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Honourable Michael B. Murphy
Minister of Health
Province of New Brunswick
P.O. Box 5100
Fredericton, New Brunswick
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RE: The Development of a Provincial Trauma System for New Brunswick

Dear Minister Murphy:

Thank you for the opportunity to review and comment on the document entitled "Development of a Provincial Trauma System - Advice to the Minister, Department of Health, Province of New Brunswick" dated April 5, 2007. This document was submitted to your office by the Hay Group after an extensive review of current and 'future' trauma care in the Province of New Brunswick. Based on my perspective as an active trauma program leader in the province of Ontario, I believe you are at an opportune and 'creative' time for the development of a comprehensive provincial trauma care system to serve injured adults and children in the Province of New Brunswick.

My general impression of the Hay document is that it is a well written document covering very specific and detailed aspects of a provincially based trauma system. If I had one criticism with respect to the document it is in reference to the Trauma Association of Canada (TAC) guidelines which were referenced in this text. These guidelines were recently revised, updated and accepted by the general TAC membership as of May 2007. Currently, if you refer to these new accreditation criteria (which I have attached for your review), you will see that there are now 5 levels of accreditation (levels I through V) when it comes to hospital designation within an 'inclusive' trauma system for trauma care in any given jurisdiction.

The emphasis in the current 2007 TAC Guidelines is on the development and accreditation of an 'inclusive' provincial trauma system rather than an 'exclusive' one. In inclusive systems, all hospitals will receive a designation as to care capability with an understanding that injured patients 'rapidly move through' the system of hospital care to

the closest most appropriate institution for their care needs. Policies are established at a provincial level as to the role each hospital in the province will play with respect to the management of the injured adult or child and rapidly guide and assist the pre-hospital care providers in getting the 'right patient to the right place at the right time'. Such a system is designed to avoid 'all trauma', regardless of severity, going to the level I hospital(s) (an exclusive system). Medical literature exists to support the concept that inclusive systems save lives and reduce morbidity. It is my belief that such an inclusive system also avoids most of the issues of 'too little appropriate access in the larger hospital centers and too much access in the smaller centres'. This is a challenge facing almost all trauma care systems in Canada and the United States.

I would like to emphasize the role that the Provincial Steering Committee for the development of a Trauma System would play in such a reorganization of trauma care for New Brunswick. I co-chair such a committee for the province of Ontario (the Provincial Trauma Network..see TAC Summer 2006 newsletter on the TAC web site for a description and a list of accomplishments in association with the Ontario Ministry of Health and Long Term care). The newly created New Brunswick Provincial Steering Committee on Trauma has essentially 5 central tasks. These include but are not restricted to:

1) the development and management of policies, protocols and procedures for clinical (pre-hospital, hospital and post hospital) trauma care in the provinces' hospitals, including the designation of all of the province's hospitals based on current TAC accreditation guidelines;
2) the education of health care providers in the trauma field;
3) the stimulation of research in this area which would be unique to New Brunswick;
4) the spearheading of injury prevention for New Brunswick (again, each province in my experience has unique challenges in this regard);
5) the establishment of an appropriate trauma database (aka registry) of patients injured and cared for in the New Brunswick system. An effective (easily accessible and current) database collated over a number of years can serve a very important purpose in informing and guiding the development of public policy in this area of injury.

I wholeheartedly encourage all five activities to be undertaken by the Provincial Steering Committee to direct the development of the system.

The Hay Group document does address the important issue of trauma volume and patient outcome, and as I now would frame it, within an inclusive system of trauma care. Quite simply put, the volume of trauma cases in the province of New Brunswick is too small (estimated less than 400 severely injured patients per year?) to achieve what has been acknowledged as the critical threshold for optimal outcomes at any one hospital center, which is believed to be in the 500-700 patients per year range by most experts in this field. This does not mean that trauma care excellence cannot be achieved at small volume centers. My previous experience in a small volume center demonstrated that excellent patient outcomes can be attained in centres managing approximately 200

