

URBAN VS RURAL: ADDRESSING THE EMERGENCY TRANSPORTATION GAP

By Ian MacNeill

Photo courtesy of B88 Helicopters



According to the *Canada Health Act*—the law of the land when it comes to health care delivery in Canada—all Canadians are supposed to have reasonable access to the same level of health care. If you live in a large urban area served by high-level trauma centres and a sophisticated transportation network and suffer a traumatic injury you can afford to take these rights for granted; state-of-the-art care is typically just a phone call and a few minutes away.

However, as past studies have shown, and a new ombudsman's report by the BC Forest Safety Council is reiterating, British Columbians who live and work in remote areas of the province are playing a kind of lottery when it comes to getting the health care they need and deserve when they are struck down with a heart attack or get their leg crushed by a falling log.

Looking at a map it's easy to see the

problem. British Columbia is an enormous and rugged landscape subject to extreme weather conditions. Population centres are small and spread out and it's hardly reasonable to expect every one of them to have a Level III trauma centre staffed by specialized medical personnel.

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But here's the thing, no one has ever suggested that they should have one. What has been suggested on more than one occasion and is being called for in the ombudsman's new report is an integrated helicopter emergency medical services network (HEMS) that could whisk trauma victims to appropriate medical care facilities in time to provide the kind of care the *Canada Health Act* says they are entitled to. Not having one

is having a serious impact on the health outcomes of British Columbians injured or needing high-level care in remote locations. According to a 2014 study by Roberta Squire who produced a report on the subject while studying at the University of Northern BC, nearly three-

quarters of people who die of trauma-related injuries in northern BC do so before they reach a hospital; 82 per cent in northwestern BC compared with just 12 per cent in Metro Vancouver. These are the kinds of statistics that discourage people from wanting to live, work, and raise their families in rural BC says BC Forest Safety Council ombudsman Roger Harris.

The tragedy, Harris adds, is that it

doesn't have to be this way. Establishing the kind of HEMS network BC needs to extend appropriate health care to all residents of the province is doable with as few as eight heli-stations spread out around the province and transporting

accident site to care can take multiples of hours; Harris likes to tell the story of the woman who suffered a stroke in Ft. Liard. The BC Ambulance Service (BCAS) dispatched a ground ambulance from Ft. St. John, which took four

with BC Emergency Health Services, and he's come away discouraged. "In those interviews, every time, somebody in the organization would articulate the opinion that if you decide you are going to live outside large urban centres you can't expect that you're going to get good service, despite the fact that it is in their mandate to do just that," says Harris.

The result is a two-tiered system where emergency-response assets are concentrated in large urban areas where victims benefit from "tremendous" service and injury victims in rural BC where, more often than not, following injury they are left to rumble along secondary roads in ground-based ambulances on their way to care centres on journeys that take hours instead of minutes.

Cost is obviously a significant component of any public undertaking and needs to be taken into account when considering the establishment of a HEMS network. However, studies indicate that while there are significant start-up costs in terms of infrastructure and personnel, the operational costs for helicopter emergency extraction and transportation are often significantly lower than they would be for ground transportation. Transporting

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patients to medical facilities within the so-called "golden hour", the amount of time research indicates leads to the best health outcomes.

British Columbia is well behind the curve when it comes to establishing HEMS. "Minimizing the time from injury to optimal trauma care through the utilization of HEMS has been adopted as an essential component of emergency care infrastructures globally," says Squire. Alaska, which has topography similar to BC's but a population of 700,000 as compared with three million in BC, has 31 helicopters dedicated to emergency transportation. Washington State's network guarantees that 100 per cent of the population is within one hour of a trauma centre. In British Columbia, the time it takes to get from

hours to get to her. "Halfway back they stopped for gas and coffee," laments Harris. Total elapsed time was in the 10-hour range. "A helicopter could have done it in an hour."

So why doesn't BC have a HEMS network serving remote communities and work sites in the province? "My perspective is that it's all tied to budgets," says Harris. "They've made cost decisions, and that's not the right reason to make the decision."

