end of the day, as a physician in Chapleau I understand that I am faced with making a difficult if not impossible decision every time a patient requires transfer out of our community to Timmins: air or land. If I choose land, which is the most cost effective and efficient, I leave our community without ambulance services for up to 12 hours at a time. Air transport on the other hand is significantly more costly, often less timely and uses up a scarce resource that is shared amongst the entire northern population. The position that our healthcare system has forced upon our physicians and more importantly patients in our community can not go on.

What adds insult to injury is the fact that our ambulance dispatchers and now our paramedics are now demanding that the physician confirm that he or she will assume all responsibility for the community not having an ambulance available during these land transfers. I can say without any reservation I will not assume responsibility for the community being without an ambulance. My responsibility is to the patient I'm treating. The responsibility of providing ambulance services to the community of Chapleau falls squarely on the Ministry of Health, NE LHIN and Minister of Health. All three are failing our community.

Given we are living in a time of financial constraints land transfers seem to be the most cost effective for transfers. In order to ensure proper ambulance coverage during these transfers would require a second crew of paramedics stationed in the community. This could be achieved via an on-call position. This is not something new to healthcare workers.

Physicians, lab technicians and x-ray technicians all provide on-call services to our community. The cost of having an additional crew remaining in the community is much less expensive than transporting all these patients by air. In fact, the community has two operational ambulances stationed in Chapleau at all times and the one sits idle without a crew.

Our physician group and hospital have raised this issue on prior occasions to our NE LHIN and our member of parliament and nothing has been done. I have included a letter sent by Dr. Doris Mitchell raising similar concerns about our ambulance services.

We have contacted our ambulance provider and our cries have fallen on deaf ears. I do believe it is a matter of time before someone will find themselves critically ill in Chapleau with no ambulance available. The result may well be fatal to that person.

I am not certain if you would be able to provide us with any assistance in this matter, but I did feel it was important to raise this issue with you as thus far no one in government has listened or acted on our situation.

I have also forwarded this letter once again to our NE LHIN and our member of parliament in the hopes that they can help us with our situation. I look forward to your response.

Sincerely,

Dr. Stephen Saari, BA (Hons), LLB, MD