severely injured patients annually. Appropriate systems, medical technology and personnel in the right places, dedication and commitment to the injured patient can push the system and the individual centers to levels of clinical excellence in trauma care. To this end, as much as is possible, the Province of New Brunswick should strive to manage the most severely injured patients in level I center(s). I recognize the uniqueness this does present to the governing bodies given the geography (and at times weather) of New Brunswick. I am also sensitive to the bilingual nature of the province but would politely suggest that excellence in patient outcomes should 'trump' language issues in such circumstances. This is not a unique challenge for New Brunswick. We have a similar (albeit probably smaller) issue in Ontario to provide French (and in some cases English) language services to injured patients at hospitals where one official language or the other predominates.

In my examination of the submitted document to the Minister, there is considerable review and discussion of the current 'capacity' certain hospitals have in a truly integrated and inclusive system of trauma care for the province, but based on older TAC guidelines. I would not discount the value of such a capacity document even though it is somewhat older. The document does provide a current 'hospital inventory' on which to base some of this resource discussion. It is apparent to me that there is one hospital in New Brunswick currently functioning at or very close to a level I status. It is the St. John Regional Hospital. It fulfills the majority of criteria for Level I designation in an inclusive system. Further examination of the resource document also demonstrates the very important roles to be played by The Moncton Hospital, and the Dr. Georges L. Dumont Hospital, as well as other hospitals in the province such as the Stan Cassidy Centre for Rehabilitation in Fredericton. The Moncton Hospital and Dr. Georges L Dumont would likely function as a 'Level II hospital'. What needs to be addressed by the Provincial Steering Committee is the relationship between St. John Regional Hospital and The Moncton Hospital/Dr. Georges L. Dumont Hospital. There is a necessity as I see it to develop the policies and procedures guiding the transfer of specific patients who would benefit from clinical care at the St. John Regional Hospital as opposed to staying resident at The Moncton Hospital/Dr. Georges L. Dumont. Also given the disparate geographical nature of New Brunswick with its northern challenges and unpredictable weather patterns (as it is in other parts of Canada), it is quite possible that some of the acute severely injured patients in the Edmundston, Campbellton and Bathurst areas would travel either eastwards into Halifax or westwards into Quebec further reducing the numbers of significantly injured patients managed by the southern hospitals of St. John Regional and The Moncton Hospital/Dr. Georges L. Dumont Hospital.

Throughout Canada, we have identified that there are some unique clinical challenges in the management of the acutely injured patient. These usually involve clinical cases wherein they are of small to very small volume, requiring specific highly trained medical and nursing personnel or very specific technology. As recognized in the document, some of these patients may need to be managed (with negotiated 'contracts' for health care) outside of the province of New Brunswick in collaboration with the health care systems of the provinces of Quebec and/or Nova Scotia. Some of the cases can be

managed within the New Brunswick trauma care system. These usually include patients in the following areas:

1. Paediatric trauma care;
2. Complex spinal injuries especially those with disability;
3. Complex oral/maxillo/facial fractures;
4. Complex pelvic and acetabular fractures;
5. Traumatic thoracic aortic injuries;
6. Major burns in both adults and children.

I think the document goes some way to try and address many of these issues, but it is important not to lose sight of them in view of some of the specialized technology (traumatic aortic injuries and endovascular stenting or access to cardiac and /or vascular surgery clinically familiar with this patient population) and complex clinical units of care as in the management of the burn patient that are occasionally required to manage such patients.

Once more, thank you for the opportunity of commenting on this document. I think the Province of New Brunswick would be best served by the creation of an inclusive system with a designation of Levels I through V for all the hospitals in the province. I would be happy to discuss this matter with you or your colleagues in New Brunswick at our mutual convenience.

Please consider these responses as my personal opinion on the matter and not that of the Provincial Trauma System for Ontario. For your own information, I have attached my current curriculum vitae, as well as the criteria for designation of Levels of hospitals by the Trauma Association of Canada May 2007. The full Trauma Association of Canada Accreditation Guidelines can be accessed through the Trauma Association of Canada website www.traumacanada.org

Sincerely,

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Encl.