Often getting caught in the middle of a frugal government and a faller with the crushed leg is the BC Ambulance Service. It is the provincial organization charged with getting patients to care when they need it. Harris says he has conducted numerous interviews with BCAS staff as well as interviews



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For those of us in urban centres, getting to this sign is straightforward. But for those living and working rurally, it's another matter.



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Who ya' gonna call?

Ed Wilcox of E&B Helicopters, a TLA member, has a soft spot for the forest industry. It explains why he always tries to keep at least one helicopter in Campbell River fueled and ready to go in the case of an emergency. “We do have situations where all 14 of our helicopters are working, but we don’t have any customers that wouldn’t get off on the beach to allow one to go to an emergency,” he says.

Currently E&B is the go-to emergency air-transportation provider for more than 30 contractors on the coast and Vancouver Island. Here’s how it works. Contractors register with the company and then provide ongoing information related to where and when they are going to be working and what radio frequencies they will be using. Contractors pay E&B nothing for this service. Then, because E&B have coordinates and radio frequencies on file, when a call comes in Ed can dispatch the nearest helicopter and get the injured to care as quickly as possible. This year alone he has responded to nearly 30 emergencies including broken legs, saw cuts, heart attacks and two fatalities.

He’s not running a charity, he can’t afford to. When a helicopter is called the meter starts running with costs ranging from \$1,200 to more than \$3,000 an hour depending on the situation and the machine. Despite the cost, contractors are grateful.

“We’re lucky to have E&B,” says Adam Wunderlich, a managing partner at Fall River Logging in Courtenay. “Ed’s been a good corporate citizen to the forest industry.” At the same time, he wonders if the government and the industry as a whole can’t do more to support and enhance services like what E&B provides for his company.

“I don’t have the answers, but the BC Ambulance Service does not have the capabilities to effectively respond to many forestry related emergencies,” he says. “I think with some effort and creativity we can make improvements to emergency response planning and transport systems that would help set up more contractors for success.” It’s clear the forest industry will be reading BC Forest Safety Council ombudsman’s report when it’s published with interest and with hope for the future.

trauma victims to what Squire refers to as “definitive care” appropriate to their needs using ground transportation often requires multiple ambulances routed through several hospitals and the use of numerous personnel. Helicopters take significantly less time and need far

ris. “A small but significant one in terms of what overall costs will be; that’s what’s missing from the current debate.”

There’s also a humanitarian argument to make says long-time paramedic and freshman city councillor Rob Southcott of Powell River. “The BC Ambulance

complying with the *Canada Health Act*. The BCAS is responding to provincial legislation and operates with a mandate and a budget from Victoria. If any of this is going to change it is going to take political will and a review of the current legislation.

“An air transport network is the great equalizer for people in remote communities ensuring that they get equal and adequate access to health care,” says ombudsman Harris. What that network would look like is yet to be determined, but Harris says it is likely to include a combination of publicly funded “dedicated” resources backed up by private-sector partnerships that can be used to fill in the gaps.

“All injury victims in BC deserve to be treated as equals,” says Harris. “A functioning HEMS network would go a long way toward establishing that equality.”▲

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fewer personnel. After crunching the numbers Squire says some studies indicate that the annual cost of operating a ground-based ambulatory care is nearly 2.3 times that of helicopter emergency medical services. Add to that the better patient outcomes that result from earlier wound attendance by qualified personnel and reduced recovery time leading to fewer lost work hours because injured workers are able to return to their jobs sooner and HEMS starts to look like something of a bargain.

“Transportation at the front end is only one component of cost,” says Har-

Service is willing to send helicopters to remote accidents that involve recreational users of all-terrain vehicles but the forest industry is expected to comply with regulations requiring it to deliver trauma patients with serious injuries to the nearest rendezvous point with BCAS. I do not think that is conscionable, particularly in an industry that is arguably the most dangerous in the western world.”

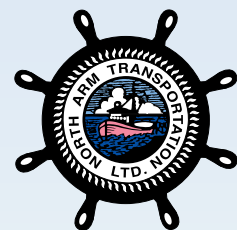
It’s easy to point a finger at the BCAS, but the true responsibility for the current situation lies with the provincial government, which is charged with

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