



Edmonton • Alberta

Phone • 780.651.7303

Website: www.SaveOurMedevac.ca

Email • Dr.Pawluski@SaveOurMedevac.ca

November 10, 2012

Via Fax and Email

Alberta's Rural Municipalities & Counties

Dear Mayor/Reeve and Council:

RE: Preserving Timely Critical Health Care Access in Rural Communities

We recently wrote to you about the impending relocation of medevac air ambulance services from the City Centre Airport to the Edmonton International Airport.

The provincial and city governments had previously committed to delay closing the last runway to medevac flights until proper arrangements were in place to preserve timely medevac services for rural communities.

Attached is a table showing the new increases in patient transportation times your family and your community will experience after December 15, 2012. Clearly, proper arrangements are not yet in place and the relocation needs to be delayed until they are: lives depend on it.

As medical doctors we have a duty to ensure that you understand that delaying patients getting to Edmonton's tertiary hospitals can have life threatening consequences for your family members and your community. Unnecessary loss of life, suffering, and reduced health outcomes can be avoided by government taking steps so the medevac planes continue to land until proper arrangements are in place.

As physicians involved in the delivery of rural health care, we highlight below common examples where patients will be put at risk by the pre-mature relocation of medevac air ambulances:

> Heart Attack Patients: Most regional hospitals can give the same care as the Leduc Hospital, clot busting drugs. The problem is only a limited number of patients will respond to the drugs. The goal is to get them to a cathlab within 90 minutes of presenting with chest pain. This is only available at the Royal Alexandra Hospital (RAH) and University of Alberta Hospital (UAH). Time to cathlab is directly related to the amount of heart muscle damaged. This can mean the difference between death and survival or becoming a cardiac cripple and a normal life.

> Strokes: All patients need a CT scan and then possibly a clot busting drug or a neurosurgeon—again time to treatment is directly related to the amount of brain tissue lost, with increased times resulting in increased disability.

> Major Trauma: People injured in vehicle collisions, industrial and farm accidents—moderate to severe closed head injuries, trauma involving the brain or spinal cord, intra-cranial hemorrhages—can require

critical care not available at rural hospitals and that will need interventional radiologists, trauma surgeons, and intensive care only available at the RAH and UAH.

> Premature Labor and Premature Births in Rural Areas: Sending hospitals from rural communities need timely access to neonatal ICU, pediatricians, obstetricians that are only available at the RAH and the UAH. It is troubling to know that there will be mothers stuck delivering a premature baby in the back of an ambulance on QE2.

The recent tragedy in St. Paul and the snow storm this past week in Edmonton illustrate how simply relocating to the Edmonton International Airport is not a solution by itself and that much more work needs to be done to ensure accessibility for rural communities:

St. Paul Tragedy: Two fixed wing medevac planes and the Edmonton-based STARS helicopter were dispatched to St. Paul to transport three critically injured students when a van drove into a classroom. The most seriously injured student was taken by the fastest means to the RAH (fixed wing air ambulance; twice the speed of a helicopter). The other two critically injured students were taken by the second fixed wing air ambulance and STARS helicopter.

Edmonton Snow Storm: During the height of the recent snow storm, helicopters could not fly but the fixed wing planes continued to operate. Traffic on QE2 at Nisku was either stopped or at 5 km/h. If we did not have access to the City Centre Airport, the ground ambulances leaving the international airport would have been stuck in traffic.

These recent events illustrate that burdening the STARS' helicopter with a new added responsibility to shuttle almost 1,800 critical, time sensitive patients annually (5 per day) from the international airport to the RAH and UAH is impossible. STARS is often already dispatched to important time-critical missions and will not be available to act as a shuttle (as happened in St. Paul) or STARS will be grounded because of weather while the fixed wing air ambulances are still able to fly (as happened last week). If the weather grounds the helicopter, it will likely be bringing traffic on QE2 to a crawl.

Our goal is to have air ambulances continue to land at the City Centre Airport until proper arrangements are in place to ensure that your family and your community will continue to receive the same timely access to tertiary care that is available today. No such arrangements are yet in place.

We have received legal advice confirming that the Alberta Government has the legal authority under its health care laws to keep the planes landing at the City Centre Airport during the transition period if the City of Edmonton is not prepared to agree.

We are mindful that you will be attending the AAMD&C convention in Edmonton. We encourage you to discuss this important health care issue at your convention. The future of accessible health care for your communities is in your hands.

