

November 5, 2010

The Annapolis West Health Foundation has reviewed “The Patient Journey Through Emergency Care in Nova Scotia as prepared by Dr. John Ross (hereinafter referred to as “The Report”) and has the following comments.

Overall, the report is a valuable document which should go a long way in improving the way in which health care is delivered in this province. The twenty-six (26) recommendations are useful starting points; however, dialogue and consultation with the people of Nova Scotia is essential to ensure that those who are paying for the service have a say in what form that service will take.

On page xiii of the Executive Summary of The Report, Dr. Ross says, “In smaller communities, Nova Scotians fear losing the defining element of their hospital—their Emergency Department—in some cases after having already lost surgery, obstetrics, and other services”. Also, on page 7 of the main report, it states “Nova Scotians trust their doctors and nurses, but distrust Health Authorities and the Department of Health”. Together these statements describe perfectly the situation in Annapolis Royal. Because of the way that hospital closures were handled in the 1990’s, the people of this area distrust the people who will be making the health services decisions and they are afraid that the loss of a 24/7 Emergency Room will result in the loss of other services and facilities at the Annapolis Community Health Centre.

It is important that the people of this region, and all regions of the province, are involved in the discussions for the way ahead in the changes which will inevitably come. The last of Dr. Ross’s “Recommendations for Smaller Hospitals” is “Communicate, communicate, communicate,” the most important of all the recommendations. Without communication there can be no collaboration, without collaboration there will not be any cooperation, without cooperation, changes will not work. Even Dr. Ross says that we must “. . . harness the energy and capacity of communities.”

The recommendations, which discuss smaller hospitals, contain one which specifically deals with the Annapolis Community Health Centre. This is recommendation #15, which states that, “District Health Authorities should consider an evolution of select Emergency/Outpatient Departments to a Collaborative Assessment Room for Emergency (CARE) model.”

Although the CARE model is generally outlined in the report, it does not contain many details which allow the people of this region to assess whether or not they see it as a viable option. It certainly will dispense with our 24/7 Emergency Room service and replace it with an “open access” system which will only remain open until 8 pm or 10 pm. The report does not specify whether the CARE model is a seven-day model or whether it closes on the weekend. At one point, while discussing the Musquodobit Valley Memorial Hospital, the report praises the fact that a successful solution for emergency care at that facility included a service that remained open from 8 am to 5 pm on weekdays, while maintaining a 24/7 operation on weekends.

The Report rightly states, “Each community is distinct, yet all are passionate about their health care. There is not one solution that fits all communities. A community’s energy and ideas must be the driving force as ‘full service’ community Health Centres are formed.”

This is an encouraging statement as it tells small rural communities that a “cookie cutter” approach will not be used, but unique and individual needs will be met.

Although AWHF does not agree with all of the data presented in the report, and there are many individual statements which we would dispute, we intend to focus our energy on working together towards an acceptable solution, rather than arguing the details. We expect to debate specific points in *one-on-one* discussions, and to be part of the community negotiations which will be planning the future of health care delivery in our region.

Through working as a team we will meet Dr. Ross's recommendation to communicate, communicate, communicate, while harnessing the energy of the community.

Our position at this time is that the Annapolis Community Health Centre operate a 24/7 Emergency Room, that no jobs are lost and that the following facilities and programs remain, continue to operate, and are kept current:

- a. Emergency Department with Short Stay In-Patient Beds
- b. Palliative Care Program (funded by AWHF)
- c. Diagnostic Imaging (X-ray)
- d. Laboratory Services and Facilities
- e. Collaborative Practice (Annapolis Family Medical Group)
- f. EKG Department
- g. Occupational Therapy Services
- h. Physiotherapy Services
- i. Nutrition Services
- j. Diabetes Education
- k. Public Health
- l. Mental Health
- m. Well Women Clinic
- n. Addiction Services
- o. Home Care Services

If ACHC evolves to the C.A.R.E. model, with less than 24/7 operations, then AWHF is seeking assurance that the facilities and programs as outlined above will remain. We also strongly recommend that our 24/7 ER operation be restored when Dr. Bonnington is fully qualified, and that we continue to operate as 24/7 ER until such time that any new system is a proven success.

The Annapolis West Health Foundation has always been ready to assist the District Health Authority in recommending the way ahead for the most effective means of delivering health services for the people of our region. We remain ready and willing to participate in the discussions and planning which will result in decisions on the method of health care delivery at the Annapolis Community Health Centre.

Yours truly,

Wayne Currie  
Chairman  
Annapolis West Health Foundation