Sincerely,

Save Our medevac Services Society



Kerry Pawluski, M.D.
President

cc: Rural Cities and Towns

What other medical doctors have said about losing medevac landings at the City Centre Airport . . .

Dr. Ruben Hansen, Site Chief, Emergency Medicine, RAH

"The closure of the City Centre Airport will significantly increase patient transport times to our (Royal Alexandra Hospital) facility. This will, without question, negatively impact our ability to provide prompt, necessary medical care to these critical patients. Delays in the provision of life and limb saving interventions in this patient population will have a detrimental effect on long-term outcomes including survival rate and quality of life."

Mary vanWijingaarden-Stephens, MD, Director Trauma, UAH

"As Medical Director of Trauma, University of Alberta Hospital, I know that this airport has been vital in expediting transfer of injured Albertans to the higher level of care available in Edmonton. Some injuries cannot be managed in smaller centres as the necessary expertise and resources are not available."

"Unfortunately many severe injuries in Northern Alberta are time-sensitive in nature, meaning surgical expertise available only in Edmonton is required in a timely manner (within hours). If this does not occur death or life-long disability (lost limb, severe head injury, etc) may result."

"With the implementation of a Provincial Trauma System, the importance of the municipal airport in facilitating timely transfer from peripheral trauma centres for those patients needing the expertise available only in Edmonton is increasingly vital. Although we all hope to never need the use of our provincial trauma system, it must work efficiently if we or our loved ones ever do need it. We should not accept death or disability that can be prevented."

Allan de Caen MD FRCPC, Medical Director, PICU Transport Team, Stollery Children's Hospital

"Each year the Stollery Children's Hospital Pediatric Intensive Care Transport Team transports 150 critically ill and injured children to Edmonton via helicopter (STARS) or plane for on-going care at the Stollery Children's Hospital. These children are suffering from life-threatening conditions where the timely access to Stollery's tertiary care services is crucial. The majority of these children are transported by plane from other Central and Northern Alberta communities, and the proximity of the Municipal airport to central Edmonton hospitals such as Stollery allows for these children to receive emergent medical and surgical intervention without delays that might worsen outcome, including the chance of survival itself."

Dr. Surinder Khinda, MD, FRCPC, FACP, Director Critical Care Unit, Northern Lights Regional Health Centre Fort McMurray

"Over a given year we transfer multiple patients from our emergency room, intensive care unit for further care to tertiary care centres in Edmonton. These are very sick patients including trauma whose transfer even in the current situation is very challenging. Proposed transfer of these patients first to international airport and then to a tertiary care hospital will significantly delay the care that most of these patients need to receive urgently or emergently. The longer inter hospital transport times are fraught with increased risk of complications."

Please visit our website to see what you can do to preserve timely and accessible air ambulance medevac services to Edmonton's tertiary care hospitals: www.SaveOurMedevac.ca



Follow Save Our medevac Service on Facebook

How long could it take you to get to the trauma room? You compare . . .

Edmonton International Airport = EIA

Time to Royal Alexandra Hospital	Today via City Centre	After December 15' 2012 via EIA
Ft McMurray	• 1hr 7 min	• 1hr 53min
Fort Vermillion	• 1hr 21 min	• 2hr 7min
Grande Prairie	• 1hr	• 1hr 46min
High Level	• 1hr 32 min	• 2hr 13min
High Prairie	• 46 min	• 1hr 32min
Lac La Biche	• 38 min	• 1hr 24min
Peace River	• 59 min	• 1hr 45min
St. Paul	• 37 min	• 1hr 23min
Slave Lake	• 38 min	• 1hr 24min
Yellowknife	• 2hr 15 min	• 3hr 1min

Your Time to UofA Hospital	Today via City Centre	After December 15' 2012 via EIA
Ft McMurray	• 1hr 15min	• 1hr 44min
Fort Vermillion	• 1hr 29min	• 1hr 58min
Grande Prairie	• 1hr 8min	• 1hr 37min
High Level	• 1hr 35min	• 2hr 4min
High Prairie	• 54min	• 1hr 23min
Lac La Biche	• 46min	• 1hr 15min
Peace River	• 1hr 7min	• 1hr 36min
St. Paul	• 47min	• 1hr 14min
Slave Lake	• 46min	• 1hr 15min
Yellowknife	• 2hr 23min	• 2hr 52min
